

Statutory Care Leave in Japan: Policy Changes, Rationales and Their Consequences

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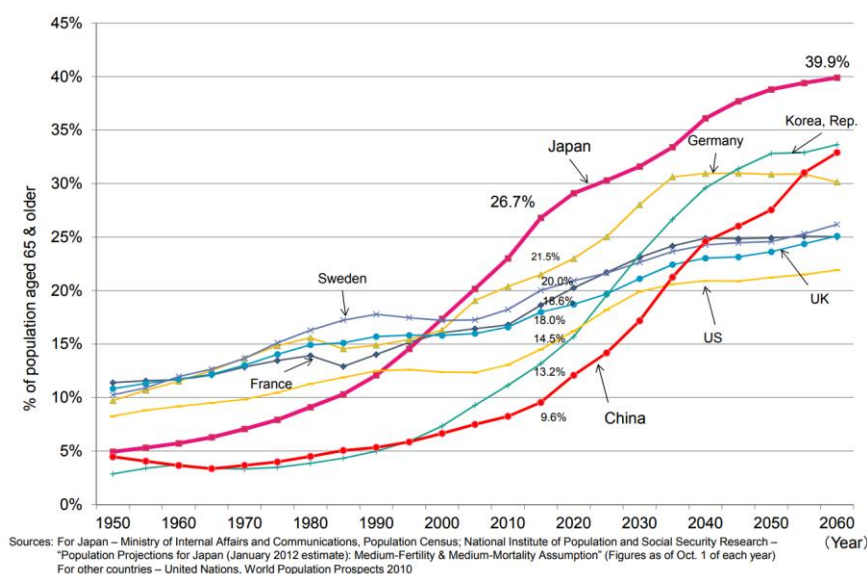
1 Introduction

The aim of this paper is to describe the policy problems regarding support for combining work and care in Japan, focusing on the need for care leave and other measures such as flexible working arrangements to accommodate relations with care services and family relationships.

Japan is the world's most aging society (Figure 1). Its elderly population in need of care is expected to increase even more rapidly as the post-war baby boomers reach the age of 75. The Japanese government views this trend as a problem, considering that an increasing number of people giving up work to take care of their elderly parents may restrict the available workforce and threaten the nation's economic growth. To avoid such a situation, the government has begun working on providing support for workers to balance work and care for their parents.

Currently, the number of male and female workers who leave their jobs to provide family care is around 100,000 a year, of which men account for 10 to 20%. This fact indicates the possibility that the number of full-time male employees leaving their jobs will increase, resulting in a reduction of the core workforce, and employers are becoming more and more concerned about this. In fact, recently some cases studies in

Figure 1. Changes in percentage of the population over age 65



https://www.mhlw.go.jp/english/policy/care-welfare/care-welfare-elderly/dl/ltcisj_e.pdf

which employers and managers leave their positions in order to provide long-term care for their parents attract social attention(JILPT 2013, 2015, 2016).¹

In this context, an amendment to the *Act on Childcare Leave, Caregiver Leave, and Other Measures for the Welfare of Workers Caring for Children or Other Family Members* (the so called ‘*Child Care and Family Care Leave Act*’) was passed in 2016, significantly changing the support systems for workers who need to care for frail elderly family members.

Although the target of legislated Family Care Leave is not limited to elder care (it also includes care for disabled persons), this paper focuses mainly on care for elderly family members, rather than for disabled family members, as the context being considered is the aging population and low birth rate in Japan.

2 Long-term Care Leave in Japan

(1) Original Design and Purpose

Government policy on supporting working carers in Japan has focused on employee job continuation through long-term leave, as expressed in the name of the *Child Care and Family Care Leave Act*.

