VARIETIES OF TRAINING, QUALIFICATIONS, AND SKILLS IN LONG-TERM CARE: A GERMAN, JAPANESE, AND UK COMPARISON

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Abstract

This article considers training and qualifications in the long-term care sector in Germany, Japan, and the UK. Each country has similar challenges of coping with increasing demand and securing staff for quality and cost-effective care. However, the three countries organize training and qualifications in very different ways. Taking the level of training and qualifications for formal care workers, there is a hierarchy, with Germany at the top, Japan in the middle, and the UK at the bottom. However, if the composition of the workforce is taken into account, Germany has developed a dualistic structure with both highly and lowly trained and qualified workers; Japan has developed a relatively large proportion of moderately trained and qualified workers; and the UK workforce consists of a relatively large proportion of lowly trained and unqualified workers. Explanations and implications are considered.

Long-term care (LTC) has been one of the most rapidly expanding sectors in most advanced industrial economies. This reflects demographic changes, with increasing elderly populations and increasing life expectancies. It also reflects social changes, with decreasing informal family care due to changing family structure and female labor market participation. In parallel, over the last two decades, there has been a massive growth of the care workforce which is set to continue (OECD 2011a).

There are two major issues – the need for quality care and cost-effective care. These issues concern all parties – older people and their families, governments, employers, employees, and the wider society. In this context, governments have pursued various strategies. Thus, insurance-based systems have been introduced in some countries, including Germany and Japan. In most countries, care management systems have been created to evaluate needs and coordinate services. In many countries, market mechanisms have been introduced, with more private service providers. Along with these developments, there has gone the introduction of inspection systems to regulate provision (OECD 2005 and 2011a).

Attention has also been paid to the training and management of the workforce. This reflects both the massive expansion of the sector and the past underdevelopment of formal training and qualifications. It also reflects the nature of the work of caring which is becoming increasingly complex, as the needs and expectations of older people change. Training and up-skilling the workforce is seen as a way of both improving quality and assuring efficient delivery. For service providers, training is necessary to meet the increasing and complex demands from users. For employees, training helps them better perform difficult tasks and potentially decreases stress. However, for employers, labor costs are a high proportion of total costs and need to be contained. In turn, this potentially hinders training, as does the growth of precarious forms of employment (OECD 2011a).

We focus on training, qualifications, and skills in formal care. We further focus on the following questions. How have different countries dealt with training and qualifications? To what extent have training and qualifications in this sector built on traditional national systems and to what extent have they been created anew? How do national systems feed through to organizational level? Are there any tendencies to convergence in training, qualifications, and skills?

The countries were chosen as three large economies, with some similarities in terms of the growing demand for LTC, increasing quality and cost pressures, and a continuing search for new policies and practices. The three countries are also often seen as archetypes of national varieties of labor market training – Germany with occupational labor markets, Japan with firm-based internal labor markets, and the UK with a more mixed external market-based system.

The three countries have extensive literatures, both governmental, practitioner, and academic, and a good availability of data. For its empirical base, the article draws on primary material in the form of government reports, statistical materials from official and sectoral agencies, and material from industry bodies. It also draws on a growing body of secondary studies of the sector, including survey work and case studies. Including those carried out by the authors.

However, the literature which focuses on training and skills in comparative perspective is limited (Fujisawa and Colombo 2009; Simonazzi 2009a; Saito *et al*. 2010).

LTC workforce in three countries

Before examining training and qualifications, we outline the basic features of the LTC systems and workforce in the three countries. This is to clarify terminology and statistics which vary considerably.

LTC is a range of services required by a person with reduced physical and cognitive functions and who is therefore dependent on help with basic activities (e.g. bathing, dressing, eating, mobility) or instrumental activities (e.g. cleaning, meals, shopping) (OECD Health Data 2010; OECD 2011b). LTC was traditionally often provided by family members, and still the number of unpaid family carers is may be larger than that of formal care workers (OECD 2011a). However, the extent of family involvement and of unpaid versus paid care differs across countries (Lyon and Glucksmann 2008; Pavolini and Ranci 2008; Simonazzi 2009b).

The three countries have seen a long-term growth of their elderly populations and this trend is expected to continue for the next few decades. Consequently, various measures have been introduced (OECD 2011a). As one key policy measure, LTC insurance (LTCI) was introduced in Germany in 1995 and Japan in 2000. Under this system, LTC is provided as a

universal benefit. In the UK (as the UK varies across its constituent countries, we hereafter focus mainly on England), public LTC is mainly funded by tax and provided as a means-tested safety net. In all three countries, the public system does not cover all LTC expenses, and this is particularly the case for England where about one-third of recipients are privately funded (Dilnot 2011). Also, OECD data shows that public coverage was smaller in Germany (67%) than in Japan (89%), while private out-of-pocket expenditures were larger in Germany (30%) than in Japan (7%) (OECD 2011a, figure 7.3; no comparable figures are provided for the UK).

Under public LTC, benefits are either in-kind services or cash benefits with which recipients can hire workers directly. In Germany the recipients can choose between these two or a combination thereof, although the value of in-kind services is set higher than cash benefits. In England, recipients also have the choice, though cash benefit coverage is smaller than Germany, though growing. In Japan, only in-kind services are provided under LTCI (OECD 2011a).

As the demand for formal LTC has grown, the number of care workers has increased. These workers can be divided into formal and informal. Formal workers include nurses and care workers who, under formal employment contracts or as recognised by social security systems to be care workers, are employed by either care organizations (including public, voluntary, or

private) or by care recipients. Informal workers are those who are not formally employed by care organizations or by care recipients (OECD 2011b).

Although it is difficult to obtain comparable data for the three countries due to different statistical methods, available data suggests the following. In all three countries, the number of formal LTC workers has been increasing, particularly in homecare. Workers are predominantly female and middle-aged and likely to work as part-timers or non-regular workers. Also, compared to other sectors, their pay is relatively low, high turn-over is widespread, and labor shortages are common. We consider each country in more detail.

