

**Thematic Panel 13: Making-up caregivers. How policy instruments frame and enroll family and informal caregivers?**

**Transformation of Care in East Asia: Migration and Emerging  
Regional Care Chain**

*Reiko Ogawa*  
*Associate Professor*  
*Chiba University*  
*Japan*  
[reiogawa@chiba-u.jp](mailto:reiogawa@chiba-u.jp)

*Abstract*

Responding to the population aging, migrants are increasingly entering into care work in East Asia. Based on Global Care Chain (Hochschild, 2000:131) the paper unpack the Regional Care Chain (RCC) in Asia especially on the receiving end by introducing the concept of migration and care regimes and how it intersects and interrelates with each other. RCC is governed by different institutional frameworks and it is the nexus of the two regimes that shape the entitlement of the migrants as well as the quality of care. Based on the ethnographic research in Taiwan, Japan and Korea, the paper elucidates the different construction of “migrant care workers” in East Asia.

**Introduction**

The rapid demographic change of low fertility rate and population aging brought the issue of care into a new domain of inquiry not just in the academic discussion but also in political debates in East Asia. The decreasing capacity of families to sustain unpaid care in the private sphere has led to outsourcing of care whether through public provisions or through the market. While more women in East Asia are entering into paid work, migrants are sought as an option to undertake care work to mitigate the

“care deficit.” Hochschild (2000:131) coined the term Global Care Chain (GCC), “a series of personal links between people across the globe based on the paid or unpaid work of caring”, but the care chain in East Asia is not global but regional which can be called Regional Care Chain (RCC). Migrant care workers do not come from other regions such as Africa or Latin America but it is predominantly intra-regional mobility within Asia which consists the flow. This RCC is consisted of sending countries such as the Philippines, Indonesia and Vietnam and receiving societies such as Hong Kong, Taiwan, Singapore, Japan and Korea where we see a major flow of migrant women from Southeast Asia to East Asia. RCC can be broadly divided into two groups according to how the social policies have been developed (ILO 2016:7-8). The paper examines the receiving end of RCC by introducing the concept of migration regime and care regime and how it intersects with each other in Taiwan, Japan and Korea. This paper is based on an intermittent ethnographic research in Japan, Taiwan, Korea, Indonesia and the Philippines since 2009, interviewing migrants, individual employers, care facilities, civil societies, recruitment agencies, government officials and conducting participant observations in meetings and gatherings of migrant workers, language classes, training courses and care facilities where the migrants are working. Based on the ethnographic data, I argue that the two spheres do not exist separately but it is the intersection of the two regimes that defines the entitlement of migrants and quality of care.

### **Migrant Care/Domestic Workers in East Asia**

Since the 1970s, migrants are introduced to undertake domestic and care work in East Asia. There are numerous writings on migrant domestic workers, as this is the salient feature of migration in Asia today (Constable, 2007; Lan, 2006; Oishi, 2005; Huang et al., 2012). In newly-developed Asian societies such as Hong Kong, Taiwan and Singapore, an increase in migrant domestic workers is driven by local women’s entry into the labor market as part of state industrialization policy (Oishi, 2005). Migrant domestic workers provide round-the-clock services to families, including domestic work, childcare or elderly care. However, for the purpose of this paper, I would like to analytically distinguish migrant domestic workers and migrant care workers because the former are part of the privatized market often discussed in relation to women’s entry into the labor market, whereas the latter can be situated as part of social policy. In fact, when public support for social care is limited, the care provided by migrants becomes an integral part of the social system. By distinguishing migrant care workers

and locating them within the care workforce, we will be able to determine and compare their position in the East Asia care labor market.

There are 237,100 “foreign domestic workers” in Singapore (Ministry of Manpower 2016), 340,380 “foreign domestic helpers” in Hong Kong (Census and Statistic Department 2016), 232,650 “nursing workers” in Taiwan (Ministry of Labour 2016) while Japan has just 2,627 “foreign nurses and care workers” including the candidates (Ministry of Justice 2016). In Korea, it is not possible to identify the number of migrant care workers because only overseas Koreans are allowed to work in service sector but their visa is not tied to their employment status. The number of Korean Chinese women is 298,620 among which above 50 years old, a likely age to enter care work, is 147,351 (Ministry of Justice 2016:412-413) but not all of them are engaged in care work. This invites the question: why do some states accept more migrants than others, especially for certain types of work? Taiwan accepts more than 200,000 migrant care workers in a country of 23.4 million, whereas Japan accepts approximately 2,800 migrant care workers for a population of 127.3 million. The receiving side of RCC can be categorized into two groups. Japan and Korea are more stringent in employing migrants and rather opted to develop public provisions to support care. Japan introduced Long Term Care Insurance (LTCI) in 2000 to transfer the care burden to the “society” (quasi market) and Korea introduced a similar LTCI in 2008. The introduction of LTCI was aimed to support the dependent elderly in terms of funding and ensuring care workforce. On the other hand, Singapore, Hong Kong and Taiwan encouraged the women’s entry into labor market and facilitated the entry of migrants to undertake care work. This is reflected in the number of the national workforce in care sector. Japan has more than 1.4 million care workers and Korea has more than 200,000 (Ministry of Health, Labour and Welfare, Japan, 2014; National Health Insurance Service, 2015:608-609) but this cannot be seen in the case of Singapore, Hong Kong and Taiwan. In other words, Japan and Korea established the long term care provisions *before* the entry of migrants but in Singapore, Taiwan and Hong Kong, migrant care workers became the most affordable and convenient solution to the care deficit.

Today, migrants have become not just an indispensable part of the care regimes in East Asia but care work has become the forefront of the uneven process of globalization. East Asia as in elsewhere is experiencing a major transformation in how care has been negotiated, arranged and provided by national and global forces and the questions such as “who cares?”, “who pays?” and “where is care provided?” (Jenson 1997 cited in Razavi 2007:20) is increasingly becoming complicated and calls for

critical examination. Within these contexts, to neglect the role of the migrant care workers will render invisibility to the contribution that they are making.

### **Contextualizing Migration Regime and Care Regime**

In the scholarship of international migration, various theories exist depending on the discipline (Massey, 2005; Sassen, 2007; Brettell and Hollifield, 2008). The economic approach, such as neoclassical theory, explains the cross-border mobility of people through economic inequalities such as wage gaps either at the individual or household level. Segmented labor market theory emphasizes the structural demand in the receiving countries and argues that migrants fill in the 3D (dirty, dangerous and difficult) jobs that native workers would not undertake. While the former focuses on the “push” factor in the sending country, the latter highlights the “pull” factor in the receiving country.