The original Act, established in 1995, assumed the need for long-term leave in the case of an emergency, such as an occasion when a person developed a disease that required long-term care. Unlike the childcare leave system, the aim of the family care leave system is not for workers to spend time caring for their family members directly, but for workers to be able to take time to make arrangements (such as consulting with other family members, making arrangements to use public care services, or adapting their home to make it accessible and remove risks) so that they can combine their paid work with family care. The Act obliged employers to approve long-term leave on one occasion, for a period of up to three months, if employees with an elderly or disabled family member requested long-term leave for family care. The regulation of three months was based on evidence that it takes about three months for the physical condition of a care recipient to become stable following the development of cerebrovascular disease, a typical causal disease of long-term elder care (Ministry of Labour Women’s Bureau 1994).

However, in the years after family care leave became mandatory for employers in 1999, only a very small number of working carers took family care leave. In fact, although some working carers took annual paid leave to provide care for older family members, they did not take long-term family care leave (Sodei 1995; Hamajima 2006). Ikeda (2010, 2017a) has investigated why family care leave is not used by working carers,

¹ There are also women in managerial positions leaving jobs for the same reason, thus sacrificing their many years of service in their careers. Losing these female employees would be a significant setback to employers, as there are more women in important positions than before, backed by recent government policies to promote more opportunities for women in the labour market.

Table 1. How much consecutive leave from work did you consider to provide long-term care?

	None	One week or less	One to two weeks	Two weeks to a month	One to three months	Three months to a year	More than one year	N	χ^2 value
Total	59.3%	18.8%	7.1%	6.0%	3.8%	2.6%	2.4%	1175	-
Male	58.7%	18.4%	9.7%	5.6%	4.5%	1.1%	1.9%	463	16.09 *
Female	59.7%	19.1%	5.3%	6.3%	3.4%	3.5%	2.7%	712	

Source: 'Survey on Family Carers' Employment Status and Job Leaving', JILPT 2015

in an original JILPT statistical survey.² Analysis of this showed that a small number of working carers need the consecutive leave the *Child Care and Family Care Leave Act* assumed (Table 1), although those who feel they need consecutive leave to provide care tend to leave their jobs. Ikeda (2010, 2017a) points out that it is also important to prepare shorter working hours and measures addressing dementia.

(2) Major Amendment in 2016

An amendment of the Act in 2009 established an annual entitlement to time off (for up to five days) for family care, based on the same data Ikeda (2010) analysed (JILPT 2006b). Further, there was a major reform of the support system for combining work and family care in the 2016 amendment (Figure 2).³

The 2016 reform of family care leave system enabled working carers to divide the 93 days of leave into up to three periods of leave, although the total days of leave provided remains 93 days.

The new 'divisible' family care leave system assumes that if care lasts for many years, carers will need to rearrange the use of public care services, types of care provided, or residential facilities, particularly in the middle and terminal phases of long-term elder care. In a typical elder care situation in Japan, the provision of care begins at home; in the middle phase of care, it often becomes necessary to transfer care recipients to a care home and then later to move them to a hospital in the terminal phase. The recent legislative amendment recognises that working carers need to take leave to seek suitable care services and facilities or hospitals at these transition points, and that divisible leave is effective if working carers can divide the leave into separate terms each time they need to make such arrangements. These arrangements make it possible for carers to effectively combine work and care obligations.

Regarding flexible working arrangements, systems of shorter working hours are very popular in Japan in relation to childrearing. However, systems of shorter working hours are not effective in preventing workers quitting to provide long-term care. Rather, relieving such workers of their obligation to work overtime would be more effective (JILPT 2015).

² Ikeda (2017a) is a paper in English based on Ikeda (2010) in Japanese.

³ The framework for reforming the Child Care and Family Care Leave Act is illustrated in Ministry of Health, Labour, and Welfare Equal Employment, Children, and Families Bureau (2008, 2015).

