

International Comparative Study on Strategies for Securing and Fostering Caregivers

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SUMMARY

The purpose of the present research is to, in regards to international trends and the current status of strategies for securing (hiring and keeping) and fostering (education and training, etc.) caregivers, analyze such from the viewpoints of “a systematic international comparison according to types of care giving,” “the securing of quality care based on the viewpoints of users,” and “the matching of the work environments and lifestyle needs of caregivers,” and in this way, to obtain useful information and suggestions for the formation of Japanese government/administrative policies.

During the first fiscal year (FY), 2007, first, there was the setting of care types and example countries. At the same time, in order to perform a systematic cross-sectional comparison, set were investigative categories (99 categories) common to all example countries. Based on this, for the four countries, Germany, Finland, Italy, and the United States of America (below, “America”), within each country an understanding was grasped of the public-private relationship regarding the securing of care within each country, the status of family care and care services, support policies for family caregivers, policies for the securing and fostering of care workers, etc.

From the research results, the following items were made clear. In Germany, where the public system plays a supplementary role, yet also not only in America, where the public system plays a residual role, but also in Finland, where the concept is universal guarantee of care services by means of public responsibility, systems such as a care allowance, etc., have been established for the support of family caregivers who support living-in-home persons requiring care. In Italy, where familism is the ideal, rather than the provision of actual goods (the supply of care services), the emphasis is placed on provision of monies, and such is linked to the diffusion of paid caregiving labor of immigrant workers. In regards to the securing and keeping of care workers, in Germany, as one policy for the improvement of working conditions of care workers, under discussion are policies with the purpose of improving salary levels, even from the care insurance side. In America, even while large-scale funding monies are set aside by the

federal government, activities are also being performed by private organizations. As concerns the fostering of caregiving specialists, in response to such things as the expansion of the scope of specialties required for caregiving specialists, etc., the following items (among others) are being undertaken: an investigation of common basic education for nurses and aged-person caregivers (Germany), and the introduction of a new qualifications system involving basic techniques for both nurses and caregivers (Finland), etc. Further, in Italy, in tandem with the fostering of specialist jobs, also seen is an education system designed to improve the quality of care provided by immigrant workers.

In the research for the next fiscal year, via the performance of a comparative investigation among the four countries, there will be narrowing down of discussion points, while at the same time, there will be performance of survey-based investigations within the four countries that will delve even deeper. Furthermore, from the comparative investigation of the four countries, there will be a summarization of points that can serve as suggestions for Japan, as well as a planned summary of proposals for Japanese policies.

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A. PURPOSE

The securing and fostering of high-quality caregivers in response to such things as the increase of persons requiring care that comes with an aging society is not only an emergency issue in the administration of welfare and labor policies in Japan, it is also an issue shared among developed countries; thus, the performance of a verification study of strategy trends and policies in foreign countries has great significance. This issue does not stop at the fostering and training of expert workers and related employment- and management-related problems, but also includes the perspectives of both responding to higher care quality needs while restraining costs, plus finding a balanced working and cooperative relationship between public and private healthcare providers with the perspective of assuring the quality of total care received by users. Investigation is necessary from the viewpoint of the caregiving labor environment, one that considers the lifestyle needs (including latent needs) of caregivers as such are influenced by policies.

Thus, in consideration of the above points, the purpose of the present research is to, in regards to international trends and the current status of strategies for securing and fostering caregivers, analyze such from the viewpoints of “a systematic international comparison according to types of care giving,” “the securing of quality care based on the viewpoints of users,” and “the matching of the work environments and lifestyle needs of caregivers,” and in this way, to obtain useful information and suggestions for the formation of Japanese government/administrative policies.

B. STUDY APPROACH

(1) Establishment of Caregiving Types and Example Countries

The present research first established its target care-provision types and example countries as follows:

- The social democratic model (large public sector; Northern Europe; example: Finland);
- The corporatist model (mid-sized public sector, supplemental-type; European continent; example: Germany);
- The liberal model (large private market, public sector residual; Anglo-Saxon countries; example: United States);
- The familism model (both the public sector and the formal private market are small; Southern Europe; example: Italy).

(2) Establishment of a Framework for Cross-Sectional Comparison

Next, a survey-based framework was investigated that would enable the performance of a

systematic cross-sectional comparison. Specifically, on the basis of existing research, etc., for each investigative item (caregiving supply balance, public caregiving services, policies for securing and fostering caregivers, caregiving labor markets) as established based on the original plan, survey items common to all example countries were selected for the concrete data collection, and created was a list of international comparison survey items consisting of 99 items.

(3) Overview Understanding of Example Countries and Summarization Thereof as Based on the Cross-Sectional Framework

a. Materials collection within Japan

Based on the list of international comparison survey items, collection was made of existing materials within Japan, and results for each country were reported, and related discussions were made.

b. Materials collections performed on-site (in the example countries)

In order to understand concrete details and items that are difficult to ascertain only via data collection within Japan, on-site surveys were performed, and materials and information were collected, hearings-based surveys were held with specialists, and opinions and ideas were exchanged, etc.

c. Summarization of examples, and cross-sectional comparison

On the basis of collection materials and information, a summary overview was made of example countries, and a common awareness was reached with responsible persons in the various countries by means of reports and discussions, etc.

d. Gaining a overall understanding of Japan

In order to make highly practical suggestions and proposals for Japan, and to enable a cross-sectional comparison of Japan with other countries, in addition to the documentary survey, visit-based surveys were made to domestic related sites, and hearings-based surveys were performed of related persons regarding the current status of caregivers and problems/issues related to current systems.

C. FINDINGS

(1) Germany

- Here, caregiving insurance is considered to play a role in supplementing care provided by family members, etc. Actually, many persons requiring care are living in their own home, receiving care from their family members, etc.
- As for caregiving insurance, to support family care and to ensure quality, provided are such

things as the payment of a caregiving allowance and the provision of consultation-based assistance, etc.

