Survey Article

Toward Maintaining and Improving the Quality of Long-Term Care: The Current State and Issues Regarding Home Helpers in Japan under the Long-Term Care Insurance System

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In Japan, where the population is aging at a speed unequaled by any other country in the world, there has been a rapid increase in the use of long-term care services, following the adoption of the Long-Term Care Insurance System. The increase is seen mostly in home-visit care services, and the need for such services is expected to increase even further in the years ahead. This paper reviews previous studies on long-term care insurance service market in Japan, focusing especially on home helpers. The first section of this paper introduces the framework of the Long-Term Care Insurance System and the current state of the long-term care insurance service market. The second section examines the systems and working conditions regarding home helpers. Finally, the third section analyzes the job performance skills of home helpers and development thereof. Through these observations, this paper aims to introduce the measures proposed to be effective for maintaining and improving the quality of long-term care services, and for consistent provision of such services, by focusing mainly on employment management that enables helper skill development.

1. Introduction

Home-visit care service needs in Japan are expanding, as a result of the adoption of a Long-Term Care Insurance System that prioritizes in-home care. The statistics regarding the number of long-term care insurance service recipients (Ministry of Health, Labour and Welfare 2005, 2006, 2007), by service type, are as follows: 1.52 million people received home-visit care services between April 2006 and March 2007, which means that the number increased by 530,000 people within a five-year period. On the other hand, 1.08 million people received institutional care services in 2006; here, the increase is only 200,000 within the five-year period.1 These figures indicate an especially rapid increase in the

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1. The number of long-term care insurance recipients in 2006 was less than that of the previous year; overall and separately for home-visit care services and institutional care services. This is the first time that such decrease in statistics was seen since the start of the survey in 2001, and reflects how the amendments made to the system have reduced the number of services available to those with relatively less need for care.
demand for home-visit care services. In addition, with the comprehensive enactment of the Revised Long-Term Care Insurance Law (Kaisei Kaigo Hoken Ho) in April 2006, the types of services needed, including preventive care, treatment of dementia and so forth, are becoming more specialized and sophisticated. Moreover, in 2007, a national audit of major home-visit care service providers was conducted for the first time ever.\(^2\) The audit revealed inappropriate management conduct on the part of the service providers, and even forced the largest provider to withdraw from the market. All in all, the trend for reinforced monitoring and improvement of service quality is growing strongly. In other words, not only are the needs for home-visit care expected to expand but also its quality can be predicted to improve as well.

In order to respond flexibly to the growing need for home-visit care, it is important to take home helpers into consideration, as well as users and providers of the services. This is because in order to consistently provide home-visit care services of suitable levels, adequate numbers of workforce need to be secured. Furthermore, the workforce needs training so that it is equipped to provide high-quality care services. Recruiting and retaining an adequately educated and skilled workforce, and improving the quality of staff, are policy issues shared by other member nations of the Organization for Economic Co-operation and Development (OECD) as well (OECD 2005\(^a\)). Therefore, examining strategies for securing and improving the quality of the workforce in Japan, based on the current state of the country’s home helpers, may also contribute to the improvement and maintenance of long-term care quality in other OECD countries.\(^3\)

2. The Long-Term Care Insurance Service Market in Japan

This section introduces the background regarding the adoption of the Long-Term Care Insurance System in Japan and presents an overview of the system. It also presents an outline of the long-term care insurance service market.

2.1 The Aging Society and Its Long-Term Care Policies

Since the 1990s, the population of Japan has aged rapidly, and the country’s birth rate has been declining at equivalent speed. In 2006, the total fertility rate was 1.32 (Ministry of Health, Labour and Welfare 2007\(^b\)), the average life expectancy 79.0 years for men and 85.8 years for women (Ministry of Health, Labour and Welfare 2007\(^c\)) and the ratio of the elderly (i.e. the ratio of the population of those 65 and over to the total population) was 20.5% for the total population of 127.77 million.

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2. This audit was conducted based on standards set nationally in Japan which are to be adhered to by service providers. These standards focus on structure and process, such as the number of staff, staff quality and staff training. If a provider fails to adhere to these standards, prefectural authorities can strip it of its qualifications.