Contrary to these economic explanations, political scientists have elaborated that international migration lies at the heart of the apparent paradox between the two principles of the global system: national sovereignty and universal human rights (Benhabib, 2004; Hollifield, 2008). The principle of sovereignty reinforces national boundaries while the principle of human rights adheres to the universal status of individuals that transcends national boundaries. The discretion of the state to control the mobility of people crossing its borders is a principle of the international legal system, although not without contestation. Regarding the tension between the two, globalization theorists have argued that the intensive flow of capital, goods, information and people has significantly transformed the sovereignty and regulatory power of the state (Sassen, 1996; 2007). Among various factors that shape migration, Hollifield (2008, p.195) emphasizes the role of the state in governing migration and points out that “the economic and sociological factors were the *necessary* conditions for continued migration, but the *sufficient* conditions were political and legal (emphasis original).” Building on these theories, the concept of a migration regime as a set of policies and institutions governing the mobility of people is useful to capture the nature of migration.

Based on the study of Europe, Williams (2012) proposes using the concepts of care, migration and employment regimes to compare migrant care workers in different countries. Her indicators for a migration regime comprise: immigration policies, residential status and citizenship, social norms and relationships between majority and minority, and status of organized movements including support from civil society.

Reflecting on the realities in East Asia and for the purpose of this paper, I would like to extract three indicators, namely 1) citizenship, 2) working conditions, and 3) migrant source country.

The first indicator examines migrant citizenship and possibilities of their incorporation into the host society. The second indicator represents the condition of migrant care workers *vis-à-vis* native workers in the labor market. The third indicator shows the extent of ethnicization in immigration policy. In Japan and South Korea, “re-ethnicization” is a shared feature of their migration policies; both countries accept migrants from their ethnic descendants, namely the Nikkei (Japanese descendants from Latin America and Southeast Asia) and Choson-jok (Koreans in China) (Seol and Skrentny, 2004; Tsuda and Cornelius, 2004). Contrary to production work, care is often provided within the intimate sphere where language and cultural proximity between the care provider and care receiver plays a significant role. Ethnicization policies reflect political, economic and social concerns over who is allowed to provide care in the intimate sphere. The three indicators of the migration regime define the social status and prospects of integration of migrants into the host society.

The care regime builds on Esping-Andersen’s concept of welfare regime (1990; 1999), which identifies three typologies of welfare states: liberal, conservative and social democratic. Two major criticisms to this concept arose in response. First, feminists criticized the lack of gender perspective in this analysis and questioned whether the typology would hold up if gender was incorporated. They criticized the main analytical concept of “de-commodification” (Esping-Anderson, 1990, p.22), which is the ability to maintain a livelihood without reliance on the market, to be problematic because it undermines the unpaid work undertaken by women at home (Orloff, 1993, 1996; Sainsbury, 1999). Second, since Esping-Andersen’s typology was derived from several Western countries it stirred up debate from those excluded from the typology. In East Asia, where the underlying political and economic foundations are different from those in Western countries, the fourth model of welfare state—the productivist or developmental welfare state—was proposed, where social policy has become subordinate to achieve economic development (Holliday, 2000; Kwon, 2005; Kwon ed. 2005). Just as the mainstream comparative analysis of the welfare state has neglected gender and the role of women in providing care, this paper aims to shed new light on the role of migrant care workers and examines the institutional framework of the ways in which migrants are configured in the care labor market in East Asia.

Care regime can be defined as set of policies and institutions for long-term care that include both funding and care provisions provided by the state, market, family and

community. For the indicators of the care regime, 1) professionalization in long-term care work, 2) the care site, and 3) “re-familialist” vs. “de-familialist” axis will be introduced. The first indicator defines the skills in long-term care. Nursing dates back to the time of Florence Nightingale in the mid-19<sup>th</sup> century and spread into non-Western countries through modernity, war, imperialism and colonialism (Choy, 2003; D’Antonio et al., 2016; Rafferty et al., 1997). To develop and transmit nursing knowledge and skills was an important part of the modernization project and became embedded in different practices in various parts of the world. If nursing was a profession that grew out of science and modernization, caregiving is an occupation in the era of post-modernism and “biopower” (Foucault, 1990, pp.135-159) that enhances states’ concern over the managing of the body or fostering life. Compared with nursing, where power emanates from science and medicine and is supported by well-established professional associations such as the International Council of Nurses, care work is differently constructed depending on the socio-economic context that creates the structural conditions that shapes migrants who are turned into “care workers”.

Elderly care in East Asia and elsewhere is a newly established occupation with unclear job descriptions and ambiguously defined skills. Today, elderly care has been undertaken by a broad spectrum of people with different credentials, from medical care provided by registered nurses and auxiliary nurses, care workers with some training or certificate, domestic workers with some experience, and families and local community. In East Asia, country-specific credentials have been established for elderly care (Table 1). While a number of different qualifications coexist in the domestic care regime, migrants are meant to fit within this spectrum of diverse and ambiguous qualifications and entitlements. As Simonazzi (2009) states, these credentials are driven from the national employment model rather than qualifications that migrants possess.

**Table 1: Different Qualifications for Elderly Care Workers in East Asia**

Country	Type of care worker	Target	Qualification
Japan	<i>Kaigo fukushishi</i> (Certified long-term care worker)	Open to EPA migrants & resident migrants	National certificate awarded after: 1) graduating from an accredited high school and

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			<p>passing the national exam;</p> <p>2) graduating from a 2-year technical college;</p> <p>3) more than three years of working experience, 450 hours of training, and passing the national exam.</p>
	<p><i>Kaigo shokuin shoninsha kenshu</i> (Long-term care worker)</p>	Open to resident migrants	Certificate awarded by municipal governments after completion of 130 hours of training and passing the exam.
	Domestic worker	Going to be open to migrants starting in 2017	No certificate required.
Taiwan	<p><i>Jhao gu fu wu yuan</i> (Long-term care worker)</p>	Migrants not eligible	Certificate awarded after 90 hours of training at an accredited institution.
	<p><i>Kan hu gong</i> (Nursing worker)</p>	Migrants only	No certificate required, though workers are supposed to have received 90 hours of training in the sending country, provided by private agencies.
	Domestic workers	Open to resident migrants and a small number of migrant workers	No certificate required.
Korea	<p><i>Yoyang pohosa</i> (Certified long-term care worker)</p>	Open to resident migrants and overseas Koreans	National certificate awarded after 240 hours of training and passing the national exam.
	<p><i>Kanbyeongin</i> (Hospital attendant)</p>	Open to resident migrants and overseas Koreans	No certificate required.
	Domestic worker	Open to resident migrants and	No certificate required.

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Source: Shakai Fukushi oyobi Kaigo Fukushishi ho [Social Worker and Care Worker Law], Japan; Ministry of Health and Welfare, Taiwan, 2016; Ministry of Health and Welfare, Korea, 2012

The second indicator examines the site where the care is provided. The actual care work and working conditions differ greatly between institutional and home care. In institutional care, the care workers usually work in a team with other experts such as nurses, physical therapists and social workers and the working condition is regulated. On the contrary, in home care, the work of care workers converges with that of the domestic worker, and thus become less regulated and more isolated. The third indicator demonstrates the degree to which care depends on the family. Esping-Anderson (1999, p.51) defines ‘familialism’ as a system where the households have the main responsibility for providing welfare and caring responsibilities and ‘de-familialization’ is to remove the care burden from the household. He further distinguishes two paths for de-familialization: one through public services and the other through the market. In East Asia, Japan and Korea have implemented Long Term Care Insurance (LTCI) for elder care through public provisions, but other countries relegate the care responsibilities to the families, who seek a market solution<sup>1</sup>. However, market solutions are only available for those who can afford them and without public provisions, the main responsibility for care still lies with the families. To examine the state–market relationship, it is more appropriate to distinguish between “de-familialization” through public services and “re-familialization” in which families outsource care through market provisions.

