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‘I’d rather work in a supermarket’

Privatisation of home care work in Japan

Kaye Broadbent

Abstract

The rise in nuclear family households and more married women engaging in paid work have forced governments to address the issue of aged care for the elderly to a greater degree. A good illustration is home care in Japan where the government introduced a Long Term Care Insurance (LTCI) scheme (2000) focused on offering affordable almost universal care by extending existing home care services. Japan’s home care services were privatised in 2006 and while this is not unique to Japan the combination of cost-cutting measures and the client-driven model encompassed in the LTCI has had a significant impact on employment conditions and the organisation of work in home care services. This research assesses the impact on employment conditions and the organisation of work in Japan’s former government-run home care sector compared with the pre-LTCI period and argues that privatisation has resulted in work intensification and deteriorating employment conditions.

Keywords: aged care, employment conditions, home care, Japan, Long Term Care Insurance, work intensification

Introduction

On 21 April 2009 at a cemetery near the iconic Mt Fuji a worker discovered the body of a woman beside a semi-conscious elderly woman in a wheelchair. The body was that of a well-known singer. Her high profile suicide shocked Japan and brought to light the stresses of caring for ageing dependents, a role which historically has fallen

to the family but primarily wives, daughters and daughters-in-law. Since the late 1980s when successive governments began addressing aged care issues, home care services have expanded. Women still care for the elderly but increasingly as paid employees. Welfare provisions in Japan while limited, were motivated by the need to address the growing problem of ‘social hospitalisation’¹ of the elderly. In 2000, the government extended existing schemes and introduced the Long Term Care Insurance scheme (LTCI). Initially this involved privatising government-run home care services but as demand exceeded capacity and the cost of providing home care services were increasingly seen as a burden, the 2006 reforms of the LTCI opened the home care market to private companies. The expansion and growth of the home care market has increased the demand for home care workers but few studies have examined the impact of the LTCI and its reforms, on the employment conditions and the organisation of work.

This article uses new empirical findings to examine the impact of privatising home care services on work organisation and employment conditions. This focus is of interest for three reasons. First, it adds to the developing research into the provision of services by the non-profit sector and the impact on employment (Baines 2004; Cunningham and James 2009). Secondly, international research examining privatisation of public services details the ways in which labour costs are reduced (Davidson 1990; Lloyd and Seifert 1995; Teicher and van Gramberg 1998 and 2002). Although there is a developing literature analysing the impact of cost-cutting on employment in care services, the home care industry is largely neglected. As Japan introduced a client driven model of privatisation in the home care industry, the elderly and their families have become “service buyers” (Simonazzi 2009: 219) which has had a significant impact on employment conditions and the organisation of work.

Thirdly, this article broadens the international discussion on the privatisation of home care services (Aronson and Neysmith 1997 and 2006; Denton, Zeytinoglu, Davies, and Lian 2002; Simonazzi 2009) by contributing an ‘Asian’ dimension, which is deficient in the home care work literature (see Zhang and Yeung 2012). Japan does not employ a migrant workforce in the home care industry, which differs from the U.S. and many European countries and so offers insights into the industry separate to the impact of immigrant labour.

In the UK and parts of Europe models of care service provision differ but a low paid, casualised workforce (Simonazzi 2009) has developed. In North America cost-cutting in home care employment has led to a reliance on the low wages of migrants or women of colour employed full-time, an option not available in Japan. The British model of privatising care services and emphasising contracting out is similar to that in Japan with indications employment patterns are also similar. These changes have occurred over the last two decades but in Japan there has been little examination of the impact of privatisation on employment status. Employers are heavily reliant on the low wages of women employed non full-time to contain labour costs. Japan is an interesting case illustrating how privatisation in the home care industry has incorporated and reinforced the dominant gender narrative. This article argues that governments’ desire to address the needs of the elderly while minimising the cost has affected both the delivery of services and led to a worsening of employment conditions for home care workers. Changes in employment since the introduction of the LTCI prompted one home care worker to comment “I’d be better off working in a supermarket” (Ogura san, full-time, March 2009) because while work in supermarkets is as poorly paid as home care work, it is seen as less stressful with regular shifts and hours.

