On the Issue of Migrant Care Workers

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1. Introduction

The restrictions on free gatherings and movement imposed during the COVID-19 pandemic, and the deprivation of a social life, have led many to the realisation that as human beings, we cannot live alone. When people gather, relationships are created; and it is only through such interactions that we can consider our own connection with the world while also maturing as people. Social sciences, developed against the backdrop of the modern era, have focused on analysing social structures and relations based on an 'independent individual'. However, it is impossible to remain independent from birth to death, as human life inevitably consists of dependence on others (Kittay, 1999=2010). Kittay argues that 'No society can be decent without its people meeting the needs of children, the sick, the disabled, and the elderly who need care' (1999=2010:80).

The question of who provides care to dependents varies with the stages of life, and these relationships may be either paid or unpaid. Families provide care during infancy and old age to satisfy mental, social, and economic needs, while also being supported by external institutions such as child day care and elderly nursing homes. In many societies, it is increasingly difficult for families to provide care without assistance, due to the declining birth rate, ageing of society, rising life expectancy, shrinking households, and increasing female employment. Since dependence is inevitable, questions such as 'Who will provide care?' and 'What kinds of relationships are established with caregivers?' become essential.

Due to such demographic shifts taking place in developed countries and Asian Newly Industrialised Economies (NIEs), migrant workers have increasingly provided childcare, housework and old age care (Anderson 2000, Lan 2006). In OECD countries, foreign-born care workers account for more than 50% of all care workers in Austria, France, Italy, and Israel. Specifically in the context of home care, immigrants account for 70% of care workers in Greece, 33% in the United States, and 27% in Austria (Columbo et al., 2011). This phenomenon is known as the 'feminisation of migration', and is particularly salient in Asia (Castles, S., Haas, H., and Miller, M., 2013; Oishi, 2005).

The first part of this study traces the transforming social structure of care against the background of globalisation. It summarises why care—once a mutual interaction performed in local contexts—is now carried out by migrant workers. Next, it examines the concepts of migration regimes and welfare regimes to analyse the globalisation of care work in East Asia. A regime is a system of policies and institutions. A migration regime

refers to the conditions under which migrant workers may stay in a host country, while a welfare regime refers to the institutionalisation of care work within the welfare state therein. Migrant care workers are thus positioned at the intersection of the migration and welfare regimes in various societies (Ogawa, 2020).

Third, in addition to the fact that such care workers are migrants, we examine how the occupation of care is linked to the issue of vulnerability. This study compares the cases of Taiwan and Japan in East Asia to trace how vulnerabilities of migrant care workers depend on host country policies. We discuss that although both Taiwan and Japan accept migrant care workers from the same countries, those workers are positioned differently within the host society based upon their respective migration and welfare regimes. Finally, we critically examine the positioning of migrant workers within Japan's policy of multi-cultural coexistence.

This study refers to the labour involved in reproductive work (such as childcare, domestic work and long-term care) as 'care work', and to migrant workers who perform such labour as 'migrant care workers'. 'Care' is used compatibly with the Japanese term '*kaigo*', which primarily refers to old age care, but does not exclude domestic work.

2. The Transforming Social Structure of Care

Care work, such as childcare, housework, and old age care, is referred to as reproductive (as opposed to productive) labour. In the modern duality of the public and private spheres, productive labour in the public sphere is associated with men, while reproductive labour in the private sphere is associated with women. Moreover, the former constitutes paid labour, while the latter is unpaid. Even though the public sphere cannot exist without the private, unpaid care work is referred to as a 'labour of love' (Dalla Costa, 1991). While highly valued, it is not legitimately recognised as labour.

Whether unpaid or paid, care work has been provided and exchanged locally within families and communities. Care practices comprise mutual interaction and interventions that cannot be stored, transferred, or streamlined as a commodity; and must be provided on the spot. And while companies are relocating their production bases to countries with cheaper labour costs amid intensifying international competition due to globalisation, there is a limitation to overseas outsourcing of human services such as care, no matter how low the personnel costs. This is because many people want to live amidst family and community as they become older.

Conversely, considering that the cost of care is borne by the elderly and young couples with children, it is difficult to set the price for care services high enough to leave to the market and ask consumers to bear the burden. Therefore, many countries provide economic support for care services through expenditures such as social insurance and subsidies. Nevertheless, the ongoing reduction and restraint of social security spending due to neoliberal economic policies have kept care workers' wages low, attracting migrants to

care work.

Care workers, including those engaged in housework and childcare, have historically been referred to as 'domestic workers', 'servants', and 'maids', and have existed under status-based societies and colonial systems. In pre-WWII Japan as well, numerous women worked as maids (*jochu*) for both economic purposes and educational opportunities (Koizumi, eds., 2012). After WWII, however, it was believed that domestic work would disappear due to technological advances that allowed work to be done faster, along with increasing human rights and expanding employment opportunities for women. Due to globalisation, however, domestic and care work are now increasingly performed by immigrants (Meekerk, Neunsinger, and Hoerder, 2015). According to ILO statistics, the number of domestic workers worldwide increased by about 20 million between 1995 and 2010 (ILO, 2013: 25), and 21st-century care workers have been reappearing with differences in class, ethnicity, and nationality. Care is becoming both gendered and racialised, with many women now crossing borders as immigrants from poorer to richer countries to take on care-related labour.