The concept of regime and how it intersects with each other allows us to analyze different configurations of migrant care workers in relation to citizenship, integration within the host society, nature of the welfare state and professionalization of care work, which reveal the entitlement of the migrants as well as the quality of care. While the previous scholarship on care regimes and migration regimes tend to treat them as two separate spheres this paper argues that the two regimes are mutually enforcing, and it is the intersection of the two regimes which will construct the ‘migrant care workers’

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<sup>1</sup> Taiwan passed such a law in 2015 but it will take some time for public elderly care services to be fully implemented.



including their agencies in a variety of ways. It also aims to shed new light on the discussion of East Asian welfare regimes from the perspective of migrant care workers and citizenship.

### **Japan's Migration and Care Regimes—Unexpected Migrants as Subsidiary to Free Trade**

Japan has a long history of immigration and emigration, but a major shift occurred under the Immigration Law reform in 1989, which prioritized highly-skilled migrants. Initially, sixteen visa categories were created, including “business manager”, “legal/accounting”, “medical services”, and “intercompany transferee”. With growing competition in the global economy and shrinking of its productive population, a number of policy initiatives were undertaken to boost the migration of highly skilled workers, exemplified by the introduction of the point system in 2012. However, the migration of care workers in Japan came about not as part of the immigration policy or labor market policy, but as a subsidiary to free trade agreement. When the Philippine government proposed the establishment of the Economic Partnership Agreement (EPA), they proposed that Japan open up four occupations: 1) nurses, 2) care workers, 3) nannies, and 4) domestic workers (Asato, 2007). In line with the Japanese immigration policy encouraging highly skilled workers, only the nurses and care workers were admitted. Both have national certificates in Japan, although the meaning of “skills” differs between the two occupations (Ogawa, 2012). Passing the national exam became mandatory owing to pressures from the Japan Nursing Association, out of concern that the influx of migrant workers may further downgrade their profession (Ohno, 2012).

Until the establishment of the EPA, very few foreigners worked as physicians and nurses under the “medical service” visa, and no foreigners could get a visa to work as care workers<sup>2</sup>. The same agreements have been established between Japan and Indonesia and Japan and Vietnam’s EPAs, which opened up the migration of nurses and care workers from these countries. The first group of Indonesian care workers arrived in 2008, followed by Filipinos and Vietnamese; by the end of 2016 approximately 2,800 migrant care workers had arrived in Japan.

The migrant caregivers from Southeast Asia are all university or nursing school graduates and have received six months to one year of free Japanese language training

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<sup>2</sup> Amendment of the bill to revise immigration law to include care workers in the visa status was submitted in March, 2015.

before they start working. They can only work in institutional care and not in home care<sup>3</sup>. While they are working, they must continue studying for three years to be able to pass the national exam and become certified care workers or *kaigo fukushishi*. The exam comprises 120 questions of multiple choice from 13 subjects, including social welfare, psychology, medicine, social work and skills in long term care. In 2016, the passing rate for Japanese and migrants was 57.9% and 50.9%, respectively.

Once the migrant caregivers obtain the certificate, they can work and reside in Japan for an indefinite period and family reunion is allowed. Migrant caregivers' working conditions are the same as Japanese, and are regulated and protected under labor law<sup>4</sup>. Matching and deployment are done by state agencies on both sides so no financial cost must be shouldered by the migrant themselves. Owing to pressure from the professional organizations, migrant care workers are integrated as "professionals" but whether care work is considered as skilled labor is contested (Ogawa, 2012; see also Lan, 2016). Japan's migration-care regime can be summarized as follows:

- \* Citizenship: Can stay up to four years. Once they are certified, the visa can be extended for indefinite period of time which makes them eligible to apply for permanent residency, and family reunion is allowed.
- \* Working conditions: Employed in the same conditions as Japanese. Once they are certified, can change the employer.
- \* Source countries: Indonesia, the Philippines and Vietnam.
- \* Training: One year of prior language training. After starting work, caregivers continue to study for the national exam.
- \* Care site: Institutions only.
- \* Nature of the care regime: De-familialist, as they are incorporated into Long Term Care Insurance (LTCI) once they are certified.

### **Taiwan's Migration and Care Regimes—Live-in Migrants as a Neo-Liberal Solution**

Taiwan's migration regime is shaped by its geo-political position in the international community, influenced by longstanding tension in the cross-strait relationship with the People's Republic of China. Lack of presence and isolation from the international

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<sup>3</sup> Expansion of the workplace to home care has been discussed at the policy level.

<sup>4</sup> According to JICWELS, which monitors the employers, there has been no major violation of the contract regarding their salaries (email exchange, 2015).

arena, such as the United Nations, has majorly affected Taiwan politically and economically. Former President Lee Teng-hui's "Going South" policy was meant to reduce dependency on mainland China and enhance economic diplomacy with Southeast Asia. Initially, the labor market was opened to four countries in Southeast Asia; the Philippines, Thailand, Malaysia, Indonesia and Vietnam have joined since 1999. Then-Chairperson of the Council of Labor Affairs (CLA) acknowledged that diplomatic relations were a consideration in choosing these countries (Cited in Lu, 2011:97).

Similar to Singapore and Hong Kong, Taiwan's migration regime is closely linked to the employment regime mobilizing women to enter the labor market. Responding to the shortage in the labor market, the government decided to open the care labor market and accept migrant workers in 1992. Council of Labor Affairs states that immigration: 1) satisfies more basic manpower needs and encourages small and medium enterprises (SMEs) to keep their investments in Taiwan and offer more jobs; 2) allows Taiwan to utilize global human resources to increase national competitiveness and accelerate public construction projects and; 3) provides sufficient caretakers to households in need so that productive manpower can fully participate in the job market (CLA, 2012). By the end of 1992, there were just 669 migrant care workers and domestic workers. This jumped up to 106,331 in 2000, 186,108 in 2010, and 237,291 in 2016 respectively (Ministry of Labor, Taiwan, 2016a). This is in line with the women's labor force participation ratio, which also increased from 44.83% in 1992, 46.02% in 2000, 49.89% in 2010 and 50.74% in 2015<sup>5</sup> (Ministry of Labor, Taiwan, 2016b).

In 2016, migrant care workers share 38% of the total migrant labor force; the remaining workers are in manufacturing, construction and fishing (Ministry of Labor, Taiwan, 2016a). The period of stay was extended from the initial two years to fourteen years in 2015, but no citizenship will be given and family reunion is not allowed, so it is in principle a guest worker system. A direct hiring system, although still limited, was introduced so that the employers and migrants can establish the contract directly from the second hiring to avoid paying fixed service charges to private intermediary agencies.