German data covers all those employed by LTC organizations and it includes both nurses and care workers and all other qualified and non-qualified workers. In 2009, there were around 890,000 employees, 70% of employees in homecare and 63% in institutional care were formal LTC workers (nurses, elderly care workers, and elderly care assistants). A greater proportion of these LTC workers were employed in institutional care (61%) than in homecare (39%). Over the decade from 1999 to 2009, the total number of employees in the sector rose by 42%, with a 46% increase in homecare and 29% in institutional care. More than 85% are female and the average age is around 39. In recent years, many LTC employers have reduced full-time working and created more part-time and more precarious jobs. In 2009, part-timers were 71% of homecare and 59% of institutional care workers, though the proportion of part-

timers has been increasing in institutional care (Statistisches Bundersamt 2011). Also, homecare has a relatively large proportion of those in so-called 'mini-jobs' earning less than €400 per month on average (Rothgang and Igl 2007; Simonazzi 2009a). Generally, in terms of pay, full-time institutional care workers earn about 75% of the national average, with women earning at 85% and men around 78% (Statistisches Bundesampt 2011). In all areas, there is considerable pressure to contain wage costs. Because of this and the increase of the very low wage group, a statutory minimum wage was introduced 2010, now set at €8.50 per hour in west German and €7.50 in east German Länder / regions. However, up to now, shortages are said not to constitute a problem in most areas, due to the availability of migrant workers at the lower end and nurses losing jobs in hospitals at the higher end. In the future, due to demographic factors, labour shortages are expected to emerge. (Kümmerling 2009; Fujisawa and Colombo 2009; Afentakis and Böhm 2009).

Japanese data is based on care workers alone (i.e. excluding nurses and other related workers) employed by LTC organizations. In 2010, there were 1.34 million such workers. From 2000 to 2009, the number increased by 145%, with a 162% increase in homecare and 47% in institutional care (Ministry of Health, Labour, and Welfare (MHLW) 2011a). Women constitute 89% of homecare and 75% of institutional care workers. The average age of the former is 45 and the latter 38. Due to labor cost pressures, the proportion of those with short-

term fixed contracts (including both full-timers and part-timers) has increased, coming to constitute 78% of homecare and 42% of institutional workers in 2009. Compared to full-time workers in other sectors, full-time care workers earn significantly less, with male care workers earning about two-thirds of the national average and female care workers about 85%. This applies both to institutional care and homecare. On the other hand, part-time care workers earn relatively better, with those in homecare earning above the national average and those in institutional care earning just below the average (MHLW 2011a). Turnover in the sector is relatively high, though higher among institutional than homecare workers and among full-time than part-time workers (Kaigo Rodo Antei Senta 2010a). In part, this reflects the relative pay disadvantage of full-time care workers compared to other sectors. Finally, more than two-thirds of homecare and nearly half of institutional care establishments reported problems of labor shortage in 2009 (Kaigo Rodo Antei Senta 2010a).

Data for England includes both nurses and care workers employed by LTC organizations – including some, but not all, personal assistants. In 2009, there were 1.25 million workers in direct care, and the total number has risen steadily over time. Nurses constitute around 6% of the workforce and personal assistants around 8% . It should be noted that the number of nurses does not include those who visit old people as part of the National Health Service. It should also be noted that the proportion of personal assistants is predicted to rise significantly

to around one third over the next two decades (Personal Social Services Research Unit, 2008). Women constitute 77% of the labour force, though slightly higher in homecare than institutional care. The average age for homecare workers is 40 and for institutional workers 44. A high proportion of workers are part-timers, constituting 77% in homecare and 72% in institutional care. Compared to workers in other sectors, care workers are low paid, with male care workers' median pay being 66% of all male workers and female care workers 82% of all female workers (Office of National Statistics 2009). Turnover rates among care workers are significantly higher than the national average. This is particularly the case for the private sector, where the level of pay is relatively lower compared to the voluntary and public sectors. As a result, vacancy rates are highest in that sector (NMD-SC, National Key Statistics, 2009 and 2011).

The above data is based on LTC workers employed by organizations. However, as already stated, in Germany and England, LTC recipients have a cash option, whereby they can hire workers directly. In Germany, more than half of recipients opt for cash benefits (OECD 2011a). Although, in Germany, in-kind services must be provided by formal LTC workers, there is less control over the use of cash benefits. Thus, while a majority of recipients hire relatives, a considerable number hire migrant workers who tend to be very low paid (Simonazzi 2009b). To date, the use of cash benefits is more limited in England, and it has

been more difficult to hire relatives as personal assistants (OECD 2011a). Moreover, in England, migrant workers are more likely to work in the formal sector (Simonazzi 2009b). In contrast to these two countries, in Japan, under LTCI only in-kind services provided by formal LTC workers are available. Also, in Japan, the number of migrant care workers is very small and they are strictly required to obtain formal qualifications to work in LTC.

If we include LTC workers hired directly by recipients, we find more diversity in Germany than in the UK, with the least in Japan. For Germany, it has been argued that the coexistence of money transfers favoring informal care and a highly regulated formal LTC system has produced a dualistic market (Simonazzi 2009b). Although we also see an increase of personal assistants in the UK, their use would seem to be more regulated than in Germany.

For the rest of the article, we focus on formal workers employed by LTC organizations. In all three countries, this covers most of the care sector and most of those with formal training and qualifications.

Varieties of training and qualifications

Over the last two decades, there has been growing literatures on varieties of welfare states, varieties of capitalism, and sub-sets thereof (Esping-Anderson 1990; Hall and Soskice 2001). Our concern is with varieties of training and qualifications. Before considering the case of LTC, we identify a number of different systems of training and qualifications at intermediate

level and how they relate to knowledge, skills, and competence. We emphasise where and how training takes place and with what consequences for skills and qualificaitons.