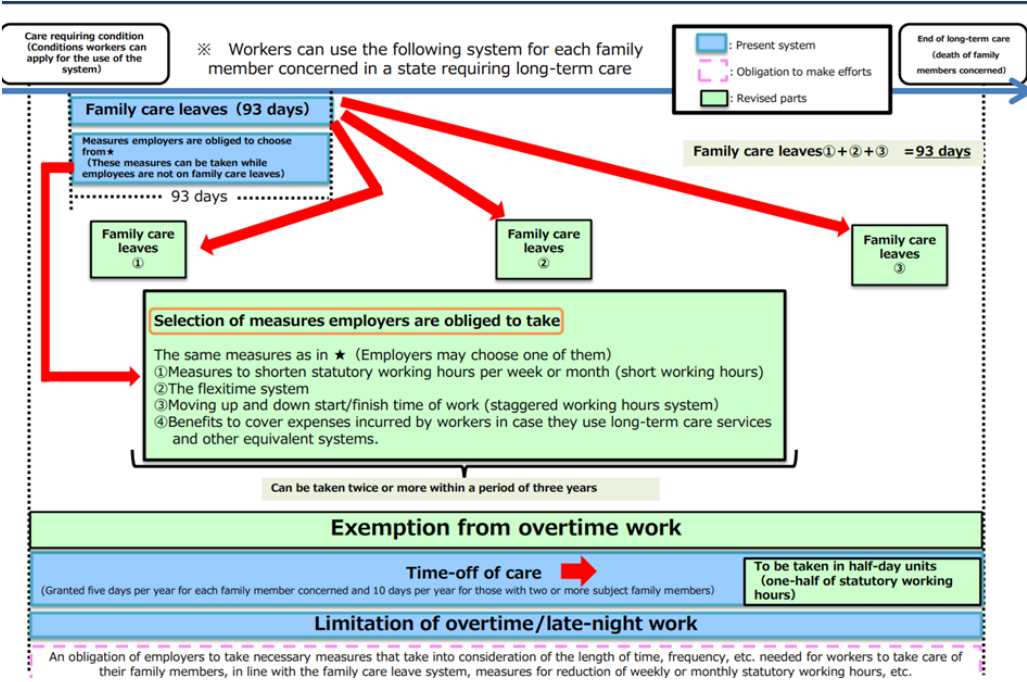
The amended Act has also established a rule that carers cannot be obliged to work overtime. The period of flexible working arrangements, such as shorter hours and flexitime, has also been extended from three months to three years, and employees are exempt from overtime until the need for care ends. Flexible working arrangements and exemption from overtime are designed to support daily care even when public home care services are available, recognising that these services address only part of the care recipient’s needs and that families still play a major role in providing care that cannot be outsourced.

These changes are thus expected to make the necessary arrangements for carers easier, such as day service drop-offs and pickups, providing meals, changing clothes and other daily nursing assistance the elder person requires. Alternatively, employers can introduce their own systems to provide financial allowances that enable working carers to purchase professional care services so as to work as usual.

Exemption from overtime is crucial for maintaining a daily routine in which work and care can be successfully combined. This is important in Japan, where workers are generally expected to regularly work overtime, which is an arrangement that disturbs their ability to provide care even when the carer does not need part-time hours.

The new scheme aims to address working carers’ needs over several years. As mentioned before, the original Act, established in 1995, mainly aimed to ensure that workers could make various arrangements at the point when needs first arise so that working carers could provide family care while combining work and care, and did not address their support when care needs become daily and continues for a long period.

Figure 2. Revised work and long-term family care balance system (image)



<https://www.mhlw.go.jp/english/policy/children/work-family/dl/160802-01e.pdf>

The Japanese government recognized that the conventional family care leave system was insufficient to fully satisfy subsequent care needs, and that it was necessary to enhance support systems to respond to changing care needs across the entire period of care-requiring time, from beginning to end. Therefore, the framework of support is now designed to allow workers to combine long-term leave and flexible working arrangements, which is similar to that for childrearing support.

However, it is not desirable to use this support system for long-term care in the same way as the support for childrearing is intended. Childrearing is a time-consuming responsibility, as infants cannot be left alone at home, whereas this is less applicable to care for the elderly, depending on the case.