With social structural changes in care (Williams, 2017) behind the emergence of care by migrant workers, let us begin by considering Japan. First, increasing employment among women resulted in a shift from a male-earner to a dual-income model in both rich and poor countries. In Japan, dual-income families became mainstream in the 1990s, and the number of families with full-time housewives continued to decline. Due to shrinking households, it is becoming increasingly difficult for family members alone to support care. Second, even though the demand for care is increasing due to increased ageing, social expenditures are being restrained and reduced. In Japan, people aged 65 or older already account for nearly 30% of the population, and Long-Term Care Insurance (LTCI) premiums are expected to triple in 2025 from when they were introduced in 2000 (MHLW, N/A). It is difficult to raise long-term care fees drastically, however, and decreasing labour costs have resulted in a severe labour shortage in the long-term care field. Presently, 60.8% of long-term care facilities have staff shortages (Care Work Foundation, 2020:47). Third, there is a change in care-related policies. The long-term care market more than doubled with the introduction of LTCI for elderly care in Japan in 2000. This was an attempt to shift the unpaid care provided by families to paid care in the market as "socialization of care".

Finally, the 'feminisaton of migration' is a social phenomenon that identifies the increasing rate of women as a pattern of international movements, as many enter the low-wage care and domestic labour markets. Women in many developing countries have not been given opportunities to pursue their careers, but have instead been channeled to fill demand within the gendered labour markets of developed and emerging countries, and routed to care and domestic work. Such changes in social structure have significantly transformed the nature of care itself.

3. Globalising Care Work in East Asia

Women who move in order to care for others reflect global and national disparities. Many women born into poor households leave their own families behind and cross borders to engage in care work—thereby supporting reproductive labour in wealthy households. Immigrant women from even poorer areas might take over the care responsibilities of mothers, wives, and daughters who are absent due to migration. This chain of care resonates with an industrial supply chain that stretches across borders, and is called the Global Care Chain (GCC) (Hochschild, 2000). Elderly people in developed countries, which are at the top of the care chain, receive care; while people in poor areas of developing countries—those at the bottom of the care chain—receive no care, and are left behind. Care is distributed unequally under global capitalism, reflecting global disparities.

Hochschild (2000) conceived the care chain as being global, but from the East Asian perspective, it is regional. The Philippines, Indonesia, and Vietnam are countries in Asia that send labour to Singapore, Hong Kong, Taiwan, and Japan. According to Tables 1 and 2 below, the ratio of receiving migrant care workers in Hong Kong, Singapore and Taiwan is much higher than in Japan, considering the population and ageing ratio. In other words, the ageing rate and population do not necessarily correlate with the acceptance of migrant care workers.

Table 1 Population and Ageing Rate in East Asian Countries

	Hong Kong	Singapore	Taiwan	Japan
Population	7.4 million	5.68 million	23.6 million	125 million
Ageing rate	18.1%	13.3%	16.0%	28.3%

Table 2. Trends in the Number of Migrant Care Workers in East Asia

	Hong Kong	Singapore	Taiwan	Japan
2016	351,513	239,700	237,291	10,662
2017	369,651	246,800	250,157	13,536
2018	386,075	253,800	258,097	16,678
2019	399,320	261,800	261,457	22,706
2020	373,884	252,600	251,856	29,838

Source: Population and ageing rates in Table 1 are from World Bank Data, 2020.
Data for Taiwan is available at https://www.statista.com/
Data in Table 2 is as follows:

For Hong Kong, statistics on the number of Foreign Domestic Helpers in Hong Kong https://data.gov.hk/en-data/dataset/hk-immd-set4-statistics-fdh

For Singapore, Foreign Workforce Numbers, various years, https://data.gov.sg/dataset/foreign-workforce-numbers-annual?resource_id=e5274807-bcc7-4d37-b39f-ab06fec24647

*Singapore data for 2020 is from June. The rest is from December.

For Taiwan, the Ministry of Labour Republic of China (Taiwan), annual, https://english.mol.gov.tw/6387/

For Japan, the number of foreign nationals engaged in social insurance, social welfare, and long-term care services in the annual Ministry of Health, Labour, and Welfare's Report on Employment Status of Foreign Nationals. Therefore, this includes people who are not working as care workers.

Why do Hong Kong, Singapore, and Taiwan accept many migrant care workers despite having lower populations and ageing rates than Japan? Conversely, why does Japan have such little acceptance of migrant care workers given its high population and ageing rate? Let us consider this from the perspective of welfare regimes, which represent the institutionalisation of care work.

While it has been noted that East Asian welfare regimes are family-oriented, there are significant differences in the acceptance of migrant care workers (Ogawa, 2019a). In Hong Kong, Singapore, and Taiwan, the welfare state has been 'familialised', wherein elder care becomes the family's responsibility. The 'familisation' of the welfare state led to an increasing number of families employing migrant care workers at home. There is a legal and discursive emphasis on families' responsibilities for elder care in these regions, where there is mostly live-in home care, with limited institutional care.

In the meantime, Japan and Korea introduced public long-term care insurance in the 2000s, promoting the 'de-familisation' of care wherein care responsibility is shifted from the family to society. In other words, these countries began supporting the solidarity-based principle of social insurance, rather than imposing the responsibility of care solely upon families. Within long-term care insurance in Japan, services are received according to specified levels, with self-payment ranging from 10–30%, and a national certificate for care workers established in the late 1980s. A similar social insurance system supports old age care in Korea, which also has a national qualification system for long-term care workers. Due to the creation of qualifications and a labour market for paid care workers in the quasi-market of long-term care insurance, there are a large number of local care workers in Japan and Korea. In Japan, migrant care workers are only permitted to work in specific regulated facilities, and cannot engage in in-home care[1]. There is no such social insurance system in Hong Kong, Singapore or Taiwan, where the burden of care is considered the family's responsibility, and where migrant care workers are therefore often

[1] Those who have obtained qualifications as certified care workers, and immigrants with residence permission, can provide home care. However, live-in care work is very rare in Japan.

employed since they are affordable and can work flexibly.