First, training may take place in vocational schools or colleges. This type of vocational education and training is usually of a broad kind, often mixing general education with occupational or industry-specific knowledge and skills. The aim is to impart both general education, with knowledge about a trade and some operational skills. The vocational schools or colleges concerned may be public or private. On completion of training, qualifications are usually awarded to prove the general or occupational knowledge and skills acquired. If the qualification is occupational, it may be the basis for licensing or registering the worker to perform certain jobs.

Second, training may take place mainly within the firm. This type of training may also involve general education and occupational skills, but a large proportion involves firm-specific knowledge and skills. The aim is to impart knowledge and skills which are directly useful within the firm. This kind of training is very much related to the firm's internal labor market (ILM). Large firms which have more extensive ILMs tend to offer greater opportunities for training than smaller firms. Also employees with permanent contracts have greater opportunities for training than those with temporary contracts. Qualifications may be

awarded on completion of training, but, where they are firm-specific, they will not necessarily be recognized outside the firm.

Third, training may be organized through an association, usually an association of firms, but sometimes joint with an association of employees, such as a trade union or professional body. This is therefore multi-employer rather than single-employer. The state often plays a part in lending support to such associations. Under these arrangements, firms come together to set standards and share costs. This type of training may involve some general education, but it is very much aimed at knowledge and skills which are specific to the industry or occupation, but not the individual firm. This is therefore more occupational labor market (OLM) oriented. On completion, qualifications are usually awarded to prove industry or occupation competence, sometimes as a licence to perform certain jobs, though this requires state support.

Finally, training may be more market-based. In this case, individuals will search for their own training in the market and will largely pay for it themselves, though there may also be some contribution to the costs by the state. Similarly, employers will search and seek to recruit already trained workers in the market. They will also search for training for their employees from various training providers and purchase it on a needs basis. As we describe it this way, training is usually in skills for immediate use. The expectation is also that skills will be transferred, and individuals will acquire further skills as they move across the external

labor market (ELM). Qualifications may be obtained, often as a certificate which may be used in the ELM, and these qualifications are likely to be utilized as an incentive for workers to enhance their employability. Again, they may be the basis for registration and licensing.

Of course, these are ideal types and in practice all often coexist. Thus, college-based training may have a workplace element, through placements whereby trainees acquire practical experience. Firm-based training may also involve 'alternance' with time spent both in the firm and at college. Associational training will usually involve both a college and a firm element. Often, through a network of organizational relationships, the association will set minimum standards and seek to ensure these are met, but actual training will be done within the firm and in vocational schools or colleges. Market-based training may partake of elements of all the other three, but with an emphasis on forces of supply and demand shaping the price, quantity, and quality of training.

How do these types fit with varieties of training and qualifications in our three countries? Here we present highly stylized accounts based on the comparative training literature. (Crouch *et al.* 1999; Thelen 2004; Brockmann *et al.* 2011). Critiques are then presented. We start with Germany which is usually seen as a clear archetype. Japan follows as again an archetypal system. The UK is more mixed and is considered last.

In Germany, we refer to what is traditionally known as the dual system of apprenticeship training. Here young people join the firm from school. They receive training on- or off-the-job at work, along with general education and occupational training in vocational colleges where exams are taken. This alternance between firms and vocational colleges constitutes the core of the German system. It produces occupational qualifications which contain an element of general education and is regulated by national standards. These are set by the Federal Institute for Vocational Education (*Bundesinstitüt für Berufsbilding*) in cooperation with the German Länder, employers' associations, and employee organizations. Together these agree a framework for an industry or occupation. Local associations of firms, in the form of chambers or their public sector equivalents, further elaborate arrangements and ensure the actual delivery of training. Under the system, competence is defined as the workers' capacity to integrate and reflect theoretical knowledge into work practice and with some independence to make decisions to solve problems or to contribute to the creation of new knowledge and practices (Brockmann *et al.* 2011).

In Japan, young people traditionally joined the firm on graduating from school. As their careers progress, they receive training, usually on-the-job, but where necessary off-the-job, though usually on-site. The training is partly in general, but also very much in firm-specific, knowledge and skills. Employees develop competence by moving between jobs within the

firm and by accumulating experience. Competence relates to the capacity to cope with unforeseen problems and with organizational changes (Koike 1997). It also relates to the capacity collectively to create knowledge and know-how in order to enhance performance (Nonaka and Takeuchi 1995). Competence is usually assessed and reflected in the intra-firm qualification system (*shokunoshikaku*), which in turn shapes pay and promotion (Imano and Shimoda 1995). In this way, training is integrated into the organization's long-term employment system, whereby core employees are offered a life-time career with continuing training, but expected in return to show functional flexibility.

In the UK, a hybrid system has come to exist. Colleges provide full-time vocational courses and also part-time courses which trainees may attend on release from their jobs. Apprenticeship training of an associational kind always existed, but declined over many years and has only over the last twenty years been revived and extended, though it is now less based on coordination via employers' associations and unions and more via the state. It is also less occupational- and more firm-orientated (Ryan et al. 2007). Training also takes place within the firm, in the form of both initial and continuing training, very much based on upgrading for immediate needs. Funding is a complicated mix, with sharing between the individual, the firm, and the state. Over the last two decades, governments have been keen to create a quasi-market in training, with firms and individuals looking for training from various

training providers, which include both public colleges and private trainers. At intermediate levels, the UK system is now very much based on the use of competency-type national vocational qualifications (NVQs), which are industry or occupational and which emphasize less training inputs, such as time spent training or the acquisition of underpinning knowledge, but more outcomes in terms of the ability to perform prescribed tasks (Brockman *et al.* 2011).

These are stylized accounts. Here we register a number of critiques which are relevant to the discussion of LTC workers.