This understanding is apparent in the relationship between support policies and employment turnover. In the context of elder care, a long-term leave system beyond three months (93 days), as stipulated by law, is unlikely to reduce turnover. Rather, it would seem to be more effective for the 93-day term to be broken down. Also, in terms of flexible working arrangements, exemption from overtime is more effective than shorter working hours. These arrangements have been shown to help employees manage work and caregiving relatively well (JILPT 2015).

It must be noted that, in the context of elder care, an increasing number of people are breadwinners as well as carers, for example unmarried employees taking care of elderly parents or married workers looking after their spouse in need of care. For these people, a system based on the ‘no-work, no-pay’ principle would offer very little, no matter how extensive the terms were, as their income would diminish eventually (JILPT 2013). In this sense, again, it is better if the system offers working carers more flexibility to be able to receive the necessary support when needed.

Below, I will describe the background and further questions regarding needs for support for combining work and care in workplaces in relation to providing a public care service system, and family relationships between carers and care recipients.

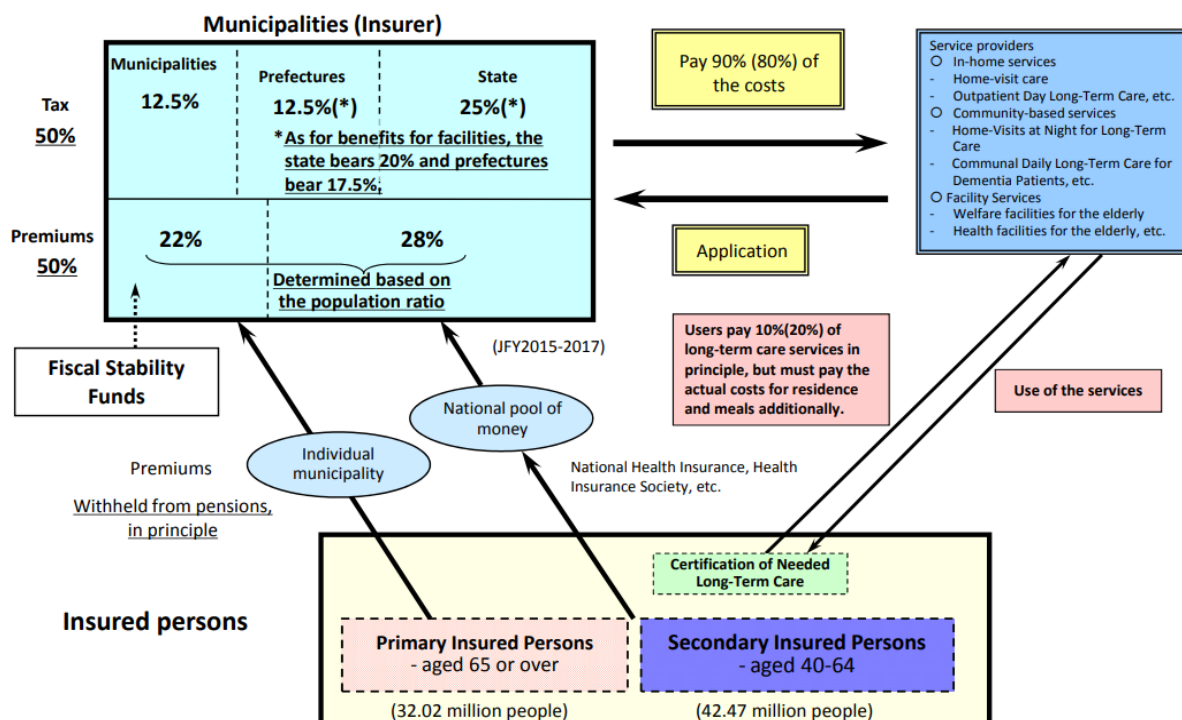
3 Long-term Care Insurance Systems: Background

(1) Japanese Public Care Service System

One factor that reduces the need for continuous leave for caring is the spread of at-home care services provided under the long-term care insurance (hereafter LTCI) system, which started in 2000 (Ikeda 2010). Regarding at-home care services for older people, there is no official data suggesting there are waiting lists for care services, although there is a serious shortage of public care homes. This also indicates that family carers of older people can go to work.

