CHAPTER 9

Care and Migration Regimes in Japan, Taiwan, and Korea

Reiko Ogawa

Introduction

Over the past few decades, increased globalization in East Asia has led to rapid social change. In particular, elderly care, which used to be locally embedded and undertaken as unpaid work in the private sphere, is increasingly becoming a new domain of inquiry where global connections manifest. The proliferation of international gender equality norms has contributed to improving the status of women in East Asia and thus more women are entering the labor market. However, the difficult balance between systems of production and social reproduction influences personal work–life balance and has resulted in low fertility rates in all East Asian societies. Against this backdrop, migrants are sought as an option to undertake care work to mitigate the "care deficit."

In Asia, there are numerous writings on migrant domestic workers, as this is the salient feature of migration in Asia today (Constable 2007; Huang et al. 2012; Lan 2006; Oishi 2005). In newly developed Asian societies such as Hong Kong, Taiwan, and Singapore, an increase in migrant domestic workers is driven by local women's entry into the labor market as part of state industrialization policy (Oishi 2005). Migrant domestic workers

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provide round-the-clock services to families, including domestic work, childcare, or elderly care. However, for the purpose of this chapter, the author would like to analytically distinguish migrant domestic workers and migrant care workers because the former are part of the privatized market often discussed in relation to women's entry into the labor market, whereas the latter can be situated as part of social policy. In fact, when public support for social care is limited, the care provided by migrants becomes an integral part of the social system. Even though care and domestic work may converge in their actual practices, by distinguishing migrant care workers and locating them within the care workforce, we will be able to determine and compare their position in the East Asia care labor market.

This chapter aims to provide a comparative analysis on how migrants are introduced in East Asia by examining the construction of care regimes and migration regimes. Japan, Taiwan, and Korea share a similar type of welfare state.[1] They are facing similar demographic changes of an aging population and low fertility rate and began introducing migrants to undertake care work in the past decades. However, the ways in which migrant care workers have been introduced cannot be understood solely from the perspective of the comparative welfare state, as it largely differs depending on how the care regime and migration regime intersect and interrelate. All three countries accept migrant laborers in various sectors, both skilled and unskilled, and stipulate the sectors in which migrants can be employed. Both Japan and Taiwan accept migrant care workers from the same sending countries but the nexus of migration and care regimes differs significantly (Ogawa 2014). Korea accepts production workers through similar bilateral agreements as Japan and Taiwan, but migrants who can undertake care work are limited to overseas Koreans through re-ethnicization policies (Ogawa 2015). This chapter examines the different ways in which Japan, Taiwan, and Korea configure migrants as part of the care workforce and discusses how the nexus of the migration regime and the care regime defines migrant entitlements and quality of care.

This research is based on intermittent ethnographic research in Japan, Taiwan, Korea, Indonesia, and the Philippines since 2009, interviewing migrants, individual employers, care facilities, civil societies, recruitment agencies, government officials, and conducting participant observations in meetings and gatherings of migrant workers, language classes, and training courses.

Contextualizing the Migration Regime and the Care Regime

In the scholarship of international migration, various theories exist depending on the discipline (Brettell and Hollifield 2008; Massey 2005; Sassen 2007). The economic approach, such as neoclassical theory, explains the cross-border mobility of people through economic inequalities such as wage gaps either at the individual or household level. Segmented labor market theory emphasizes the structural demand in the receiving countries and argues that migrants fill in the "3D" (dirty, dangerous, and difficult) jobs that native workers would not undertake. While the former focuses on the "push" factor in the sending country, the latter highlights the "pull" factor in the receiving country.

Contrary to these economic explanations, political scientists have elaborated that international migration lies at the heart of the apparent paradox between the two principles of the global system: national sovereignty and universal human rights (Benhabib 2004; Hollifield 2008). The principle of sovereignty reinforces national boundaries while the principle of human rights adheres to the universal status of individuals that transcends national boundaries. The discretion of the state to control the mobility of people crossing its borders is a principle of the international legal system, although not without contestation. Regarding the tension between the two, globalization theorists have argued that the intensive flow of capital, goods, information, and people has significantly transformed the sovereignty and regulatory power of the state (Sassen 1996, 2007). However, this invites the question: why do some states accept more migrants than others, especially for specific types of work? Taiwan accepts more than 200,000 migrant care workers in a country of 23.4 million people, whereas Japan accepts approximately 2800 migrant care workers for a population of 127.3 million. Among various factors that shape migration, Hollifield (2008, 195) stresses the role of the state in governing migration and points out that "the economic and sociological factors were the *necessary* conditions for continued migration, but the *sufficient* conditions were political and legal (emphasis original)." Building on these theories, the concept of a migration regime as a set of policies and institutions governing the mobility of people is useful to capture the nature of migration.

