

**Ministry of Health, Labour and Welfare, Health and Labour Scientific
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Summary Report

***An International Comparison of Strategies for the Recruitment
and Training of Caregivers***

Summary

The aim of this research project is to examine policies for the recruitment and training of caregivers for the elderly from an international perspective in order to obtain useful information and suggestions for policy formation in Japan. The analysis focuses in particular on the following three areas: (1) a systematic international comparison of types of elderly care provision; (2) an examination of measures to ensure the quality of elderly care from the viewpoint of users; and (3) ensuring that caregivers' working conditions allow them to make a living.

During fiscal 2007, the first year of the project, types of care and study countries were selected. Specifically, in order to conduct a systematic cross-country comparison, 99 care items found in all study countries were identified. The four countries chosen for the international comparison are Finland, Germany, Italy, and the United States, and for each of these four countries, the relationship between the public and the private sector with regard to the provision of care, the status of family care and care services, support policies for family caregivers, policies for the recruitment and training of care workers, etc., were examined.

In fiscal 2008, the research focus was then narrowed down to issues considered to be particularly important for the cross-country comparison and more detailed information and data on these issues were collected. Based on this, a cross-country comparison was conducted and the implications for Japan with regard to issues such as the balance between the public and the

private sector in the provision of care, support for family caregivers, the recruitment of care workers, and the training of care professionals were organized and summarized.

The results of the study revealed the following. Each of the four countries belongs to a different type of welfare state regime and shows special characteristics in the balance between the public sector, the market sector, and the informal sector in the provision of care. A particular noteworthy point with regard to family caregivers is that not only in Germany, Italy, and the United States, but also in Finland, with its ideal of universally guaranteed care services by the public sector, measures for the support of family caregivers have been passed. Another finding is that specific measures in each of the four countries include not only cash benefits, but also the implementation of various measures such as the provision of substitute caregivers, the payment of pension contributions, and advice and training.

In all four countries, public measures are being implemented to ensure the necessary care workers are available to meet increasing care needs. However, differences can be seen in the specific content of these measures, reflecting differences in the provision of care in each of the countries. Measures that are particularly noteworthy include public involvement in areas such as setting standards with regard to pay levels for care workers in order to improve their working conditions and support for re-training and certification schemes to recruit care workers from among the older unemployed and job changers.

With regard to the training of care professionals, in each of the study countries, there were efforts to revise training programs that reflect the increased specialization required of care professionals and, in parallel with this, to introduce new certification systems that reflect the wide range of care types provides, and to conduct trials to provide the same basic training for care and nursing professionals. The latter measures have the effect of both broadening employment opportunities and ensuring a sufficient supply of qualified care workers.

The above findings provide valuable lessons for Japan with regard to a number of areas, such as finding ways to reduce the burden on families providing care, measures to provide support for family care, reforms to improve the working conditions of caregivers, measures to recruit caregivers by retraining older unemployed and job changers, and ways to design training programs for professionals that reflect the growing specialization.

Research Team

Katsuaki MATSUMOTO (Chief Researcher)

Professor, Institute of Economic Research, Hitotsubashi University

Harumi SASATANI

Professor, Department of Education, Hokkaido University of Education at Sapporo Miyazawa

Rie MIYAZAKI

Assistant Professor, Ohtsuki City College

Mie MORIKAWA

Researcher, Department of Social Services, National Institute of Public Health

Akiko SAITO (Research Assistant)

Researcher, Imperial Gift Foundation Boshi Aiiku-Kai

Kentaro ISHIDA

Instructor in Field Training Programs for Certified Social Workers, Meisei University

A. Research Outline

How to recruit and train sufficient numbers of adequately skilled caregivers to cope with the growing demand for care for the elderly as a result of population aging is a pressing issue not only for welfare and labor policymakers in Japan, but one faced by developed countries around the world. Moreover, this is an issue that is not confined to the training of professionals and the employment management of such professionals, but one that also requires consideration of aspects such as balancing the increase in demand with the need to keep costs in check, defining the relationship between public and private care providers – in terms of their relative weight and collaboration between them – with regard to the quality of total care received by users, and labor market conditions and their implication for caregivers' ability to make a living.

Thus, in consideration of the above points, the aim of this research project is to examine policies for the recruitment and training of caregivers from an international perspective in order to obtain useful information and suggestions for policy formation in Japan. The analysis focuses in particular on the following three areas: (1) a systematic international comparison of types of care provision; (2) measures to ensure the quality of care from the viewpoint of users; and (3) caregivers' work environment and ability to make a living.

B. Research Approach

(1) Types of Care Provision and Study Countries

To begin with, the care provision models and the countries that the research focuses on were chosen. Specifically, the following models and study countries were chosen:

- the social democratic model; characterized by a large public sector and represented by Finland;
- the corporatist model; characterized by a mid-sized public sector of a supplemental type and represented by Germany;
- the familist model, where both the public and the formal market sector are small; represented by Italy;

- and the liberal model, where the market plays a large role and the public sector fulfils a residual function; represented by the United States.

(2) Framework for the Cross-Country Comparison

Next, a survey framework for a systematic cross-country comparison was devised. Specifically, for each topic to be investigated – such as the demand for and supply of care, public care services, policies for securing and training caregivers, and the care labor market – survey items common to all study countries were identified for the actual data collection on the basis of preceding studies, and a list of survey items for the international comparison, consisting of 99 items overall, was constructed.

(3) Data and Information Collection for the Cross-Country Analysis

Based on the list of survey items for the international comparison, existing materials in Japan were gathered and the results for each country were reported and discussed. Moreover, regarding items for which it was difficult to obtain data within Japan, and in order to gain a more detailed understanding, local survey data and other materials were collected in each of the countries, hearing surveys with experts were conducted, and opinions and ideas were exchanged. On the basis of the collected materials, summary overviews were prepared for each of the study countries, and through reports and discussions, the study leaders exchanged information and ideas to forge a common approach. A survey on the current situation of caregivers and policies for recruiting and training caregivers in Japan was also conducted.

(4) Gaining a Detailed Understanding of Individual Policies and Leading Examples in the Study Countries

In the next step, the items for consideration in the comparison between the study countries were reorganized based on the results of the initial data collection. To focus on points that were considered to be of particular importance, more detailed local survey data and information (including through on-site hearing surveys) were then gathered with regard to specific policies or leading examples.

(5) Cross-country Comparison and Implications for Japan

A synthesis of the research overall is provided in the cross-country comparison, which considers and organizes the results of the surveys and information gathering described above in terms of the issues of interest here, i.e., the balance between the private and public sectors in the provision of care, support for family caregivers, the recruitment of care workers, and the training of care professional. In addition, the implications of these findings for Japan are considered.