The original family care leave system was designed before LTCI was established. At that time, care services were provided mainly by public organizations, such as municipal governments, which decided on

Figure 3. Structure of the long-term care insurance system



https://www.mhlw.go.jp/english/policy/care-welfare/care-welfare-elderly/dl/ltcisj_e.pdf

services and user applications. The supply of care services under the previous system was restricted in terms of both budget and usability.

There were two public budgets for care services, and separate applications were required for services in each of the medical and welfare systems. It was often said there were psychological barriers among Japanese people in using public welfare services targeting the socially vulnerable in general. It was, therefore, natural for working carers at that time to feel they needed to take long-term leave (before care services by public organizations were provided).

The LTCI system changed public care services from welfare measures by government to services available for purchase in the market. Figure 3 shows the structure of the LTCI system in Japan. Insured people over 40 years of age who have paid government insurance premiums can use care services offered by providers, including private businesses. Service users pay 10% of the fee, while the remaining 90% is paid by insurance premiums and tax by the government, as the insurer. All types of services and budgets are integrated into the insurance. It has become easier for private companies to be service providers under the system.

(2) Care Leave and Care Insurance System

A consequence of the increase in care service providers was a reduction in working carers' needs for long-term leave. It is true that working carers need to take leave before care recipients start to use care services,

but many carers return to work within a few weeks.

The 2016 amendment of the *Child Care and Family Care Leave Act*, which enabled workers to take shorter family care leave by dividing the 93 days, reflects the reality of today's LTCI system. However, a new problem has been discussed recently; working carers need to flexibly adjust their working hours to compensate for a shortage of at-home care services, if the services do not meet care recipients' needs. Typically, the available times of care services are shorter than carers' working hours. Often the available times of at-home care services used by their family members are not fit for carers' working hours because the care plans for provision of care services only take into account the needs of care recipients (as insured persons under LTCI). Family carers are not within its scope.

The LTCI system does not presuppose the role of family carers. The fact that family is not mentioned in Figure 3 shows that the system does not define the role of the family to provide care. Although family members do not have to provide care if services under the insurance cover all the needs of care receivers, family carers certainly need to undertake some caring roles outside the LTCI system. Thus, there are still working carers who need to change their working hours to provide care.

4 Reconsidering Families' Relationships: Further Questions

(1) Adult Children and Parents in Japan

The Japanese government provides a support system for combining work and care in terms of reconciliation of time between work and providing care. However, there are some burdens that arise due to undertaking the care role in itself which are not always reducible to time management.

As mentioned above, family carers are expected to undertake unlimited caring in Japan because the care insurance system does not define the role of family care. The indefinite role of family carers may burden working carers with the responsibility for undertaking both work and care. Some carers devote themselves to providing care so that the care recipient is able to live in comfort when the older person does not satisfy the requirements for care insurance services. Some working carers undertake caring after work until late at night. Such working carers do not face difficulty in time management between work and providing care. Some, however, experience a lack of sleep and fall asleep during working hours. There are also cases of 'near misses' involving working carers who feel fatigue due to providing care (Ikeda 2016). As a result, a worsened health condition due to providing care can cause job leaving (Ikeda 2017b).

The use of care homes is a common way of taking respite from providing care and addressing carers' own health needs.⁴ The Japanese government, however, is promoting at-home care, rather than expanding

⁴ Some at-home carers consider moving their care recipient to a care home when their fatigue accumulates too much. There is also a system for the temporary use of 'short stay' care homes that care recipients use for several days. Some at-

care homes, under the financial restrictions of the LTCI system with the increasing number of elderly people who need care. How can we make an at-home care system sustainable, prevent job leaving, support the development of working carers' careers, and maintain productivity in workplaces in Japan?