Based on the study of Europe, Williams (2012) proposes using the concepts of care, migration, and employment regimes to compare migrant care workers in different countries. Her indicators for a migration regime

comprise: immigration policies, residential status and citizenship, social norms and relationships between majority and minority, and status of organized movements including support from civil society. Reflecting on the realities in East Asia and for the purpose of this chapter, three indicators are extracted, namely (1) citizenship, (2) working conditions, and (3) migrant source country.

The first indicator examines migrant citizenship and possibilities of their incorporation into the host society. The second indicator represents the condition of migrant care workers *vis-à-vis* native workers in the labor market. The third indicator shows the extent of ethnicization in immigration policy. In Japan and South Korea, "re-ethnicization" is a shared feature of their migration policies; both countries accept migrants from their ethnic descendants, namely the *Nikkei* (Japanese descendants from Latin America and Southeast Asia) and *Choson-jok* (Koreans in China) (Seol and Skrentny 2004; Tsuda and Cornelius 2004). Contrary to production work, care is often provided within the intimate sphere where language and cultural proximity between the care provider and care receiver plays a significant role. Re-ethnicization policies reflect political, economic, and social concerns over who is allowed to provide care in the intimate sphere. The three indicators of the migration regime define the social status and prospects of integration for migrants into the host society.

The care regime builds on Esping-Andersen's concept of a welfare regime (1990, 1999), which identifies three typologies of welfare states: liberal, conservative, and social democratic. Two major criticisms to this concept arose in response. First, feminists criticized the lack of gender perspective in this analysis and questioned whether the typology would hold up if gender was incorporated. They criticized the main analytical concept of "decommodification" (Esping-Anderson 1990, 22)—the ability to maintain a livelihood without reliance on the market—to be problematic because it undermines the unpaid work undertaken by women at home (Orloff 1993, 1996; Sainsbury 1999). Second, since Esping-Andersen's typology was derived from several Western countries, it stirred up debate from those excluded from the typology. In East Asia, where the underlying political and economic foundations are different from those in Western countries, the fourth model of the welfare state—the productivist or developmental welfare state—was proposed, where social policy has become subordinate to achieving economic development (Holliday 2000; Kwon 2005a, b). Just as the mainstream comparative analysis of the welfare state has neglected gender and the role of women in providing care, this chapter

sheds new light on the role of migrant care workers and examines the institutional framework of the ways in which migrants are configured in the care labor market in East Asia.

The care regime can be defined as sets of policies and institutions for long-term care that include both funding and care provisions provided by the state, market, family, and community. For the indicators of the care regime, (1) professionalization in long-term care work, (2) the care site, and (3) "re-familialist" versus "de-familialist" axis will be introduced. The first indicator defines the skills used in long-term care. Nursing dates back to the time of Florence Nightingale in the mid-nineteenth century and spread into non-Western countries through modernity, war, imperialism, and colonialism (Choy 2003; D'Antonio et al. 2016; Rafferty et al. 1997). To develop and transmit nursing knowledge and skills was an important part of the modernization project and became embedded in different practices in various parts of the world. If nursing was a profession that grew out of science and modernization, caregiving is an occupation in the era of post-modernism and "biopower" (Foucault 1990, 135–159) that enhances states' concern over the managing of the body or fostering life. Compared with nursing, where power emanates from science and medicine and is supported by well-established professional associations such as the International Council of Nurses, care work is differently constructed, depending on the socioeconomic context that creates the structural conditions that shape migrants who are turned into "care workers."

Elderly care in East Asia and elsewhere is a newly established occupation with unclear job descriptions and ambiguously defined skills. Up to today, elderly care has been undertaken by a broad spectrum of people with different credentials, from medical care provided by registered nurses and auxiliary nurses, care workers with some training or certificate, domestic workers with some experience, and families and the local community. In East Asia, country-specific credentials have been established for elderly care (Table 9.1). While a number of different qualifications coexist in the domestic care regime, migrants are meant to fit within this spectrum of diverse and ambiguous qualifications and entitlements. These credentials are driven from the national employment models (Simonazzi 2009), rather than qualifications that individual migrants possess.

The second indicator examines the site where the care is provided. The actual care work and working conditions differ greatly between institutional and home care. In institutional care, the care workers usually work in a team with other experts such as nurses, physical therapists, and social workers

Table 9.1 Different qualifications for elderly care workers in East Asia

Country	*Type of care worker*	*Target*	*Qualification*
Japan	*Kaigo fukushishi* (Certified long-term care worker)	Open to migrants under the EPAs and resident migrants	National certificate awarded after: 1. Graduating from an accredited high school and passing the national exam; 2. Graduating from a 2-year technical college; 3. More than three years of working experience, 450 hours of training, and passing the national exam
	Kaigo shokuin shoninsha kenshu (Long-term care worker)	Open to resident migrants	Certificate awarded by municipal governments after completion of 130 hours of training and passing the exam
	Domestic worker	Acceptance of foreign domestic helpers in National Strategic Special Zones (NSSZ) started in 2017	No certificate required
Taiwan	*Jhao gu fu wu yuan* (Long-term care worker)	Migrants not eligible	Certificate awarded after 90 hours of training at an accredited institution
	Kan hu gong (Nursing worker)	Migrants only	No certificate required, though workers are supposed to have received 90 hours of training in the sending country provided by private agencies
	Domestic worker	Open to resident migrants and a small number of migrant workers	No certificate required
Korea	*Yoyang pohosa* (Certified long-term care worker)	Open to resident migrants and overseas Koreans	National certificate awarded after 240 hours of training and passing the national exam
	Kanbyeongin (Hospital attendant)	Open to resident migrants and overseas Koreans	No certificate required
	Domestic worker	Open to resident migrants and overseas Koreans	No certificate required