- Meanwhile, in order to obtain care workers and promote their steady employment, improvement of labor conditions has become indispensable. To do so, discussions are now underway regarding policies that have as their goal the improvement of care worker salary levels.
- Further, for the fostering and education of caregiving specialists, in response to such things as the expansion of required specialized knowledge, etc., trials are underway in providing basic education common to both nurses and aged-person caregivers.

(2) Finland

- Based on the concept that the supply of welfare services is a public responsibility, local authorities are performing such on the basis of the “universal” principle. Citizens can receive comprehensive services as their civil right.
- Meanwhile, via the Relative and Family Member Caregiving Support Law, established to support caregiving by related persons, payment is made of a caregivers’ allowance for family members performing care.
- Differing from international trends, in Finland one can list the following unique characteristics: care service workers receive high education and training: there are many full-time workers, there is a large percentage of local authority employees, and high salaries are paid.
- To serve as persons chiefly responsible for care services, a “Lähihoitaja” qualification system has been newly introduced; these qualified workers have basic skills not only regarding care but also regarding nursing and child rearing.

(3) Italy

- Here, the type is supplementary, under the concept of familism: the provision of welfare (caregiving), and the responsibility therefore, is ultimately the burden of the family. The public system is mainly the provision of monies, rather than actual goods (services) provision.
- Nevertheless, limits are beginning to be seen in family-centered care provision, and paid caregiving labor within the private arena and provided by immigrant laborers has become diffused.
- Thus, local authorities have been performing matching activities, linking up families who are seeking caregivers and care laborers—chiefly immigrant laborers—seeking work.
- Public care systems and policies for the securing and fostering of caregivers are developed at the local (regional) level, and regional discrepancies exist. Certain provinces have taken the

initiative and have themselves set up schools, etc., for fostering care specialists.

(4) America

- The public system concerning the supply of fees and services is residual, and there is a high reliance on informal resources and family resources; the care burdens of individuals and families are extremely heavy.
- As assistance for family care, there are two pillars: the Family and Medical Leave Act (FMLA, 1993) and the National Family Caregiver Support Program (NFCSP, 2000). In recent years, programs that include allowances (cash and counseling) for caregivers, including related (family) persons, have been diffused under a consumer-directed type care model; this also functions as an indirect family care assistance policy.
- The lack of sufficient services, such as the high dropout rate of care workers, etc., is seen as problematic. With the goal of recruiting and retaining care workers, funding monies have been set aside by the federal government, and engagements by private organizations are also being performed.
- As for placement (hiring) standards and qualification requirements for care workers, these are determined either by the federal government, or by state governments.

D. RESULTS

Based on the above, considerations will be made of family caregiver support policies and policies for the securing and fostering of care workers, especially in terms of the public/private relationship concerning the securing of care.

In regards to family caregivers, especially noteworthy is the fact that, in Germany, where the public system plays a supplementary role, and also not only in America, where the public system plays a residual role, but also in Finland, where the concept is universal guarantee of care services by means of public responsibility, systems such as a care allowance, etc., have been established for the support of family caregivers who support living-in-home persons requiring care.

Further, in Italy, where familism is the ideal, rather than the provision of actual goods (the supply of care services), the emphasis is placed on provision of monies, and such is linked to the diffusion of paid caregiving labor of immigrant workers.

Under Japanese care insurance, as of the present writing, no payments, etc., are made for family caregivers. Nevertheless, from the perspectives of supporting family who play an extremely important role in support of in-home persons requiring care, and of securing the quality of family-provided care, it is thought that even further and deeper investigations needs to be performed regarding the effects and problem points of the engagements underway in these

four countries.

As concerns the securing and steady employment of caregivers, one sees common points with Japan in the current situations in Germany and the United States, and in policy-related issues. Of special note in regards to related areas with Japanese policies is the fact that, in Germany, discussions are underway regarding the improvement of salary levels, including from the care insurance side, as a policy for improving the labor conditions of care workers. And in America, large-scale funding monies are set aside by the federal government, at the same time as activities are also being performed by private organizations.

In regards to the fostering of care specialists, in response to the expansion of the scope of specialties required for caregiving specialists, etc., the following items (among others) are being undertaken: an investigation of common basic education for nurses and aged-person caregivers (Germany), and the introduction of a new qualifications system involving basic techniques for both nurses and caregivers (Finland), etc. Further, in Italy, in tandem with the fostering of specialist jobs, also seen is an education system designed to improve the quality of care provided by immigrant workers.

It is thought that, in regards to these points, too, it is necessary to perform further and deeper investigations, in order to obtain suggestions, etc., regarding policies for the securing and fostering of care workers/caregivers in Japan.

E. COUCLUSIONS

Within the research for the present fiscal year, the following points important for policy-related investigation in Japan were clarified via the performance of survey-based research in accordance with the uniform (common) survey items: an understanding was made of the current situation, etc., regarding support policies for family caregivers within the four target countries, and regarding policies for the securing and fostering of care workers, etc.

In the research for the next fiscal year, via the performance of a comparative investigation among the four countries, there will be narrowing down of discussion points, while at the same time, there will be performance of survey-based investigations within the four countries that will delve even deeper. Furthermore, from the comparative investigation of the four countries, there will be a summarization of points that can serve as suggestions for Japan, as well as a planned summary of proposals for Japanese policies.

Policies for the Securing and Fostering of Caregivers in Germany

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Summary

Germany was investigated as a country within the care provision model where the public system plays a supplementary role (corporatist model). Here, an understanding was grasped regarding the public/private relationship in regards to the securing of care, as well as the current status of family care and care services, support policies for family caregivers, and policies for the securing and fostering of care workers, etc.