According to Peng (2017), Japan and South Korea's stubborn refusal to accept immigrant care workers despite both countries' high ageing rate is 'exceptional'. She describes Hong Kong, Singapore, and Taiwan as having a 'liberal private market approach', as opposed to Japan and Korea's 'regulated institutional approach' (Peng, 2017). Unlike migrant workers in other industrial sectors, each country's welfare regime determines the acceptance and working conditions of migrant care workers; as well as their legal status, career paths, and family accompaniment. In Taiwan, where acceptance of migrant care workers began in 1992, their period of stay is limited (currently up to 14 years), and they are not eligible for citizenship. Nor are migrant care/domestic workers in Singapore and Hong Kong allowed to acquire citizenship.

Conversely, Japan is reluctant to establish a migration policy while migrants are filling the labour shortage. The care sector is one suffering from a chronic such shortage, and the government has established disparate frameworks for accepting migrant care workers. As of 2021, the residence status of migrants engaged in care work is classified under one of the following: (1) Economic Partnership Agreement (EPA), (2) Technical Intern Trainees (TITPs), (3) Long-Term Care Visa (International students in long-term care schools), (4) Specified Skilled Workers (SSW), (5) Spouses of Japanese Nationals and Long-Term Residents, and (6) Foreign Domestic Support Personnel in National Strategic Special Zones.

Migrant care workers' employment conditions, access to support such as Japanese language education, period of stay, and career paths are determined according to which residence status they entered the country with; not their educational background or ability. Those under the Economic Partnership Agreement (EPA), for example, receive Japanese language education for about one year, as well access to group trainings. They can continue to work, and bring their families to Japan, if they acquire certified care worker qualification by passing the national exam. International students who have graduated from long-term care training schools can also acquire care worker certification, switch their residence status to a long-term care visa, and bring their family members. However, many international students need scholarships of around 6 million yen for several years' worth of study and living expenses. The care facilities provide scholarships on the condition that they will work part-time while studying, and work for five years after graduation. So in many cases, they are forced to continue working in the same facilities.

While citizenship can be obtained under the above two frameworks by acquiring care worker certification, technical interns (TITPs) and specified skilled workers (SSWs) are guest workers for a limited period of time. Like in Taiwan, they cannot access citizenship or bring family members.

The host country's welfare regime determines the position of migrant care workers and the nature of care work, while its migration regime determines their legal status as migrant workers. Migrant care workers are located at the intersection of the welfare and migration regimes—thereby creating vulnerabilities due to the disparate ways that migrants' lives become shaped (Ogawa, 2020).

4. Vulnerabilities of Migrant Care Workers

To understand these vulnerabilities, we consider migrant workers from the micro and macro perspectives. First, the policies and institutions related to international migration form a macro social structure. In many industrialised countries, migrant workers are divided into highly-skilled and unskilled workers, with the former guaranteed more freedoms and rights than the latter (Ruhs, 2013). Thus, migrant workers in occupations considered 'unskilled', such as care work, are more likely to be marginalised within the labour market as they are excluded from citizenship in the destination country. Even if they have civil rights, migrant workers tend to be treated as regulators of employment in the host society since they lack knowledge of language, culture, laws, and institutions. The employment of citizens is also prioritised in cases of economic recession, with migrants the first to be dismissed and/or paid lower wages. Many migrant workers are not allowed to live with their families, and risk being forced to return home or lose work in cases of illness, injury, or pregnancy. They do not enjoy the rights and protections of citizens, while often engaging in low-wage, difficult, dirty, and dangerous work—thus bearing the risk of occupational accidents, illnesses and injuries.

A particularly serious problem is that some work-related residence statuses do not allow workers to change employers. This means that they are not free workers, and their ability to negotiate is significantly limited even under poor working conditions. Migrant workers are held within the legal and institutional constraints of immigration control by the state; and debt from intermediaries by the market. The assertion of human rights also began to be viewed negatively with the neo-liberal discourse of "self-responsibility" emerging in the 1990s—thereby making it increasingly difficult to raise one's voice even regarding exploitative working conditions (Uemura, 2019:171).[2]

Migrant workers, already deprived of citizenship due to status of residence restrictions, also experience discrimination and exclusion within care work. In other words, their status

[2] Among the residence statuses for care work in Japan, long-term care visa holders and specified skilled workers (SSWs) may theoretically change employers, and those under an Economic Partnership Agreement (EPA) may do so after passing the national examination. This is only theoretical, however, since in the case of international students in long-term care schools, many care facilities use scholarship repayment exemptions if they work at the same facility for five years, while specified skilled workers (SSWs) have the problem of finding new employment. In addition, there is an incentive to continue working for the same employer after completing a Technical Internship (2) by transitioning to a Specific Skilled Worker.

as both migrants and care workers adds to their vulnerability. Care work in particular, when provided in a private space, tends to become invisible in accordance with the duality of the public and private spheres, and is valued less because of its association with women's unpaid work. Especially regarding domestic labour, there is virtually no application of labour law in many countries, even if labour laws exist (Murphy, 2013: 611). The principle of 'the law does not enter the household' is alive, and it is not easy for inspectors to conduct household investigations even in cases of labour law violations. Such are the vulnerabilities and agencies of migrant workers constructed through these macro-level structures and micro-level everyday realities.

Next, let us examine how the micro-environment of care work relates to migrant workers' vulnerability in Taiwan and Japan.