Source: Shakai Fukushi oyobi Kaigo Fukushishi ho [Social Worker and Care Worker Law], Japan; Ministry of Health and Welfare, Taiwan (2016), Ministry of Health and Welfare, Korea (2012)

and, in general, the working conditions are regulated. On the contrary, in home care especially for those who live-in, the work of care workers converges with that of the domestic worker, and thus become less regulated and more isolated. The third indicator demonstrates the degree to which care depends on the family. Esping-Anderson (1999, 51) defines "familialism" as a system where the households have the main responsibility for providing welfare and caring responsibilities, and "defamilialization" is to remove the care burden from the household. He further distinguishes two paths for defamilialization: one through public services and the other through the market. In East Asia, Japan and Korea have implemented Long-Term Care Insurance (LTCI) for elderly care through public provisions, but other societies relegate the care responsibilities to the families, who seek a market solution.[2] However, market solutions are only available for those who can afford them and, without public provisions, the main responsibility for care still lies with the families. To examine the state–market relationship, it is more appropriate to distinguish between "defamilialization" through public services and "refamilialization" in which families outsource care through market provisions.

The concept of regimes and how they intersect with each other allows us to analyze different configurations of migrant care workers in relation to citizenship, integration within the host society, nature of the welfare state, and professionalization of care work, which reveal the entitlement of the migrants as well as the quality of care. While the previous scholarship on care regimes and migration regimes tend to treat them as two separate spheres, this chapter argues that the two regimes are mutually enforcing, and it is the intersection of the two regimes that will construct the "migrant care workers," including their agencies, in a variety of ways. It also aims to shed new light on the discussion of East Asian welfare regimes from the perspective of migrant care workers and citizenship.

Japan's Migration and Care Regimes: Unexpected Migrants as Subsidiary to Free Trade

Japan has a long history of immigration and emigration, but a major shift occurred under the Immigration Law reform in 1989, which prioritized highly skilled migrants. Initially, 16 visa categories were created, including "business manager," "legal/accounting," "medical services," and "intercompany transferee," With growing competition in the global

economy and the shrinking of its productive population, a number of policy initiatives were undertaken to boost the migration of highly skilled workers, exemplified by the introduction of the points system in 2012. However, the migration of care workers in Japan came about not as part of the immigration policy or labor market policy but as a subsidiary to free trade agreement. When the Philippine government proposed the establishment of the EPA, they proposed that Japan open up four occupations: (1) nurses, (2) care workers, (3) nannies, and (4) domestic workers (Asato 2007). In line with the Japanese immigration policy encouraging highly skilled workers, only the nurses and care workers were admitted. Both have national certificates in Japan, although the meaning of "skills" differs between the two occupations (Ogawa 2012). Passing the national exam became mandatory owing to pressures from the Japan Nursing Association out of concern that the influx of migrant workers might further downgrade their profession (Ohno 2012).

Until the establishment of the EPA, very few foreigners worked as physicians and nurses under the "medical service" visa, and no foreigners could get a visa to work as care workers.[3] The same agreements have been established between Japan and Indonesia and Japan and Vietnam's with their respective EPAs, which opened up the migration of nurses and care workers from these countries. The first group of Indonesian care workers arrived in 2008, followed by Filipinos and Vietnamese; by the end of 2016, approximately 2800 migrant care workers had arrived in Japan.

The migrant caregivers from Southeast Asia are all university or nursing school graduates and have received six months to one year of free Japanese language training before they start working. They can only work in institutional care and not in at-home care.[4] While they are working, they must continue studying for three years to be able to pass the national exam and become certified care workers or *kaigo fukushishi*. The exam comprises 120 questions of multiple choice from 13 subjects, including social welfare, psychology, medicine, social work, and skills in long term care. In 2016, the passing rate for Japanese and migrants was 57.9% and 50.9%, respectively.