To discuss this, we must reconsider the responsibility of the family in long-term care. I noted above that family care compensates for the shortage of care services, but is perhaps more accurate to say that public services were introduced to compensate for a labour shortage of family carers. The LTCI system aimed to socialize the provision of care that is independent of the family in the context of the 'downsizing' of the family. In this sense, the roles of family care have been naturally giving way to public care services. In this context, carers' commitment to care recipients is a crucial factor to determine the burden of family carers.

There has been a deep-rooted custom in Japan for adult family members to support each other. Especially, ties between parents and adult children are strong. For example, many single youths in Japan continue to live with their parents after they become adults, in order to receive support in terms of housework and the household economy. Some women develop their vocational careers with support for childrearing and housework provided by their parents or parents-in-law. In return for this, adult sons and daughters are expected to support and provide care for their older parents (Maeda 1998).

Historically, providing care to older people was a role of the wife of an eldest son living with older parents in the Japanese traditional family system (Sodei 1989). The caring role became common among parents' own daughters with the spread of the nuclear family after World War II. Furthermore, there are many cases of daughters who visit their parents' home regularly to take care of them, as well as those who live with their parents. Yamato (2008) points out that the role of daughters in caring for their older parents is still deep-rooted, while the role of sons providing economic support to their parents has declined with the expansion of the social pension system. However, the number of adult sons who provide care for their older parents is also increasing in the context of the decreasing number of children. Single carers without a spouse are increasing among adult sons, as well as daughters. There are also male carers with a wife who cannot undertake caring for her husband's parents due to the need to provide care for her own parents at the same time. Furthermore, the number of husbands who undertake care for their wife is also increasing as their sons and daughters leave home (Tsudome and Saito 2007; Hirayama 2014).

In sum, family carers in Japan are expected to unlimitedly devote themselves to their care recipients like their parents took care of them as infant children in their own childhood. However, there are many cases in elder care in which care recipients can stay at home alone for a short period of time during the carer's

home carers take time for respite by making use of the short stay system.

absence because they are mature adults, even in the case of heavily dependent, bed-ridden patients. Furthermore, in the sense of a well-known way of thinking and attitude in family caregiving (although it has not effectively permeated Japanese society), it is important for family carers and their family members in need of care to maintain a proper distance and respect for each other in order to keep them mentally healthy in the context of long-term care, in contrast to the intimacy between parents and infants that is stressed in the context of childcare. In fact, there are now cases of family carers and care recipients who stress an independent relationship with each other. This might become a crucial reason why carers can and should make time to go to work.

(2) Influences of Commitment to Providing Care: JILPT Original Data

We can hypothesise opposing attitudes in Japan regarding the commitment to providing care. One is, as it were, '*dependent*' caring, which means helping to remove any inconvenience for care recipients as much as possible. In short, those motivated by this caring attitude treat care recipients as dependent persons. It is true this attitude is very thoughtful but it can cause over-commitment to providing care and 'spoil' the care recipient. The other attitude is, as it were, '*independent*' caring, which means refraining from helping so as to let care recipients act by themselves, and remain independent, as much as possible. In short, this caring attitude stresses the independence of care recipients. This kind of carer respects the autonomous life of care recipients and tries to keep some distance from the care recipient, although the attitude can cause neglecting of care recipients (in its dark aspects). How do these attitudes affect combining work and care? Here I will present the results of my latest JILPT survey on this issue⁵.

Table 2 shows the attitude of family carers on their commitment to providing care by gender. The caring role is becoming common among men as well as women, but it is often said that there are still differences between male and female carers in their attitudes to providing care. Male carers tend to keep a distance and stress the independence of their parents (Hirayama 2014), although women are still expected to commit to providing care sufficiently (Yamato 2008; Kasuga 2011). However, the female carers in Table 2 stress the independence of their care recipient more than male carers.⁶ It is also notable that the 'dependent'

⁵ The purpose of this survey is to reveal how employees combine work and long-term family care under the Act on Child Care and Family Care Leave amended in 2016, and reveal further issue on the matter. The scope is men and women with experience of providing care since April 2000 (when the LTCI was enforced). They were aged 20-69 when the long-term care ended. (If the long-term care is continuing, 20-69 is the present age.) The method is an Internet questionnaire survey. To correct sampling bias, the ratio of respondents' employment status by sex and age, and job categories by sex at the end of care, were approximated to the results of the Employment Status Survey in 2017. Sample size is over 4000. We continued to distribute questionnaires until more than 4000 responses were obtained. (The survey period was February 2019.)