1) Working as a Live-in Care Worker

The question of where care work is provided determines migrant workers' working conditions and care-related work. Although it is not common for migrant workers to provide live-in care in Japan, this is widespread overseas (Anderson, 2000). Live-in employment makes migrant workers invisible, and is asymmetric insofar as employers can determine employees' living spaces and isolate them from society (Murphy, 2013). At-home migrant care workers in residential settings are also classified as informal workers, and are thereby not covered by the Labour Standards Act. Informal workers lack unemployment benefits, health insurance, pensions, labour law coverage, paid leave, etc., and are more vulnerable to economic risks (Carré and Heintz, 2009).

In the case of home care, the employment relationship enters into the family's living space, which is outside the market. Of course, employees of family-run small and medium-sized enterprises may also work within the context of familial blood relationships. And whereas micro-enterprise employees (even those living in dormitories) are free to spend time outside of work, and can take holidays without employer interference, live-in care workers' living space is integrated with the family, and they must sleep and eat under the same roof.

I'd now like to examine the implications of providing live-in care labour based upon my fieldwork in Taiwan, which has about 250,000 migrant care workers—99% of whom are women, and 92% live-in care workers (Ministry of Labor, 2021). Taiwan has a small number of long-term care facilities, where it is considered disrespectful to leave family members, so home care is the norm (Lan, 2006).

Even if migrant workers are welcomed as family members, however, they are essentially 'servants' in an employment-based relationship. They often have limited space to use freely, and may not relax in the living room or read over a cup of coffee, for example, even in the absence of family members. They spend most time in kitchens, and have very little private

space.[3]

For families, homes are a place to gather and rest, or recover from the fatigue of the day while preparing for the next day's activities. For migrant workers, however, home becomes a workplace. The family's needs and conveniences determine migrant workers' jobs, whose scope becomes unlimited. In Taiwan, live-in migrant care workers are not covered by labour laws. The 32 live-in care workers interviewed in Taiwan worked an average of about 15 hours daily, with no day off. This owes both to labour laws, and the structural issue of insufficient time off when providing care to dependents.

Mr. Y, an elderly man living in Taipei, became hemiplegic in his 50s, and his wife's feet were impaired due to polio. His son's family live in the neighbourhood, but they work and can only visit him about once a week. Lily from northern Luzon in the Philippines provides daily care for the couple. After graduating from high school, she found a job as a live-in care worker in Taiwan, and through an agency based in both the Philippines and Taiwan, decided to work at Mr. Y's home. Although his son takes him to the hospital, Mr. Y and his wife are physically handicapped, and need assistance for nearly everything in daily life. Lily is their sole provider of assistance with toileting, bathing, feeding, cleaning, laundry, shopping, and cooking. Thanks to Lily, Mr. Y can go out in his wheelchair and live independently. The two converse in English and a little Chinese, and have a good relationship. However, Lily has no freedom to go out without Mr. and Mrs. Y, except for short shopping trips. As a Christian, Lily made a special request to go to church for 30 minutes for Christmas, but without a replacement, she cannot leave their side. Lily generally does not ask for holidays, because she is aware that they would be in trouble without her.

The interviews revealed that it was common for migrant care workers to begin work at 6:00 am preparing lunch boxes, cooking, washing, cleaning, accompanying elderly patients to the hospital, helping them shower, preparing and cleaning up dinner—resting only at night. If children in the house go on field trips, the workers get up early to prepare, and if the employers play mah-jong until late at night, their work never ends. Domestic work does not have determined working hours nor duties, and flexibility is needed to adapt to the life of the employer's family, making the scope of work unlimited. In some cases, besides caring for employers' family members, tasks included caring for pets, washing cars, doing housework for nearby relatives, and cleaning employers' company offices. Some migrant workers said they had never taken a single day off in three years.

Some households in rural areas consist of only an elderly person and migrant worker, following the childrens' migration to urban areas. Such migrant care workers become 'fictive kin' (Lan, 2006) who understand the needs of the elderly and support them in all

[3] The government regulates this in Taiwan, but there are live-in care cases in Asia where there is no private space at all, and workers sleep in kitchens or on balconies.

aspects of life, such as eating, bathing, hospital visits, toileting, and sleeping, without being designated as actual family. In hospitals, migrant workers can explain older people's daily lives and medical conditions in more detail than distant family members, accompany them to mah-jong and community gatherings, and handle procedures such as bank transfers. Care, which was once performed by wives, daughters-in-law, and mothers, has been outsourced to migrant workers with low wages; and old-age care, which can no longer be supported solely by the family, now depends on migrant workers. Migrant care workers support old age care in Taiwan for families that cannot be sustained without them. Additionally, these workers also support their own families back home—as well as their national economies through overseas remittances.

Such dependencies involve many vulnerabilities, however. First, as seen in Lily's case, dependent migrant workers do not have even minimum working conditions, taking no holidays whatsoever and being solely responsible for the care of two elderly people who need complete assistance for 24 hours a day. This is undoubtedly a challenging situation. When Lily returned home for a month when renewing her contract, the family was in a state of unusual panic. The son was unable to work properly, had to arrive late and leave early repeatedly, and was exhausted from balancing care and work. Mr. and Mrs. Y had asked their neighbours to stay with them during the day as they were alone, but they felt uncomfortable due to concerns including privacy. When Lily returned, Mr. Y. told the author happily, 'Now everything is finally back to normal'.

In Taiwan, the lives of elderly people are supported by regular 24-hour care services provided by live-in migrant workers. However, there is no consideration for these workers' needs. They are vulnerable because they are treated not as independent individuals, but as disposable bodies permitted to stay only as long as they can work. Due to the difficulty in changing employers, many migrant care workers in Taiwan silently endure the terrible conditions and violence for fear of being sent back home.