Once the migrant caregivers obtain their certificate, they can work and reside in Japan for an indefinite period and family reunion is also allowed.[5] Migrant caregivers' working conditions are then the same as for the Japanese, and are regulated and protected under labor law.[6] Matching and deployment are done by state agencies on both sides, so no financial cost must be shouldered by the migrant themselves. Owing to pressure from the professional organizations, migrant care workers are integrated as

"professionals" but whether care work is considered as skilled labor is contested (Ogawa 2012; see also Lan 2016). Japan's migration–care regime can be summarized as follows:

Citizenship: Can stay up to four years. Once they are certified, the visa can be extended for indefinite period, which makes them eligible to apply for permanent residency, and family reunion is allowed.
Working conditions: Employed in the same conditions as Japanese. Once they are certified, they can change the employer.
Source countries: Indonesia, the Philippines, and Vietnam.
Training: One year of prior language and caregiving training. After starting work, care workers continue to study for the national exam of certified care workers.
Care site: Institutions only.
Nature of the care regime: Defamilialist, as they are incorporated into LTCI once they are certified.

Taiwan's Migration and Care Regimes: Live-In Migrants as a Neoliberal Solution

Taiwan's migration regime is shaped by its geopolitical position in the international community, influenced by longstanding tension in the cross-strait relationship with the People's Republic of China. Lack of presence in and isolation from the international arena, such as through the United Nations, has seriously affected Taiwan politically and economically. Former President Lee Teng-hui's "Going South" policy was meant to reduce dependency on mainland China and enhance economic diplomacy with Southeast Asia. In 1992, the labor market was opened to four countries in Southeast Asia: the Philippines, Thailand, Malaysia, and Indonesia; Vietnam joined in 1999. The then-chairperson of the Council of Labor Affairs (CLA) acknowledged that diplomatic relations were a consideration in choosing these countries (Lu 2011, 97).

Similar to Singapore and Hong Kong, Taiwan's migration regime is closely linked to the employment regime mobilizing women to enter the labor market. Responding to the shortage in the labor market, the government decided to open the care labor market and accept migrant workers in 1992. The CLA states that immigration: (1) satisfies more basic manpower needs and encourages small and medium enterprises (SMEs) to keep their

investments in Taiwan and offer more jobs; (2) allows Taiwan to utilize global human resources to increase national competitiveness and accelerate public construction projects and; (3) provides sufficient caregivers to households in need so that productive manpower can fully participate in the job market (CLA 2012). By the end of 1992, there were just 669 migrant care workers and domestic workers. This jumped to 106,331 in 2000, 186,108 in 2010, and 237,291 in 2016 (Ministry of Labor, Taiwan 2016a). This is in line with the women's labor force participation ratio, which also increased from 44.83% in 1992, 46.02% in 2000, 49.89% in 2010, and 50.74% in 2015 (Ministry of Labor, Taiwan 2016b).[7]

In 2016, migrant care workers comprised 38% of the total migrant labor force; the remaining workers were in manufacturing, construction, and fishing (Ministry of Labor, Taiwan 2016a). The period of stay was extended from the initial two years to 14 years in 2015, but no citizenship will be given and family reunion is not allowed, so it is in principle a guest worker system. A direct hiring system, although still limited, was introduced so that the employers and migrants can establish the contract directly from the second hiring so as to avoid paying fixed service charges to private intermediary agencies.

Migrant caregivers are excluded from obtaining the certificate for long-term care and although they are supposed to receive training in their home countries, in interviews with agencies in Indonesia and Taiwan, it was discovered that this is not always guaranteed.[8] Recruitment, matching, training, and deployment are undertaken by private agencies, which tend to maximize their profit by withholding training. Lack of training creates risks for the safety and security of both migrants and the elderly. Moreover, language proficiency and cultural knowledge are in fact considered a disadvantage to the employers and agencies, as a barrier in these respects allows for better control of laborers (Lan 2016); so, migrants are not expected to be "professionals," even though some of them have a degree in nursing.

In addition, live-in migrant care workers are excluded from the labor law regulating working hours, resulting in round-the-clock care often without holidays. This leads to a large number of human rights violations and runaways are not uncommon. Furthermore, migrant care workers are paid less than Taiwanese caregivers. The Taiwanese government acknowledges that the majority of the care responsibility rests with the family, and the role of the state is limited to setting average wage standards for migrants and agency fees, establishing multilingual hotlines, and employing bilingual "inspectors" in local government to deal with the labor issues deriving

from the levy they collect from the employers. Families are left without much choice but to hire a migrant care worker and live-in migrants have become the most flexible and useful source of labor for families.

Responding to growing care needs, Taiwan passed the Long-Term Care Services (LTCS) Act in 2015 in an attempt to integrate various care services. However, owing to changes in government, it is difficult to foresee how it will be organized and implemented. What is clear is that the LTCS cannot be implemented without depending on the 200,000-strong migrant care workforce, and the introduction of public provisions will bring changes in their conditions in the future. The characteristics of Taiwan's migration–care regime can be summarized as follows:

Citizenship: Can stay up to 14 years, but permanent residency and family reunion are not allowed.
Working conditions: Institutional care workers are protected under labor law but not live-in care workers. Both are paid less than locals.
Source countries: Indonesia, the Philippines, and Vietnam.
Training: Migrants are supposed to have 90 hours training before they come to Taiwan.
Care site: Predominantly private households.
Nature of the care regime: Refamilialist, as all migrants are employed by families.