Privatisation and employment conditions

Privatisation in all its incarnations has had a “generally deleterious impact on the terms and conditions of employment” (Fairbrother, Paddon and Teicher 2002:2). In labour-intensive public services ‘efficiencies’ have been introduced by reorganising the labour process (Lloyd and Seifert 1995; Sinclair, Ironside and Seifert 1996; Teicher and van Gramberg 1998; Baines 2004; Cunningham and James 2009) and/or cutting labour costs (Davidson 1990; Lloyd and Seifert 1995; Teicher and van Gramberg 2002; Baines 2004; Cunningham and James 2009), all of which have led to the intensification of work.

Before discussing employment conditions it is important to acknowledge that the care workforce in North America, the UK and Europe is female dominated (Ungerson 2000; England, Budig and Folbre 2002). This is also the case for the home care workforce, a high proportion of whom are older women. Research on this workforce is limited but what is available indicates that in many countries it is heavily dominated by women from immigrant or visible minority populations, who possess “few marketable skills and occupational choices” (Aronson and Neysmith 1996:61; see also Lyon and Glucksmann 2008; Simonazzi 2009). What is absent from this literature however, is an examination of the employment status of the home care workforce and it is unclear whether home care workers are employed as full-time or non full-time. It is clear home care providers have access to cheap labour either because home care workers have limited alternative employment options (Boris and Klein 2005) or they are employed in the ‘informal’ labour market (Lyon and Glucksmann 2008; Simonazzi 2009).

Research demonstrates that the existing poor employment conditions in the home care sector – job insecurity, work intensification, low wages - have worsened since privatisation (see Aronson and Neysmith 1996 and 1997; Denton et al. 2002; Teicher and van Gramberg 2002; Parkes 2003; Boris and Klein 2006; Aronson and Neysmith 2006; Jonsson, Daune-Richard, Odena and Ring 2009:13; Simonazzi 2009) but research on the impact of privatisation on home care employment in Japan specifically, is limited. Studies from North America and Europe suggest the drive to achieve efficiencies and cut costs has involved reorganising work through a Taylorist division of work tasks (Aronson and Neysmith 1997; Jonsson et al. 2009), usually accompanied by a worsening of employment conditions (Kenna 1998; Denton et al., 2002; Parkes 2003; Simonazzi 2009) including work intensification (Denton et al. 2002:341). Cost-cutting has led to the “speed up and intensification of home care workers’ jobs” (Aronson and Neysmith 1997: 46) as the number of hours allocated per home care visit are reduced while home care workers are performing extra work and a greater range of tasks (Denton et al. 2002).

In Japan the impact of privatisation on the home care workforce resembles the trends evident in North America, the UK and Europe including the reorganisation of care work and worsening employment conditions, but unlike in these other countries, Japan does not rely on a migrant workforce. Similar to home care workforces internationally Japan’s home care workforce is predominantly women, the majority of whom are older, are Japanese-born and employed as non full-time. Home care work is feminised due to Japan’s dominant ‘male breadwinner’ gender narrative reinforced by ‘lifetime’ employment practices, seniority wages and promotion guaranteed by an enterprise union (Osawa 2007a and 2007b). Japan’s ‘male breadwinner’ gender narrative restricts married women to non full-time employment, either through

employers restricting their options to part-time employment (Broadbent 2003) or through the state offering tax incentives to ‘encourage’ dependent wives to ‘choose’ part-time work. Non full-time employment often means full-time hours, working the same jobs as full-time workers but with inferior employment conditions (Broadbent 2003). Only one home care worker interviewed tried to remain below the tax threshold, the others did not earn enough or their husbands were retired or self-employed and so the threshold was not a concern, a shift from four to five years ago, as home care workers now do not earn enough to reach that limit (Sekiguchi san, union official, April 2009). The ‘male breadwinner’ gender narrative also affects the few men employed in the home care industry offering no long-term prospects as wages are too low to support a wife or family (Ida san, union organiser, May 2009).