2) Working as Institutional Care Workers

While migrant workers provide flexible care as 'fictive families' in Taiwan, how are such workers positioned in institutions such as long-term care facilities, which are, incidentally, the only place in Japan where most migrant care workers may be employed?

Currently, there are 1.72 million foreign workers in Japan. Among these, 43,446, or 2.5%, work in health and welfare, while 29,838 are engaged in social insurance, social welfare, and long-term care services (MHLW, 2020) In this sense, the presence of migrant care workers in Japan remains limited.

Since 2008, Japan has concluded Economic Partnership Agreements (EPAs) with Southeast Asian countries, and has introduced migrant care workers on an 'exceptional'

basis in the process. In other words, acceptance was initiated where the movement of people was included in bilateral agreements to facilitate free trade—not as immigration policy (Ogawa, 2012). However, only few people were accepted, and this was never considered to respond to the labour shortage. By 2025, the baby boomer generation will comprise late-stage elderly persons aged 75 years or older, so Japan's care-related needs are expected to increase. Since 2017, the government has repeatedly relaxed regulations and established several windows to accept migrant care workers. In addition to those accepted under EPAs, those presently working in the care sector include numerous foreign residents, such as Technical Intern Trainees (*gino jishusei*), international students who graduated from caregiving schools, and those who have the visa status of Specified Skilled Workers (*tokutei gino*). Consequently, the number of foreigners working in the social insurance and care sector in 2016 was 10,662, which tripled to 29,838 by 2020. The number of medical and welfare establishments employing foreigners also increased rapidly from 7,470 in 2016 to 11,700 in 2019 (Ministry of Health, Labour, and Welfare, various years).

However, a significant difference from Taiwan is that nearly 100% of migrant care workers in Japan work in long-term care facilities, and care services operate under LTCI. Compared to home care, care work is institutionalised, and migrant care workers are teamed with Japanese employees. Therefore, the work environment and content differ significantly. In institutional care, the focus is on meals, bathing, and excrement assistance, with one person responsible for multiple old-age persons. Because the staff function as teams, it is essential to communicate the patient's condition and maintain care records, which requires advanced Japanese language ability. Migrant care workers who work in Japan must study Japanese first, which costs time and money. Such workers usually begin to work in institutions after language training for about six months to one year. Additionally, training institutes in their countries of origin teach 'Japanese' manners and discipline (Ogawa, 2020). Repeated instruction in greetings, answers, bowing angles, and ways of apologising leads to disciplined and obedient attitudes among migrant workers. At the same time, the Japanese language education field becomes a place to visualise and authorise the superiority of Japan and Japanese people, while taming diversity and differences. During Japanese language classes, students are forced to bow and are required to greet and apologise. Through training, migrant care workers are disciplined to be compliant and develop a subordinate attitude. This hinders them when they face problems, as they are not taught how to communicate through consultation, negotiation, or dialogue to resolve issues such as labor disputes.[4]

In interviews with 27 long-term care facilities, migrant care workers were described as

[4] Language textbooks for foreign workers in Korea include information on how to negotiate minimum wages and change employers, so they can learn the language along with workers' rights.

'gentle', 'sincere', and 'friendly', and as most of them are educated as nurses in their country of origin, they have medical knowledge and are accepted as excellent employees. However, interviews with migrant care workers revealed a slightly different situation. While most Japanese care workers working in the facilities are in their 40s or older, the migrant care workers are mainly in their 20s and 30s. Therefore, they tend to receive the major burden of physical care, as they are younger and healthier. Bathing assistance was largely left to migrant care workers in one facility, where the Japanese employees did nothing. Bathing assistance falls under heavy work and must be done within a limited time, which is especially difficult in summertime. Other tasks that can be done without much understanding of the language, such as changing diapers, are also sometimes assigned nearly exclusively to migrant care workers. Ai, from Indonesia, suffers from severe back pain because she had to change diapers for 15 people four times a night— a total of 60 times—by herself. The facility is located in a rural area, and although she asked her boss many times, Ai has not been able to go to the hospital since the facility lacks workers. "This is a rural area, so it takes an hour to walk to the nearest convenience store," Ai said. "But the care facility does not allow me to ride a bicycle because it is 'dangerous.'" Many care facilities are located in the suburbs, leaving migrant care workers with no means of transport.[5]

Mari, a migrant care worker and trainee, was dismissed in summer 2021 due to pregnancy. Her employer, a care facility, said she would not be able to continue her training if she became pregnant. Although the Labour Standards Act in Japan specifies that discriminatory treatment of technical trainees who became pregnant is illegal, the head of a care facility said that migrant care workers were treated differently than Japanese staff, who were permitted to take maternity leave and return to work[6]. This means that migrant care workers are included within labour laws only when they can work, and are immediately returned to their home countries when there is a potential risk such as illness, injury, or pregnancy. This constitutes a paradox, therefore, wherein workers who support reproduction are overlooked as having no right to reproduce. During the past three years, 637 migrant workers could not finish their contract due to asymmetrical power relations with employers. Of these, 11, or just 2%, were able to resume their training (Kyodo News, 2021). Residence status, not labor laws, determines whether migrant care workers can give birth, raise children, or stay with their families. The residence status of EPA candidates, technical intern trainees (TITPs), or specified skilled workers (SSW) does not allow them to stay with their families—thereby depriving them of their social lives to provide care to their own families, as they meanwhile continue providing care to strangers.