Migrant caregivers are excluded from obtaining the certificate for long-term care and although they are supposed to receive training in their home countries, in my interview with agencies in Indonesia and Taiwan, this is not always guaranteed<sup>6</sup>. Recruitment, matching, training and deployment are undertaken by private agencies,

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<sup>5</sup> For 2015, the data are calculated from January to November.

<sup>6</sup> Interviewed in Jakarta in September, 2011 and in Taipei in September, 2013.

which tend to maximize their profit by withholding training. Lack of training creates risks for the safety and security of both migrants and the elderly. Moreover, language proficiency and cultural knowledge is considered a disadvantage to the employers and agencies, as a barrier allows for better control of laborers (Lan, 2016), so migrants are not expected to be “professionals” even though some of them have a degree in nursing.

In addition, live-in migrant care workers are excluded from the labor law regulating working hours, resulting in round-the-clock care often without holidays. This leads to a large number of human rights violations and runaways are not uncommon. Also, migrant care workers are paid less than Taiwanese caregivers. The Taiwanese government acknowledges that the majority of care responsibility rests with the family, and the roles of the state are limited to setting average wage standards for migrants and agency fees, establishing multilingual hotlines and employing bilingual “inspectors” in local governments to deal with the labor issues from the levy they collect from the employers. Families are left without much choice but to hire a migrant care worker and live-in migrants became the most flexible and useful source of labor for families.

Responding to growing care needs, Taiwan passed the Long Term Care Services Act in 2015 in an attempt to integrate various care services. However, owing to changes in government it is difficult to foresee how it will be organized and implemented. What is clear is that LTCS cannot be implemented without depending on the 200,000 migrant care workforce, and the introduction of public provisions will bring change in their conditions in the future. The characteristics of Taiwan’s migration-care regime can be summarized as follows:

- \*Citizenship: Can stay up to 14 years, but permanent residency and family reunion are not allowed.
- \* Working conditions: Institutional care workers are protected under labor law but not live-in care workers. Both are paid less than locals.
- \* Source countries: Indonesia, the Philippines and Vietnam.
- \* Training: Migrants are supposed to have 90 hours training before they come to Taiwan.
- \* Care site: Predominantly private households.
- \* Nature of the care regime: Re-familialist, as all migrants are employed by families.

### **Korea’s Migration and Care Regime—Co-ethnics as Convenient Care Providers**

The rapid economic development of Korea since the 1990s brought about a labor shortage that pressured the government to open the labor market and accept migrants mainly from Southeast and Central Asia. However, in the Korean labor market, Korean Chinese have a distinct position. After the Seoul Olympics in 1988, Korean Chinese started to visit their families and relatives in Korea; this trend was further accelerated after a diplomatic relationship between Korea and China was established in 1992. After the financial crisis of 1997, then-president Kim Dae-jung proposed the Overseas Korean Act, which would provide incentive to overseas Koreans through relaxation of laws that would allow them to purchase property and grant them social securities. This was criticized for privileging rich Koreans in the United States and excluding the 3 million overseas Koreans in China, the former Soviet Union and Japan. In 2001, the Constitutional Court ruled that this Act is “unconstitutional” and overseas Koreans who left the country before the establishment of the Republic of Korea should be included.

A law introduced in 2007 allowed Korean Chinese and Koreans in Central Asia to work in service sectors if they can prove their Korean language proficiency. In 2000, the number of Korean Chinese was 32,441, but jumped to 626,655 in 2015 (Kim, 2010; Ministry of Justice, Korea, 2015, p.376). Korean Chinese share the largest group in the labor market followed by Vietnamese, Chinese (excluding the Korean Chinese) and Americans and Canadians (Ministry of Justice, 2015, p.376). Among Korean Chinese, women accounted for 47%, and among them 33% are above 40 years old (Ministry of Justice, 2015, pp.412-413). According to Lee (2006), Korean Chinese men can only find construction work, which is harsh and especially demanding of those their middle age, but women can find different work more easily, especially in the service sector. The fact that Korean Chinese share the same language and culture of their host country resulted in the domination of Korean Chinese women in household work, as high as 90% in 2009 (Kim, 2010, p.69).

Korean Chinese women are engaged in care work in Korea in a number of ways. First, the Korean care regime established a national certificate for long-term care (*yoyang pohosa*) in 2008 alongside the introduction of LTCI and made this certificate mandatory for all the care workers who work under LTCI to have the certificate. In 2015, there were approximately 300,000 *yoyang pohosa* working in home and institutional care (National Health Insurance, 2016, pp.592-593). The *yoyang pohosa* certificate is open to foreigners, such as marriage migrants and overseas Koreans. There are no statistics that show the number of migrants who obtained the certificate,

but according to one study, in 2011 only 314 migrants were working as *yoyang pohosa* from all visa categories. (Lee, 2013, p.20) Some multicultural family support centers<sup>7</sup> as well as settlement centers for North Korean migrants/refugees provide trainings as well (Lee, 2015). If migrants obtain the *yoyang pohosa* certificate, they will be covered under the four insurance schemes (i.e., health, employment, occupational and pension) and be protected from wage discrimination compared with local Koreans<sup>8</sup>.

However, many Korean Chinese women work as *kanbyeongin*, a 24 hour-attendance in the hospital, preferring to get quick cash rather than invest their time and money to undertake 240 hours of training<sup>9</sup>. *Kanbyeongin* are neither covered by any social insurance nor LTCI but are paid by families in need. In my interview with Korean Chinese women, it was revealed that the association of *kanbyeongin* established standardized wage and so, in principle, the salaries among nationals are supposed to be the same<sup>10</sup>. Also, it is estimated that 60,000 migrants are working as domestic workers and babysitters in private homes (Korean Immigration Service Foundation, 2013). The Korean migration-care regime can be summarized as follows:

\*Citizenship: Can stay up to five years but can be extended.

\*Working conditions: Employment status differs among the *yoyang pohosa*, *kanbyeongin* and domestic workers. *Yoyang pohosa* are under LTCI and *kanbyeongin* have an association, so in principle both are assured the same working conditions, which are not applicable to domestic workers.

\*Source countries: Care sector is only open to Korean Chinese

\*Training: *Yoyang pohosa* require 240 hours of training and passing the national exam.

\*Care site: *Yoyang pohosa* work in institutions and private households, *kanbyeongin* mostly work in hospitals, and domestic workers work as both live-in and live-out in private homes.

\*Nature of the care regime: *Yoyang pohosa* are covered by the LTCI but *kanbyeongin* and domestic workers are employed by families.

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<sup>7</sup> There are more than 200 multicultural family support centers aiming to integrate marriage migrants, but not all of them provide this training.

<sup>8</sup> The wages and the working conditions of *yoyang pohosa* are lower than other sectors and turnover rate is high owing to bad working conditions, health issues and low social status (National Health Insurance Service, 2014).

<sup>9</sup> Interviewed in Seoul in September, 2016.