⁶ This result recalls Ungerson (1987), who points out that females undertake caring as an obligation, while males

Table 2. Family carers' attitudes to providing care

	Almost Dependent	Relatively Dependent	Relatively Independent	Almost Independent	N	X ² Value
Total	14.1%	22.0%	41.3%	22.6%	2511	10.378 *
Male	14.8%	24.6%	39.9%	20.7%	1063	
Female	13.6%	20.0%	42.4%	24.0%	1448	

dependent: 'I provide whatever help I can to reduce inconvenience for the care recipient as much as possible.'

Independent: 'I refrain from helping whenever possible, and have the care recipient do what he/she can for him/herself.'

* p >.05

Scope: Carers between 20-64 years of age.

Source: 'Survey on Work and Long-term Family Care' (JILPT 2019)

caring attitude toward care recipients is only about 40% of carers, regardless of gender.

'Dependent' caring coincides with the ideal traditional ideology in Japan. It is sometimes admired as a virtue of devoted caring. Women's caring roles have been especially restricted by this ideology. In this sense, these results are contrary to common sense. About 60% of carers stress the independence of care recipients, perhaps reflecting contemporary preferred ways of caring, although support for the traditional ideology of an dependent caring to care is still deeply-rooted.

Such carers' attitudes to the commitment to providing care correlate significantly with the need for long-term leave, as Table 3 shows. Those who stress the care recipient's independence show a relatively high rate of 'none', whereas fewer say consecutive leave of 'three months to one year' and 'more than one year' is needed. However, the rate for 'none' is also highest also among 'dependent'. The majority of carers who devote themselves to care recipients also do not need long-term leave. In this sense, the differences between being 'dependent' and 'independent' on this matter are not so crucial for the design of a support system for working carers.

Rather, it must be important that carers' who stress care recipients' independence reduce the need for care services. Table 4 shows the relation between carers' work and care recipients' use of services. The LTCI limits the amount of services a care recipient can use, based on the physical condition of the care recipient. Professionals (called *care managers*) make plans for the use of care services (called *care plans*), based on the needs of care recipients.

It is often said that these care plans do not always address carers' working styles. Typically, carers may need to reduce their working hours to accord with the timing of a care recipient's use of services as

undertake it as an expression of love. Female carers who undertake the role as obligation might try to keep a distance from the care recipient to avoid over-commitment. Contrary to that, we can suppose that male carers cannot define their caring role because they happen to undertake the caring role, as they are not naturally expected to be carers as a gender role.

Table 3. How much consecutive leave from work do you think is needed to provide long-term care?

– By carers’ attitude to providing care–

	None	One week or less	One to two weeks	Two weeks to a month	One to three months	Three months to a year	More than one year	N	χ^2 value
Dependent	41.3%	15.9%	11.6%	10.2%	8.4%	6.4%	6.1%	687	17.147 **
Independent	48.5%	17.6%	10.4%	8.6%	6.3%	4.7%	4.0%	1212	

Dependent: ‘Almost Dependent’ and ‘Relatively Dependent’

Independent: ‘Almost Independent’ and ‘Relatively Independent’

Scope: Carers between 20 to 64 years of age.

Source: ‘Survey on Work and Long-term Family Care’ (JILPT 2019)

mentioned before. Table 4 shows that 7.0% reduce their work to address care services provided under the LTCI, and those with a ‘dependent’ caring attitude show a relatively higher rate of this than those with an ‘independent’. It is true that the majority of carers can work sufficiently within the services of the LTCI, but there are many carers who need to reduce their working hours to provide care among carers who are dependent to care recipients. The expansion of shorter working hours in the 2016 amendment of the *Child Care and Family Care Leave Act* must support such a style of combining work and care.