3. As demonstrated by the fact that OECD (2005\(^a\)) also devotes a chapter on ‘Monitoring and Improving the Quality of Long-Term Care’, the varying (i.e. inconsistent) levels of the quality of long-term care services are a major concern for the member countries. This has led these countries to consider adopting quality evaluation standards focusing on such criteria as the infrastructure and service provision processes of the providers. Many empirical studies on long-term care service quality have been conducted outside Japan, primarily on nursing homes (cf. Weisbrod (1988) and Cohen and Spector (1996), among others). Most theoretical studies follow the ‘contract failure’ model of Hansmann (1980). In Japan, however, few such studies have been conducted on home-visit care service providers; among them are Suzuki (2002) and Shimizutani and Suzuki (2007), who examined quality differentials between the for-profit and nonprofit operators. No criteria for evaluating long-term care service quality have yet been established; further research is awaited. However, the general agreement is that staff quality greatly influences the quality of services provided.
By the year 2025, the ratio of the elderly is expected to exceed 30% (Cabinet Office 2007). A defining characteristic of the aging of the Japanese population is how quickly it progresses; another is the especially high ratio of the elderly (United Nations 2004; OECD 2005b).

With long-term care needs expected to increase with the aging of societies, other countries have, since the end of the 1980s, been seeking long-term care policies that can continue to provide long-term care services of appropriate quality levels. Such attempts in Japan were made based on the following background: (a) with the rapid aging of the population, the number of elderly persons in need of long-term care was increasing dramatically; (b) family-based long-term care was starting to show its limitations, due to changes in family structures and in the conditions surrounding long-term care issues and (c) vertically-divided system of health, medical and welfare services for the elderly could not adequately respond to service needs (Masuda 2003). To counter these issues, the Long-Term Care Insurance System was adopted in the year 2000.

Let us now review how Japan’s long-term care policies are positioned within the country’s social security system as a whole, by comparing it with the policies of other countries. According to Inagawa (2002) and others, in the past, many countries, except those whose long-term care services were funded by general taxation (e.g. Scandinavian countries, Great Britain and so forth), provided welfare through public programs such as social assistance. This was true even for countries, including Japan, that use social insurance systems for medical care. In the 1990s, however, countries such as Germany, Japan and France began considering long-term care as a social risk in itself and moved to adopt and expand long-term care benefits systems separately from such systems as health insurance.4 It should be noted that the US does not have a public long-term care security system. Instead, only those long-term care services that can be deemed to be medical treatment are covered by Medicare; Medicaid can cover long-term care expenses only when one can no longer afford to pay the expenses themselves (Figure 1).

According to a comprehensive review on the latest trends in long-term care policies in the 19 member countries of the OECD (2005a), the total expenditure on long-term care in the seven OECD member countries (including Japan) that provide universal access to long-term care services ranged from 0.8% to 2.9% of the gross domestic product (GDP) (0.8% in Japan).5 Those in the remaining 12 countries, which have largely means-tested systems in which those with incomes above a certain level are expected to bear all or most of these expenses, ranged from 0.2% to 1.5% of the GDP. Comparing the spending levels of all these countries, however, reveals that although the methods of organizing and funding long-term care are different for each country, the expenditure outcomes are similar, namely, in terms of overall spending levels.

2.2 Overview of the Long-Term Care Insurance System in Japan

This section introduces the meaning the adoption of the Long-Term Care Insurance System held for the Japanese society and the framework of the system (Ministry of Health and Welfare 1997, 1998 and other issues). Regarding the users of long-term care services, adoption of the system was expected to

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4. According to OECD (2005a), however, of the 19 OECD nations, Japan, Germany, Luxembourg and the Netherlands are the only nations that have chosen to adopt a social insurance system. Long-term care in most countries is funded by tax revenue.

5. Kasza (2006) not only studied long-term care policies in Japan but also investigated the country’s welfare policies from a variety of angles and by comparing it with the policies of other countries across the world. As a result, it was observed that medical, health care and pension plans in Japan are not at all out of the ordinary with regard to international standards, but rather cover the same social risks as those in other countries.
have the following effects: (a) The system would enable the establishment of a ‘socialized long-term care’, in which the society as a whole supports those who need long-term care. (b) It would also enable the establishment of a ‘user-oriented service system’. Prior to the adoption of the system, users had access only to ‘measures’ taken by a government that assesses what its citizens need and designs and implements services and the provider institutions based on these assessments. Users could now make ‘agreements’ with the providers based on their choice of services and institutions. (c) The system would relieve excessive burdens placed on family and improve opportunities for women in the workplace, for it has mainly been the women to take on long-term care. Regarding financial aspects and those who provide the services, the following effects were expected: (a) The regular supply of care services enabled by the increase in newcomer service providers would improve the

Figure 1. Types of Long-Term Care Systems.