C. Research Findings

(1) Finland

In Finland, welfare services are provided by local authorities on the basis of the “universality principle” rooted in the belief that the provision of such services is the responsibility of the public sector. Under this principle, citizens are entitled to comprehensive services as their civil right. In order to support family care, family members providing care receive a caregivers’ allowance, are provided with days off and substitute caregivers for those days, and are offered advice and guidance. Key characteristics of the Finnish system are that care workers receive a high level of education and training, many are full-time workers, a large proportion are municipal employees, and their salaries are high. A certification scheme for “Lähihoitaja,” practical nurses with basic skills regarding not only care for the elderly but also nursing and child care, has been newly introduced for those primarily charged with care services. In order to meet the demand for such “Lähihoitaja,” vocational students are recruited and provided with support for continuing their education.

(2) Germany

Germany’s nursing care insurance scheme was set up to complement the care provided by family members and others. In practice, many care receivers continue to live at home where they receive care from family members and others. To provide support for family caregivers, the nursing care insurance provides a caregiving allowance, helps to find substitute caregivers,

shoulders family caregivers' pension insurance contributions, and offers opportunities for consultation, advice, and training courses. To recruit and retain care workers, standards on nursing care insurance certification also include standards on pay levels, and programs to support the re-employment of older unemployed in the caregiving field are being implemented. With regard to the training of care professionals, in response to the increasing specialization necessary, attempts are being made to raise the education and training standards of caregivers for the elderly, and trials are underway to use a common basic training scheme for both caregivers for the elderly and nurses.

(3) Italy

In Italy, care for the elderly is shaped by the subsidiaristic and familistic idea that the provision of welfare is ultimately the responsibility of the family, and the public system centers on the provision of cash benefits rather than benefits in kind. The system imposes no limits on the way in which cash benefits are used, and cash benefits can be paid out to family members providing care. Cash benefits, together with the insufficient provision of care services, are partly responsible for the rise of paid caregiving, with households with care receivers employing caregivers, many of them immigrants, directly. Against this background, measures to ensure a sufficient supply of care workers concentrate on improving the working conditions of these paid caregiving workers and on matching by municipalities of households looking for caregivers and caregivers seeking employment. The certification and training of care professionals in Italy is organized at the local level and as a result there are wide regional variations in this respect.

(4) United States

In the United States, the public system plays only a residual role with regard to shouldering the costs and the provision of elderly care services, and the basic principle is that those outside the public system pay for the cost of care services out of their own pocket. Moreover, informal care plays a relatively large role and the burden on individuals or families is extremely great. Support for family caregivers consists of two pillars, the Family and Medical Leave Act and the National Family Caregiver Support Program. The latter provides advice and information, assistance in using the program, and the securing of substitute caregivers. One problem is that the provision

of services is insufficient as a result of the high job turnover in the caregiving profession. Attempts to recruit and retain care workers include the setting up of model businesses by the federal government and private foundations as well as efforts at the state level to improve caregivers' wages and working conditions. Moreover, the United States also has a certification system for staff directly engaged in caregiving under the supervision of medical staff such as nurses.

D. Discussion

As the preceding outline indicates, each of the study countries falls into a different kind of welfare state regime. In terms of the balance between the public sector, the market sector, and the informal sector (i.e., the public-private balance) in the provision of care, the four countries display different characteristics reflecting the different regime types. On the other hand, with regard to measures for recruiting and training caregivers, both commonalities and discrepancies can be observed that are unrelated to differences in the balance of the public and private sectors in the provision of care.

What is particularly noteworthy with regard to family caregivers is that not only in Germany, Italy, and the United States, but also in Finland, where the provision of care services is believed to be the responsibility of the public sector, public measures for the support of family caregivers are being drawn up. Specific support measures in each of the countries include not only cash benefits, but also the securing of substitute caregivers, the consideration of pension benefits, advice and training, etc. In all of the countries, not only are there efforts by employers, but also public policies to recruit the workers necessary to meet the growing care needs. However, the specific contents of the measures differ reflecting differences in the provision of care in each of the countries. Particularly noteworthy measures include a public role in the setting of standards related to care workers' pay levels to improve working conditions and support for retraining and certification to recruit care workers from among older unemployed and job changers.

With regard to the training of care professionals, developments seen in the study countries are the revision of training and education reflecting the growing specialization required of care

professionals as well as the introduction of new certification systems that reflect the broad range of care activities and of trials to provide common basic training for care and nursing jobs. The latter measures also have the effect of expanding employment opportunities and helping to recruit care workers. Furthermore, arrangements have also been put in place to provide economic support for those training to become care workers.

The various findings hold important lessons for Japan concerning the balance between the public and private sectors in the provision of care, especially with regard to the position of family care; public participation to improve the working conditions of care workers; policies to recruit care workers from among older unemployed and job changers; and the need for revising the professional training and education of caregivers reflecting the growing specialization.

E. Conclusion

The aim of this research project is to obtain information that is useful for policy formation in Japan by looking at policies in other advanced nations on how to recruit and train sufficient numbers of adequately skilled caregivers. This is a challenge faced by all advanced economies and this study focuses on Finland, Germany, Italy, and the United States – countries with distinctly different kinds of care provision. Surveys were conducted focusing on the same items for each of the countries and information was obtained on issues such as the current status as well as policy trends concerning measures to secure and train caregivers in each of the countries. In addition, by examining from a comparative perspective factors such as the balance between the public and private sectors in the provision of care, support for family caregivers, and policies to recruit care workers and train care professionals, it becomes possible to show the factors responsible for similarities in the policy direction of the study countries and for differences between them. Moreover, this analysis provides important lessons for policies for the recruitment and training of caregivers in Japan.

Policies for the Recruitment and Training of Caregivers in Finland

Harumi Sasatani (Group Leader)

Professor, Hokkaido University of Education at Sapporo

Summary

In terms of types of welfare state, Finland is classified as an example of the “Northern European model” or the “social democratic model.”