Restrictive immigration policies (Tsuda 2006) mean Japan’s home care providers don’t have access to a migrant workforce and so rely on employing women as non full-time. This contrasts with Japan’s residential care workforce, which is more diverse in sex, age, ethnicity (Hiratate 2007; Ueno 2009:62) and employment status (Eiwa 2008). Labour cost reductions are achieved by employing home care workers as *chokko chokki*, where employees are expected to travel directly to clients’ homes from their own homes rather than work out of offices.

Models of privatisation in the home care sector and the impact on employment

Workers and their working conditions in Europe and North America indicate that the home care sector has developed largely due to governments’ desires to cut costs in aged care spending (Aronson and Neysmith 1996; Simonazzi 2009). In Europe there are differences in the development of long term care programmes but two main

alternatives: “direct service provision financed by taxes, and social insurance financed by contributions” (Campbell 2002:7). Recent research indicates that the delivery of aged care services have converged with “all countries [in the study] moving towards home care, private provision and cash transfers” (Simonazzi 2009: 212).

Japan funds the LTCI scheme via social insurance and taxes, but is run based on social insurance principles (Campbell 2002), so it is an example of a mixed system. It resembles many European systems but a cash transfer system was opposed by activists fearing “the danger that women will be tied down to family caregiving” (cited in Campbell 2002: 23). Japan’s elderly, over 65 years, are eligible for care services and select the number and types of services required with the insurance scheme covering clients for ninety per cent of the cost. The cost of services is set by the government, with providers competing on the basis of convenience and quality.

Simonazzi’s (2009) research in a range of European countries showed that atypical contracts were common and in the UK a low paid and casualised workforce has developed. National employment models shape whether native born or immigrant and undocumented workers are employed in the industry (Lyon and Glucksmann 2008) but both factors impact on wages and conditions (Simonazzi 2009). In the Mediterranean countries of the European Union, home care workers may be predominantly migrant workers including undocumented migrant workers (Lyon and Glucksmann 2008). The situation for home care workers in Canada and the US resembles the situation in Europe as home care workers generally comprise women with “drawn from the ranks of immigrant and visible minority populations” (Aronson and Neysmith 1996:61), an option Japan doesn’t have.

Japan's aged care system

Japan boasts the world's highest rate of longevity, which in 2012 was 86 years for women and 79 years for men. In 2008 the population over 65 years had more than trebled since 1970 reaching 22.1 per cent while some regional areas recorded 26.2 per cent (Ministry of Internal Affairs and Communication 2009). More of the elderly are living alone or with only a spouse as the numbers living with children has declined (MHLW 2013:6). These changes have preoccupied Japan's governments since the 1980s resulting in plans to reorganise aged care services.

The Gold Plan, the LTCI's predecessor, was developed in 1989 and reformed in 1994 and 1999 (Nishikawa and Tanaka 2007:212) to improve welfare services for the aged, targetting social hospitalisation and cost (Nishikawa and Tanaka 2007; Estevez-Abe 2008). During the 1990s national and local governments viewed care services as a financial burden, especially in a time of prolonged recession and pre-LTCI local governments began to shift from direct providers of home care services to indirect providers (Nishikawa and Tanaka 2007: 213). Formalised since the LTCI, care providers tender for a contract managed by the local government while the national government sets the cost of care². There have always been residential care facilities and home care but since the Gold Plan, the emphasis has been on home based care. The LTCI has introduced non-profit companies formed by local governments, private sector providers, non-profit volunteer groups and aged care co-operatives (Itō 2007:189-92), but not all providers and services are covered. This diversity in home care providers means that the employment conditions of home care workers vary (Furuya 2003:125). The number of people receiving home care services has increased 109 per cent since 2000, while the number of elderly in institutional care has only increased by 30 per cent (Hotta 2007:5).