First, all three national accounts underestimate the amount of school- and college-based vocational training which exist in each country. Thus, in Japan, special schools and colleges (*senmongakko*) provide a substantial amount of training for certain occupations. In Germany, the same is also the case with vocational schools and colleges of various kinds. There, also, at present, a growing number of apprenticeships are served entirely within vocational schools and colleges. Also, traditionally there is a large amount of training which is not part of the dual system and has always taken place in special schools and colleges. As we will see, this has been the case in the health and care sectors. In the UK, the number of young people training in vocational subjects in colleges is significantly higher than through apprenticeships (Mason *et al.* 2011).

Second, much of the focus in the comparative training literature is on the training of young people and school-to-work transitions. Less attention is paid to older people entering an organization or occupation and how they acquire their skills. Also, less attention is given to continuing training through the working lifetime. The Japanese literature does deal with this, but assumes that continuing training will be for core employees within the firm. In Germany, further training plays an important role, but is less regulated than initial training of young people and differs more between Länder and between organizations.

Third, much of the literature focuses on male workers, often in manufacturing and large firms. Considerably less attention is paid to female workers – though it is suggested that in Japan they are often excluded from the ILM training system (Brinton 1988; Yu 2009). In the literature, there is also usually less focus on service organizations. Even less has been written about care services.

Finally, national training models as described are under increasing pressure and are changing at the present time. Thus, in Japan, fewer people are able to enter the ILMs of big firms and more are leaving and entering firms mid-career. In Germany, there are pressures on the apprenticeship system, in particular with fewer employers offering places. Arguably the UK is more flexible, but there is a continuing questioning of its hybrid system (Brockmann et al. 2011).

In this article we are concerned with the LTC sector where traditionally workers have had few formal qualifications. In these circumstances, governments, employers, and other actors have had to make significant decisions about the development of training and qualifications. These include whether training systems will be mainly college-, firm-, association-, or market-based and how qualifications will be integrated with training and employment systems. We now turn in detail to LTC in the three countries.

Comparing training and qualifications

Germany

Formally the Vocational Training Act of 1970 (*Berufsbildungsgesetz*), which traditionally governs many sectors of German industry, has not applied to LTC. At first, outside the system, now, since 2003, the sector has operated under the Geriatric Nursing Act which has established basic regulations at the national level. Under this, the Federal Ministry for Family Affairs, Women, and Youth is responsible for regulating elderly care as a state licensed occupation. In addition, the Länder have considerable influence and are responsible for the quantity and quality of training. Along with associations of employers, employee organizations, and others, they also regulate the basic curriculum and practical and theoretical elements of training.

At the top occupational level, training for elderly care workers (*Alternpfleger/in*) involves 3 years, with 4,600 hours of training, made up of 2,100 hours of theoretical education and 2,500 hours of practical training. (As with the other countries, these hours may be conceived as 'guided learning hours' viz. the number of hours of learning supervised or directed by a teacher or trainer required to obtain a qualification. In practice they may require more hours, but seldom less). Theoretical education takes place at vocational schools, while practical training is provided by care organizations under the supervision of a qualified mentor. The vocational training ends with an exam and workers receive a license.

At a lower level are elderly care assistants (*Altenpflegerhilfer/in*). Their qualification is obtained either after one year's training in a vocational school, with some experience, or by three month study and training at school, plus on-the-job training and work experience.

In 2008, the Long Term Care Development Act introduced the notion of additional basic training for care staff who work alongside the abovementioned classes of care workers to provide dementia care. This involves 160 hours of theory, plus two weeks of practical training.

For managers, there are also further training and qualifications, at two levels: first, for licensed care workers with extended responsibilities; second, for managers of nursing homes and heads of care workers. This training and related qualifications are usually provided in

college or university. Both general nurses and elderly care workers (*Alternpfleger/in*) can become managers, if they have attended additional further training. The hours for management training vary between different German Länder.

We turn next to the proportion of workers who have attained the main qualifications. The relevant data is provided at the sectoral level, so all employees are included. Also, it should be noted that German data is expressed in terms of full-time equivalents. In homecare, most employees working in basic care are either general nurses (31 %), elderly care workers (*Alternpfleger/in*) (23 %), or paediatric nurses (3 %). In institutional care, these percentages are lower, with general nurses (10%), elderly care workers (26%), and paediatric nurses (less than 1%) (Statistisches Bundesamt 2011). It should be noted that these figures only include licensed workers with three-year training and do not include care assistants (*Altenpflegerhilfer/in*). Further, it is important to note that one feature of the German system is the *Fachkraftquote* which mandates that 50% of staff in LTC institutions must have *Altenpfleger/in* or other health-related higher qualifications, though in practice this is sometimes evaded in a search of lower costs (Simonazzi 2009a; DBfK 2011).

Generally, those with higher qualifications earn more than those with lower qualifications. Pay in the sector is currently based on the collectively bargained scales for public organizations (*Tarifvertrag für den öffentlichen Dienst, TVöD*). Around 60% of employees in

public and not-for-profit institutions are paid according to these scales. In 2009, in institutional care, the gross monthly pay for managers of nursing homes was €4,408, for licensed nurses / care workers with extended responsibilities €3,146, for licensed nurses / elderly care workers €2,537, for elderly care assistants €1,976, and for unskilled workers €1,718. In homecare, the equivalent figures for heads of nurses / care worker was €3,812, for licensed nurses / care workers with extended responsibilities €1,901, for licensed nurses / elderly care workers €2,195, for elderly care assistants €1,670, and for unskilled workers €1,509 (Federal Statistics Office, data supplied on request). In addition, it should be noted that qualified part-timers, covered by the collective agreement, usually earn the same hourly wages as full-time workers; while part-timers in organizations outside the collective agreement and those who work less than 50% of average working hours, earn considerably less. In general, though, it may be concluded that German pay levels are clearly related to qualification levels.

There are a number of general points which we make by way of interim conclusions on the training and qualifications of German care workers, before putting Germany together with the other countries in comparative analysis.