Korea's Migration and Care Regime: Co-Ethnics as Convenient Care Providers

The rapid economic development of Korea since the 1990s brought about a labor shortage that pressured the government to open the labor market and accept migrants mainly from Southeast and Central Asia. However, in the Korean labor market, Korean Chinese have a distinct position. After the Seoul Olympics in 1988, Korean Chinese started to visit their families and relatives in Korea; this trend was further accelerated after a diplomatic relationship between Korea and China was established in 1992. After the financial crisis of 1997, then-president Kim Dae-jung proposed the Overseas Korean Act, which would provide incentives to overseas Koreans through relaxation of laws that would allow them to purchase property and grant them social securities in Korea. This was criticized for privileging rich Koreans in the United States and excluding the 3 million overseas

Koreans in China, the former Soviet Union, and Japan. In 2001, the Constitutional Court ruled that this Act is "unconstitutional" and that overseas Koreans who left the country before the establishment of the Republic of Korea should be included.

A law introduced in 2007 allowed Korean Chinese and Koreans in Central Asia to work in the service sector if they can prove their Korean language proficiency. In 2000, the number of Korean Chinese was 32,441, but it jumped to 626,655 in 2015 (Kim 2010; Ministry of Justice, Korea 2015, 376). Korean Chinese are the largest group in the labor market followed by Vietnamese, Chinese (excluding the Korean Chinese), and Americans and Canadians (Ministry of Justice 2015, 376). Among Korean Chinese, women accounted for 47%, and among them 33% are over 40 years old (Ministry of Justice 2015, 412–413). According to Lee (2006), Korean Chinese men can only find work in construction, which is harsh and especially demanding of those in their middle age, but women can find work more easily, especially in the service sector. The fact that Korean Chinese share the same language and culture as their host country has resulted in the domination of Korean Chinese women in household work, with the amount being as high as 90% in 2009 (Kim 2010, 69).

Korean Chinese women are engaged in care work in Korea in a number of ways. First, the Korean care regime established a national certificate for long-term care (*yoyang pohosa*) in 2008 alongside the introduction of LTCI, and made this certificate mandatory for all the care workers who work under LTCI. In 2015, there were approximately 300,000 *yoyang pohosa* working in home and institutional care (National Health Insurance 2016, 592–593). The *yoyang pohosa* certificate is open to foreigners, such as marriage migrants and overseas Koreans. There are no statistics that show the number of migrants who obtained the certificate, but according to one study, in 2011, only 314 migrants were working as *yoyang pohosa* from all visa categories. (Lee 2013, 20) Some multicultural family support centers as well as settlement centers for North Korean migrants/refugees provide training as well (Lee 2015).[9] If migrants obtain the *yoyang pohosa* certificate, they will be covered under the four insurance schemes (i.e., health, employment, occupational, and pension) and be protected from wage discrimination compared with local Koreans.[10]

However, many Korean Chinese women work as *kanbyeongin*, a position that requires 24-hour attendance in a hospital, preferring to get quick cash rather than invest their time and money to undertake 240 hours of training.[11] *Kanbyeongin* are neither covered by any social insurance nor LTCI

but are paid by families in need. In interviews with Korean Chinese women, it was revealed that the association of *kanbyeongin* established standardized wages and so, in principle, the salaries among nationals are supposed to be the same.[12] Furthermore, it is estimated that 60,000 migrants are working as domestic workers and babysitters in private homes (Korean Immigration Service Foundation 2013). The Korean migration–care regime can be summarized as follows:

Citizenship: Can stay up to five years but this can be extended.

Working conditions: Employment status differs among the *yoyang pohosa*, *kanbyeongin*, and domestic workers. *Yoyang pohosa* are under LTCI and *kanbyeongin* have an association, so in principle both are assured the same working conditions, which are not applicable to domestic workers.

Source countries: Care sector is only open to Korean Chinese.

Training: *Yoyang pohosa* require 240 hours of training and to pass a national exam.

Care site: *Yoyang pohosa* work in institutions and private households, *kanbyeongin* mostly work in hospitals, and domestic workers work in private homes as live-in and live-out carers.

Nature of the care regime: *Yoyang pohosa* are covered by the LTCI but *kanbyeongin* and domestic workers are employed by families.