The Ministry of Health, Labour and Welfare (MHLW) divides the industry into in-home services, community-based services (including preventive services) and residential facilities, with the majority of community-based and preventive services introduced after the 2006 reforms (MHLW 2011). From 2000 until 2008 the number of home care service providers doubled reaching 26, 838 nationally (Ketsujiro 2009: 78). Since 1963 the public sector has primarily delivered aged care services but while current figures differ dramatically, it is clear the for-profit sector is increasing. In 2002, 40 per cent of providers were private companies while a 1998 survey (pre-LTCI) showed 70 per cent of home care services were provided by the private sector (cited in Kadoya 2010: 35-36). Yet MHLW figures show in 2006, 53 per cent of home care providers were for-profit double the 2001 figure, 46.5 per cent were non-profit a decline from 74 per cent in 2001, while the public sector occupied approximately 0.5 per cent which has halved since 2001 (cited in Kadoya 2010: 79). A survey of 7,345 care providers indicated that in line with the government's aim, home care (37.9 per cent) and day service facilities (31.9 per cent) have increased compared with the previous year while residential care facilities have decreased (28 per cent) (Kaigo Rōdō Antei Centaa 2011:3). The industry and the workforce have expanded however as in other countries, unionisation rates are estimated at less than 2 per cent (interview Akino san, April 2009).

Fieldwork and methodology

Many studies examine the employment conditions of home care workers in Japan (Hotta 2006, 2007, 2008, 2008a; Sato, Ōki and Hotta 2006; Ishige 2008) but none compare pre and post LTCI or the impact of privatisation on employment conditions or the organisation of work. To understand the impact of the LTCI, this research

focuses on how employment conditions and work organisation have changed since privatising the government run services and the impact of market competition on the non-profit sector since 2006. This research draws on existing surveys, Japanese and English literature and interviews conducted with 25 home care workers, all but one of whom was female, one manager and five union officials including three union organisers from 4 cities around Tokyo identified as KI, KA, CH and YA. To allow a comparison between pre and post LTCI, all but one of the home care workers I interviewed had been employed pre-2000, as had all but one of the union officials. Home care workers were selected based on the above criteria and interviews were conducted by me in Japanese and transcribed into English. Interviews with union officials supported the memory of home care workers' I interviewed (Gardner 2001:191) regarding the changes to employment conditions and the reorganisation of work. Home care workers employed in urban areas were selected to maintain comparability between the four research sites. As local governments determine employment conditions in rural and regional areas employment conditions are subject to greater variation which makes it more difficult to gain an overall insight into the effect of the LTCI.

The LTCI has significantly restructured elder care services in Japan and with few studies of Japan's home care sector in English examining the organisation of home care work and employment conditions in the pre-LTCI period, it was necessary to interview home care workers. The home care workers in this research don't represent the 'typical' profile of home care workers as all were employed in non-profit home care organisations and had been employed pre-LTCI which represents lengthy employment in an industry where thirty per cent of home care workers have between less than 1 years experience (Kaigo Rōdō Antei Centaa 2011:5), and all but one was a

union member. Further research is needed to compare work and employment in the private and volunteer non-profit sectors and for non union home care workers. Home care workers I interviewed emphasised that while the LTCI had affected their employment conditions, they remained better than those in the private sector.

The interviewees are representative in terms of workforce composition, age and employment status as the majority are women, who are between 40-50 years of age and are employed on a non full-time basis. In 2010 more than 90 per cent of home care workers were women (Kaigo Rōdō Antei Centaa 2011:5) and in 2007 70 per cent were between 40-50 years of age (Ishige 2008:206). My participants' employment status was representative as only four of the 25 home care workers were employed full-time. Women have always been employed as non full-time in this industry. A 2010 survey reported that 84.4 per cent of home care workers were non full-time and 76 per cent worked shorter hours than full-time workers (Kaigō Rōdō Antei Centaa 2011). Those interviewees employed as non full-time either as temporary workers with regular shifts or as *tōrokugata*, a form of 'on call' labour with irregular shifts. Despite the uncertainty over shifts and hours, the home care workers employed as *tōrokugata* I interviewed commented that their hours were more stable than those in the private sector (Takei san, April 2009). Home care workers I interviewed employed in KI city observed that even as temporary workers their conditions were better than those employed by private providers. Compared with other industries however, home care workers recognise their employment conditions are poor.

Changes in the organisation of home care work

Home care work is conducted by an individual and in the clients' home so the nature of the workplace renders the worker and their work less 'visible', potentially exposing

home care workers to harassment and exploitation (see Hotta 2008a:42). Exploitation and invisibility continue despite the introduction of the LTCI, but other major changes include the reorganisation of home care work and the increasing pressure on home care workers to conduct their work within strict time limits. The impact of the LTCI on home care work has been to link funding and payment levels with task allocation as clients are able to purchase home care workers' time depending on their needs.