Spanning a period of two years, the aim of this research is to examine how the ideals and principles of the Northern European social welfare model are reflected in the system for the provision of services for the elderly and in policies for the recruitment and training of care services workers. In addition, it seeks to concretely analyze the effectiveness of and problems associated with this model. Research in the first year concentrated on the analysis of policy guidelines and statistical data, while in the second year (2008), concrete examples and recent policy trends were examined on the basis of local surveys. The findings can be summarized as follows:

1. In order to address inequalities in the provision of services arising from growing disparities between municipalities, which are the bodies responsible for the actual provision of services, a large-scale municipal reorganization and, along with this, structural reform of services is being undertaken until 2015. One important aspect of this reorganization is to ensure that the provision of health services and training of care workers reflects the actual size of the population of a particular municipality.
2. Along with the structural reform of services in the 1990s, entry of private sector providers was encouraged, but these operate under the control of the public sector. In other words, municipalities buy or outsource services, so the structural reforms do not represent a complete move to a market-based system. While these private sector providers are in the main NPOs and one-person micro enterprises, many of them aim to offer services that provide an alternative to the rigid services offered by the municipalities. However, while some have praised the flexibility offered by these providers, others claim that quality is being compromised.
3. As for measures to increase the compatibility of work and caregiving, labor protection policies provide economic compensation and mechanisms for taking time off on an individual case basis. Another element is the Act on Family Caregiving implemented in 2006, which, for families with a pensioner or elderly person, provides one of the ways in which citizens' entitlement to care that reflects the needs of those concerned is guaranteed.
4. Measures to recruit care service workers come as a package together with the training of those obtaining the flexible new certification of “Lähihoitaja.” Because of the relatively stable working conditions (through regular employment with municipalities, etc.), caregivers tend to stay in this profession for a long time, and a social problem akin to the one in Japan, where there are staff shortages, is unlikely to arise. Nevertheless, interviews with concerned parties revealed that in large metropolitan areas, there were difficulties in finding staff. Another issue that is currently under review is how to respond to potential staff shortages following the mass retirement expected from 2015 onward. Measures being

discussed mainly involve the recruitment of human resources into training schools and the labor market for caregiving, as well as measures to encourage workers not to retire from the labor market. Another idea being floated is that of “light supply,” i.e., the idea that “light” care services not involving advanced physical care could be provided by workers that have completed only short-term training. This idea is currently also being discussed among the member countries of the European Union (EU). The training and work organization at caregiving facilities under the “Lähihoitaja” scheme, which have gained international attention, as well as the impact of the scheme on service users deserve to continue to be monitored.

A. Research Objectives

Among the four study countries chosen for the international comparison of care provision, Finland represents the “social democratic model,” in which the public sector shoulders a large part of the responsibility of care provision. The purpose here is to clarify the current policy situation and challenges with regard to the recruitment and training of caregivers for the elderly, to show how this particular model differs from the other three welfare state models, and to examine whether the Finnish model provides any lessons to help resolve the impending shortage of caregivers in Japan.

B. Research Approach

As part of the research, a series of interviews with concerned parties were conducted. The following is a list of main individuals and institutions that were interviewed and the topics that were discussed:

OMNIA (Espoo Vocational College)

Topics discussed: Lähihoitaja adult education and immigrant education.

Helsinki Senior Citizens Service Department

Topics discussed: Helsinki’s various service programs for senior citizens such as service coupons and service outsourcing.

Finnish Federation of Social Field Employees/Workers and Employers/Entrepreneurs

Topics discussed: Statistics on the long-term care workforce and entrepreneurs in the private

sector.

STAKES

Topics discussed: Care staff shortages and other issues shown in statistics.

Dr. Sirpa Wrede of the Swedish School of Social Science, Helsinki University

Topics discussed: Research on care work in Finland.

Special Senior Planning Office, Social Insurance Medical Care Division, Espoo

Topics discussed: Division of job duties between caregivers (Lähihoitaja) and nurses.

B. Research Findings

In Finland, municipalities are under a legal obligation to provide care services based on laws such as the Social Services Law. All citizens have a legal right to the equal provision of care services when these become necessary (universality principle). In recent years, however, disparities have arisen in the size of population and finances of municipal units which are charged with the actual provision of services. Consequently, the number of municipalities struggling to provide even the most basic level of services is on the rise. To resolve this situation and ensure that citizens can be provided with necessary services, a large-scale reorganization of municipalities (through mergers, etc.) and projects to reorganize the structure of service provision are being implemented.

Regarding the balance between the public and the private sector in the provision of care, the study brought to light important observations on the developing private provision of services in Finland. Private service providers consist of nonprofit organizations (NPOs), nonprofit nongovernmental organizations (NGOs), and for-profit enterprises. Although the activities of these private service providers increased from the late 1990s to the 2000s, municipalities continue to account for 76 percent of employment of caregivers, while the private sector accounts for the remaining 24 percent. Furthermore, the majority of those in the private sector

are working for nonprofits and the share accounted for by for-profit enterprises remains small. There are said to be around 9,000 private organizations or enterprises in the caregiving sector in Finland, but nine-tenths of these are micro enterprises with three or fewer employees. Many of these are single proprietorships set up by women with experience as municipal nurses or caregivers and provide services outsourced by municipalities such as food delivery and domestic services. In addition, many newly-established sheltered housing and group homes are provided by private corporations. However, much of the provision of private resources comes in the form of the purchase and outsourcing of services by municipalities and therefore differs from complete marketization.

Regarding public support for informal care provided by relatives, Finland was the first country in Northern Europe to introduce, in January 2006, an Act on Family Caregiving. Details of the services covered and of who was recognized as a “family caregiver” under this act were clarified in an interview survey of municipalities conducted by STAKES. This showed that more than half of all “family caregivers” were pensioners caring for partners requiring a high level of care, and that the rate of this elderly-to-elderly care was on the rise. The remainder – slightly less than half – of “family caregivers” were of working age, and around one-fifths were parents caring for their children. This survey, however, was conducted right after the Act on Family Caregiving was implemented and therefore does not paint a complete picture of the outcomes. In practice, the Act has established countrywide uniform minimal standards of nursing care benefits and has raised the provision of services, such as increasing the number of legally-stipulated holidays from 2 to 3. However, the number of those qualifying under this scheme is less than 30,000 out of an estimated total of 300,000 caregivers, and at the time that the survey was conducted, no increase in caregivers as a result of the introduction of the Act could be observed. Instead, what the survey showed is that many caregivers of working age were able to reconcile working and caregiving by taking advantage of a combination of various pieces of labor legislation.

Interviews with concerned parties produced new insights on the recruitment and training of care service workers. Based on preceding studies and policy documents, in last year’s report we

stated that “the recruitment and training of care service workers is also planned under the direction of the central government, and at present, a lack of human resources is not a distinct policy issue.” However, particularly in larger metropolitan areas, the supply-demand balance for care has deteriorated through the concentration of population, chiefly as a result of a shortage of nurses, followed by a shortage of temporary caregivers that can cover for regular care workers during holidays, etc. In addition, it has been pointed out that steep increases in living costs in the larger cities are forcing younger people to increasingly move out of caregiving. While shortages of caregivers have not yet become a national problem, the mass retirement of care workers projected for 2015 and beyond poses considerable challenges.

It is also to respond to the challenges just mentioned that new initiatives such as the training and recruitment of *Lähihoitaja* were born. These are not large new initiatives but rather represent shifts in existing policies with the aim of recruiting students, such as schemes at vocational colleges, joint information campaigns by economic associations and unions directed at the young, encouragement for older men and women from other professions to change to caregiving professions, and policies for the social (re)integration of the unemployed and immigrants. Moreover, municipalities suffering from a growing shortage of staff have started to accept short-term workers from temping agencies.