Nexus Between Migration and Care Regimes

The three societies exhibit different institutional configurations of migration and care regimes, and it is only by identifying the nexus that we will be able to comprehend the broader entitlements of migrants and the quality of care. For the first nexus, we chose citizenship and qualifications (Fig. 9.1). Citizenship defines and protects the entitlement of migrants and ensures their status in the host country. The qualifications required for a care worker attest to their professional training, which makes a major difference in the health and well-being of the elderly. The number of EPA migrants in Japan who have obtained the certificate is too small to mitigate the labor shortage of an ageing population. Taiwan's guest worker system without a necessary certificate might be the most "economical solution," but the risk of jeopardizing the health and safety of the elderly should be taken into consideration. Korea's solution to introduce co-ethnics seems to be a sensible option if more migrants are motivated to undertake the certificate so they will be

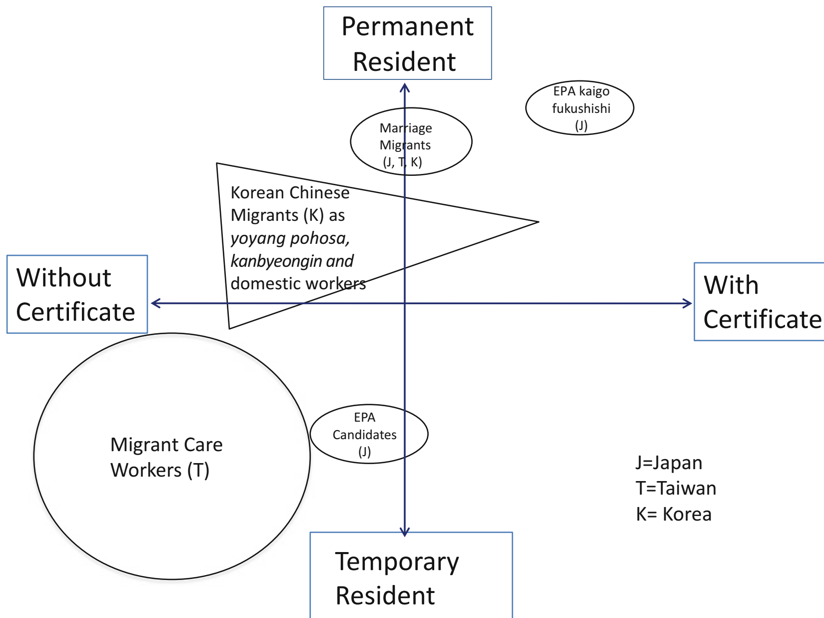

Fig. 9.1 Migration–care nexus 1—citizenship and qualification (Notes: The triangle for Korean Chinese represents the mobility among them as they change their occupations within the care sector)

well trained and entitled to insurance. In Korea, most of the migrant women in the care sector are above middle age, so being insured will protect them from certain risks in their own old age.

This raises several questions: to what extent should care work be professionalized? What will be the long-term prospects for career development of care workers, whether local or migrant? Should care work be undertaken by migrants who are guest workers with partial citizenship? What happens when migrants cannot work any longer? These questions are also related to how the local care workforce has been developed and how migrants are situated *vis-à-vis* this workforce. It also raises the issue of social citizenship if the migrants are denied the right to live with their families or the right to be decommodified when they become sick or old. The issue of citizenship certainly defines how many resources the government and employers will invest to enhance the quality of the care workforce. To secure a quality and

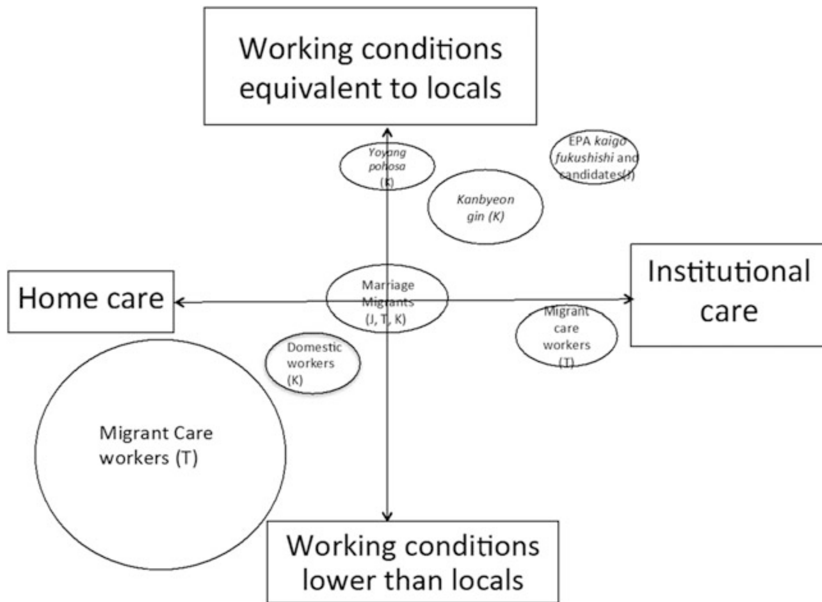

Fig. 9.2 Migration–care nexus 2—working conditions and care site

stable care workforce and to successfully integrate migrants into society, it would be preferable to have more migrants in the Permanent Residency-With Certificate category.