6. Before 2000, only lower income households were eligible for elderly care services provided by local governments as part of the social welfare scheme. However, these households were not able to choose between providers or service content and had to accept whatever the government had to offer.

7. Higuchi et al. (2006) analyzed 814 micro-level data that were obtained continuously from 1997 to 2003 from a panel survey of the elderly conducted every other year since 1997. The results of this analysis demonstrated that the presence of a household member in need of long-term care did tend to keep other household members from going to work. At the same time, however, it did not confirm that the current Long-Term Care Insurance System could have the effect of encouraging these household members to work by lifting the burden of long-term care. It is still not clear whether a Long-Term Care Insurance System can influence the positions in the labor market of the elderly and of those who are obliged to provide long-term care; further research is awaited.
quality and efficiency of services. Also, competition would be generated by the entry of for-profit providers into the home-visit care market.8 (b) By separating long-term care from health insurance coverage, the new insurance program would reduce the number of cases of ‘social hospitalization’, where elderly patients are hospitalized simply because of a lack of viable alternatives. Such ‘hospitalization’ drives up medical costs.

As stated above, in Japan, the Long-Term Care Insurance System was adopted in 2000. Following a fifth-year review of the system’s implementation, the amended Long-Term Care Insurance Law was fully enacted in April 2006.9 Under this current system, according to the Ministry of Health and Welfare (1999) and the Ministry of Health, Labour and Welfare (2002, 2006a), financing is operated on a pay-as-you-go program, funded half by earmarked insurance premiums levied on insured persons and half by general tax revenue (national, provincial and local). The insured are divided into Category 1 Insured, who are age 65 and over (approximately 26 million people in 2006–2008), and Category 2 Insured, who are age 40–64 (approximately 43 million people for the same period). The insurers are local municipalities and special administrative wards. Premiums differ depending on the category of the insured: Category 1 Insured pay fixed premiums per income bracket (those with low income have lower premiums). The national average premium for Category 1 Insured is expected to increase between 2006 and 2008, according to the prospects set forth by the Third-Stage Planning for Long-Term Care service, to approximately ¥3,900.

In order to receive long-term care services, the insured must apply to the insuring local municipality for Long-Term Care Requirement Certification, and be certified thereof. After an individual is certified, he/she is then categorized into one of seven groups according to health condition. Benefit entitlements are granted according to the individual’s required care level and within the allowance limits set for long-term care needs.10 Care benefits services are offered to those of the ‘Care Required’ group, and preventive benefits services are offered to those of the ‘Support Required’ group. The basic rule when using these services is that users must bear 10% of the cost of the services, and the level of service is determined based primarily on the long-term care service plans drawn by care managers.

According to Pratt (1999), though the types of long-term care services may be different for each country and time period, the services can be divided roughly into five categories: (a) institutional care services, (b) assisted living or residential care facilities, (c) adult day care services, (d) home-visit care services and (e) hospice care. In Japan, the services provided by long-term care insurance are (a), (c), (d) and so forth for care benefits services recipients and (c), (d) and so forth for preventive benefits services recipients.11

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8. For-profit providers were allowed into the home-visit care market before 2000; however, because users had to pay the full amount for the services themselves, the services provided were, in reality, only available to the wealthy. Accordingly, the market for privately provided care services was small.

9. The foundation of this amendment lies in the following: establishing a system that emphasizes preventive care, reviewing institutional care provision, establishing community-oriented services/comprehensive community support centers, securing and improving service quality and finally system management and burden allocation.

10. In-home care benefits differ by region; the monthly allocation is approximately ¥50,000–358,000, depending on the level of long-term care needs.