In connection to the previous point, a new idea being floated concerning the content of care services is that of “light supply.” “Light supply” refers to help with small aspects of day-to-day life including household cleaning, shopping, and running errands, and does not involve physical care. At present, these are services outsourced to private sector providers not under municipalities’ direct control. However, there is a debate whether it is a good idea to entrust such piecemeal services to the private sector, or whether they should be carried out by *Lähihoitaja* with their three years of training. While there has so far been no comprehensive debate on these questions, an opinion frequently expressed in the interviews we conducted was that it would probably be reasonable to have these services carried out by people who have received only short-term training.

C. Discussion

As the research findings have shown, the basic policy concept that the main responsibility for guaranteeing universal access to care services rests with the public sector remains unchanged. However, in practice, there is evidence of developments that are undermining this ideal and making its foundation increasingly fragile. Consequently, there have been demands for structural reforms at various levels to address such developments.

One element of radical structural reform is the redressing of disparities in the financial footing and population structures of municipalities, which are the units responsible for the provision of specific services. As part of this, a phased large-scale reorganization of municipalities and a review of the units providing social and insurance health care services to be completed by 2015 are underway, and measures for ensuring the provision of services not only through individual municipalities but also through alliances among municipalities and regions are being strengthened.

Another issue are trends in the balance between the public and private sectors in the provision of services. It is widely recognized that the need to rein in the use of public resources is a challenge common to all developed countries. As shown in last year's report, Finland undertook radical structural reforms of care services in 1992 to shift the provision of services from institutions to care receivers' homes, to improve care receivers' homes to accommodate such a shift, to reallocate care workers in the care labor market, and, in line with this, to revamp the training system for care workers. As a way to reconcile the expansion of home-based services with the public sector's responsibility to provide such services even in times of economic difficulties, these reforms aimed to enlist the cooperation of the private sector in the production of services and to empower the informal sector, i.e., families and relatives. Concrete examples of this approach are the outsourcing of services and the introduction of the Act on Family Caregiving.

The surveys conducted this year showed that private sector entrants largely consisted of NPOs

and micro enterprises founded by women entrepreneurs with three or fewer employees and, moreover, that these largely rely on purchases of services by municipalities. In other words, the transition to a capitalist free market with the entry of large firms such as in Sweden is still limited. However, the business philosophy of most NPOs and single proprietorships is that they aim to provide an alternative to the limited and rigid care services provided by municipalities, and they may be described as a “cooperative” sector that is neither state-run nor organized along market principles nor family-centered.

In addition, the outcome of the introduction of the Act on Family Caregivers is not yet clear. The number of those eligible under the Act on Family Caregivers has remained more or less unchanged at around 10 percent of the estimated number of caregivers nationwide. This may be due to the fact that the data are from surveys conducted immediately after the introduction of the Act, but it may also reflect that in Finland, where the employment share of women is high, there are a variety of mechanisms to take days off work for caregiving and child care. Although such mechanisms are only for short-term leave, they can be used a number of times suiting the individual’s needs. Moreover, care services for care receivers are more comprehensive than those in Japan and for this reason, people tend to avoid stopping work in order to care for their elderly parents. However, going forward, an increase in elderly-to-elderly care among pensioners is essential, and as more elderly receiving care live at home, measures to support family caregivers provide greater choice to allow family caregivers to reconcile providing care with other aspects of their life will be important.

Yet another issue concerns the recruitment and training of care workers. Last year’s report suggested that staff shortages are not yet a problem in Finland. Since then, however, it has become clear, through interviews with policymakers in Helsinki and Espoo and with heads of training schools, that large metropolitan areas especially are suffering from staff shortages and that a variety of countermeasures have been put in place to address this situation. To find a long-term solution, recruitment of new caregivers has been expanded to focus not only on young people but also on the re-employment of older men and women and on creating work opportunities for the unemployed and immigrants. Because tuition for such people is free, there

are a sufficient number of applicants. However, one problem is that many only take up one-off or temporary employment, and there are reports that to complement such employment, larger cities are increasingly resorting to employing, for example, Estonians from major worker dispatch agencies. The introduction of care workers subject to more unstable working conditions at care facilities staffed until now by highly-trained, Lähihoitaja-certified care workers enjoying stable working conditions as municipal employees is bound to have various effects. Moreover, especially in metropolitan areas, staff shortages are increasing, and it is likely to become more difficult in the future to find sufficient Lähihoitaja, whose training is long and who are highly specialized. An idea that is therefore gaining ground is the deployment of caregivers that receive only relatively short training and take care of things like cleaning, running errands, monitoring, and physical care (“light supply”). These trends have given rise to debates at different levels within other EU member states, and as municipalities, which are responsible for care service planning, press ahead with turning these ideas into concrete measures, they are likely to become issues in the national policy debate. This, in turn, can be expected to raise new issues in the debate on care and care workers.

D. Conclusion

Through interviews with individuals in various positions, the research in the past year clarified the ways in which care service for the elderly are provided in Finland and showed that issues related to the recruitment of care workers are in a state of flux.

That being said, however, the ideal of the public provision of care is being realized, and the public sector accounts for about 70 percent of the resources and services provided. In addition, it also became clear that it is under the leadership of the public sector that measures and policies are being formulated to meet the various rights of citizens requiring care and workers providing care, and to continue working toward better care. Another element of the system is consultations between various interest groups, including the national and regional governments, private sector NPOs, businesses, associations of family caregivers, volunteer organizations (many of them church-related), and citizens’ groups, in order to achieve these objectives. Overall, the Finnish example holds lessons for Japan not only with regard to the content of services provided, but

also with regard to the process of policy formation, where the various parties concerned are sovereign actors on the basis of careful enquiry into these issues and the disclosure of public information.

Policies for the Recruitment and Training of Caregivers in Germany

Katsuaki Matsumoto (Project Leader)

Professor, Institute of Economic Research, Hitotsubashi University

Summary

Germany was chosen for this analysis as a country representing the corporatist model in which the public system plays a complementary role. Aspects examined include the relationship between the public and the private sector in providing care, the situation concerning family caregiving and care services, policies to support family caregivers, and the recruitment and training of care workers.

The research findings can be summarized as follows. Germany has established a nursing care insurance scheme which plays a complementary role to care by families and relatives, and in practice, many care receivers live at home while receiving care from family members. In order to compensate, and reduce the burden for, family caregivers, the care insurance scheme pays care allowances, secures substitute caregivers, pays family caregivers' pension insurance contributions, and provides opportunities for consultation and advice.

On the other hand, in order to recruit and retain care workers, improvements in working conditions are indispensable. To this end, standards regarding care workers' pay levels have been added as requirements to contracts concluded with care facilities, etc., on the provision of services. In addition, retraining programs to promote the employment of older unemployed in the care and nursing field are being implemented with great success. Furthermore, there are plans for initiatives to utilize older unemployed in nursing homes to watch over elderly suffering from dementia.