Figure 9.2 looks at how migrants are situated in the labor market. One distinct difference between Japan and Taiwan is the attitude toward institutional care. In Japan, approximately one in four persons who need care are in institutional care (Cabinet Office, Japan 2014).[13] However, in Taiwan, "institutional care is associated with the stigma of filial failure" (Lan 2006, 35) and home care is considered to be an "ideal" option. In Bartlett and Wu's survey (2000, 215), only approximately 3% of elderly were in institutional care. When the author visited a number of care facilities in Taiwan, most of them had some empty beds.[14] This is in stark contrast to Japan, where 520,000 elderly, among which 41% are heavily dependent, are waiting to be in institutional care (Ministry of Health, Labour, and Welfare, Japan 2014). These circumstances are not only guided by the cultural ideology of family care but are also affected by care regimes that shape the working conditions of the migrant care workers.

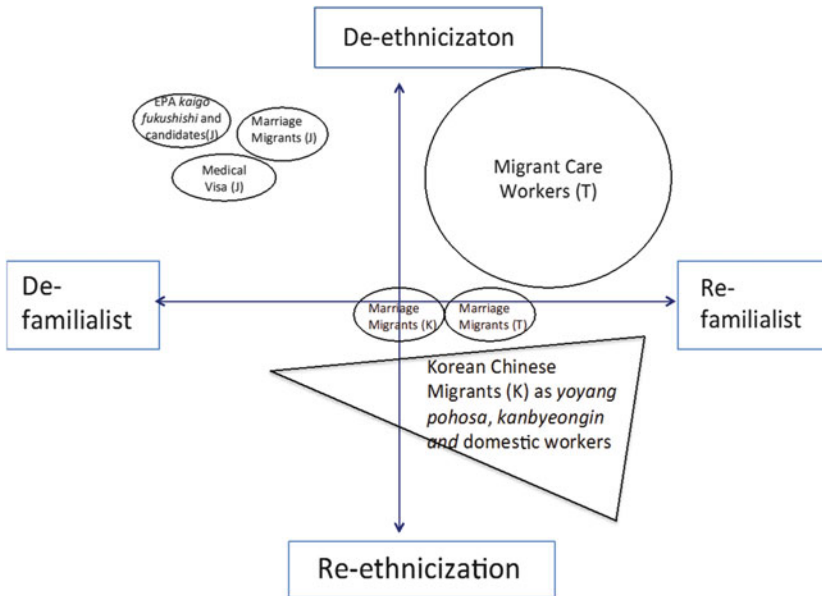

Fig. 9.3 Migration–care nexus 3—configuration of global welfare regimes

A small number of EPA migrants in Japan who work in institutional care are regulated and in a position to receive the same benefits as locals. In Taiwan, the migrant care workers in institutional care are subjected to labor standard laws and working conditions are regulated, but the same conditions do not apply to live-in care workers, who comprise the majority of the care workforce. In Korea, *yoyang pohosa* and *kanbyeongin* are in principle entitled to the same working conditions as locals but domestic workers, whether they are a migrant or local, are not protected under labor law. The varied standards in working conditions may contribute to the creation of a dual labor market in the long run.

Figure 9.3 illustrates the new configuration of global welfare regimes by examining the extent of ethnicization policies and the nature of care regimes. Regarding social expenditure, the Korean solution of refamilialistic re-ethnicization would be the most economical because of the low social and financial costs involved. However, this is only possible due to the existence of a diaspora community with lower economic status. The fact that Korean Chinese share the same language and culture significantly

lowers the cost of migration, both in economic and symbolic terms for the state, families, and migrants. However, Japan and Taiwan cannot take the same option due to different historical and geopolitical conditions. Starting in the 1990s, Japan's immigration law allows Japanese descendants to legally migrate and work, but they are largely concentrated in the production sector and not in the care sector, owing to their limitations in speaking Japanese (Ishikawa 2009). Taiwan, with its longstanding political tensions stemming from its cross-strait relationship will continue to restrict the entry of mainland Chinese labor migrants, and here geopolitical considerations prevail over economic interests.

Japan's LTCI attempted to decrease the burdens of families and aimed to socialize care, at least in principle. Korea also introduced LTCI in 2008 and Taiwan is in the process of its implementation too. However, only a small number of migrants have been embraced by LTCI. To secure a quality workforce and ensure regulated working conditions for a migrant population that may expand in the future, the LTCI plays a critical role in creating path dependency.

Conclusion

Migrants are introduced in a variety of ways to the host society within the intersections of migration and care regimes that they themselves have no part in making. Different configurations of migrants in the care labor market inform us of migrants' entitlements as workers, and of the quality of care provided. Among the three societies, Japan's migration–care regime allows EPA migrant care workers to become "professionals," providing citizenship and family reunion but for a very limited number of highly educated migrants. A large proportion of EPA migrant care workers are women, reflecting the gendered nature of the state, as is the case with most migrant care workers elsewhere. The fact that EPA migrants are integrated within the regulated care labor market informs us that being a migrant woman or migrant care worker *per se* does not necessarily have to lead to their vulnerability and it is rather the institutional framework that shapes their living and working conditions and agency within the host society. This migration–care nexus was not an outcome of the state's commitment to human rights, as other more abusive migratory flows are tacitly approved,[15] but the bilateral agreements have forced the Japanese government, in an unexpected way, to ensure that migrants will be entitled to the same working standards, and become certified and protected under the

same legal frameworks as everyone else. However, it still does not meet the demands of the labor market (see Chap. 8) and a shift toward more marketized options is taking place.