It is more notable that the rate of ‘Using Extra Services’ in order to work sufficiently is higher than ‘Reducing Work’, especially among the ‘dependent’ caring group. This implies that a carer’s attitude to remove any inconvenience for care recipients can raise the need for care services although the financial restrictions of the LTCI will be more stringent. It is also important that those who stress the independence of the care recipient suppose that their labour participation is indifferent with regard to care services compared to those who treat care recipients as ‘dependent’ persons.

We unthinkingly discuss the relation between the supply of services and working hours, considering support for combining work and care, although care services under the LTCI are provided without consideration to carers’ labour participation. It might be necessary to promote an independent relationship between carers and care recipients so as to maintain a stable care-provision system in Japan, as it faces a decreasing population.

5 Summary and Conclusion

This paper describes problems related to combining work and care, focusing on the outline of statutory care leave, the background of its latest reform, and further issues in Japan.

Table 4. Relation between carers' work and care recipients' use of services

– By carers' attitude to providing care –

	1 Sufficiently Working	2 Using Extra Services	3 Reducing Work	4 Cannot Work	5 Indifferent	6 Not Using Services	7 Insurance is Not Applied	N	χ^2 value
Total	34.1%	11.4%	7.0%	7.4%	25.9%	8.9%	5.1%	2511	—
Dependent	32.0%	14.6%	10.0%	8.1%	21.6%	7.9%	5.7%	906	45.521 **
Independent	35.3%	9.7%	5.4%	7.0%	28.3%	9.5%	4.8%	1605	

- 1 I can work sufficiently within the scope of what is provided through long-term insurance services.
- 2 I uses services that are outside the long-term care insurance system so that I can work sufficiently.
- 3 I reduce my work so that I can stay within the scope of what is provided through long-term care insurance.
- 4 I cannot work even if the person uses long-term care services.
- 5 The care services is indifferent to my labor participation
- 6 The care recipient currently does not use long-term care services.
- 7 The care recipient is out of care insurance application

Dependent: 'Almost Dependent' and 'Relatively Dependent'

Independent: 'Almost Independent' and 'Relatively Independent'

Scope: Carers between 20 to 64 years of age.

Source: 'Survey on Work and Long-term Family Care' (JILPT 2019)

The Japanese government introduced long-term care leave (called family care leave) which assumed the need for caring all the time, especially in an emergency when a care recipient first develops a disease. However, there are certainly many working carers who require long-term care leave in the order of months.

One reason is that the supply of at-home care services dramatically increased after the LTCI system was introduced in 2000, although family care leave was originally established in 1995. The increase in at-home care services under the LTCI system enables working carers to return to their jobs within a few weeks, even if they need to leave their workplace for caring, because care recipients do not need to wait for months to start using care services.

However, the care insurance system faces tightening financial conditions with the increase in the number of care recipients in the context of the aging of the population. Some working carers provide care to compensate for a shortage of services. The LTCI does not define the role of family to provide care, as it was designed for the purpose of socializing caring independently of a care recipient's family background. The undefined role of the family in the LTCI system tends to impose a burden of caring on the family.

Mutual dependence between adult children and their parents has traditionally been common in Japan. This dependent relationship has been regarded as an advantage of Japan's welfare society, and as saving on social security expenditure. Although traditional 'dependent' carers reduce their paid work to give their

time to care recipients, many working carers use extra services out of the LTCI to fulfil a care recipient's needs. However, these extra services are expensive for workers in general. Neither option is suitable for the increasing number of single carers who must maintain their household economy alone. In this sense, the system of providing care to fulfil all the needs of care recipients throughout their life is not sustainable in the more aged society we will face in the near future.

To overcome this crisis and construct a sustainable system for combining work and care, an important issue must be to promote independent relationships between carers and eldercare recipients as mature adults among Japanese families.

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