Turning to the training of care professionals, in order to meet the demand for more qualified personnel, standards for the training of caregivers for the elderly are raised to the equivalent level of that of nurses. Moreover, to respond to the increased need for specialized expertise, trials for common basic training for caregivers for the elderly and for nurses are being conducted. The above are key issues for the comparative analysis on the four study countries and the examination of policy implications for Japan.

A. Research Objectives

Within the overall international comparative research framework of the project, Germany was chosen as a country representing the corporatist model in which the public system plays a

complementary role, and the aim here is to examine policies in Germany related to the securing and training of caregivers for the elderly.

The goal of our research in fiscal 2007 was to gain an understanding of the relationship between the public and private sectors in care provision, the situation concerning family caregiving and care services, policies to support family caregivers, and the securing and training of care workers.

In fiscal 2008, the goal was to further deepen our understanding of the situation in Germany and focus on issues important for the comparative analysis of the four countries that are the subject of our international comparison and for possible policy implications for Japan.

B. Research Approach

In addition to continuing literature-based research, information and materials were gathered through interviews with representatives from federal and state ministries and agencies, the service sector union Ver.di, and **trade associations (Diakonische Werke)**. Moreover, information and opinions were exchanged with researchers from universities and public research institutes in order to gain a comprehensive understanding of trends, outcomes, and issues with regard to the securing and training of caregivers.

C. Research Findings and Discussion

1. There are clear manifestations of the concept in Germany that care insurance functions as a supplement to care provided by family members. In practice, many care receivers live at home while receiving care from family members.
2. Germany's care nursing care insurance scheme, in order to compensate family members and reduce the burden on them, pays care allowances, secures substitute caregivers, pays family caregivers' pension insurance contributions, provides opportunities for consultation and advice with care professionals, and pays caregivers' social insurance contributions when they are on family care leave from work.

3. While care provided by care service businesses and in care homes is carried out both by care professionals and other care workers, the nursing care insurance scheme clearly stipulates which tasks can be performed only by care professionals in order to guarantee that the quality of care services is maintained.
4. Regarding working conditions for care workers, issues that have been raised include irregular working hours, physical and psychological strains, the lack of career development opportunities, and the low financial reward and social recognition. In order to find care workers and ensure they stay in their jobs, improvements in working conditions are therefore indispensable.
5. Regarding policies in Japan, the following measures deserve particularly attention.
6. One measure, supported by nursing care insurers and taken with the aim of improving working conditions, is the requirement that contracts with care facilities and other service providers stipulate standards regarding pay levels.
7. Another important measure is the implementation of retraining programs by the Federal Employment Agency, which is responsible for the unemployment insurance system, to promote the employment of older unemployed in the care and nursing field, which have had considerable success.
8. Furthermore, there are plans for initiatives to utilize older unemployed in nursing homes to watch over elderly suffering from dementia.
9. Regarding the training of care professionals, in order to meet the demand for more qualified personnel, standards for the training of caregivers for the elderly are raised to the equivalent level of nurses.

10. Moreover, to respond to the increased need for specialized expertise, trials for common basic training for caregivers for the elderly and for nurses are being conducted.
11. It is thought that by expanding the employment opportunities in the care profession, these steps will contribute to the recruitment of care professionals.
12. Another aspect is that arrangements are in place to provide financial support to students receiving training and education.
13. Providing opportunities for continuing education not only contributes to raising quality, but is also considered as an important policy to raise the appeal of care work. However, at present, there is no systematic provision of such opportunities.

The above are key issues for the cross-country analysis on the four study countries and the examination of the policy implications for Japan.

D. Conclusion

Our research in fiscal 2007 provided us with a good understanding of German policies to support family caregivers as well as policies to secure and train care workers. Building on these findings, the research in fiscal 2008 delved deeper into these issues and highlighted important issues for the comparison between the four study countries as well as possible policy implications for Japan.

Policies for the Recruitment and Training of Caregivers in Italy

Rie Miyazaki (Group Leader)

Assistant Professor, Economics Department, Ohtsuki City College

Summary

In Italy, there is no public nursing care system at the national level and notable characteristics of the provision of care are that it operates on the principle of familism, in the main consists of the payment of cash benefits, and stands out for the smallness of public involvement. Schemes and policies related to elderly care are being developed at the level of individual regions rather than on the national level. Against this background, policies, schemes, rules, and support activities for the recruitment and training of caregivers are also shaped at the local or (semi-)private levels.

In recent years, measures for recruiting and training caregivers have emphasized adjusting the supply and quality of care provided by private-sector/market-sector workers providing domestic services. Apart from family members, these at present make up a substantial proportion of caregivers and many of them are foreigners.

While measures to recruit and train public care service employees are mainly being pursued at the regional level, this does not mean that all regions are actively doing so and there are large differences between regions regarding such initiatives. In practice, although standards for the training and certification of “operatore socio-sanitario” (health worker), which make up the main professional personnel providing personal care services in the public sector, have been unified through agreements between the national and provincial governments, there has been little progress doing the same for “operatore socio-assistenziale” (assistant health worker).

On the other hand, current policy developments include policies at the regional level to improve the working conditions of paid care workers in the private sector, many of whom are immigrants. Similarly, at the (semi-)private level, there have been efforts to improve the working conditions of domestic workers, a substantial proportion of whom provide nursing care, through a tripartite national labor agreement between government, labor, and employers. Regarding the working conditions of care workers, measures are also being hammered out at the national level.

So far, international comparative research has shown little interest in Italy, partly because of the reasons mentioned at the outset. However, in recent years, Italy has gone its own ways in terms of nursing care policies, including the role of private-sector domestic workers supplementing care by family members as well as the growing activity and diversity of efforts to support and protect such workers, including measures in the public, private, and nonprofit sectors, to secure and train such workers. Both in Italy and Japan, the population share of the elderly is expected to reach around 40 percent in the future, and both countries are therefore looking for ways to ensure a sustainable care system in a super-aged society. Against this background, developments in Italy are well worth following.

A. Research Objectives

The first aim is to understand the current structure of the care system in Italy. The second aim is to identify the place that policies for recruiting and training caregivers take in this structure and how such policies are implemented. Doing so and comparing the findings with those for Japan

as well as the other study countries of Germany, Finland, and the United States, provides an illustration of the specific features of Italy's Southern European model.

A further objective was to gain, through a study of the literature as well as interviews, a more detailed understanding of one of the distinct characteristics of Italy's policies for the recruitment and training of caregivers uncovered in the research conducted in the previous fiscal year, namely the substantial support measures for care workers in the private sector by regional administrations, private nonprofit organizations, and joint efforts between them.