<sup>10</sup> Interviewed in Seoul in September, 2016.

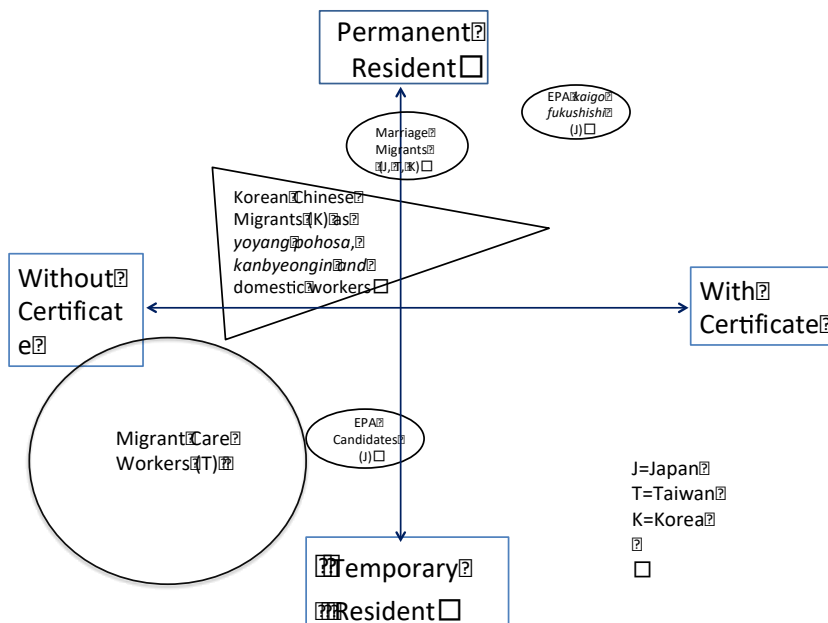
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## **Nexus between Migration and Care Regimes**

The three societies portray different institutional configurations of migration and care regimes, and it is only by identifying the nexus that we will be able to comprehend the entitlement of migrants and the quality of care. For the first nexus, we chose citizenship and qualification (Figure 1). Citizenship defines and protects the entitlement of migrants and ensures their status in the host country. The qualifications required for a care workers attest to their professional training, which makes a major difference in the health and well-being of the elderly. The number of EPA migrants in Japan who obtained the certificate is too small to mitigate the labor shortage of an ageing population. Taiwan's guest worker system without certificate might be the most "economical solution," but the risk of jeopardizing the health and safety of the elderly should be taken into consideration. Korea's solution to introduce co-ethnics seems to be a sensible option if more migrants are motivated to undertake the certificate so they will be well-trained and entitled to insurance. Most of the migrant women in the care sector are above middle age, so being insured will protect them from certain risks in their older age.

This raises several questions: to what extent should care work be professionalized? What will be the long term prospect for career development of care workers, whether local or migrant? Should care work be undertaken by migrants who are guest workers with partial citizenship? What happens when migrants cannot work any longer? These questions are also related to how the local care workforce has been developed and how migrants are situated *vis-à-vis* this workforce. It also raises the issue of social citizenship if the migrants are denied their right to live with their families or right to be decommodified when they become sick or old. The issue of citizenship certainly defines how much resources the government and employers will invest to enhance quality care workforce. To secure a quality and stable care workforce and to successfully integrate migrants into society, it would be preferable to have more migrants in the Permanent Residency-With Certificate category.

### ***Figure 1: Migration–Care Nexus 1—Citizenship and Qualification***



Notes:

1. The triangle for Korean Chinese represents the mobility among them as they change their occupations within the care sector.

Figure 2 looks at how migrants are situated in the labor market. One distinct difference between Japan and Taiwan is the attitude towards institutional care. In Japan, approximately one in four persons who need care are in institutional care (Cabinet Office, Japan, 2014)<sup>11</sup>. However, in Taiwan, “institutional care is associated with the stigma of filial failure” (Lan, 2006, p.35) and home care is considered to be an “ideal” option. In Bartlett and Wu’s survey (2002, p.215), just approximately 3% of elderly were in institutional care. When I visited a number of care facilities in Taiwan, most of them had some empty beds<sup>12</sup>. This is in sharp contrast to Japan, where 520,000 elderly, among which 41% are heavily dependent, are waiting to be in institutional care

<sup>11</sup> [Long Term Care Insurance was introduced in 2000 and contributed to removing the stigma of institutional care in Japan.](#)

<sup>12</sup> [Interviewed in Taipei and Taichung in September, 2013.](#)



(Ministry of Health, Labour and Welfare, Japan, 2014). These are not only guided by the cultural ideology of family care but also affected by care regimes that shape the working conditions of the migrant care workers.

A small number of EPA migrants in Japan who work in institutional care are in a position to receive the same benefits as the locals. In Taiwan, the migrant care workers in institutional care are subjected to labor standard laws and working conditions are regulated, but the same conditions do not apply to live-in care workers, which comprises the majority of the care workforce. In Korea, *yoyang pohosa* and *kanbyeogin* are in principle entitled to the same working conditions as locals but, domestic workers, whether they are a migrant or local, are not protected under labor law. The varied standard in working conditions contributes to the creation of the dual labor market.

Figure 2: Migration–Care Nexus 2—Working Conditions and Care Site

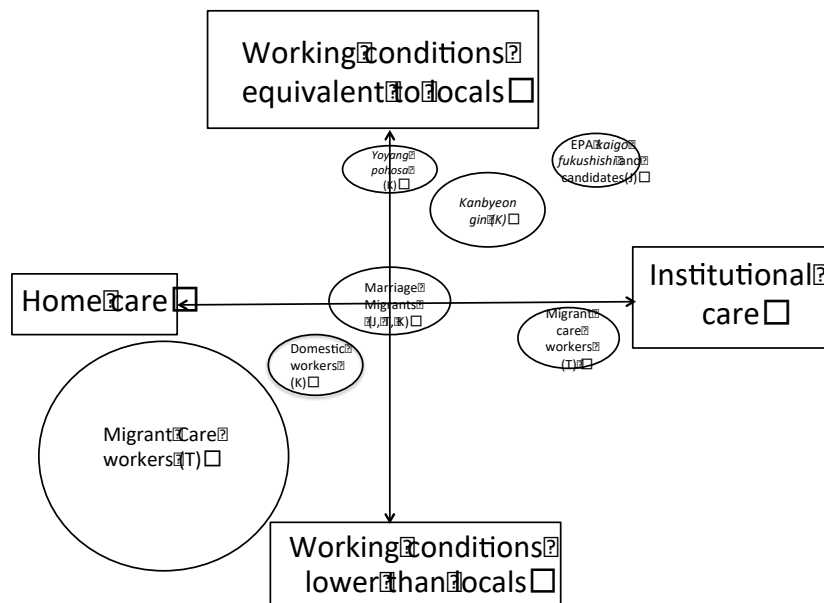
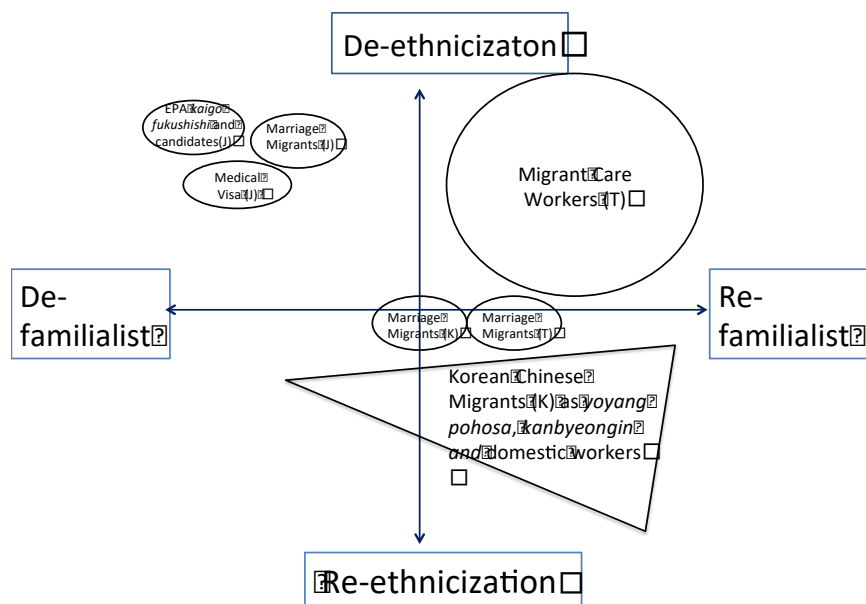