The following items were made clear from the research results. Within Germany, care insurance is set so as to play a supplementary role in the provision of care by family members, etc. Here, care insurance is considered to play a role in supplementing care provided by family members, etc. Actually, many persons requiring care are living in their own home, receiving care from their family members, etc. As for care insurance, to support family care and to ensure quality, provided are such things as the payment of a caregiving allowance and the provision of consultation-based assistance, etc. Meanwhile, in order to obtain care workers and promote their steady employment, the improvement of labor conditions has become indispensable. To do so, discussions are now underway regarding policies that have as their goal the improvement of care worker salary levels. Further, for the fostering and education of care specialists, in response to such things as the expansion of required specialized knowledge, etc., trials are underway in providing basic education common to both nurses and aged-person caregivers.

Within the next fiscal year, too, as relates to the comparative investigation of the four countries and to the provision of policy suggestions for Japan, the intention is to perform even further and deeper research regarding Germany, especially in regards to the narrowing down of discussion points.

A. Purpose

The goals (purpose) of this research is to, within the framework of the present international comparative research overall, to take up Germany as a country within the care provision model where public systems play a supplementary role (corporatist model), and to perform survey-based research on policies for the securing and fostering of caregivers within Germany.

Goals for the present fiscal year included gaining a full understanding (“grasp”) of especially the public/private relationship concerning the securing of care, the current status of family care and care services, support policies for family caregivers, and policies for the securing and fostering of care workers, etc.

Within the next fiscal year, too, as relates to the comparative investigation of the four countries and to the provision of policy suggestions for Japan, the intention is to perform even further and deeper research regarding Germany, especially in regards to the narrowing down of discussion points.

B. Methods

In addition to the documentary survey, visit-based surveys were made to related ministries and agencies of both federal and state governments, and, via hearings-based surveys, information and materials were collected, and also information and opinion exchanges were made with researchers at public research institutions, etc. In these ways, an understanding was gained of trends concerning the securing and fostering of caregivers.

C. Findings

(1) In Germany, the concept of care insurance as a supplement to care provided by family members, etc., is clearly manifested. Actually, many persons requiring care are living in their own homes, receiving care from their family members, etc.

(2) German care insurance supports this type of family-based care; not only to remunerate such, but also to secure the quality of family care, there is payment of a care allowance, and the provision of consultation-based assistance, etc.

(3) Actually, due to a reduction in the percentage of care provided by family members, etc., observed is a reduction in the number of cases where a care allowance, etc., is received. Further, the opportunities of consultation and suggestions by care specialists are not being fully utilized.

(4) Care by care services enterprises and within care-based homes is performed by care specialists as well as other care workers. Yet there is clear stipulation within the standards concerning the quality of care services provided by care insurance that care specialists must be fully provided.

(5) In regards to the labor conditions of care workers, the following problems exist: time limitations, physical and mental burdens, insufficient opportunities for career advancements, low pay and low social status, etc. In order to secure and maintain in employment care workers, improvements of labor conditions, etc., are indispensable.

(6) As one policy for improving labor conditions, under discussion are policies that have as their goal the improvement of labor standards, including from the care insurance side.

(7) In regards to the fostering and education of caregiving specialists, in response to such things as the expansion of required specialized knowledge, etc., trials are underway in providing basic education common to both nurses and aged-person caregivers.

(8) A system is in place for providing financial assistance to students undergoing care-related training and education. Conversely, however, this is also a reason for a negative

attitude regarding the acceptance of students-in-practice on the side of actual-practice [training] institutions.

(9) Although it is considered that the provision of opportunities for continuing education is an important policy not only from the perspective of improving the quality of human resources but also from the standpoint of making care-related work more appealing, currently, no systematic engagements are being performed.

D. Results

Based on the above, consideration will be made of family caregiver support policies and policies for the securing and fostering of care workers, especially in terms of the public/private relationship concerning the securing of care.

In Germany, just as in Japan, the care insurance system, as part of social health insurance, plays a major role in securing care for persons requiring care. Nevertheless, care insurance is considered to be only a supplement for care provided by the family, and/or care secured via the economic burden of a family or of a person requiring care. Reflected here are basic properties of care insurance, namely, the facts of care after care insurance provision and the actual economic burdens thereof.

On the basis of these concepts concerning the public/private relationship, care insurance is paid not only for the provision of care services by a care service enterprise or a care-based home, but a variety of payments are also made to support care by family members, etc.

Conversely, in the care insurance of Japan, hitherto, no payments have been made in the support of these kinds of family caregivers. It is thought, however, that even further and deeper investigation of the effects and problem points of support policies within Germany is necessary from the perspective of securing quality of family care, and to support family members, who play such a vital role in supporting persons requiring care who live in-home.

In regards to the securing and fostering of care workers, one sees numerous points in common between Germany and Japan in regards to problem points of the current system and policy directions. Among items worthy of special note regarding the relationship with Japanese policies is the fact that discussions are underway [within Germany] concerning policies that have as their goal the improvement of salary levels, even on the care insurance side, as a policy for improving the labor conditions of care workers. Another such item is the investigation of providing basic education common to both nurses and aged-person caregivers in response to such things as the expansion of required specialized knowledge, etc. These items, too, require deeper investigation, including in regards to their applicability also to Japan.

E. Conclusions

Within the research for the present fiscal year, an understanding was reached concerning

the current status of such things as support policies for family caregivers within Germany, and regarding policies in that country for the securing and fostering of care workers, etc., and clarification was made of points important for policy-related investigation in Japan.

Within the next fiscal year, too, as relates to the comparative investigation of the four countries and to the provision of policy suggestions for Japan, the intention is to perform even further and deeper research regarding Germany. Thereupon, summary will be made of points that are suggestive for Japan from the example of Germany.

Policies for the Securing and Fostering of Caregivers in Finland

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Summary

Finland is classified as a “Northern European model” or a “social democratic model” within the welfare state model.