B. Research Approach

In order to examine developments in national policies on the recruitment and training of care personnel, a literature survey was conducted and interviews and discussions were held with experts in Italy from government and relevant organizations. Moreover, at the regional level, measures on care provision and support measures for caregivers were surveyed.

C. Research Findings

1. In Italy, there is no public nursing care system at the national level and there are no strict nation-wide standards or criteria regarding nursing care levels or types of nursing services. The provision of care, from legislation to implementation, takes place at the sub-provincial, local level, and the same is generally true for policies for recruiting and training caregivers.
1. A specific characteristic of welfare provision in Italy is that it mainly provides cash benefits rather than benefits in kind, and this tendency is also strong with regard to care for the elderly. This approach is shaped by ideas of subsidiarism and familism according to which the responsibility for the provision of welfare (care) ultimately rests with the family. Another issue relevant in this context is the North-South divide in Italy, that is, the large regional disparities, mainly between the North and the South.
1. Trends in welfare policy in recent years have been, on the one hand, a strengthening of the

roles and responsibilities of the family in the welfare sphere and a tendency to restrain the development of policies to provide benefits in kind in the care sphere. On the other hand, however, the government openly recognizes that as a result of these developments, the percentage of women in employment is low, women bear a substantial weight of the care responsibilities, and it is difficult for them to maintain a healthy work-life balance. Measures to improve the situation are gradually being hammered out.

1. From the late 1990s to the early 2000s, labor market reforms allowing, for example, greater flexibility in employment patterns as well as government proposals and legislation for a new Italian-style welfare system were introduced step by step. With regard to welfare issues, Law 328/2000 was introduced providing for the provision of welfare services under the participation of a variety of public and private actors. Moreover, a variety of actors, such as nonprofit organizations and labor unions alongside municipalities, have participated, individually and collaboratively, in the formation of public policies for the recruitment, training, and support of caregivers.
1. The delayed social advancement of women when compared with other developed countries, the rapid population aging since the 1990s, and the policy developments described in points (1) and (2) above mean that Italy reached the limits of providing care by relying primarily on the family. Especially since the second half of the 1990s, therefore, Italy has witnessed a rise in market-based care provided largely by immigrant workers.
1. Two issues are worth mentioning regarding immigrant care workers. The first is that, especially in the case of short-term workers, employment according to the letter of the law requiring payment of social security contributions and taxes can be disadvantageous to both the employer and the worker, thus giving rise to a black market. The second issue is that many immigrants possess little knowledge regarding either care of the elderly or Italian culture and the quality of the care provided may therefore not always be adequate.
1. There are large active support groups offering support and protection for foreign caregivers,

such as the Italian Christian Labor Association founded in 1945 that currently has over 980,000 members and over 8,000 regional branches. Within this association, there is a specialist organization focusing on domestic and care workers called “family cooperative workers.” This organization is based on the principle that care represents a basic value that ought to proliferate in every society and it seeks to promote the social and cultural dignity of care workers, to protect vulnerable family and domestic helpers, to protect the rights of family helpers, and to work for the welfare of colored people and non-EU citizens.

1. Measures for securing and training caregivers in recent years have concentrated on working conditions both in the public care sector and in the private sector. The most important role in determining the working conditions of those providing care in the private market sector is played by a national collective labor agreement jointly negotiated by government, labor, and employers. This agreement was revised at the beginning of 2007.

1. In the revised national collective labor agreement for domestic workers described in point (8), a new 8-step ranking was introduced, which considers specific details starting with the number of years of work experience, job functions, and job duties. Within this ranking, care workers providing care to those requiring primary nursing care were ranked as “Special Rank C” and “Special Rank D.”

1. One measure to find a sufficient number of caregivers is the establishment of “caregiver bureaus” operated at the local level which match paid caregivers seeking employment and care demanders, i.e., households with a care receiver. There are large regional differences in who operates these bureaus and in their status and a variety of patterns can be observed where they are run by, for example, city authorities, public bodies responsible for social services, regional employment offices, or in cooperation between one of these public bodies and various types of nonprofit organizations.

1. In Milan, for example, the “caregiver bureau” is operated by the city, with five or six temporary full-time staff working at counters in the city hall. They create a detailed

database by interviewing both families requiring a caregiver and care workers, most of whom are immigrants, and use this to match those requiring a caregiver and those seeking employment. In addition, the staff offer legal advice to both parties specific to their individual situation, provide simulations with respect to wages and expenses such as social security contributions, taxes, etc., and offer advice and assistance with regard to professional training.

1. Regarding policies for training caregivers, regional schools for social workers (“scuola regionale operatori sociali”) providing courses for health workers (“operatore socio-sanitario”) and assistant health workers (“operatore socio-assistenziale” or “ausiliario socio-assistenziale;” the exact titles differ slightly by region), have been set up in the different regions and there are measures for immigrant care workers in the market sector as described under point (11). In addition, there have been a considerable number of initiatives directed at immigrant workers in recent years, such as programs at the local level to provide tuition-free training, which, although it does not lead to a professional qualification, enables such workers to aid health workers and assistant health workers.
1. An example of measures for training caregivers is the training school for social welfare occupations set up by the provincial government of Alto Adige (Bolzano). This provides courses for the certification of health workers and assistant health workers, which carry out most of the caregiving work. In addition, the provincial government subsidizes the full tuition and also pays for a part of various other costs incurred during the period of enrolment. The aim of these schools is to raise the quality of care provided by nonprofessionals. Largely directed at foreign workers, the courses also include instruction in language and culture.

D. Discussion

In Italy, nursing care for the elderly is organized at the local level and, as a result, there are considerable differences between the regions. In some of the regions, the public and the private

sector are actively engaged in jointly developing arrangements for the provision of care. Representative examples are the matching of domestic and care workers, many of whom are foreigners, as well as public support for schemes to provide training in nursing care skills. Moreover, with regard to measures for the training of employees in the care profession in the public sector, there are examples where regional governments cover tuition and necessary living expenses, although such cases are rare.

Against this background, there has been an increase in measures and policy proposals at the national level with regard to nursing care issues in recent years. However, these have tended to focus on tax breaks for family caregivers and the establishment of common standards with respect to nursing care levels and at present, little attention is paid to the recruitment and training of care professional under the public system.

Based on the above observations, issues that deserve continuing attention in the future include the following. The first issue is the development of safeguard and support mechanisms for care provided through the market, and for workers providing such care, both in public measures at the national and local levels and in the market and quasi-market (nonprofit) sectors, and how collaboration and cooperation between the various actors deepens. The second issue is the future relationship between such developments regarding the private sector on the one hand and public sector care professionals and the recruitment and training of such public sector care workers on the other.