Changes to the funding and provision of care for the elderly have had a significant impact on the nature of home care work and home care workers' employment conditions, with 60 per cent of home carers revealing it was an occupation which "offers nothing to attract staff" (Ishige 2008:202). Contributing to their concern was the impact of the LTCI on the quality of care they could provide in the time allotted and the impact of this on their relationship with their client, commenting that "We aren't just service providers. We have the important task of supporting our client to live an independent life" (cited in Hotta 2006:32).

Home care workers I interviewed revealed the changes to home care work had created a tension between the tasks they are paid to do, the time allocated to perform the task, and the caring aspects of the job. Pre-LTCI shifts varied between six to eight hours a day and each client visit was a minimum of two hours (Inoguchi san, non full-time, March 2009). During the allocated two hours, home care workers would perform any tasks required by the client, emotional or physical (Shimada san, non full-time, March 2009). Kuno san (non full-time, March 2009) worked a six hour shift pre LTCI and during her visits she could talk to a client, get to know them and build a relationship "we didn't just look after their physical needs but could care for their emotional well-being also". Yamada san (full-time, April 2009) commented that since the

introduction of the LTCI home care workers “were always pressed for time. Always rushing off to the next client. Pre-LTCI you could spend two to three hours with a client, now (post LTCI) you had between 30 minutes and one hour”.

Since the LTCI the labour process has been Taylorised to fit into 30 or 60 minute blocks. The length of a client visit is linked to the services purchased or assessed as necessary, which for clients assessed as ‘low needs’ has meant a reduction in the time they receive. Indications are that the LTCI is inadequate as a range of services are not covered forcing many clients to purchase these services at extra cost (Tateiwa 2009:64). Home care work is divided into 3 tasks (levels): housework assistance (cleaning), housework and various care (meal preparation) and personal care and each level attracts a different rate of pay (Kinoshita 2002:69). Clients purchase a block, or several blocks, of time incorporating the services they need based on assessment by a care manager. For example a thirty minute visit to a client assessed as ‘low needs’ included: five minutes for making the bed/changing sheets, five minutes each for greeting/talking to the client about what laundry needed doing and going to a laundromat, five minutes each for washing the face and cleaning teeth or rinsing the mouth and a five minute discussion about other preparation that needed doing (Tokyo Care Union 2005: 22). Home care workers have reported however, that the effect of the changes post-LTCI, has meant that the care element is suffering, the aspect of the job they report gives them satisfaction (Hotta 2008:86).

Not only have tasks been allocated a specific length of time but the home care workers I interviewed reported that since the LTCI they are now required to perform a broader range of tasks for their clients including quasi nursing functions which recent reforms continue to expand (MHLW 2012). The increase in the range and volume of

tasks has affected the amount of physical work and strain on home care workers' bodies with home care workers stating they had back or joint injuries which necessitated the wearing of supports. Sonoda san (non full-time, April 2009) on the other hand 'managed' her injuries by scheduling regular breaks "... you always need to think of your own health".

For home care workers employed by non-profit service providers, the increase in the range of tasks they perform since the introduction of the LTCI was further compounded by the varied needs of their clients. The clientele of non-profit home care providers was more diverse than those of private providers as non-profit organisations cared for clients considered 'unprofitable' by the private providers such as those with disabilities or suffering a mental illness, a situation facing non-profit providers elsewhere (see Baines 2004:273). The diversity of clientele contributed to a more physically and emotionally demanding work life with home care workers I interviewed being allocated clients with diverse needs such as caring for elderly people recently released from hospital, a client with Alzheimers or someone with severe physical disabilities (Arita san, non full-time, March 2009). Clients with these conditions would be assessed as having higher needs and would purchase several blocks of time with the cost varying based on their capacity to pay. For example a 93 year old bedridden client assessed as 'high' needs' received three hours of personal care a week including some housekeeping (Tokyo Care Union 2005: 36-37).