The present research concerned the system for the supply of social/health care services within Finland as based on that model; it was specifically limited to problems and issues regarding the service provision system for elderly persons, and the securing and fostering of care service workers intended to support that system. Attempt was also made to understand how the ideals and principles of the Northern European social welfare model are reflected in related policies and the actual state of affairs, as well as the concrete effects and problem points related thereto.

Obtained findings were as follows.

1. As for policies for aged persons' care services, the details thereof and service amount target values, etc., are planned based on a long-term view, under the strong lead of the central government (the nation). Local governments are responsible for the actual provision of services. Here is directly faced the issue of service provision differences, the result of scale (size) differences among local governments, due to such things as urbanization and an aging population. This is a problem related to the right of citizens to receive a fair (equal, just) provision of services. Novel service structure reforms, including the reorganization of local governments, are being undertaken.
2. Private resources as service supply resources are increasing. However, much of this introduction of services is in the form of service purchases and consignments, etc., by local governments; this thus differs from a complete shift to the private market.
3. At the same time, there have been advances in Finland in public support for informal

related-persons (family) care and for family caregivers who bear the burden of care.

4. The securing and fostering of care service workers is also planned under the direction of the central government. As of the current date, “insufficient human resources” has not become a distinct policy issue. However, the general trend that “young persons do not want to perform care for aged persons” is seen as problematic. Nevertheless, responses to this issue differ from the methods of other Northern European countries, which have introduced young persons, men, and immigrants into the workforce.

5. As a result of policies for fostering unique care service workers who have a new qualification, which involves the flexible capabilities and knowledge called “Lähihoitaja,” Finland has secured care workers having relatively high quality, and this system has sparked international interest. The “Lähihoitaja” qualification has enabled the keeping of women care service workers for long time periods within the labor market. Also, many women are employed by local governments, and are members of a labor union called “SUPER.” One imagines that these facts are preventing any “human resource shortages.”

A. Purpose

Finland is classified as a “Northern European model” or a “social democratic model” within the welfare state model. The characteristics of such include the following: (1) the fundamental concepts (ideals) of a social bond (social solidarity) based on the values of justice and equality; (2) social welfare services are the responsibility of the state, while local governments provide such services; (3) the principle of universality; (4) the reception of services as a civil right; (5) that tax monies serve as financial resources, etc.

The purpose of the present research is to investigate the system for the supply of social/health care services within Finland as based on the above-listed ideals; it was specifically limited to problems and issues regarding the service provision system for elderly persons, and the securing and fostering of care service workers intended to support that system. Attempt was also made to understand how the ideals and principles of the Northern European social welfare model are reflected in related policies and the actual state of affairs, as well as the concrete effects of such and problem points related thereto. By doing so, the goal of this research is to provide documentation of these issues within a social welfare regime that is different from that of Germany, Japan, and America, etc., and for comparative consideration of these issues among these countries.

B. Methods

For the present fiscal year, no local (i.e., in Finland) surveys were performed; rather, considerations were made based on existing data and documentation. Planned for performance

in the next fiscal year are supplementation of additional data, and hearings from related persons at local sites regarding actual cases and examples.

C. Findings

Obtained findings from the present research were as follows.

(1) As for care services policies, the details thereof and service amount target values, etc., are planned based on a long-term view, under the strong lead of the central government (the nation).

(2) Local governments are responsible for the actual provision of services. The obligation of local governments to provide services is established in national laws and regulations, such as the Social Services Law, etc. As a result, engagements are performed such that citizens who live in all regions have a right to receive equal services. As for fiscal resources, the national government provides 25%, the regional (local) governments, 65%, while users are responsible for 10%; thus, 90% is covered by public funds (tax monies).

(3) Private resources as service supply resources are increasing. Much of this is seen in the form of NPOs, private (profit-making) companies, and personal businesses, etc., providing such things as shelter houses and group houses, and/or distributing food and providing housework services, etc. However, much of this introduction of services is in the form of service purchases and consignments, etc., by local governments; this thus differs from a complete shift to the private market. The above-listed services still have a relatively low weight in terms of service-provision percentages: they account for 25% of social services, and 20% of health care services.

(4) At the same time, there have been advances in Finland in public support for informal related-persons (family) care and for family caregivers who bear the burden of care. In 2006 the Relative and Family Member Care Support Law was established. Once a person has obtained the legal status of “caregiver” upon passing a fixed assessment, they gain the right to obtain a caregivers’ allowance and legally established holidays.

(5) In Finland, services covered by public responsibility are extremely comprehensive. Yet among all Northern European countries, Finland has the lowest percentage of care performed for persons age 75 and older, while only Sweden has a lower percentage of persons receiving in-home care services. Especially since entering the decade beginning with year 2000, observed are reductions and curtailments of the scope of coverage of public services, and the central government is concerned that the local authorities are restraining services. Here, pointed out is the need for in-home services, and especially for a strengthening of housework-related services.

(6) The securing and fostering of care service workers is also planned under the direction of the central government. As of the current date, “insufficient human resources” has not become a distinct policy issue. Finland’s policies for fostering care service workers are unique, and the

result is that care workers of relatively high quality are being secured. This has sparked interest not only in other Northern European countries, but also internationally. In the beginning of the 1990s, a huge reform was made of middle-level worker training and education, and a new qualification for care service workers was created, the “Lähihoitaja” (practical nurse). Here low-level qualifications from 10 types of previously existing social health services were united, and the new qualification requiring broader knowledge and capabilities was granted a higher status. To do so, created was a national uniform curriculum consisting of 120 study/practice weeks over a three (3)-year period. During this period, the fostering of health nurses, home-helpers, assistant nurses, etc., was abolished, and “Lähihoitaja” became the sole qualification of service workers over a broad range of care fields. As background for the creation of this qualification were such things as the extension of human care demands and requests from the labor market (hospitals, in-home care, institutions), etc. Within the aged-persons care area, there was a unification of the work of previously existing home-helpers and visiting nurses. Here, one observes a classic example (model) for the rationalization of work at care sites and the improvement of the quality of individual care workers. This was in response to the desires of aged persons for, In terms of in-home care, a single person of high quality to visit the home, instead of a constant changing of visits and services provided by multiple caregivers.