While the vulnerability of institutionally-employed migrant care workers differs from

[5] Online interview, July 10, 2021.
[6] From the Kumustaka press conference, 2021

those who work on a live-in basis, the body of the worker is 'disposable', being permitted to stay only to the extent that it provides care. Just like Taiwan, the relationship between employers and migrant workers is highly asymmetric due to the fear that they will be forced to return home. Bound by their status of residence, migrant workers are also deprived of their worker status due to its limited term. Thus, even if they are dissatisfied with their working conditions and treatment, they usually do not try to negotiate; instead remaining trapped in their situation.

It is also important to note that images of migrant care workers as kind, helpful, and smiling are not very effective in establishing them as professionals (The Truth About Nursing, N/A). Instead they should be valued for providing expertise based on scientific findings. In Taiwan and Japan, migrant care workers support old-age people to live with dignity through care; but migrant care workers themselves are not cared for.

3) Care and Excretion/Disposal

It has been highlighted that care work is given low value, but this is due to the values and systems of modern society. In a society premised upon independent individuals, 'cared-for bodies' such as the disabled and those in old age—as well as 'caring bodies'—are both becoming marginalised, and are regarded as disrupting the social order. The parties involved in care are characterised as vulnerable and feminine, and are othered from the modern masculine subject (Shildrick, 2002 cited in Hughes et al., 2005: 265).

Long-term care in Japan is centred on meals, bathing, and excrement assistance, but excrement is a particular problem. Many migrant care workers interviewed, especially those who came to Japan under the EPA, received nursing education in their countries of origin, where they pointed out that such care was the family's own responsibility within hospitals. EPA care workers were highly resistant to changing diapers, and many said that it was not their job. While EPA migrant care workers could earn a higher salary than in the country of origin by working as a caregiver in Japan, diaper changing and excrement assistance were perceived as insults. For ex-nurses-turned-care workers, this was something to avoid, and embarrassing to tell their families. This constitutes a 'contradictory class mobility' (Parrenas, 2001), wherein the class in the country of origin is seemingly downgraded by international migration. According to Saraswati (2017), who surveyed EPA-Indonesian immigrant care workers, excrement assistance was the job of servants (*pembantu*) in Indonesia. For those who came to Japan, however, rejecting this task was not an option (Saraswati, 2017).[7]

Excrement management is controlled by social and civilisational norms, and excrement in general brings up embarrassment, aversion, and avoidance. It is associated with strong norms of impurity—and in turn, shame—to the extent that even the sound of excrement

[7] A number of EPA caregivers interviewed between 2015 and 2020 made similar points.

must not be heard outside, as we can see from the toilet muffler '*otohime*' in Japan. The author participated in pre-departure training in Manila for foreign caregivers visiting Japan from the Philippines through EPA, and one of the explanations of 'Japanese culture' presented was how to use the bidet in the toilets. The audience were amused by the teacher's story about arriving at Narita Airport, when [she] pressed a button in the lavatory thinking it was the flush, and when cold water splashed out, she stood up in shock, soaking the whole toilet. The washlet is regarded as a symbol of Japan's highly developed technological capabilities and excessive ideas regarding hygiene, where the requisite discipline is based on the concept of feeling shame if toilet sounds are heard by others.

If not adequately managed, excrement is seen as potentially dangerous and repellent, because it spills over as unclean—thereby polluting the social order. It is expected that individuals will take care of this bodily function autonomously; and human beings who cannot manage excrement are also marginalised, and are themselves regarded as waste (Kristeva, 1982; Hughes et al, 2005: 265). In capitalist societies, a body capable of generating excess value is a young and healthy body, while a disabled or ageing body unable to work is regarded as a 'body to be discarded'. In other words, migrant care workers are positioned as caregivers of the body to be discarded, and the excreta from such bodies are riddled with filth and discrimination (Saraswati, 2017). As Ai mentioned, the field of care, which single-handedly imposes excretion assistance on migrant care workers, is made up of transnational power structures, linking 'disposable bodies' with 'discarded bodies' wherein both old-age individuals and migrants become disenfranchised.

In Japan's care practices, excretion assistance is considered one of the essential tasks that caregivers cannot avoid, alongside meal and bathing assistance. In other words, removing diapers in order to enable excretion is considered as an excellent skill for caregivers, because controlling excretion is a way of protecting the dignity of the elderly. Thus the practice of removing diapers to enable excretion in the toilet is carried out in care facilities. Controlling excretion is only possible through dialogue and interaction between the cared-for and the caregiver, and this can only happen if both individuals are respected and treated with dignity.

5. Scaffold of Opposition

Although care and domestic work have long been downgraded, we have seen some positive developments within past years. Second-wave feminism, which was brought together under the slogan 'the personal is political', has questioned why domestic work is unpaid and unfairly carried out by women; while demonstrating that productive labour could not exist without reproductive labour outside the market. Feminist political philosopher Fraser (2006) criticises capitalism for free-riding on women's reproductive labour, while Tronto (2013) also noted provocatively that the gendered distribution of care as an issue of injustice must be discussed within the public sphere, as it is a concern for

our democracy. These theorists assert that care is no longer a private matter to be discussed at the individual level; but is closely related to global capitalism and democracy.