Responding to the unprecedented level of population aging and labor market shortages, in 2017, several policy initiatives were planned for introducing less-skilled migrant care workers.[16] Although the EPA serves as a reference point, the framework for future migratory flows of care workers/domestic workers will be significantly downgraded and deregulated, showing conversions to a more neoliberal-style migration–care nexus. This indicates how arbitrarily 'migrant care workers' as a category can be constructed through different political and economic dynamics without a long-term plan for making social policy sustainable and well-designed immigration policy to socially integrate these migrants.

Taiwan's migration–care regime is less discriminatory, as there are no conditions to be met. This privatization of care goes well with the state's goal to prioritize economic development and spend less on social expenditure as well as Taiwanese women's (and men's) desire to obtain affordable and flexible care at home. However, weak enforcement of regulations will continue to result in an increase of undocumented migrants and their lack of training may affect the quality of daily-life support for the elderly. The introduction of a long-term care system combined with advocacy by civil society might lead to a turning point in introducing training, regulating labor conditions, and strengthening of protection of human rights of the migrant care workers in the future.

With co-ethnic migrant care workers, Korea's migration–care regime significantly lowers the cost of migration and integration. However, compared with Japan and Taiwan, where the migrants are mostly younger generations, Korean Chinese women in Korea undertaking care work are mostly middle-aged or older. This raises the question: who cares for the migrants? Despite many variations, one major commonality among the regimes in these three societies is the issue of migrant social citizenship: their right to be decommodified is denied or at least postponed. The reproductive needs of migrants are neglected or considered as less important while they are providing care to more advantaged families (Parrenas 2003, 2005).

In the postwar period, we have seen the development and expansion of the concept of human rights to refugees, women, children, indigenous people, disabled people, and migrants. However, the International Convention on Migrants has been ratified by only a small number of countries,

which poses a challenge to the migrants and their families left in their home country. Against the grain of globalization discourse, which celebrates hypermobility, cosmopolitanism, and deterritorialization, care cannot be easily offshored or outsourced to other countries simply because the labor cost is cheap. Care work should not be reduced to a private matter, nor viewed solely as a women's matter, as it has been governed by a larger social structure. The intersection of migration and care regimes creates the conditions of migrant care workers, the kind of care work they perform, the gendered nature of the work, and their long-term prospects for working and staying in the host country. If migrants have to be brought in to care for the elderly in rich societies, then the host societies need to create a structure to "care" for the migrants as well. This study shows that the quality of care and the entitlements of migrants are correlated and if developed societies want a stable and quality workforce, they need to provide care for their migrants.

Notes

1. For discussions on East Asian welfare states, see, for example, Aspalter (2006), Holliday (2000), Kwon (2005a, b), Lee and Ku (2007).
2. Taiwan passed such a law in 2015 but it will take some time for public elderly care services to be fully implemented.
3. Amendment of the bill to revise immigration law to include care workers in the visa status was promulgated in 2016.
4. Expansion of the workplace to home care has been discussed at the policy level.
5. Family reunion is a visa type that allows one to bring the family members. In most cases, the unskilled workers cannot bring their families while the skilled workers are allowed to do so.
6. According to JICWELS, which monitors the employers, there has been no major violation of the contract regarding their salaries (email exchange, 2015).
7. For 2015, the data are calculated from January to November.
8. Interviewed in Jakarta in September 2011 and in Taipei in September 2013.
9. There are more than 200 multicultural family support centers aiming to integrate marriage migrants, but not all of them provide this training.
10. The wages and the working conditions of *yoyang pohosa* are lower than other sectors and turnover rate is high owing to bad working conditions, health issues, and low social status (National Health Insurance Service 2014).
11. Interviewed in Seoul in September 2016.

12. Interviewed in Seoul in September 2016.
13. Long-Term Care Insurance was introduced in 2000 and contributed to removing the stigma of institutional care in Japan.
14. Interviewed in Taipei and Taichung in September 2013.
15. For example, the violation of human rights under Technical Intern Training Program (TITP) has been heavily criticized by civil society and the Japan Federation of Bar Associations has repeatedly issued statements to abolish TITP (JFBA 2015).
16. There are at least three routes as of 2017. Firstly, care workers will be accepted under TITP, which is a de facto guest worker program for "unskilled" laborers. Secondly, potential care workers will arrive as students who will be enrolled in technical schools and become certified care workers. Thirdly, domestic workers are introduced in National Strategic Special Zones (NSSZ) of Tokyo, Osaka, and Kanagawa.

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