11. More specifically, care benefits services comprise the following: 12 types of in-home services such as home-visit care, six types of community-oriented services such as home-visit care at night, in-home long-term care management, and three types of institutional care services. Preventive benefits services comprise the following: 12 types of in-home services, three types of community-oriented services and care prevention management.
2.3 Outline of the Long-Term Care Insurance Services Market in Japan

This section presents an outline of the long-term care insurance services market in Japan. Regarding the state of long-term care insurance, according to the Ministry of Health, Labour and Welfare (2007a), in 2005, the total number of people with long-term care requirement certification was 4.32 million. This translates to an increase of 69% since the establishment of the Long-Term Care Insurance System in 2000. The number of people receiving services was 3.37 million, an increase of 83%. The cost of long-term care insurance benefits, not including that paid by the users, was ¥5.8 billion, an increase of 79%. The benefit expense per each Category 1 Insured individual was ¥224,000, an increase of 54%.

Regarding statistics on the recipients of the various types of services, the number of institutional care service recipients was 790,000, while that of in-home service recipients was 2.58 million. These numbers represent increase rates of 30% and 109%, respectively. This demonstrates that the increase in the number of in-home service recipients is especially significant (Figure 2).

Regarding statistics on the operators, according to the Ministry of Health, Labour and Welfare (2006b), in October 2005, there were approximately 20,600 home-visit care service providers, approximately 17,700 operators offering adult day care service, and so forth, providing in-home services. Approximately 5,500 long-term care welfare facilities for the elderly, and so forth, provided institutional care services. These numbers indicate a strong increase in the number of operators providing in-home services. When we examine the statistics on care workers (full-time conversions), regarding in-home services, approximately 180,000 personnel took part in providing home-visit care (however, because many home helpers are employed on a part-time basis, it is estimated that the actual numbers are twice this figure), approximately 170,000 took part in providing adult day care services and so forth. Regarding institutional care services, for example, approximately 230,000 people worked for long-term care welfare facilities for the elderly.

Furthermore, regarding the revenue and expenditures of long-term care service operators, according to the Ministry of Health, Labour and Welfare (2005), in March 2005, the base revenue per service type, including cash subsidies, was as follows: for in-home care services, 0.1% in home-visit care, 7.4% in adult day care services and so forth; for institutional care services, 13.6% in long-term care welfare facilities for the elderly and so forth.

3. Responsibilities and Working Conditions of Home Helpers

This section focuses on the working conditions of home helpers under the Long-Term Care Insurance System. First, the system surrounding the home helpers, who actually provide the home-visit care

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12. As of the end of March 2006.
14. 2005 total amount.
15. Okusa (2003) analyzed the relationship between operational conditions of service providers and their revenue situations. This analysis was based on a survey conducted in October 2000, and the following three points were noted: (a) regarding employment management, revenue is significantly lower for service providers who claimed that ‘a considerable number of employees are part-time workers with unstable employment status’; (b) regarding quality and efficiency, revenue is significantly lower for service providers who claimed they were ‘not collaborating with long-term care insurers, long-term care support centers, etc.’ and those who claimed that their ‘management foundation is unstable’ and (c) regarding the development of service to be provided, revenue was significantly higher for providers who claimed they wished ‘to expand services beyond those within the scope of the Long-Term Care Insurance System’.
services, and an overview of their responsibilities are described. Next, the stress caused by the job characteristics and working conditions distinctive to home-visit care is described.

3.1 The Home Helper System and the Helper’s Responsibilities

According to Ichibangase and Nihon Kaigo Fukushi Gakkai (2000) and others, home help services in Japan date back to 1956, when 13 local municipalities in Nagano Prefecture inaugurated katei yōgoju baken jigyō or ‘home care custodial nurse deployment project’. In 1963, a public system for in-home welfare was established as a national policy. According to Morikawa (1999), who gives a detailed account of the process by which home help was systematized, it was from the 1970s that long-term care work gradually evolved into paid labor. Home-visit care was defined first as katei hoshi (-in), or ‘Domestic Service’, and later as ‘Home Help’. In other words, it was regarded as an extension of housework and thus came to be viewed as something that required no specialization, suitable for women and housewives.16

Prior to the adoption of the Long-Term Care Insurance System, national policy stipulated that the responsibilities of home helpers were to include counseling and giving advice, in addition to physical care and housework. With the emergence of care managers following the adoption of the Long-Term Care Insurance System, however, the ‘counseling and giving advice’ was done away with, and responsibilities became more specialized; care workers were to mainly provide substantial and specific services (Nishikawa 2003).