With the development of feminist research, the matter of care work by migrant women has evolved from comprising grassroots social movements to becoming an issue of global solidarity. The fight to protect the dignity and human rights of domestic and care workers has become global, as improvements continue to be sought for the social status and treatment of reproductive workers. The International Domestic Workers Network (IDWN), an international solidarity movement, held a conference in the Netherlands in 2006 to organise grassroots domestic workers and bring their voices to policymakers. IDWN has lobbied the International Labour Organization (ILO) to expand the concept of labour, drawing attention to care work performed by migrants within the informal economy that takes place in the private sphere. In a forum attended by NGOs, migrant workers said that they crossed national borders to leave their children in their countries of origin to care for others, and that they should not be treated as animals in pens (Fish and Shumpert, 2017: 221-222). Moreover, there is solidarity among transnational civil society movements, along with numerous consultations by governments, companies, and trade unions, toward ratifying the Domestic Workers Convention at the ILO to shape international norms. Domestic and care workers gained experience organising domestic workers from NGOs. As their social movements spread from the grassroots to national and then global levels, this finally culminated in Convention 189, which became the international labour standard for domestic workers at the ILO in 2011 (Boris and Unden, 2017).[8]

In ratifying Convention No. 189, the ILO was called upon to confront two new areas: immigration and the informal sector. The term ‘domestic work’ under Convention No. 189 is defined as ‘work performed in or on behalf of the household’. It includes ‘cleaning, cooking, washing, and ironing in the home, looking after children, the elderly and the sick, tending the garden, housekeeping, driving, and looking after pets’ (ILO, 2011:2). Convention No. 189 is a landmark insofar as it recognises domestic work, including care work in the home, as ‘work’—a historical first. It is important to note that this is not about the content of the work; but rather the "home" as the place where such work takes place, as well as to whom it is offered. (Ito, 2020). The Domestic Workers Convention marks a shift in the international community’s view of labour, which has hitherto been dominated by productive work, toward one that recognises the significance of reproductive work. It also stipulates that working conditions should be the same as those of other occupations, stipulates minimum wages, and guarantees health and safety. Convention No. 189 has made significant progress by positioning work in the family as ‘work’, making it visible, and guaranteeing basic human rights as it is carried out.

[8] Data collection and advocacy has been undertaken by the Harvard-based Women in Informal Employment, Globalizing and Organizing (WIEGO).

Japan, however, has not ratified this Convention. Migrant care workers working in Japanese care facilities are covered under the Labour Standard Law, regardless of their residence status. Nevertheless, the significance of adopting a convention that is aimed at comprehensively improving the treatment of reproductive work is extremely significant. In Japan, unpaid domestic work is largely biased towards women; with domestic work hours for men remaining low among the OECD countries (Cabinet Office, 2020). ILO Convention No. 189 was undoubtedly a major step forward in assessing and valuing domestic and care work, as well as achieving gender equality.

6. Challenges for a Multicultural Society

Finally, let us consider the challenges of multicultural co-existence policies (*tabunka kyosei*) for immigrants, including migrant care workers. In 2006, the Ministry of Internal Affairs and Communications announced the 'Report of the Study Group on the Promotion of Multicultural Symbiosis' to promote multicultural co-existence in the region, which raised the need for support through the provision of multilingual services to foreign residents. However, the idea of Japanese people supporting foreigners to become independent has been criticised as paternalistic; and the lack of progress in granting rights to foreigners has also been noted (Shiobara, 2021). This can be seen from the fact that children with foreign roots were not subject to educational measures, and are not required to attend school. Nearly 40% of local governments do not send school enrolment notices to foreign students of school age (Ministry of Education, Culture, Sports, Science, and Technology, 2020), which means that foreign children are not guaranteed their right to education. Even if foreign-origin children attend compulsory education in Japan, they are not guaranteed the cultural right to learn their mother tongue or an inherited language. The Law on the Promotion of Japanese Language Education passed in 2019 makes no mention of learning languages other than Japanese. Of course, it is important to learn Japanese if one wants to live within Japanese society. However, the recognition of linguistic and cultural diversity is limited to the superficial level of fashion, food, and festivals.

In the 2010s, Japan's declining birth rate accelerated further. Meanwhile, economic stagnation was recognised as a significant problem, and the government launched a strategy of growth. From 2010 to 2019, Japan's economic growth rate was 1.1%, which remains low among developed countries; and the decline in the productive labour force appears as a marked shortage of labour. Therefore, women and foreigners attracted attention as part of the growth strategy (Prime Minister's Office, 2021). In addition to women's careers under neoliberal Abenomics, employment support was announced for international students so that they would 'play an active role' as highly-skilled human resources (Prime Minister's Office, 2020). The government set specific targets to increase foreign tourists from 28.69 million in 2017 to 40 million in 2020, and 60 million in 2030; in order to increase consumption from 4.416 trillion yen in 2017 to 15 trillion yen in 2030

(p. 85), and accept 300,000 international students. Governmental documents frequently use the terms 'high-level foreign personnel', 'qualified foreign personnel', and 'outstanding foreign students' (Prime Minister's Office, 2018). The aim here is to perceive foreign nationals as contributing toward economic growth, wherein foreigners are regarded as "useful" human resources to attract capital and technology. At the same time, the introduction of a database system is planned in order to better compile data relating to foreigners—thereby strengthening bureaucratic control (Prime Minister's Office, 2020). The 'Comprehensive Measures for the Acceptance and Coexistence of Foreign Nationals' announced in 2018 provides for a budget of 1.8 billion yen to strengthen the immigration and residence management system with the establishment of the Immigration and Residency Management Agency, along with 500 million yen to ensure the elimination of illegal foreign residents (Ministry of Justice, 2018). Here, we see the idea of dividing foreigners into those who are economically beneficial as 'sources of revenue', and those who are 'criminals'.