(7) Today, in a variety of care areas, the “Lähihoitaja” is the main provider within Finland. Over 90% of these persons are women. Many are employed by local governments, and are members of a labor union called “SUPER,” one of the four big labor unions in Finland. They are thus in an advantageous system regarding securing various labor conditions, such as wages, employment conditions, education and health problems, etc., and improving their work environments. The results: it is said that these are factors that give Finnish “women workers” relatively higher education levels, better employment conditions, and more stable working (labor) environments than their counterparts in other Northern European and OECD countries, as comparative analyses, etc., have demonstrated.

(8) The securing and fostering of care service workers is also planned under the direction of the central government. As of the current date, “insufficient human resources” has not become a distinct policy issue. Nationwide, there are eight (8) schools for training “Lähihoitaja,” and the number of attending persons is determined by the population structure of the local area and by forecasting the service needs thereof. Student recruitment is steady, and it appears that these predetermined numbers are being met. Students, however, are divided into two types: newly graduated young students, and middle-aged or older adult students, and the tendency is that young students do not want to work in aged-persons care. Currently making up for this gap are adult students, while those obtaining the “Lähihoitaja” qualification are students entering from care areas and other work types. One other reason for there being sufficient care workers is the

fact that there are few persons who leave their jobs. Although it is true that, due to the physical fatigue involved in the job, the average age of retirement (the mean is age 58) is lower than that of other job types. Yet there are few numbers of persons who, as in Japan, retire (quit) after just three years or five years, for example. Also continuing education and reeducation programs have been established, including on-the-job training (OTJ), enabling workers to continue working while obtaining even higher-level qualifications; this, too, is a reason why people are not leaving the care labor market.

D. Results, and E. Conclusions

Considerations shall be made of the above-stated items from the perspectives of the public/private balance of service provision and gender, and of the issue that is the theme of the present research: the securing and fostering of care service workers.

As for the point of the public/private balance, the classic social welfare regime of the Northern European model has been developed in Finland.

The central government and regional governments are mainly fulfilling their responsibilities for providing care services, and the public sector is providing leadership in terms of financial resources, of being the main service providing entities, and in fostering service workers, etc. While there is an increasing stance for the diversification of service provision via the participation of the private sector and in terms of relative and family care service support policies, the influence of the public sector has not, at the present time, been shaken or undermined by such.

The problem, rather, lies in the relationship between the central government and regional (local) governments in the public sector. On the basis of divisional regional rights, local governments are independent in terms of the details of actual service provision, and a majority of the financial resources therefore come from local taxes. Yet this also entails the risk of differences occurring among regional governments in terms of population scale and structure. To avoid such, the central government is encouraging the unification of service provision units (local government unifications, broad-region unifications, etc.). Today, at long last, considered problematic is the existence of “poor local governments,” those that are unable to independently provide services due to urbanization and an aging society. In response, under the direction of the central government, “a reform of the service structure” is underway, one that includes large-scale merging and reorganization of local governments. Thus, in research for the next fiscal year, local (in Finland) site surveys are planned to ascertain the changes and effects being brought about by the law established for such, the “Framework Law for the Reorganization of Local Government and Service Structures” (February 2007).

The lead of the nation (national government) in service provision is also thorough (comprehensive) in terms of the planned fostering of care service workers. By means of the

“service structural reforms” led by the central government against the backdrop of the recession in the early 1990s, there has been a reinforcement of the changeover from institutional care to in-home care. Finland has been responding to ensure that in this changeover, human resources are secured without changing the number of existing workers—in other words, by ensuring that the excessive number of workers involved in institutional care are moved to in-home services without loss of their jobs, and that, in terms of in-home services, where there is an ever increasing demand, that methods are implemented that assure high quality among care workers overall. The “Lähihoitaja” qualification, created during the major reform of occupational training and education, has the character of uniting into one system the former qualifications of home helper and assistant nurse, and has the flexible character of giving one person the two jobs that were formerly separate. The data makes clear that, today, at numerous care sites, the “Lähihoitaja” is gaining a central position. The education of these “Lähihoitaja” is largely supported by the government and care worker organizations, and inasmuch as there is some criticism that the flexibility of this qualification is problematic in terms of its low level of specialization, considerations about such criticisms from researchers, etc., will be taken up as an issue in the research of the next fiscal year.

Meanwhile, when the above-described actual situation is viewed from a gender-based perspective, what is the significance thereof? First, one notes that over 90% of “Lähihoitaja” are women. Thus, this has had a large impact on the working life of women as care workers. The “Lähihoitaja” unified what were previously qualifications for 10 different care types. Because “Lähihoitaja” study basic knowledge concerning these care work types via a two (2)-year basic education, these workers are capable of making broad-area responses. Thus, the labor market can fluidly move to areas of high demand in any specific time period, such as from child care to care for aged persons or mentally disabled persons—this has been praised as a point that enables workers to continue working over long periods of time.

Within work sites, too, the increase of workers who have the single care laborer qualification of “Lähihoitaja” has had the effects of making the system less a vertical hierarchy, and of reducing the differences among care workers. One of the characteristics of care work is the fact of little opportunity of promotion; yet, the Finnish system is again worthy of acclaim, considering the point that there has been an elimination of non-qualified lower-level workers, meaning that, at the very least, there has been an increase from the past in the quality of home-level care. From the gender-based perspective, while it has been pointed out that this has been advantageous for women care workers in terms of labor (working) aspects, this has not eliminated the gender gap within care work. A remaining issue, therefore, is exactly how to evaluate this point.