E. Conclusion

Italy's so-called familistic and subsidiaristic welfare and nursing care policies centering on the payment of cash benefits have staved off a situation in which the active provision of care "in kind" by public bodies substitutes for the family. At the same time, schemes that are being implemented at the local level are becoming increasingly diverse and there is a growing regional disparity.

Since the mid-1990s, a considerable share of the increasing demand for nursing care resulting from the advance in population aging and other factors has been met by foreign workers in the private market sector as part of the domestic work they perform for their employers.

Challenges amid the increasing decentralization include the unification of health care, which shows a strong systematic tendency to becoming segmented, and welfare; the establishment of nation-wide standards for welfare services; and measures to help those from disadvantaged regions in need of care.

Recent policies for recruiting and training caregivers in Italy have largely focused on domestic and care workers (family helpers) and in particular foreign workers that account for a large proportion of these. Moreover, especially at the local level, there are numerous joint initiatives between various public bodies and private nonprofit organizations to provide support for private sector caregivers. Overall, the characteristics described here indicate that Italy's welfare and nursing care policies are very different from those found in Japan or those in Germany and Finland.

Policies for the Recruitment and Training of Caregivers in the United States

Mie Morikawa (Group Leader)

Researcher, Department of Social Services, National Institute of Public Health

Summary

In terms of the different welfare state models, that of the United States of America can be classified as generally falling under the heading “market-based welfare model.” The purpose of the research here is to examine the provision of welfare services specifically in the nursing care field and outline the structure of the nursing care system. Moreover, the analysis examines the role played by, and the implementation of, measures for the recruitment and training of caregivers focusing on two aspects: the support provided to family caregivers (informal caregivers) and the recruitment and training of direct long-term care service employees.

In the United States, public sector nursing care is of the “residual” type and official policy stresses

the responsibility of the individual in obtaining care. Consequently, the informal sector plays a large role and shoulders a large part of the burden, with unpaid informal workers accounting for about 60 percent of the total cost of care provided.

Yet, although there are issues with regard to their limited scope, the United States does also have programs providing universal public support in the form of the Family and Medical Leave Act (FMLA) and the National Family Care Support Program (NFCSP). Moreover, in the Medicaid-funded in-home care services program, the “consumer directed model,” which allows consumers to directly employ informal caregivers, is spreading. Another trend that can be discerned is the expansion of protection and support for low-income caregivers such as the provision of compensation for care work (e.g., wages and payment for medical insurance) and of opportunities for basic education and training.

The training of direct-care workers forms part of the overall policy objective of recruiting and retaining care workers. On the other hand, the establishment and standardization of professional certification is not part of the federal government’s policy agenda. As part of efforts to recruit and retain, the federal government as well as private foundations are spending large sums on policies to attract workers from previously untapped strata, to provide effective training and education, to improve working conditions, and to improve pay, benefits, and opportunities for promotion. Moreover, with these funds, various types of model businesses are being set up at state and local levels. Examples of specific results of these measures include the establishment of a career ladder (that is, the establishment of a training program linked to pay increases and higher job ranks as well as a promotion route leading to qualification as a nurse) as well as improvements in wages and benefits through collective bargaining at the community level and the securing of medical insurance benefits. Furthermore, the findings also show the importance of the development of an infrastructure through the formation of a partnership between community level organizations and city and county administrations along with the policies just described.

A. Research Objectives

Among the different types of welfare state, that of the United States is generally classified as a market-based one. Against this background, the first purpose here is to examine the specific characteristics of the provision of welfare services in the nursing care field and to outline the structure of the nursing care system. Next, the analysis examines the role played by, and the implementation of, measures for the recruitment and training of caregivers focusing on two aspects: the support provided to family caregivers (informal caregivers) and the recruitment and training of long-term care service employees. The final objective is to obtain policy suggestions for Japan through the analysis of specific policies and examples.

B. Research Approach

Information on developments regarding the recruitment and training of nursing care workers in the United States was obtained by a variety of means, including a survey of the literature as well

as advice, suggestions, and materials received from researchers in the United States and persons working for care-related institutions. In addition, California's In-Home Supportive Services (IHSS) Program was selected as a case study to gain an understanding of the situation regarding the recruitment and training of caregivers in Los Angeles County and the City and County of San Francisco.

C. Research Findings

1. The United States has no public unified nursing care insurance system. What it does have as a public system is Medicare, which is a health insurance program, and Medicaid, a program providing assistance with funding for medical and health-related services for those on low incomes. However, the public system only plays a residual role in terms of overall expenses and services provided. Instead, there is a high degree of reliance on informal and family resources, and the burden of nursing care on individuals and families is consequently extremely heavy. At the same time, there is some support being provided for individuals seeking to resolve these challenges by relying on the market (such as tax deductions for private insurance for medical/nursing care services). However, care-related public expenditure is continuing to increase and rather than actively focusing on care security, policies stress cost containment and efficiency in both facility and in-home care.
1. For nursing businesses to be reimbursed through Medicaid and Medicare, they need to obtain certification in accordance with federal laws and regulations and, at the time of program implementation in each state, often are required to obtain licensure in accordance with state laws and regulations. In addition, individual care service workers performing specific duties also need to be certified and registered. However, the specific services covered by Medicaid and Medicare as well as the certification and personnel requirements differ from state to state.
1. Support for family care rests on two pillars, the Family and Medical Leave Act (FMLA), introduced in 1993, and the National Family Caregiver Support Program (NFCSP), introduced in 2000. Reflecting the fact that a large proportion of family caregivers work,

the former is a system tied to employment that aims to allow caregivers to take time off and provide them with income security. However, eligibility under the FMLA is rather limited. The latter, the NFCSP, is significant in that for the first time in U.S. legislation for the elderly, public policy on informal care includes family caregivers as a direct policy target. However, because of the size of the budget as well as the way it is run, its effects are limited.

1. Moreover, in the Medicaid-funded in-home care services program, the “consumer-directed model,” which allows consumers to directly employ informal caregivers, is spreading. Another trend that can be discerned is the expansion of protection and support for low-income caregivers such as providing compensation for care work (e.g., wages and payment for medical insurance) and the guaranteeing opportunities for basic education and training.

1. Minimum standards regarding care service workers in institutional services are stipulated by federal requirements for nursing homes. They impose minimum staffing requirements with regard to chief nurses and nurses; however, staffing requirements with regard to nursing aides, which carry out most of the immediate care, are decided independently by the states. Nursing aides in nursing homes are required by federal regulations to undergo 75 hours of training and pass a competency evaluation. What medical tasks nursing aides are allowed to perform under what conditions under the supervision of a licensed nurse is also regulated by the states (i.e., the most basic requirements regarding training and practical experience, written guidelines, and supervision).