The diversity of clientele has been compounded by the introduction of the LTCI and local governments cuts to services provided. Home care workers now bathe clients at home, a challenge given either the absence of a bathroom or the small size of bathrooms in most Japanese homes. Pre-LTCI the local government would have

shuttled clients to a government run public bathing service where clients would be bathed by trained carers with access to ergonomically appropriate equipment (Inoue san, non full-time, March 2009). Home care workers' time is being Taylorised while service provision is being rationalised.

Changes to the employment conditions of home care workers

When the Gold Plan was introduced the home care industry was not well developed and home care workers were recognised as public servants. With policy changes focusing on expanding home care services, the government offered more generous employment conditions to attract home care workers (Inoguchi san, non full-time, March 2009). When comparing pre-LTCI employment conditions to current conditions all the home care workers and union officials I interviewed agreed that the nature of home care work and working conditions were better pre-LTCI. Changes to employment conditions included reducing their shift length, altering shift patterns so that work was irregular and unstable, and payment excluded travel or waiting time and transferring their employment status to the more insecure non full-time.

The introduction of the LTCI in 2000 and its revision in 2006 has had a significantly negative impact on home care workers as “the job has become more complicated, especially the increase in the amount of paperwork, yet the wages have decreased” (Tanaka san, non full-time, April 2009). Three of the full-time home care workers I interviewed who are employed in KA city noted that even though their contracted working hours ended at 5.30pm they often worked additional hours to complete their paperwork and that these extra hours were unpaid. The increase in both the volume and complexity of paperwork is one example of changes to the job since the introduction of the LTCI.

The emphasis on formal qualifications post-LTCI was also an issue of concern for the home care workers interviewed who were employed pre-LTCI. Many home care workers interviewed noted that the emphasis on 3 broad areas of care packages clients could purchase and which were linked to the payment home care workers received, didn't give sufficient recognition to the skills they had developed such as cooking with limited ingredients, cooking traditional Japanese foods preferred by the elderly or dressing the elderly in a kimono. A client might only be assessed as needing light housework and so purchase a one hour package of time, but the home care workers interviewed argued it was impossible to perform many cleaning tasks and cook in the time allocated. In this way the skills they had developed from years of experience were not recognised or financially rewarded under the LTCI and was also a reflection of home care workers' broader concern that their clients were not receiving the quality of care they deserved or that home care workers wanted to provide. The majority of those interviewed added that despite these changes, employment conditions in the non-profit sector were still better than those of private sector providers but was affected by the increased competition. As Ogura san (full-time, April 2009) commented:

in the private sector if home care workers are injured they are sacked . . . they are forced to travel considerable distances [using public transport or bicycles]. Our organisation tries to protect our employment conditions but it is under increasing pressure from the smaller private companies.

This increasing pressure was manifest in the transfer of some home care workers to *tōrokugata* status. *Tōrokugata* employment conditions had become more insecure as they had moved to irregular shifts and therefore income.

Employment status

Pre-LTCI the majority of home care workers I interviewed were employed on a part-time basis but with regular shifts and hours. Part-time in Japan is officially defined as less than thirty-five hours per week but with no other benefits of full-time employment³. Post-LTCI many home care workers I interviewed were shifted from part-time employment to more insecure forms of non full-time work including temporary work. The responses of city governments in this study differed. CH, KI and YA cities had employed their home care workers on a non full-time basis before the LTCI, while home care workers in KA city had been employed full-time. Only some KA workers continue to be employed full-time as anyone hired post-LTCI is non full-time (Suzuki san, union official, April 2009). As the local governments moved to indirect home care service provision in the late 1990s, just prior to the formal introduction of the LTCI, KI and YA cities moved their home care workers onto *tōrokugata* status. The unions and home care workers in KI and YA cities fought to protect their conditions by attempting to gain full-time status and/or retaining part-time status but were unsuccessful (interviews with Sekiguchi san and Ishii san union officials, April and May 2009). Ishii san also commented that when YA city privatised its home care service and established a non-profit provider in 1984, the home care workers were employed as casuals with regular hours. The introduction of the LTCI drove the move to employ home care workers in more insecure employment. National figures show 70 per cent of Japan's home care workers are employed as *tōrokugata*. Employment on a non full-time basis however, is not determined by hours of work. Suzuki san (non full-time, May 2009) employed by CH city, regularly works eight hours a day, five days a week but remarked that “there is no option for me [or any home care worker in this city] to become full-time”, with

Furuya (2003:126) also commenting that there are few employers offering the opportunity for conversion to full-time status.