Nevertheless, in terms of aged-persons care, so long as the reality persists that such is being performed more by middle-aged and older women rather than young persons, from the

communication with related persons, this does engender a feeling of "ease" within Finland, with its lifelong education system fully in place, inasmuch as young persons do not have to "burn out" and forever leave the marketplace, but can rather wait until a few years have past before they return to their caregiving posts.

More than anything else, one imagines that users can obtain satisfaction in the fact that care service workers are employed by the local government, and that such care workers can work in a stable and fair environment where there are no stipulations concerning such things as care remuneration, etc., but rather where salaries sufficient for lifestyles are being paid.

Policies for the Securing and Fostering of Caregivers in Italy

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Summary

In the example of Italy, points where major differences are observed from in the examples of countries such as Japan, Germany, and Finland, are the facts that no care system has been established on the national level, and that no main care providers in lieu of the family are seen in the public sector. In recent years, there has been a diversification of engagement in care provision-related policies on the regional level. Among these, many of the policy developments concerning policies for securing and fostering care workers have their priorities set on making more fair and rational existing private care provision, and on improving the quality thereof. Concretely, these are policies regarding the labor environment for paid care workers within the private sector, chiefly of immigrants, with the goal of improving the quality of such provided care.

Italy has points that are extremely similar to those found in Japan, especially in terms of an aging society with fewer children being born, and in the social situations encompassing women, who have traditionally borne the burden of care work. As regards policies related to the securing and fostering necessary for care provision, although one sees major differences in terms of policy directions between Italy and Japan, considering the fact that in recent years there have been advancement in Japan in delegating authority to regional and local government in social welfare areas, an understanding of the different examples of advanced regions in both nations will include points that will be of major referential importance in investigations of future caregiver securing and fostering policies in Japan.

A. Purpose

First, a grasp is to be made of the care system structure as currently exists in Italy. Next to be understood is the placement/status of caregiver securing and fostering policies within that systematic structure, as well as the current status of actual implementation. Implementation of the above items is planned for the next fiscal year. The purpose is clarification of the characteristics of Italy, a country of the Southern European model, as concerns the comparative research between the examples of Germany, Finland, America, and Japan.

B. Methods

A summary was made of the care system structure in Italy via a documentation survey. Further, via opinion exchanges with governments and specialist organizations at Italian sites, an understanding was gained of care policy trends on the regional level.

C. Findings

Via this investigation, the following items were made clear.

- (1) The social welfare supply in Italy consists chiefly in the provision of monies, rather than actual goods (services) provision; this trend is also strong as concerns care. The background to this is the fact that the supply of social welfare (and) care is ultimately the responsibility of the family; here are observed the concepts of a supplementary system and familism.
- (2) Under these concepts, due to social advancements of women and the rapid development of an aging society since the 1990s, limits are beginning to be seen in family-centered care provision, and paid caregiving labor within the private arena and provided by immigrant laborers has become diffused.
- (3) In Italy, there is no public care system at the national level, and there exist no strict standards or obligations common to the entire nation regarding care-requirement levels or care service types, etc. The supply of care, from the promulgation of laws to the implementation level, is developed at the provincial or at even lower regional/local levels.
- (4) Policies for the securing and fostering of caregivers are being developed at the regional (local) levels. With the non-existence of common national standards, there are different engagement situations existing within provinces and local governments below the provincial level. There thus exists the problem of the Southern portion of the country, with remarkable differences among regions, chiefly between the domestic Northern and Southern regions.
- (5) On the basis of the concept to promote the involvement of a variety of entities in social welfare (Law No. 328 of the year 2000), as policies for securing and fostering care workers in recent years, along with the public care sector, there has also been a boosting of policies for supporting private-sector care.
- (6) As entities involved in public securing, fostering and support policies for caregivers, in addition to local governments, there are a variety of entities that can be listed, including

non-profit organizations (NPOs), labor unions, etc.

(7) As a policy of the Alto Adige (Bolzano) provincial government, a provincial school exists for the training of social specialists, where courses have been established for the obtainment of qualification of social health care workers and social-assistants, who are chiefly concerned with care-related work. Further, the province provides assistance for all school fees and for a portion of expenses incurred while attending the school. At this school, in addition to the above two qualified jobs, there is a course for support assistants. The purpose of this is to increase the quality of non-specialist care workers, and the course has been designed for non-national (foreign) workers. This course also includes language and culture-related instruction and training.

(8) In the city of Milan, one policy for securing caregivers under development is the “Caregiver Consultation Office (Window).” This project, performed by the city of Milan, performs matching activities, linking up families who are seeking caregivers and care laborers—chiefly immigrant laborers—seeking work. This Office accepts both requests for work and request for caregivers, performs interviews, creates a detailed database, and introduces persons desiring care and those desiring work who share mutual desires. This type of matching work has, in the last one to two years, undergone a variety of developments at various local governments.

D. Results

In Italy, the system linked to the actual provision of care is developed at the regional (local) level. This has thus led to the problem of severe differences among regions. On the other hand, depending upon the region, in both the public and private sectors, vigorous engagements are under development that cover a cross-section of care-related areas. The paid care worker securement and support policies undertaken within the private sector are a representative example.

Further, in regards to policies for fostering caregivers within the public sector, there are the examples such as the province of Alto Adige (Bolzano) where the region (province) bears the burdens of student fees and necessary expenses. In this same province, however, major systematic reform has been underway since fiscal 2007, and as concerns the status of care provision, there is a changeover to full-scale monetary payments to persons requiring care. It is forecasted that the result of doing this will be a reduction in the supply responsibility of the public sector.