First, there is the question as to how training and qualifications in the LTC sector compare with the broader system of training and qualifications at intermediate level in Germany. The

training of elderly care workers (*Altenpfleger/in*) is very much like the classic dual system of apprenticeship training, even though not formally a part of that system. Hence it is an form of training with regulation by the state, employer's associations, and employee organizations. Over a three year period, it provides broad occupational training in theoretical and practical skills and takes place in part in vocational schools and colleges and in part on the job in the workplace. The training of elderly care assistants (*Altenpflegerhilfer/in*) is different and much shorter, but, as we will see below, especially compared to England, reasonably substantial.

Second, there is considerable segmentation between LTC workers. Thus, general nurses may do the work of elderly care workers (*Altenpfleger/in*), but not *vice versa*. Similarly, elderly care assistants (*Altenpflegerhilfer/in*) may not perform certain tasks of a medical kind which are reserved to nurses / elderly care workers. Given the different systems of training, there is little mobility between these groups and this acts as a constraint on further training for lower groups, unless they are prepared to begin afresh a separate course of training.

Third, the German system is in transition. It is felt by many that the differentiation of top care workers according to types (general nurses, elderly care workers, and paediatric nurses) does not correspond to the changing needs of effective and efficient care delivery. Pursuant of this, enquiries have recommended three years' common training for all nursing

occupations, followed by specialization in the third year or by further training at the end of general training (Ströver 2010). It is also widely felt that further professionalization of the LTC workforce is necssaray. The main argument is that the changing needs of the sector require highly qualified personnel. There is a demand for a national curriculum in order to make qualification more comparable and transferable across Länder. Critical points are the insufficient integration of theory and practice and the need for commonly agreed qualification for trainers in vocational schools and mentors in practical training (Ströver 2010).

Japan

In Japan, there are three types of training which lead to formal qualifications under a national curriculum. First, all workers who provide homecare services under LTCI must obtain the so-called home-helper second level certificate (HH2), involving 130 hours theoretical education and practical training. Most homecare organizations require this certificate before recruitment, but some help candidates acquire the certificate before hiring them. In order to become a homecare supervisor, homecare workers must progress to the home-helper first level certificate (HH1), involving an additional 230 hours education and training. Second, from 2006, so-called Basic Training for Care Workers (BTCW) was introduced to provide the option of a more advanced level. Thus, BTCW is for both homecare and institutional care workers and requires 500 hours of theoretical education and practical training. Those

wishing to become a homecare supervisor can opt for BTCW instead of HH1. These qualifications all follow a national curriculum, though training is provided by various organizations designated by prefectural governments. Third, there is training to become a so-called certified care worker(CCW), which is a national qualification and obtained through three routes: (1) 1,650 hours college education and training; (2) 1,190 hours special high-school education and training, plus passing a national exam; and (3) three years on-the-job experience, plus passing the same national exam. Apart from training that leads to these official qualifications, care establishments also offer intra-firm training. Thus, in 2009, 85% of care establishments provided induction training and 87% offered further training of various kinds. In total, 63% of homecare and 66% of institutional care workers took further training at least once in the past year (Kaigo Rodo Antei Senta 2010b).

In Japan, LTC services are overwhelmingly provided by formal care workers. This is particularly the case for homecare services, though nurses also provide home-visit services, which are deemed to be separate from homecare services. However, there are relatively more nurses working in institutional care. Here the context is that, in Japan, there are three types of LTC institutions: geriatric welfare facilities, geriatric rehabilitation facilities, and geriatric medical facilities, with the latter providing more medical care. In 2009, the proportion of nurses, based on full-time equivalent data, for each of the three types of institutions, were 8%,

19%, and 35% respectively (MHLW 2011b). Thus, compared to Germany, relatively few nurses provide LTC services in Japan, particularly in homecare.

As to the number of care workers with formal qualifications, in 2008, 92% of homecare workers had HH 2 or / and higher qualifications. This includes 27% of care workers who had obtained CCW. In the case of institutional workers, 44% had CCW. Both the number and proportion of CCW have been increasing in both homecare and institutional care (MLHW 2010).

By way of interim conclusion, we make a number of broad points about Japan which we return to later in the comparative section.

First, although higher qualifications provide opportunities for care workers to develop their knowledge and skills, existing qualifications are not well coordinated so as to provide systematic training. Thus, HH2 was originally introduced to provide induction training for homecare workers, though many institutional care workers have also obtained it as a form of preparatory training; both BTCW and CCW serve as further training for both homecare and institutional care workers, but the relations between the two qualifications are not clear; and there is no further training and qualification beyond CCW, which restricts the opportunity for further advancement (Kongo no Kaigojinzai no Arikata ni kansuru Kentoukai 2011).

Second, qualifications are mainly used by employers as a criterion for recruiting workers, but are not necessarily reflected in pay. For example, HH2 is a prerequisite to work as a homecare worker, and, in institutional care, some employers only hire CCWs as full-time regular workers. This reflects the fact that qualifications are mainly input-based, emphasising learning, but do not necessarily reflect workers' competence, which are rather the capacity to apply the learning in a real work context. As a result, in Japanese care organizations, the system of promotion and remuneration does not usually reflect the level of qualification, but is based rather on seniority and on intra-firm grade systems (Japan Institute for Labour Policy and Training 2010).

Third, in spite of the expansion of training and qualifications, there is a growing concern about the lack of appropriate training. For example, in 2008, nearly half of care workers themselves were concerned as to whether they can provide appropriate care and felt there was considerable scope for further training to improve competence (Kaigo Rodo Antei Senta 2009). Thus, existing training is deemed by care workers themselves not to meet their needs.

In response to these criticisms, a government committee has recently proposed that the current training system should be reformed and integrated so as to provide a clearer and life-long career path. It also recommended that qualifications should be awarded on the basis not only of knowledge and skill inputs but also on competence outcomes. In addition, the

committee proposed a three-tier system with the basic level roughly equivalent to the current HH2, the standard level set at the current CCW, and an advanced level to be developed (Kongo no Kaigojinzai no Arikata ni kansuru Kentoukai 2011).