The shifts of home care workers I interviewed varied in the number of hours per day and days per week, with some working between two to five hours a day over a four day week. Work patterns of other home care workers' I interviewed resembled full-time workers as they worked 8 hours a day over a five day week, but were still classified as non full-time. Of the home care workers I interviewed some will see the same clients over a period of time, but for others their clients change daily. The CH city home care provider adopted a policy of rotating clients and home care workers to prevent clients' dependence on a carer but also prevents clients and carers forming powerful coalitions. For Takei san (non full-time, April 2009) the unpredictability of working hours and different clients presented difficulties "it isn't possible to plan your own life and I find it stressful always going to different [clients'] places" and there was often time spent waiting around to visit the next client. Home care workers interviewed were in agreement that home care work is a physically and mentally demanding job. Differences exist within the sector but overall the limited opportunity to gain full-time employment and the shift to a more insecure form of employment reflects the deterioration in employment conditions and the work intensification since the reorganisation of home care work as a consequence of the LTCI.

Pay

In 2009 a comparison of wages showed the average full-time annual wage across all industries was ¥3,300,000 while the average full-time annual wage for care work was approximately ¥2,200,000. If non full-time workers, who are the majority, were

included the figure would be much lower as non full-time workers earn less per hour. The wage rates in the care industry are set by the state and are administered by various local government and private providers, so it is difficult to gain parity in the industry through collective bargaining. To this end the creation of a wage rate for each occupation has been suggested as an option (Kinoshita 2002:68-69). In 2001 soon after the introduction of the LTCI home care workers' wages were on par with those of trainee nurses (Kinoshita 2002:68-69) but after the 'reforms' in 2006 home care workers' wages have declined to only 77 per cent of the wages of trainee nurses. With the introduction of pay per block of time hourly rates for home help workers have halved (MHLW 2012).

Almost from the system's introduction the severe working conditions and insecure nature of employment meant that the rate of turnover for home carers has been high (Furuya 2003: 126). One manager commented that "even if a home care worker were to become full-time, their wages are so low that people leave and seek alternative employment" (Iida san, manager home care provider, May 2009). As discussed earlier this is an issue which particularly affects the retention of young men. A 2010 survey of aged care employers reported that 50 per cent of employers say they need more workers, while 51.5 per cent reported that their staffing problems have been compounded by their inability to offer adequate wages and other remuneration (Kaigō Rōdō Antei Centaa 2011:4). Suzuki san (union official, April 2009) argued that the tendering process for non-profit organisations is becoming more competitive since the home care market was opened to private providers. As a result, workers' wages are not increasing. To try and improve wages for workers, some union organisers encourage the provider to increase the tender bid as local governments needed to

guarantee services for 'unprofitable' clients. When it is possible to do so, this provides the non-profit sector with an advantage. Ida san (union official, May 2009, Nov 2012) explained that he negotiated with non-profit providers to increase their tender submitted to the local city government so the extra funds allow the provider to offer wage increases or other financial incentives such as bonuses to attract staff.

The decline in wages further illustrates the changes to home care workers employment conditions with many organisations citing 'financial difficulty' as the reason for not increasing wages. In YA city, the organisation has cut its number of home care workers by half, with some working as few as two hours a day. Pre-2000 home care workers in KI city had worked on average five hours a day but now their income depends on the amount of work available (Sekiguchi san, union official, April 2009). In YA city this was a particular issue as the number of private providers and thus competition in the city was increasing. Many home care workers in YA city registered with two service providers in order to earn enough money (Ishii san, union official May 2009). The demand for wage increases is supported by comments from home care workers I interviewed. Tanaka san commented that she and her colleagues are able to continue in this occupation "because we have husbands with full-time jobs" (April 2009).