As future issues, it will be necessary to determine the following, namely, the relationship of these types of private-care support policies with policies for the securing and fostering of public care workers, and into the future, what directions the private/public sectors will take, and how policies therefor will be developed.

E. Conclusions

In the example of Italy, points where major differences are observed from in the examples of countries such as Japan, Germany, and Finland are the facts that no care system has been established on the national level, and that no main care providers in lieu of the family are seen in the public sector.

In Italy, where the delegation of rights to regions has proceeded, there is a strong tend for systematic divisions, making problematic the integration of social health and welfare areas (sectors), the establishment at the national level of common standards for social welfare services, and the full implementation of policies for persons requiring care.

On the other hand, a greater diversification of engagements is underway at the regional (local) levels. Many of the policy developments concerning policies for securing and fostering care workers have their priorities set on making more fair and rational existing private care provision, and on improving the quality thereof. Concretely, these are policies regarding the labor environment for paid care workers within the private sector, chiefly of immigrants, with the goal of improving the quality of such provided care.

Policies for the Securing and Fostering of Caregivers in America

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Summary

Among welfare state types, the United States of America (below, “America”) is classified generally as a “liberal model.” In the present research, an understanding was gained concerning the supply balance as limited to the care area, plus an understanding of the structure of the care system. Further grasped were the status of policies for securing and fostering caregivers from two aspects, namely, support to family (related persons) caregivers (so-called “informal caregivers”) as well as the securing and fostering of service workers, plus the current status of the implementation of said policies.

From the research results, it was indicated that while America is a “residual type” when it comes to public care, the percentage covered by the public sector in terms of care service expenses is relatively high, and the influence of the public sector on care service enterprises is relatively large. In regards to the securing and fostering of care workers, reflecting the common understanding both on the federal and state governments policy level that there is a “shortage of human resources,” the core policy issue has been designated as “securing and keeping in employment human resources.” Among the interesting points for discussion can be listed the following: the development of a new care model (including "cash and counseling" programs under the "consumer-directed" model) and its linkages to securing and fostering caregivers;

cooperative work and division of responsibilities among the federal government and regional governments (state governments, etc.) as concerns the securing and fostering of caregivers; and cooperative work and division of responsibilities among governments and the private sector and private enterprises (companies).

A. Purpose

In America, which is classified generally as a “liberal model” among welfare state types, confirmation is to be made of the characteristics of the supply balance in care areas, and an understanding is to be grasped of the current structure of the American care system. Next, an understanding is to be gained of the status of policies for securing and fostering caregivers within that systematic structure, as well as the current implementation status, from two aspects: support for family (related persons) caregivers, and the securing and fostering of service workers (all of the above are the main purposes of the research of the current fiscal year).

Further, investigation is to be made of the reciprocal relationship of care securing and fostering policies and supply types. While clarifying the special characteristics of America in the comparative research of the examples of Germany, Finland, Italy, and Japan, via even more concrete case-based investigations, etc., summarization is to be made of hints and suggestions for Japan (all of the above are the main purposes of the research of the next fiscal year).

B. Methods

Via a documentary survey, suggestions and materials provided by American researchers in related areas, and suggestions and materials provided by actual workers in care-related institutions, an understanding was grasped of trends in America regarding the securing and fostering of caregivers.

C. Findings

(1) In America, there exists no uniform public care insurance system. As public systems, there are the health insurance system, Medicare, and the care assistance program, Medicaid. The public system concerning the provision of expenses and services is residual, and there is a high reliance on informal resources and family resources; the care burdens of individuals and families are extremely heavy. Conversely, progress has been made in public support for solutions of problems via the assisted efforts of individuals within the marketplace (including such things as private market services, tax deductions for insurance purchases, etc.). Nevertheless, public care-related expenses continue to increase, and in terms of government policy, rather than providing full-fledged care insurance, the tendency is to place weight on policies that restrain expenses and increase efficiency, both in terms of institutions and in-home care.

(2) In regards to care work, in order to receive compensations from Medicaid and/or Medicare, one must be a designated enterprise that fulfills the requirements of federal laws and regulations, and, in many cases, there is also the obligation to receive licensure from the state by fulfilling state laws and regulations. For personal service workers, too, who perform specific types of work duties, there also licensure and/or registrations systems in place. However, depending on the specific states, there are a wide variety of permission/licensing requirements as well as work/employment-related requirements, even in regards to the details of services covered by Medicaid and Medicare.

(3) As family care support, there are two pillars for such: the Family and Medical Leave Act (FMLA, 1993) and the National Family Caregiver Support Program (NFCSP, 2000). While a high percentage of caregivers are currently employed, the FMLA is a leave (income insurance) system linked to employment; at issue, here, however, is the limited scope of applicable persons. As for the NFCSP, in regards to the point where the Older Americans Act for the first time made family caregivers a direct policy target, this has significance in its recognition as a public policy for informal care. Nevertheless, there are problems in terms of budget scales and operations, and the effects of the NFCSP are limited. In the Medicaid program, allowances to family members (relatives) who are caregivers are approved. The goal of these “allowances,” however, is not to provide insurance monies themselves directly to family caregivers; rather, this is performed via specific policies, such as cash and counseling programs, a part of the “consumer-directed care” that has become a mainstay in recent years.

(4) As concerns care service workers, in terms of institutional services, there are minimum federal requirements for nursing homes. Minimum placement levels have been established only for nursing chiefs and nurses, while in regards to nursing assistants, in many cases, stipulations are made independently by the states. Federal regulations require that direct care workers (nursing assistants) undergo 75 hours of training and a competency test, while registration as a certified nursing assistance is performed by the states. As for in-home services, in regards to specialist nursing workers who perform visitation rehabilitation and visitation nursing, etc., there exist licensing and/or registration systems. As for Home Health Aides, however, there is a competency test made in accordance with federal guidelines that is a requirement for compensation from Medicare; here, while there are systems for approval from private organizations, there is no registration requirement (nevertheless, there are some states where a licensing system has been introduced). Further, in regards to Personal and Home Care Aides and other direct homecare workers, there are no federal-level requirements, while in the states, there are a variety of systems: some states require training, while other states have no requirements (at the private organization level, there exists an approval system consisting of 75 hours of training and a competency test).