The UK, with reference to England

In England, care worker training and qualification are organized as follows. First, there are some mandatory requirements. By law, workers must receive induction training on entering care work. In practice, this usually consists of around 24 hours of training. They must also receive a minimum of 3 paid days of training per year, covering topics such as health and safety and the protection of vulnerable adults. Second, there are NVQs for care work. As already described, NVQs are competency-based standards used to assess skill outcomes at the workplace. There is no curriculum-based education or training input necessarily involved. Instead, after examination of work records, preparation of written material, and observation of the employee on the job, with any additional training as required, the worker is adjudged by an assessor (who may a college tutor, a private trainer, or the employer, if qualified) as to whether s/he is able to perform given roles to the requisite standard. Assessments are periodically checked by verifiers (Gospel and Lewis 2011). There are three levels which are relevant to care workers.

The standard level is NVQ 2, which requires 220 guided learning hours; however, as already stated, NVQ is an output-based qualification, so attainment may well take less or more than this. In practice, most receive NVQ 2 within a year of starting (OECD 2011), but this does not mean a year of training. In fact, a flexible time frame is a key feature of the NVQ system. In the case of NVQ 2, in 2000, the UK government made it a legal obligation that 50% of staff in any homecare or institutional facility should have this qualification, and all new staff were required to commence NVQ 2 training. The intention was progressively to register the care workforce, with the NVQ coming to be a requirement for registration. However, in 2010, both the targets and registration plans were abandoned on cost grounds. The requirement is now that each facility must ensure that 'sufficient numbers of suitably qualified, skilled, and experienced persons are employed'. The employer must also ensure that workers receive 'appropriate training and are enabled to obtain further qualifications appropriate to the work they perform'. Training requirements have therefore become less specific (Gospel and Lewis 2011).

The next and higher level is NVQ 3, which requires a further 300 hours. This level is deemed to be roughly equivalent to what an 18 year-old English school-leaver might obtain in, say, a foreign language or a science subject. Initially the government's intention was that there

should be a gradual ratcheting-up in requirements and that level 3 should be made the required standard for the sector. However, this has been abandoned.

The highest level is NVQ 4, which requires on average a further 360 hours. It is deemed to be a level which might be attained on completion of a first year at university. The manager of a care facility is legally required to have NVQ 4 in both care and in management. They must also be registered. Registered managers are responsible for care provision and comprise around 2% of the total workforce in the sector (NMDS-SC 2009).

On a different hierarchy are nurses. As stated above, nurses constitute around 6% of the direct workforce. Their qualifications have come to be largely at degree level. It should be noted that as a result it is difficult for care workers to progress to nursing level, without in effect starting over again with substantial retraining.

In practice, in 2009, 32% of care workers had level 2 or above and 11% were working towards it. This ranged from 37% in residential care (care homes without nursing), to 30% in homecare, and to 28% in nursing homes (care homes with nursing). The latter lower level reflects the permanent presence of a qualified nurse. Only 8% of care workers had level 3. In the case of senior care workers, 64% had level 2 or above. This ranged from 67% in residential care, to 63% in nursing homes, and to 58% in homecare. Those holding level 3 were 35%, 36%, and 24% respectively. Only 5% held level 4. In the case of registered

managers, though all are supposed to have NVQ 4, in practice only 62% held this in care, while a further 15% in 2009 were working towards it (NMDS-SC 2009). However, it should be noted that some registered managers will hold nursing qualifications.

Thus, in England, with the exception of registered managers, there is no qualification required to work in the care sector. Nevertheless, the number of workers with qualifications have been increasing over time, but the levels are set low and the numbers obtaining these levels are also low (Gospel and Lewis 2011).

In 2009, the median pay of care workers below level 2, with level 2, with level 3, and level 4 were £6.00, £6.63, £6.85, and £6.54 respectively. Therefore, beyond level 2, there is not much pay difference. In the case of senior care workers, the equivalent figures for those with level 2, level 3, and level 4 were £6.96, £7.15, and £6.19. Perversely obtaining level 4 reduces pay (NMDS-SC 2009).

Before moving onto comparative analysis of the three countries, we make a number of general points about the UK. There has been continuing concern about the lack of appropriate training and qualifications for care workers. First, there is concern about NVQs, their substantive content and assessment procedures. In terms of content, it is argued the output-based assessment does not require underpinning knowledge and thus may well restrict competence to the immediate work context and hinder the capacity to cope with new

situations. Second, there is some concern as to whether the level of the various qualifications is set sufficiently high. Third, there is concern about the number who have actually attained these qualifications. As have seen, around two thirds of care workers are without relevant qualifications. Fourth, there are few requirements on employers to hire qualified workers, though, when some local public authorities commission care from providers, they do take levels of training into account when awarding contracts. Fifth, it will be seen that there is little incentive for employees to obtain higher qualifications, since pay is generally set low, and, even if workers obtain a higher qualification or are promoted to senior care workers, the pay differential is small. Relatedly, there is therefore a question as to how well integrated training is into the internal HRM system of the firm (See Gospel and Lewis 2011 for a review of these critiques).

Comparing the three countries

As we have seen, the three countries have very different systems of training and qualifications. First of all, nurses are more involved in Germany than in the UK and Japan. In addition, in Germany, the training and qualification for elderly care workers (*Altenpfleger/in*) is similar and equivalent to the training and qualification for general nurses, though their status is lower. In this sense LTC workers in Germany are more highly trained

and qualified than those in the Japan. In turn, the latter are more highly trained and qualified than those in the UK.