Until now, Japan's multicultural symbiosis policy has spent much money to provide multilingual services, but it has not begun to promote gender equality or enact legislation to eliminate racial discrimination as per the UN's recommendations. In particular, Japan ranks 120th on the Gender Gap Index, the lowest among developed countries with the average gender wage gap at 23.5%--twice the international average. In addition, there is still no comprehensive anti-discrimination law, although some local authorities have enacted bylaws against racist remarks on the street and on the internet, as seen in hate speech. Migrant care workers do not fall under the category of high-level personnel as described in the growth strategy. In addition, Technical Intern Trainees and Specified Skilled care workers are marginalised due to their limited citizenship. The current multicultural co-existence policy partially encompasses migrant care workers as an economically useful labour force whose members work for low wages—but are not granted rights.[9]

In addition, harassment is common and frequent in workplaces within the care field. According to a survey conducted by the Nippon Careservice Craft Union, more than 70% of nursing professionals have experienced some kind of harassment (Murakami, 2019). More than 90% of those who faced harassment said they were 'emotionally hurt', but there are very few places where migrant care workers feel safe to seek advice. Many care facilities are located in rural areas, with limited access to resources such as multilingual legal counselling or labour standards inspection offices. In addition, with the exception of some local governments, there are very limited opportunities for migrant workers to

[9] There are different views on whether or not care workers are professionals. EPAs and long-term care visa holders are considered professionals because they obtain a national qualification as certified care workers, but technical interns and special skills workers are guest workers with a fixed term, and have been considered as "unskilled workers".

participate in the discussion on local government policies and administrations, which means that migrants themselves are not seen as worthy to participate in society. While participation in the decision-making process is indispensable in order to be the subjects of rights, this matter is left up to local authorities.

Miyajima (2000:7) measures the participation of migrants by (1) transition from the margins of the labour market to a more stable working life, (2) inclusion in the social security system, (3) receipt of benefits from various government services, (4) participation in and achievement of schooling, and (5) influence exercised upon decision-making through participation in community groups. In practice, however, migrants have been seen only as 'objects' of administrative services, and not as subjects who participate in society and have their say. While foreign nationals are expected to be self-reliant, their right to self-determination and social participation is constrained, and discussions about discrimination and disparity have been lost within the scope of multicultural co-existence policies.

On the other hand, the shortage of human resources in the care sector is a matter of life and death for the industry, and without securing care workers, care facilities will be driven bankrupt. In addition, there is a need for caution when recruiting care workers who are in charge of life-sustaining care—a trend that has become particularly significant since the Sagamihara disability facility killings in 2016, where staff members of a facility for disabled persons killed and injured residents. Since 2017, recruitment of foreigners has become more active, reflecting the labour shortage in the care sector. However, many problems have arisen due to intermediation by private mediation agencies (Ogawa, 2019b); and it is within such circumstances that the care industry has begun efforts to promote the fair acceptance of migrants. In 2020, the Tokyo Metropolitan Council of Social Welfare, of which more than 300 nursing homes in Tokyo are members, produced a booklet entitled 'Guidebook for accepting foreign care workers'. The guidebook includes information on laws and regulations including the Labor Standards Act, along with the voices of migrant care workers, the results of questionnaires, and criteria for care facilities employing foreigners to ensure that their human rights are respected. The same group is currently preparing a checklist for intermediary organisations based on the UN's Business and Human Rights principles to prevent problems in advance. They are attempting to promote the ethical recruitment of migrant care workers, based upon care facilities' experience and opinions.

The quality of care work is much more difficult to measure, and care work is emotionally charged as a personal service. Listening to patients' fears and concerns, holding their hands, and reassuring them are all actions that cannot be translated into money. Cuts in social security spending, and the drive for market-based profits to control labour costs, may in turn impair the quality of care (Fobre, 2006). Under globalisation and neoliberalist pressures, both care and migrant care workers are forced to compete at the bottom; but if

the costs of care are reduced, the ultimate cost will be paid by current and future users. Therefore, the efforts of the care industry to promote ethical recruitment are highly appreciated for the purpose of both migrant care workers' rights and the quality of care.

7. Concluding Remarks

Globalisation has not only brought distant worlds together and increased the movement of goods and information, but has also affected interrelationships within the reproductive domain as mediated by migrant care workers. Care work undertaken by women, which was previously unpaid labour in private homes, has been outsourced to migrant care workers to a certain degree; and although this is paid, wages are low. Migrant care workers were channelled toward live-in care and institutional care by countries' welfare and migration regimes, and they suffer from multi-layered vulnerabilities arising from being migrants, as well as the work of providing care. In Taiwan, the Labour Standards Act does not apply to home care, so migrant workers constitute a flexible workforce that bears the burden of care in isolation. In institutional care in Japan, there are risks such as concentrating on physical care including excretion assistance, which is heavy labour; as well as the lack of establishing reproduction rights. Care work is seen as involving excrement, so it is avoided as a disruption to the social order. Therefore, the space of care becomes a contested domain that embodies and manifests the inequalities of global capitalism.

Having public care systems is one policy through which to reduce social disparities and inequalities. The provision of care as a universal service would mitigate the marketisation of services, contribute to improving people's quality of life, and improve disparities. However, social values and politics determine how much people want to pay for care services. To guarantee quality education for children, the salaries of childcare workers and teachers must be fully guaranteed; and to create a society in which people can age with peace of mind, old age care must be turned into a decent and humane job. There are already efforts at work to achieve this by stakeholders including NGOs, researchers, and international organisations. In Japan, these initiatives can be undertaken by the gatekeepers of care.

Care work intersects with gender, as well as race and class. It is necessary that care workers, including migrant workers, be recognised as members of society. Care work must also be valued as work, and there must be efforts to rectify economic disparities. As the ILO Convention No. 189 indicates, there are many challenges to making care work decent, improving the treatment of workers, eliminating racial discrimination, and closing the gender wage gap. Without a system that recognises the value of care work, grants rights to migrant care workers, and cares for migrant workers as a society, we cannot expect such workers to care for us. Taking care of migrant workers is the first step toward making our society decent.

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