(5) While there are extremely favorable opportunities for employment as a care worker, the

backdrop thereof is not only an increase in care service needs, but also a high turnover rate. While care needs increase on the one hand, the situation where sufficient services cannot be supplied due to the high turnover rate, etc., has been seen as problematic under the rubric of a “care gap.” Especially since the year 2000, policy-related interest in the problem of insufficient direct care workers has increased at the federal government level; reports have been issued that focus on the care labor force, and large scale funding monies have been set aside as a response policy therefor. The government has specified as policy problems regarding the recruiting and retaining workers the following items: 1. The recruiting of workers from new [and different] levels; 2. The implementation of effective initial and continuous education and training; 3. The improvement of working conditions from the perspectives of working hours, administration, respect, and security (safety); 4. The improvement of remuneration, salaries, and promotion opportunities.

(6) From the year 2000, engagements towards recruiting and retaining care-worker and care-labor force have been engaged in by the federal government, the Office of the President, and by others such as private foundations, private enterprise organizations, and labor unions, etc. Also, large-scale funding from governments and private foundations, has begun to be assigned to research on “long-term care workforce related problems” and related engagements. Advancements have been made in research projects (model enterprises involved in (trial) implementation work, and the operation of research and information centers, etc.) based on such funding.

D. Considerations

Based on the above-described items, as for the characteristics of the care supply balance in America, considerations will be made of caregiver securing and support policies from the following two aspects: support of mainly family (related persons) caregivers (“informal caregivers”), and the securing and fostering of service workers.

The public care system within America lacks distinctiveness in terms of targeted persons, there exists no uniform system, and the scope and extent of needs covered is considerably limited—for these reasons, America is a type whereby “the public care system is residual.” As a result, there is a high reliance on informal and family resources, and the care burdens of family are extremely heavy. Conversely, progress has been made in public support for solutions of problems via the assisted efforts of individuals within the marketplace (including such things as private market services, tax deductions for insurance purchases, etc.)—one thus sees a direction towards the “market model” even within the supplementary fulfillment of care needs.

Within the care services system as currently organized, although the public sector’s role is residual, the percentage of the public sector in terms of expenses is high, and there is continued growth of care services accompanied by fee assistance and compensation from public financial

resources. The influence of the public sector on service enterprises is said to be large. In regards to such services, while the government has placed its emphasis on the perspectives of expense curtailments and greater efficiency, there have been advancements in terms of the shift to regional and in-home care from institutional care, and in the development of new care models, etc. In one new model, the “consumer-directed model,” one observes the introduction and initial diffusion of an allowance system, called “cash and counseling,” for caregivers, including family and related persons. The cash and counseling program has many aspects of being an indirect support policy for family caregivers; thus, in addition to direct family care support policies, for these kinds of new models, too, it will be necessary to delve even further into the significance and related problems/issues from the aspect of securing and fostering of caregivers.

In regards to the securing and fostering of care workers, reflecting the common understanding both on the federal and state governments policy level that there is a “shortage of human resources,” the core policy issue has been designated as “recruiting and retaining care workers”; here, it appears that no clear distinction has been made between the independent issues of “securing workers in employment” and “fostering (training and education).”

As concerns engagements by government for the securing and fostering of caregivers in regards to service workers, much leeway remains for implementation via regulatory means, including regulations regarding the specification and approval of enterprises and the establishment of requirements for expense compensations, etc. Nevertheless, the responsibility for uniformly establishing such regulations is, as of the current date, not placed at the federal level, but is left to the discretion of the states. In regards to the securing and fostering of caregivers, too, while major considerations are recognized for the states (and local governments), the focus is on what leading roles the federal (central) government should play in terms of which points and utilizing what kinds of methods, and as to what kind of cooperative working relationship should be established between the federal government and the states. Also of deep interest is the weight placed by the public sector on its partnership with the private sector. The implementation of each type of model enterprise and evaluative research project that includes large-scale financial assistance not only from the federal government, but also from private financial organizations, will reflect the strength of financial-policy aspects of the private non-profit sector as well as the importance that is placed on the public-private partnership. Further, in as much as there are numerous private for-profit enterprises, in terms of policies for securing and fostering caregivers, too, there will be points suggestive for Japan, which also has numerous for-profit enterprises, in the fact that there will be implementation of evaluative work in regards to such things as how the division of responsibilities and cooperative working relationship will be established with private enterprises, and regarding what kinds of effective policies can be created on behalf of private enterprises, etc.

E. Conclusions

From the research of the present fiscal year, it was indicated that while America is an example of a country where “public care is residual,” the percentage of the public sector in terms of care service expenses is relatively high, and the influence of the public sector on care service enterprises is relatively large. Also, via the summarization of the care system structure and the current status of caregivers, as well as trends in securing and fostering policies, the following discussion points of extreme importance emerged: the development of new care models (including “cash and counseling” programs under the “consumer-directed” model) and their linkages to securing and fostering caregivers; cooperative work and division of responsibilities among the federal government and regional governments (state and local governments, etc.) as concerns the securing and fostering of caregivers; and cooperative work and division of responsibilities among governments and the private sector and private enterprises (companies).

As for future research themes, the author desires to make considerations via the investigation of advanced examples in regards to these above-described points of discussion. Thereupon, the characteristics of care securing and fostering policies and care supply within America will be considered while considering their reciprocal relationship with America’s position within the welfare state model. On this basis, summarization will be made of points from the example of America that provide hints and suggestions for Japan.