Second, the content of training is different across the countries. In Germany, the training for elderly care workers (*Altenpfleger/in*) is similar both to nurse training and to the dual system of apprenticeship training in skilled occupations. It therefore combines theoretical and practical elements, with education off-the-job and training on-the-job. The lower level of elderly care assistants (*Altenpflegerhilfer/in*), though much shorter in duration, similarly involves theoretical education in vocational schools with work experience. In Japan, training for HH2, HH1, BTCW, and CCW all have both theoretical and practical elements. As in Germany, training is according to national curricula. However, unlike in Germany, actual work experience is not required to obtain qualifications. In fact, homecare workers have to obtain HH2 or higher *before* starting their job. Also CCW can be obtained through the school route, where practical training is provided, but no actual work experience is required. It should be remembered that CCW also has a three-year work experience route with a requirement to pass a national exam. By contrast, in the UK, there is no curriculum requiring inputs and the NVQ is based on assessing practical skills on the job, but not on underpinning knowledge.

Third, qualifications mean different things in the three countries. The German system is associated with a particular occupational identity (*Beruf*) and social status. It is also linked to the national collective bargaining system and, accordingly, qualifications relate to positions in the labor market. Knowledge, skills, and experience verified by qualification also relate to the individual capacity, or the potential of labor, to work and act competently on the job and to deal with complex and unpredictable situations. By contrast, the English NVQ system is outcome-based and verifies task-based practical skills. In England, competences, seen as the ability to apply learning outcomes in a specific context, are defined as the skills deemed necessary for a particular job (Brockmann *et al.* 2011). The Japanese system is closer to the German than to the English system, since Japanese qualifications testify to both theoretical knowledge and practical skills under national curricula. In Japan, the level and type of qualification also indicate the potential of labor, and this is why they are often used as recruitment criteria by employers. However, relative to both Germany and the UK, practical elements are weak, and, in particular, competence is not necessarily reflected in qualifications. In large part, it is for this reason that the level of qualifications in Japan is not necessarily related to pay.

Fourth, in terms of the capacity to facilitate career advancement, the three countries differ significantly. The UK system appears most effective in this respect, with a clear idea of

levels and with possibilities for progression from level 2, to 3, to 4. Also, the system is more flexible in terms of its modular and cumulative structure and its timeframe. The German system lacks this flexibility as the training must be taken as a whole and at one time. Also, in Germany, there is distinct segmentation between the levels, with the result that there is little possibility of mobility from lower to higher levels, unless workers are prepared to start again and retrain. In Japan, the system has a hierarchy, but the contents are not well coordinated across different qualifications in such a way as to provide systematic progression from lower to higher levels, though in some cases higher qualifications such as BTCW and CCW may serve as further training. In addition, CCW does not guarantee the same standard of knowledge and skills among the holders, because of the various routes via college and via experience. The former can be obtained with no experience, while the latter does not require any formal education, though it should be recalled that underpinning knowledge is examined via a national exam. Also, the Japanese system scores low on flexibility, in particular with the CCW which requires relatively long training to be taken at one time or passing the exam which takes place only once a year.

Fifth, management training is provided in the qualification system in the UK and Germany, but not in Japan. In the latter country, the expectation is that internal training, leading to and up a managerial hierarchy, will take place after recruitment, but in practice this is

underdeveloped. In part this is because of the small size of most organizations and establishments, which results in restricted possibilities for moving across different tasks and developing competence to move into management.

Finally, we revert to the point that the level of qualifications and the numbers attaining them differ across the three countries. We rely for this discussion on the number of hours, proportions with particular qualifications, and types of training. Undoubtedly, with the *Altenpfleger/in*, requiring 4,600 hours of training over three years, Germany has a qualification at the highest level. That country not only provides the highest level of training and qualification, but also has a higher proportion of workers with the qualification. The next is Japan, with more than one-quarter of homecare workers and nearly half of institutional care workers obtaining CCW. It will be recalled that CCW requires 1,650 hours college education and training or three years work experience, plus passing the national exam. In addition, almost all homecare workers have obtained at least HH2. Compared to the other two countries, in the UK, not only is the level of qualifications set low, but also the proportion with these qualifications is low. Only one-third of care workers and two-thirds of senior care workers hold NVQ level2.

The above prompts two final questions: why are qualifications set higher in Germany than in Japan and lowest in the UK and why is the proportion obtaining the higher qualifications

higher in Germany than in Japan and lowest in the UK? The first is a big question which would involve consideration of historical, cultural, economic, and social factors. We have partially dealt with the question as we have examined how training in LTC relates to traditional systems of training. However, because of space constraints, we set it aside. On the second question, we can offer two explanations.

First, there is a legal explanation. In Germany, only licensed nurses and elderly care workers can provide direct care, although other workers can provide support care. Also, in Germany, there is a legal requirement in the *Fachkraftquote*. In Japan, HH2 or higher is a legal requirement to perform homecare services. In addition, in Japan, those establishments with a higher proportion of CCW holders receive additional funds under the LTCI system. In the UK, the only legal regulations are in terms of registered managers and, even there, we have seen that not all managers have NVQ 4 qualifications. Second, there is an explanation in terms of incentives. The proportion of care workers with higher qualifications depends in part on the financial incentives to obtain them. In Germany, we have seen that those with higher qualifications generally earn more than those with lower or no qualification. In Japan, on the other hand, the level of qualifications is not necessarily reflected in pay. In the UK, even if care workers obtain NVQ 2 or 3, these are regarded as low skilled and so low paid.

So, in terms of pay, there is less incentive to obtain higher qualifications in Japan and the UK, compared to Germany.

Conclusions

This article has evidenced the search in three countries for ways to up-skill the LTC workforce via the development of training and qualifications. There is some up-skilling in all three countries. However, focusing on formal care, Germany has gone furthest towards up-skilling, followed by Japan, and with least change in the UK. Similarities are greatest between Germany and Japan and the biggest contrast is with the UK. If we include LTC workers who are directly hired by recipients, we see a rather different picture. The workforce is more diversified in Germany than in the UK, due to the different regulations on the use of personal assistants. It is least developed in Japan where there is no provision for cash benefits, though in practice many family members still provide care without being paid (Ochiai 2009). At the beginning of this article we raised a number of questions, to which we now return.