Concerning in-home services, home health aides must have passed a competency evaluation in accordance with federal government guidelines as a requirement for reimbursement from Medicare, and although there are systems for approval from private organizations, registration is elective (nevertheless, there are some states where a licensing system has been introduced). Further, there are no federal-level requirements concerning personal and home care aides. Instead, there are a variety of requirements each set by the states and/or the particular service program. The majority of direct care workers are

middle-aged women, and more than 50 percent are unmarried. Almost half of direct care workers are colored and a relatively large number do not have U.S. citizenship and/or have not graduated from high school. In addition, the wage level, when converted into hourly pay, is about two-thirds of the average of all occupations, the share of part-time workers is high, and about one in four live on an income below the poverty line.

1. There are a great many job openings in the care profession, but the reason for this is not only the increase in care needs, but also the fact that turnover rates are high. Thus, although care needs have increased since the late 1990s, service provision has not been able to keep up as a result of the high turnover and other factors, giving rise to a “care gap.” Against this background, interest by the federal government in policies to address the shortage in care workers has increased since the year 2000 and various reports focusing on the care labor force have been published.
1. Policy issues identified by the government with regard to securing the availability and long-term employment of care workers include: (1) the recruitment of workers from new strata; (2) the implementation of effective initial and continuous education and training; (3) the improvement of working conditions in terms of working hours, paper work, respect, and safety; and (4) the improvement of remuneration, salaries, and opportunities for advancement. In response to these issues, large funds from the federal government, the Office of the President, and private foundations have flowed into all kinds of research and initiatives, and with these funds, various kinds of model businesses are being set up at the state and local levels.

Examples of specific initiatives include the enhancement of basic skills required for employment, the establishment of a career ladder (that is, the establishment of a training program that is linked to pay increases and higher job ranks as well as a promotion route leading to qualification as a nurse) as well as improvements in wages and benefits. Regarding increases in remuneration and pay, key strategies adopted at the state and local levels include a wage pass-through system (i.e., a congressionally mandated requirement

for care providers to use some portion of their publicly funded reimbursements to increase wages and/or benefits for nurse aids), a raising of reimbursement rates linked to the outcomes of care provided by service providers, a revision of reimbursement rates, collective bargaining, the legal stipulation of a living wage and a raise of the minimum wage, and the provision of medical insurance to care workers.

1. The outcome of this strategy to engage in collective bargaining through labor unions and strive for better benefits through the provision of medical insurance was a considerable increase in care workers' wage and benefit levels. Using the City and County of San Francisco, which managed to overcome staff shortages, as a case study, the following were found to have been important factors in bringing about improvements in caregivers' wages and benefits: (1) Concerned parties in the community and caregivers formed organizations to speak with a unified voice, and community organizations to provide protection to each of these groups formed, taking an intermediary place between the city and county administrations and individuals. (2) Concerning caregivers' working conditions, these were no longer decided between individual users and caregivers and between individual employers and care workers. Instead, opportunities and structures were created that allow negotiations and settlement to take place between community organizations representing these different groups and between these community organizations and the city and county administrations. (3) The relationship among these community organizations and between them and the city and county administrations developed into a partnership based on the shared ideal of "better community life and care."

D. Discussion and Conclusion

The welfare state regime of the United States follows the "market-based model." Regarding the provision of long-term care for the elderly, an indiscriminatory and unified system for those in the public care system does not exist and the extent and degree of coverage of needs is extremely limited, that is, the public care system plays only a residual role.

The brief outline of the U.S. care system showed that this is largely based on the idea that

individuals help themselves, that public support in this regard largely consists of measures such as tax breaks for the purchase of private care services and private care insurance, that in-home care programs emphasizing elderly care receivers' right to choose as consumers are widespread, and that the overall approach to fulfilling care needs is a market-based one.

In the United States, the dependence on informal and family resources in the provision of care and, consequently, the burden on families, are extremely high. Universal programs to provide public support for such caregivers, who have little choice but to provide care, are the Family Medical Leave Act, which stipulates that employees must be given leave to provide care, and the National Family Caregiver Support Program, which provides personal services for caregivers themselves. One aspect of the consumer-directed model of in-home care, such as the "cash and counselling" program, is that, through the direct employment of informal caregivers, it provides public reimbursement for the labor expenses for caregivers.

Next, the potential lessons of these support measures for Japan are considered. Beginning with the Family Medical Leave Act, the first thing to note is that questions have been raised regarding its effectiveness and scope. Against this background, the usefulness of a similar care leave system for Japan would need to be examined very carefully, focusing in particular on what benefits it would provide to the core group of caregivers in Japan, namely older women. Next, as for the National Family Caregiver Support Program, although this provides important services for caregivers, it only provides support to them as "caregivers" and, for example, offers little in the way of helping caregivers to return to a more regular life and escape from social exclusion. When examining measures to provide support to caregivers in Japan, it is important to ensure that these do not "lock" caregivers into their role as caregivers.

Turning to the consumer-directed model of in-home care, through elements such as the "cash and counselling" programs, this helps to protect the remuneration (wages as well as benefits such as medical insurance) of informal care workers in the care labor market and guarantee basic education and training opportunities. In Japan, an incipient version of this service model can be found in the "My Care Plan", an optional model of care management in which the

elderly (or their representative) can, within the scope of the monthly benefits provided, freely choose the purchase of external services or the employment of an external caregiver. Providing the option of a cash and counselling program within the long-term care insurance system as part of an integrated model that provides support for caregivers and is consumer-directed is one idea that is worth examining in the future.

Policies in the United States regarding the securing and training of care workers strongly reflect the staff shortages in this area and consequently are largely concerned with finding caregivers and ensuring that they stay in their job. Against this background, there is no clear distinction in policies between the separate issues of caregiver recruitment and retention and caregiver training. Strategies to recruit caregivers have focused on recruiting workers from new strata, providing effective education and training, improving working conditions, and improving remuneration, benefits, and opportunities for advancement. In addition, using large-scale funds available from the federal government and private foundations, various demonstration projects are being developed at the state and local levels. There are also examples at the regional level of effective arrangements to provide care workers with a career ladder through the establishment of a training program linked to wage increases, higher job ranks, and a promotion route leading to qualification as a nurse. It has been pointed out that in Japan, too, there is a need for such a career ladder, and the examples from the United States provide a useful reference.

The case study provided a successful example of how increases in wage and benefit levels helped to secure human resources. However, it was shown that besides measures to directly improve wages and benefits, the following structural elements were also important: (1) concerned parties in the community as well as caregivers each formed organizations to speak with a unified voice, and organizations were formed to provide support for each of these groups; (2) arrangements were put in place to provide opportunities for negotiations, consultations, and reaching decisions between different community organizations and community organizations and the city and county administrations; (3) community organizations and the city and county administrations formed a partnership based on the shared ideal of working toward a better life and better care in the community. Such development of social infrastructures at the community

level for the recruitment and training of caregivers would also be desirable in Japan.