Figure 3 illustrates the new configuration of global welfare regimes by examining the extent of ethnicization policy and the nature of care regimes. Regarding social

expenditure, the Korean solution of re-familialist-re-ethnicization would be the most economical because of the low social and financial cost involved. However, this is only possible by the existence of diaspora community with lower economic status. The fact that Korean Chinese share the same language and culture significantly lowers the cost of migration, both in economic and symbolic terms for the state, family and migrants. However, Japan and Taiwan cannot take the same option due to different historical and geopolitical conditions. Starting in the 1990s, Japan's immigration law allows Japanese descendants to legally migrate and work, but they are largely concentrated in the production sector and not in the care sector owing to limitations in speaking Japanese (Ishikawa, 2009). Taiwan, with its long-lasting political tensions stemming from its cross-strait relationship will continue to restrict the entry of mainland Chinese labor migrants, and geo-political considerations prevail over economic interests.

Japan's long-term care insurance attempted to decrease the burden of the families and aimed to socialize care, at least, in principle. Korea also introduced LTCI in 2008 and Taiwan is in the process of implementation. However, only a small number of migrants have become a part of LTCI. To secure a quality workforce and ensure regulated working conditions for a migrant population that may expand in the future, the LTCI plays a critical role in creating path dependency.

***Figure 3: Migration–Care Nexus 3—Configuration of Global Welfare Regimes***



## Conclusion

Migrants are introduced in a varieties of ways in the host society within the intersections of migration and care regimes which they themselves are not part of its making. Different configurations of migrants in the care labor market informs us of migrants' entitlement as workers, and the quality of care provided. Among the three countries, Japan's migration-care regime allows EPA migrant care workers to become "professionals" providing citizenship and family reunion for a very limited number of highly educated migrants. Large proportion of EPA migrant care workers are women reflecting the gendered nature of the state as in the case of most migrant care workers elsewhere. The fact that EPA migrants are integrated within the regulated care labor market inform us that being a migrant women or migrant care worker *per se* do not necessarily have to lead to their vulnerability and it is rather the institutional framework that shapes their conditions and agencies in the host society. This migration-care nexus was not an outcome of state's commitment to human rights as other more abusive migratory flows are tacitly approved<sup>13</sup> but the bilateral agreements

<sup>13</sup> For example, the violation of human rights under Technical Intern Training Program (TITP) has been heavily

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forced the Japanese government in an unexpected way to ensure that the migrants will be entitled to the same working standards, become certified and protected under the same legal frameworks. However, it does not meet the demand of the labor market (See Kunio Tsubota's chapter in this book).

Responding to the unprecedented level of population aging and labor market shortage, in 2017, less skilled migrant care workers are planned to be introduced through several policy initiatives<sup>14</sup>. Although EPA serves as a reference point, the framework of future migratory flows of care worker/domestic workers will be significantly downgraded showing conversions with more neo-liberal migration-care nexus. This indicate how arbitrarily 'migrant care workers' as a category can be constructed through different political and economic dynamics without a long term plan for making social policy sustainable and lacking strategies to integrate the migrants.

Taiwan's migration-care regime is less discriminatory, as there are no conditions to be met. This privatization of care goes well with the state's goal to prioritize economic development and spend less on social expenditure as well as Taiwanese women's (and men's) goal to obtain affordable and flexible care at home. However, weak enforcement of regulations will continue to result in an increase of undocumented migrants and lack of training may affect the quality of support for the elderly's daily lives.

With co-ethnic migrant care workers, Korea's migration-care regime significantly lowers the cost of migration and integration. However, compared with Japan and Taiwan, where the migrants are mostly younger generations, Korean Chinese women in Korea undertaking care work are mostly middle-age or above. This raises the question: who cares for the migrants? Despite many variations, one major commonality among the regimes in these three countries is the issue of migrant social citizenship: their right to be de-commodified, denied or at least postponed. The reproductive needs of migrants are neglected or considered as less important while they are providing care to more advantaged families (Parrenas, 2003, 2005).

In the post-war period, we have seen the development and expansion of the concept of human rights to refugees, women, children, indigenous people, disabled people and migrants. However, the International Convention on Migrants has been

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[criticized by the civil society and The Japan Federation of Bar Associations has been repeatedly issuing statements to abolish TITP \(JFBA, 2015\).](#)

<sup>14</sup> [There are at least three routes as of 2017. Firstly, care workers will be accepted under Technical Intern Training Program \(TITP\) which is a de facto guest worker program. Secondly, as students who will be enrolled in technical schools and become certified care workers. Thirdly, as domestic workers in Osaka, Tokyo and Kanagawa.](#)

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ratified by only a small number of countries, which poses a challenge to the migrants and their families left home. Against the grain of globalization discourse, which celebrates hypermobility, cosmopolitanism and de-territorialization, care cannot be easily offshored or outsourced to other countries simply because the labor cost is cheap. Care work should not be reduced to a private matter yet alone women's matter as it has been governed by a larger social structure. The intersection of migration and care regimes creates the conditions of migrant care workers, the kind of care work they perform, gendered nature of work and their long term prospects to work and stay in the host country. If migrants have to be brought in to care for the elderly in rich societies, the host societies need to create a structure to "care" for the migrants as well. This study shows that the quality of care and the entitlement of migrants are co-related and if developed countries want a stable and quality workforce, they need to provide care for their migrants.