According to analyses of the work responsibilities and the expertise of home helpers conducted in the 1970s and onward (e.g. Akeyama and Nogawa 1973; Kinoshita and Zaitaku Kea Kenkyūkai 1991), the essence of home helpers’ responsibilities lie in the following: focusing on the home and overall lifestyle of the caree, constructing a relationship that suits the individual, collaborating with those of related fields and occupations, and coordinating various services; in order to enable the elderly to live a life of independence and dignity.

16. For this, Shibuya (2003) give the following explanation: ‘Long-term care has been viewed as something that any housewife working as a part-time worker or a volunteer can provide. Consequently, the social value placed on long-term care as an occupation has been low; while the social value placed on it as “volunteer work” has been high. This view is reflected in the wages of care workers as well’.
Furthermore, Hochshild (1983) stated in a study of flight attendants that, in addition to the mental and physical labor the attendants are required to perform in the workplace, their work also involves ‘emotional labor’: the management of feelings in order to render ‘publicly observable’ facial and bodily display (i.e. those that can be pleasantly perceived by others). Himmelweit (1999) has argued that caring labor is a form of emotional labor as well, and that the emotional labor required of care workers is especially difficult for the following reasons: (a) Caring has two aspects, namely the motivation for caring for the carees, and the actual activities involved in caring for them. (b) The carer is required to constantly control their feelings and tend attentively to the caree. (c) Finally, because carers are often required to develop sustained relationships with the careee, managing their feelings becomes increasingly difficult. Additionally, care workers are motivated by factors that are not purely monetary, and also tend to be concerned about the results of their work. All of these should be carefully noted as attributes distinctive of home helper responsibilities.

3.2 The Current State of Working Conditions for Home Helpers

According to the Long-Term Care Labor Assurance Center (2007), approximately 90% of home helpers are women. Furthermore, over 60% of helpers are in their 40s and 50s. Regarding credentials, Home Helper Grade 2 was certified to the largest number of helpers, namely 77%; whereas 16% were certified as Certified Care Workers (multiple answers allowed).¹⁷

In terms of work status, over 80% are employed under fixed term contracts; most helpers are part-time workers. Furthermore, temporary part-time workers make up 70% of the total number of helpers. Temporary part-time workers are defined as those ‘who have registered with a home-visit care service provider beforehand as a job applicant, and who on the basis, first, of an employer’s inquiry in response to a service request from a person in need of long-term care; and second, in accordance with the registered person’s schedule, engage in providing their services’. Such workers are typically called torokugata helpers.¹⁸

In terms of wage,¹⁹ most of those working under open-ended contracts receive monthly salaries. On the other hand, of those working under fixed term contracts, almost all temporary part-time workers are paid by the hour. When we examine scheduled cash earnings, those earning monthly salaries receive an average of ¥190,000 a month, whereas those paid by the hour earn an average of ¥1,294 an hour. Monthly contractual cash earnings are ¥200,000 for the former and ¥80,000 for the latter.

¹⁷ Only ‘[t]hose persons who are Certified Care Workers or have been designated by other legislative ordinances’ can provide home-visit care services funded by long-term care insurance (Long-Term Care Insurance Law, Article 8, Section 2). Home helpers are designated as such (i.e. ‘by other legislative ordinances’) only when he/she has completed either of the following, and has received certification of completion: (a) care worker training provided by provincial governors or (b) training programs provided by those authorized by the provincial governor as conforming to the standards set forth by the ordinance of the Ministry of Health, Labour and Welfare (Long-Term Care Insurance Law Enforcement Order, Article 3). Furthermore, ‘Remarks on the review of the Long-Term Care Insurance System’ (July 2005), a report issued by the Social Security Council Long-Term Care Insurance Panel Report, states that in the future, long-term care should be provided mainly by Certified Care Workers. Based on this report, the qualifications of Certified Care Workers and the development of training systems for those already certified are being discussed.

¹⁸ In reality, the work schedules of most of these workers are determined on a monthly basis.

¹⁹ Shimizutani and Noguchi (2004) analyzed micro-level data from a survey conducted in 2000 on approximately 5,500 helpers. This analysis confirmed the existence of nonprofit wage premiums, and also demonstrated that non-profit providers tend to offer pay according to age, work status and training.
The turnover rate for home helpers is approximately 15% per year.\(^{20}\) Regarding the duration of the period continuously served by those who turn over, approximately 40% left their jobs after less than a year.