Contiguous with the Taylorisation and intensification of the home care work process is the redefinition of care tasks, a practice dramatically affecting the wages of home care workers. A greater number of care tasks are being defined as 'light' care and as a result are attracting a lower wage rate (Kinoshita 2002:68). In 2003 the remuneration system for home care workers was revised whereby the payment for a 30 minute visit

was increased but payments for 1 hour and 1.5 hour visits were reduced by over a third from the previous payment (Ishige 2008: 203-204). This was to restrict home care workers' visits to clients to less than 30 minutes, resulting in more time spent travelling. The home care workers I interviewed were paid for their travel time but this is an exception. A 2006 survey showed that only one-third of service providers paid the travel costs of home care workers, and only slightly more than one-fifth of employers paid for home care workers time while they waited for clients (Ishige 2008:206). Non-payment of either task results in home care workers performing increasing amounts of unpaid work, and an actual reduction in their hourly wage.

Conclusions

The increasing elderly population worldwide has forced governments to address issues around the provision and delivery of care. Japan's rapidly ageing society and the increasing numbers of women entering the workforce has forced policy makers to rethink the mode and delivery of elderly care. To address the financial burden of 'social hospitalisation' of the 1970s, governments' shifted the focus of elderly care away from residential care facilities to in-home services allowing eligible elderly to remain in their own homes. Implementing this system required investing in further developing the home care sector and recruiting home care workers. The introduction of the LTCI system in 2000 reoriented aged care funding which together with privatising government run home care services and allowing private service providers to operate in the home care sector (since 2006) eased some of the financial pressure governments faced although funding levels are now not keeping pace with the demand for service. Japan's LTCI is a client-driven voucher system of care provision which has significantly affected care delivery and the employment conditions of home

care workers. As evidenced internationally, home care workers are under greater pressure to deliver client care in a shorter period of time (Aronson and Neysmith 1996, 1997; Denton et al 2002) and only deliver the care tasks covered by the insurance system. Yet home care workers are increasingly ‘filling the gap’ as clients expect the same level of care while the work is becoming increasingly fragmented with working conditions becoming more insecure with poor pay.

High turnover and chronic labour shortages are contributing to the woes of home care service providers, while home care workers are under pressure to deliver high quality service for poor returns. Home care workers are employed on a non full-time basis and expected to be increasingly flexible. The introduction of the Dispatch Workers Law (1985) and the Part-time Workers Law (1993) formalised and expanded the use of non full-time workers, and more recently on an ‘on call’ basis. In home care work, non full-time workers are numerically the core workforce and increasingly fulfilling managerial roles but they remain the periphery in terms of employment conditions and benefits. The non full-time workforce is flexible and cheaper to hire while legislation provides few obstacles to their dismissal. Non full-time employment combined with the reorganisation of the home care industry, has led to worse employment outcomes and increased work intensification. The impact of privatisation on employment conditions and work organisation in Japan’s home care industry resembles the impact on the home care industry internationally indicating a commonality despite the differences in social welfare regimes (Baines 2004; Aronson and Neysmith 1996). Additionally, while some international literature discusses the impact of unions (Baines 2004; Boris and Klein 2006), no research has been conducted in this area in Japan. It is the impact of significant numbers of ‘on call’

workers on both the employment conditions in the industry and on the delivery of care and the responses of unions which requires further research. These developments have serious implications for home care workers in Japan, the industry and the elderly more generally.

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¹ From 1973 the elderly were entitled to free hospitalisation. This became the mechanism for caring for the elderly even if they didn't need medical treatment. By 1993 the elderly accounted for almost 50 percent of all hospital beds with one-third having stayed over a year (cited in Mitchell, Piggott and Shimizutani 2004: 7).

² All home care services are open to the private market, but public funding or tax subsidies are not available to finance them, while nursing homes are not open to the private sector (Mitchell, Piggott and Shimizutani 2004: 26). The 2006 revisions of the LTCI increased the type of services available and opened the home care sector to the market.

³ This is a major employment discrimination issue in Japan, as many employers hire mostly middle aged women to work hours and in tasks similar to full-time workers but classify them as part-time to avoid paying them the same wages, conditions or benefits.