## References

- Asato, W., 2007. Nippi Keizai Renkei Kyotei to Gaikokujin Kangoshi, Kaigo Rodosha no Ukeire [JPEPA and Acceptance of Foreign Nurses and Care Workers]. In: Y. Kuba, ed. *Kaigo Kaji Rodosha no Kokusai Ido* [International Movement of Care and Domestic Workers]. Tokyo: Nihon Hyoron Sha. [in Japanese]
- Aspalter, C., 2006. The East Asian Welfare Model, *International Journal of Social Welfare*, 15, pp.290-301.
- Bartlett, H.P. and Wu, S.-C., 2000. Ageing and Aged Care in Taiwan. In: D. R. Philips, ed. *Ageing in the Asia-Pacific Region*. London: Routledge. pp.210-222.
- Benhabib, S., 2004. *The Rights of Others: Aliens, Residents, and Citizens*. Cambridge: Cambridge University Press.
- Brettell, C.B. and Hollifield, J.F., 2008. *Migration Theory: Talking Across Disciplines*. New York and Oxon: Routledge.
- Cabinet Office, Japan, 2014, *Korei Shakai Hakusho* [White Paper on Ageing]. Available at: <[http://www8.cao.go.jp/kourei/whitepaper/w-2012/zenbun/s1\\_2\\_3\\_02.html](http://www8.cao.go.jp/kourei/whitepaper/w-2012/zenbun/s1_2_3_02.html)> [Accessed 10 November, 2016] [in Japanese].
- Census and Statistics Department, Hong Kong, *Foreign Domestic Helpers by Nationality and Sex*, [http://www.censtatd.gov.hk/hkstat/sub/gender/labour\\_force/](http://www.censtatd.gov.hk/hkstat/sub/gender/labour_force/) accessed December 4<sup>th</sup>, 2016.

- Choy, C.C., 2003. *Empire of Care: Nursing and Migration in Filipino American History*. Quezon City: Ateneo de Manila University Press.
- Constable, N., 2007. *Maid to Order in Hong Kong*. Ithaca: Cornell University Press.
- Esping-Andersen, G., 1990. *The Three Worlds of Welfare Capitalism*. Cambridge: Polity Press.
- Esping-Andersen, G., 1999. *Social Foundations of Postindustrial Economies*. New York: Oxford University Press.
- Council of Labor Affairs (CLA), 2012. *Report on Protection of the Rights for Foreign Workers in Taiwan*. Taipei: Council of Labor Affairs.
- D'Antonio, P., Fairman, J.A., and Whelan, J.C., 2016. *Routledge Handbook on the Global History of Nursing*. Oxon and New York: Routledge.
- Foucault, M., 1990. *The History of Sexuality: An Introduction*. New York: Vintage Books.
- Holliday, I., 2000. Productivist Welfare Capitalism: Social Policy in East Asia. *Political Studies*, 48, pp.706-723.
- Hollifield, J. F., 2008. The Politics of International Migration: How Can We “Bring the State Back In?” In: C. B. Brettell and J. F. Hollifield, eds. *Migration Theory: Talking Across Disciplines*. New York and Oxon: Routledge. pp.183-237.
- Ishikawa, E.A., 2009. Zainichi Nikkei Brasiljin Herupa: Keizai Fukyo ni yori Kojo kara Kaigo Rodo he [Resident Nikkei Brazilians: From Factory Work to Care Work due to Economic Depression], In: Kokusai Ido to Gender Kenkyukai, eds. *Ajia ni okeru Saiseisan Ryoiki no Global ka to Gender Haichi* [Globalization of Reproductive Work and Gender Order]. Hitotsubashi University, Ito Ruri, pp.175-186.
- Huang, S., Yeoh, B.S. and Toyota, M., 2012. Caring for the Elderly: The Embodied Labour of Migrant Care Workers in Singapore. *Global Networks*, 12(2), pp.195-215.
- Japan Federation of Bar Associations, 2015. *Statement on the Expert Report on the Review of Technical Intern Training Program*. Available at <<http://www.nichibenren.or.jp/activity/document/opinion/year/2015/150227.html>> [Accessed 11 November 2016] [in Japanese].
- Kim, E.S., 2010. “Women migrant laborers of reproductive/care work: The case of South Korea” in Ogawa Reiko et al. (eds.), *Transnational Migration from Southeast Asia to East Asia and the Transformation of Reproductive Labor: Comparative Study between Korea, Taiwan and Japan, Visiting Researcher's Research Paper*. Kitakyushu Forum on Asian Women. Available at: <<http://www.kfaw.or.jp/publication/cat51/index.html.en>> [Accessed 25 September, 2016]
- Korean Immigration Service Foundation, 2013. *Special Education for Childcare*. Press Release, 31 May 2013. Available at:

- <[http://www.kisf.org/notice/01.php?admin\\_mode=read&no=54&make=&search=&sub\\_cate=&s\\_url](http://www.kisf.org/notice/01.php?admin_mode=read&no=54&make=&search=&sub_cate=&s_url)> [Accessed 10 November 2016] [in Korean].
- Kwon, H.J., 2005. Transforming the Developmental Welfare State in East Asia. *Development and Change*, 36(3), pp.477-497.
- Kwon, H.J. ed., 2005. *Transforming the Developmental Welfare State in East Asia*, UNRISD, Basingstoke: Palgrave Macmillan.
- Lan, P.C., 2006. *Global Cinderellas: Migrant Domestic Workers and Newly Rich Employers in Taiwan*. Durham and London: Duke University Press.
- Lan, P.C., 2016. Deferential Surrogates and Professional Others: Recruitment and Training of Migrant Care Workers in Taiwan and Japan. *Positions*, 24(1): pp.253-279.
- Lee, H.K., 2006. Migrant Domestic Workers in Korea: The Effects of Global Householding on Korean-Chinese Domestic Workers. *IDPR*, 28(4): pp.499-514.
- Lee, H.K., 2013. The Care Labor Market and the Position of Migrant Care Workers in South Korea. *Journal of Intimate and Public Spheres*, 2(1): pp.6-25.
- Lee, S.H., 2015. Dementia Care by Foreign Workers in Korea. Presentation at Yokufukai, Tokyo on June 2015. (unpublished material)
- Lee, Y.-J. and Ku, Y.W., 2007. East Asian Welfare Regimes: Testing the Hypothesis of the Developmental Welfare State. *Social Policy and Administration*, 41(2), pp.197-212.
- Lu, M.C., 2011. Appearance and Techniques of Migration Control: Examining Labour Migration Regimes in East Asia. In: E. Guild and S. Mantu, eds. *Constructing and Imagining Labour Migration: Perspectives of Control from Five Countries*, Farnham: Ashgate.
- Massey D., 2005. Contemporary Theories of International Migration. In: D. S. Massey, J. Arango, G. Hugo, A. Kouaouci, A. Pellegrino, and J. Edward Taylor, eds. *Worlds in Motion: Understanding International Migration at the End of the Millennium*. Oxford: Oxford University Press.
- Ministry of Health and Welfare, Taiwan, 2016. *Care Services Training Courses*. Available at: <[http://e-care.sfaa.gov.tw/MOI\\_HMP/HMPd000/begin2.action](http://e-care.sfaa.gov.tw/MOI_HMP/HMPd000/begin2.action)> [Accessed 10 November 2016] [in Chinese].
- Ministry of Health, Labour and Welfare, Japan, 2014. *Tokubetsu Yogo Rojin Home no Nyusho Moshikomisha no Jyokyo* [Status of Application for Care Facilities]. Available at: <<http://www.mhlw.go.jp/stf/houdou/0000041418.html>> [Accessed 25 March 2016] [in Japanese].
- Ministry of Health and Welfare, Korea, 2012. *2013 Guideline for Yoyang Pohosa* [in Korean]. Available at: <