Moreover, regarding the care worker labor markets in Europe and the US, Mitomi (2005) has investigated the relationship between the service quality and labor conditions in the regions. This study demonstrates that wage levels are low in these countries also, and employment relations unstable. It further notes such problems as workers not compensated for the hours worked or not provided with various kinds of insurance and the low social status of care workers. All of these problems have led to a high turnover rate in Europe and the US as well.

### 3.3 Stress Imposed on Care Workers

One underlying factor behind care worker turnover, in addition to the inadequate employment relations and working conditions, is believed to be the psychological and physical stress characteristically imposed on care workers. As stated above, it is difficult for care workers to manage their feelings. It has been noted that, particularly in nursing facilities, care workers are sometimes required to establish intimate human relationships with the recipients of their care, and this can lead to enormous stress (Otoyama and Yatomi 1997; Tokyo Metropolitan Labor Research Institute 2000). Care workers must also perform intense physical labor and furthermore are required to work late-night shifts, leading to heightened physical stress (Yatomi, Nakatani, and Makita 1991). It has been observed that burnout resulting from these kinds of overloads is seen often in the long-term care workplace.\(^{21}\) From Freudenberger (1974) onward, a considerable amount of research has been conducted on this issue, in response to the rising numbers of human service employees in the fields of medicine, welfare, and education.

Satō and Hotta (2006) conducted an analysis on workers, especially those working in group homes and long-term care welfare facilities (special nursing homes) with care units. The study presents the stress felt by care workers that lead to burnout, and also discusses the current state and factors of burnout. It further proposes effective employment management policies that may work to, among other things, reduce the stress imposed on home helpers. It also provides information likely to be beneficial for those investigating strategies to eliminate stress for home helpers. According to this study, the workplace factors that cause significant stress for many care workers include ‘anxiety over late-night shifts’, ‘low salary’, ‘breaks being difficult to take during work’, ‘understaffing’, ‘anxiety regarding behavioral problems’ and so forth. The paper suggests that the most effective methods for eliminating stress are to provide ‘training to develop long-term care skills’, ‘training to gain a deeper understanding about dementia’, ‘a response system for handling accidents and emergencies’ and ‘opportunities to solicit the requests of staff when making decisions about the employment system’.\(^{22}\) However, in spite of these concerns, less than half of the respondents stated that such strategies were being adequately implemented in their workplaces.

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\(^{20}\) Turnover rate is the percentage of workers that leave their jobs during a one-year period, against the total number of workers that were engaged in that occupation at the beginning of the period.

\(^{21}\) Regarding burnout, see Maslach (1976) and Tao (1989).

\(^{22}\) Azechi, Onodera, and Endō (2006) analyzed the results of a survey conducted on the care workers at long-term care health facilities for the elderly, long-term care welfare facilities for the elderly and group homes. This analysis demonstrated that on-site philosophies and policies are crucial in long-term care, and their development in the workplace helps reduce the stress felt by the workers.
The study further notes that when employment management strategies were adequately implemented, the stress imposed on care workers was reduced, while their job satisfaction levels improved, leading to a stronger desire to continue working and low indices of burnout. The authors thus highlight the benefits of implementing employment management strategies. The study also demonstrates the following specific points: (a) Burnout is reduced by facilitating communication within the workplace and building co-worker relationships. This is achieved by such measures as allowing employees to receive instruction from supervisors at work, and to consult with supervisors and senior personnel regarding work-related concerns, and by sharing issues between all members of the workplace. (b) Burnout can also be effectively reduced by developing care giving skills of the workers, evaluating improvements in their performance and assigning responsibilities that acknowledge this improvement and thereby increasing the confidence of the workers.

4. Job Performance Skills of Home Helpers and Development Thereof

With the amendment of the Long-Term Care Insurance Law, there has been discussion on care workers, focusing on ‘improving service quality’. Proposals to review training systems and qualification requirements for caregivers have been made, so that personnel of more expertise can be developed. A career development support system, which would yield able care workers that can readily respond to the changes in long-term care models, is being considered as well (Japan National Council of Social Welfare 2006; Ministry of Health, Labour and Welfare 2006). With all this in view, this section examines situations surrounding the job performance skills of home helpers. It also discusses the factors that determine these skills, and what measures are currently in place to develop them.