One question concerns the extent to which care training and qualifications have built on traditional national systems and to what extent they have been created anew. In Germany, the training of elderly care workers (*Altenpfeger/in*) is similar to the traditional system of nurse training and the dual system of apprenticeship training. However, this is not the case

for the training of elderly care assistants (*Altenpflegerhifer/in*) whose training is much shorter and less standardized. In Japan, the archetype of internal training has been deemed unsuitable in this sector, and in this sense, Japan has had to confront a major challenge in constructing its system. Some parts have built on the traditional system. For example, qualifications are mainly used as a recruitment criterion, indicating the potential of employees. After recruitment, the internal grade system, based on seniority or experience, takes over in deciding pay and promotion, as is seen in other sectors. However, the seniority system only really works when it is related to competence (Koike 1997). This is not the case in the LTC sector, given that most organizations and establishments are too small to offer internal training opportunities. In the UK, the system reflects the broader national system which has developed over the last quarter century for many intermediate types of labor. Thus, qualifications have been built around NVQs, and, as we have seen, these are set at a low level in the LTC sector. Some attempts have been made at higher level apprenticeship training in the sector, but these are limited and again reflect the wider situation in the UK (Gospel 2009).

The next question raised in the introduction was the extent to which systems are converging, remaining dissimilar, or diverging. Convergence can be seen in that in all three countries the number of care workers with formal qualifications has been increasing. However divergence is clear. In both Germany and Japan, the trend towards up-skilling can be seen at the higher

end, and in this sense, these two countries are similar. However, they are taking different routes. Germany is at a turning point, with some recommending developing common training for different types of nursing and care occupations, with specialized education and training at the final stage of training. Japan is in the process of setting CCW as the standard and is now developing a higher qualification above CCW. Thus, the German strategy of up-skilling is to integrate the top care occupation into higher level nursing, while the Japanese route is to up-skill care workers within the vocation of care. On the other hand, in the UK, neither of these strategies are evident, and qualifications have remained at low levels. All three countries share similar problems around how to compensate workers for higher qualifications, given pressure to restrain costs. But, here again, divergence can be found across the three countries. Germany has developed a diversified market, with highly skilled workers on the one hand and semi-skilled and more precarious workers on the other. The gap of pay and training between the former and the latter is growing. In Japan, also, the proportion of workers under fixed-term contracts, who are excluded from ILMs and enjoy little by way of pay increases and training provision, has grown. The UK has taken the strategy to keep this sector as low skilled and thus as generally low paid.

A third question raised in the introduction related to how national systems of training and qualifications feed through to organizational and workplace level and facilitate the effective

use of skills. We suggest that there are problems in all three countries in terms of the coordination between external training and qualification systems and internal arrangements within organizations. However, the exact nature of this differs between the countries. In Japan, integration is a problem, particularly above the middle-level as no qualification beyond CCW currently exists, including managerial training. Also, in Japan, there is no clear path linking different qualifications. In addition, the level of qualification does not necessarily relate to competence, and this makes it difficult to integrate external qualifications with the internal grade system at organization and workplace level. In Germany, segmentation and task demarcation by qualifications may well prevent vertical and horizontal mobility within and across organizations. This is likely to limit the scope for career development. Also, in Germany, even if employers provide further training at the workplace, as many do, this does not necessarily lead to promotion or to better pay. In the UK, we have mentioned the problems of NVQs, the low attainment of qualifications, and low pay. However, the system has an advantage in that it is easier to integrate external qualifications with internal systems because qualifications are based on performance on the job. Nevertheless, the potential for career development within organizations is low, given that NVQ levels are set low and the content does not reflect underpinning knowledge which is crucial to cope with new situations in wider contexts. Despite these problems, case study work suggests that there are some organizations which, via more sophisticated human

resource management (HRM) practices, including internal training, can overcome these problems. However, such are a minority (Gospel 2009; JILPT 2010).

This leads to the question of policy implications. With regard to content, especially in the UK, there is a need for governments to re-consider their arrangements, so as to promote a higher level and higher attainment of qualifications. In this respect, in the UK the positive experience under the now repealed training clauses of 2000 Care Standards Act might be revisited (Gospel and Lewis 2011). Also, in the UK, there would seem to be a need for training which provides more underpinning knowledge and develops the individual capacity to cope with problems in wider contexts than immediate tasks. In Germany, there is a need to integrate the different nursing qualifications, to provide career paths from lower to higher levels, and to standardize different qualifications across Länder. Indeed, as described, this is underway. Also, in Germany training for less qualified workers is an important issue. In Japan, there is a need to streamline external training and qualifications and develop life-long careers beyond organizational boundaries. Again, this is underway.

For employers, we revert to the need better to integrate external training and qualification systems with internal HRM practices. In all three countries, cost pressures and the relatively small size of organizations constrain effective provision of internal training. Therefore it is crucial to integrate external trainings and qualification systems into internal HRM practices.

In particular, there is a need for better linkage of qualifications, pay, promotion, and careers. In UK there is a need in particular to link qualifications to higher pay and promotion. In Japan, there is need to make the external system more coherent and relevant to competence at the workplace. In Germany, the need is to make entrance to all levels possible to those who are suitably qualified and to provide chances for upward mobility.

For further research, we suggest the following. It would be useful to extend the analysis to other groups of countries, such as the Nordic, Southern European, and East Asian countries which face similar problems with ageing and which may have taken different routes to deal with these problems. Second, where possible, use should be made of representative data, ideally using both employer and employee questionnaires. Such data already exists for Japan and might be matched with other data sets – though not unfortunately with UK and German data. Finally, given the importance of the sector and given the need to balance quality and cost considerations, it would be useful to have studies of a comparative nature which look at the relationship between training, qualifications, and skills on the one hand and performance measures on the other hand.

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