- [cfile238.uf.daum.net/attach/270C4E4951A30FB4047E67](http://cfile238.uf.daum.net/attach/270C4E4951A30FB4047E67)> [Accessed 12 December, 2016]
- Ministry of Justice, Korea, 2015. *Korea Immigration Service Statistics*. Available at: [https://www.immigration.go.kr/doc\\_html/attach/imm/f2016//2016061525798\\_0\\_1\\_1.pdf.files/PDFBook.html](https://www.immigration.go.kr/doc_html/attach/imm/f2016//2016061525798_0_1_1.pdf.files/PDFBook.html)> [Accessed 8 November 2017]
- Ministry of Labor, Taiwan, 2016a. *Number of Foreign Workers by Industry*. Available at: <http://statdb.mol.gov.tw/statis/jspProxy.aspx?sys=210&kind=21&type=1&funid=q13016&rdm=dcieb9iy>> [Accessed 10 November 2016] [In Chinese].
- Ministry of Labor, Taiwan, 2016b. *Labor Force Participation Rate by Sex*. Available at: <http://statdb.mol.gov.tw/statis/jspProxy.aspx?sys=220&ym=8101&ytm=10411&kind=21&type=1&funid=q02031&cycle=41&outmode=0&compmode=0&outkind=11&fldlst=111&rdm=llmlcnmf>> [Accessed 4 November 2016] [In Chinese].
- Ministry of Manpower, Singapore, 2016, Foreign Workforce Numbers, <http://www.mom.gov.sg/documents-and-publications/foreign-workforce-numbers> accessed December 4th, 2016.
- National Health Insurance Service, Korea, 2014. *Care Workers in Long Term Care: Survey on Wages and Working Environment, Satisfaction and Treatment*. Available at: <http://www.dbpia.co.kr/SKnowledge/ArticleDetail/NODE06281910>> [Accessed 21 November 2017] [in Korean].
- National Health Insurance Service, Korea, 2016. 2015 Long Term Care Insurance Statistical Yearbook. Available at: [https://khiss.go.kr/board/bbs\\_read.jsp?tname=MINBOARD358&bbsid=B301&cat\\_bbsid=&bbs\\_seq=441&jkey=&jword=&pg=1&htxt\\_code=12536978062659050219061516896964&wj\\_vcs=&reverseNum=189&forwardNum=1](https://khiss.go.kr/board/bbs_read.jsp?tname=MINBOARD358&bbsid=B301&cat_bbsid=&bbs_seq=441&jkey=&jword=&pg=1&htxt_code=12536978062659050219061516896964&wj_vcs=&reverseNum=189&forwardNum=1) [Accessed 11 December, 2016]
- Ogawa, R., 2012. Conceptualizing Transnational Migration of Care Workers: Between "Skilled" and "Unskilled". *ASIEN: The German Journal on Contemporary Asia*, Nr. 124, pp.95-114.
- Ogawa, R., 2014. Configuration of Migration and Long-Term Care in East Asia: The Intersection between Migration and Care Regimes in Japan and Taiwan. In: Chan, R.K.H., L.R., Wang, and J.O. Zinn, eds. *Social Policies in Asia: Family*



- Ageing and Work*. Newcastle upon Tyne: Cambridge Scholars Publishing.
- Ogawa, R., 2015. Globalization of Care Work in East Asia: Migration and Elderly Care in Japan and Korea [in Japanese]. *Sokan Shakai Kagaku* [Komaba Studies in Society], 24, pp.3-23.
- Oishi, N., 2005. *Women in Motion: Globalization, State Policies, and Labor Migration in Asia*. Stanford: Stanford University Press.
- Ohno, S., 2012. Southeast Asian Nurses and Caregiving Workers Transcending the National Boundaries: An Overview of Indonesian and Filipino Workers in Japan and Abroad. *Southeast Asian Studies*, 49(4), pp.541-596.
- Orloff, A., 1993. Gender and the Social Rights of Citizenship: The Comparative Analysis of State Policies and Gender Relations. *American Sociological Review*, 58(3), pp.303-328.
- Orloff, A., 1996. Gender in the Welfare State. *Annual Review of Sociology*, 22, pp.51-78.
- Parrenas, R. S., 2003. The Care Crisis in the Philippines: Children and Transnational Families in the New Global Economy. In: B. Erenreich and A. R. Hochschild, eds. *Global Women: Nannies, Maids and Sex Workers in the New Economy*. New York: Metropolitan.
- Parrenas, R. S., 2005. *Children of Global Migration: Transnational Families and Gendered Woes*. Quezon City: Ateneo de Manila University Press.
- Rafferty, A.M., J., Robinson and R., Elkan, 1997. *Nursing History and the Politics of Welfare*. London; New York: Routledge.
- Sainsbury, D., 1999. *Gender and Welfare State Regimes*. Oxford: Oxford University Press
- Sassen, S., 2007. *A Sociology of Globalization*. New York: W.W. Norton and Company.
- Sassen, S., 1996. *Losing Control?: Sovereignty in an Age of Globalization*. New York: Columbia University Press.
- Seol, D.H., J., Skrentny, 2004, South Korea: Importing Undocumented Workers. In: W. Cornelius, T. Tsuda, M., Philip L., J.F. Hollifield, eds. *Controlling Immigration: A Global Perspective*. Stanford: Stanford University Press.
- Shakai Fukushi oyobi Kaigo Fukushishi ho* [Social worker and Care worker Law] Ordinance of the Ministry of Health, Labour and Welfare No. 30\_of May. 26, Month. Day, 1987, art.\_39, para. 1~4, as last amended by Ordinance No. 21 of March. 31, 2014. Available at: <<http://law.e-gov.go.jp/htmldata/S62/S62HO030.html>> [in Japanese].

[Accessed 12 October 2016]

- Simonazzi, A., 2009, Care Regimes and National Employment Models, *Cambridge Journal of Economics*, 33(2), pp211-232.
- Tsuda, T., W., Cornelius, 2004, Japan: Government Policy, Immigrant Reality. In: W. Cornelius, T. Tsuda, M., Philip L., J.F. Hollifield, eds. *Controlling Immigration: A Global Perspective*. Stanford: Stanford University Press.
- Williams, F., 2012. Converging Variations in Migrant care Work in Europe. *Journal of European Social Policy*, 22(4), pp.363-373.