4.1 Job Performance Skills of Home Helpers

Grade 2 Helpers account for the majority of home helpers today. To be certified as a Grade 2 Helper, one only needs to take 130 hours of coursework in the form of lectures, training and practicum; there is no exam. In other words, helper certification is attained without a public exam which would evaluate the skill and knowledge of a worker; this means that the certification does not necessarily guarantee particular job performance skill levels. Therefore, in order to promote the skill development of home helpers, and thereby consistently provide high-quality home-visit care services, a system is urgently needed in which the job performance skills of a helper can be properly identified and evaluated, and the treatment of the helper can change according to these skills.

Until the 1990s, in Japan, job analyses of care workers in Japan revolved around the ‘time’-based (instead of ‘skills’-based) structuring of long-term care responsibilities (e.g. Japan National Council of Social Welfare 1994, 1998). That approach is reflected also in the remuneration structure for long-term care insurance services, which is determined based not on job performance skill but on service type and the service hours provided. After the Long-Term Care Insurance System was adopted, the Japan In-Home Care Association (2004) examined care worker job responsibilities and attempted to formulate a model for human resources management systems. However, this study does not present an empirical analysis of the status quo.

Hotta (2006a) developed criteria for evaluating the breadth and depth of job performance skills that home helpers should be able to demonstrate on-site. The paper also analyzes the current state of home helpers’ skill levels by converting into scores approximately 1,600 micro-level data, based on survey questionnaires. According to this data, the job performance skill levels of home helpers vary greatly. Furthermore, when the attributes and career experience of home helpers are examined as factors for this variance, it is observed that home helpers with more experience (i.e. those who have
worked longer as care workers) have better skills. The study demonstrates that for workers to arrive at a level where they can perform general tasks at an ‘average’ level takes over a year of experience, indicating that workers need to further their education by working as an intern for the first year or so.

As noted above, however, in reality, as many as 40% of personnel who turn over leave after less than one year, and over 60% of home-visit care service providers stated that their home helper staffing is ‘inadequate’ (Long-Term Care Labor Assurance Center 2007). In other words, currently, home helpers not only are insufficient in number, but because retention rates are low, it is difficult for them to develop their skills through job experience. As a result, an increasing number of helpers tend to have substandard levels of job performance skill.

4.2 Factors Governing Job Performance Skills of Home Helpers

What, then, can be done to improve job performance skill levels of home helpers? Hotta (2006b) has analyzed the factors that govern the skills of home helpers, and demonstrated the following: (a) In addition to the number of years of experience, the substance of the work experienced and training received, the ability of on-site managers or ‘service delivery supervisors’ (sabisu teikyō sekinin-sha) to manage human resources also influences home helper skill levels. (b) At the same time, neither Certified Care Worker nor Grade 1 Helper qualifications necessarily ensure the level of job performance skills.23

In order for employers and service delivery supervisors to enable continuous development of job performance skills of home helpers, and thereby improve the quality of long-term care services, they must first increase the retention rate of the helpers. As stated previously, research has demonstrated that the number of years of care work experience plays a significant role in developing the job performance skills of a home helper. It is therefore crucial to encourage and enable continued years of service, so that care workers can further their skills through work experience. This would also have the effect of streamlining investments in their training. Furthermore, increasing care worker retention rates would enable service delivery supervisors to focus on their primary job responsibilities, instead of taking time to secure new staff or to substitute for home helpers.

Based on these observations, the relationship between the retention of home helpers and the ability of service delivery supervisors to manage human resources was examined, focusing on three points: the allocation of service delivery supervisors, their ability to manage human resources and the amount of time they spend on training and giving instruction to home helpers. This showed that when service delivery supervisors fully exercise their human resources management skills, the home helpers have a stronger desire to continue working, and as a result, the retention rate increases (Hotta 2006b).

4.3 Development the Skills of Home Helpers

Providing home helpers with opportunities for skill improvement, such as educational instruction and training both on the job and off the job (these opportunities are provided mainly by service delivery supervisors), not only works to develop the skills of home helpers but also has the effect of eliminating stress and reducing burnout, and thus increasing retention rates. This section therefore examines the current state of home helper skill development.

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23. It should be noted, however, that this analysis was conducted prior to the amendment of the Long-Term Care Insurance Law.
According to the Ministry of Health, Labour and Welfare (2006b), a majority of home-visit care service providers adopt some measure for improving their staff quality. However, Kobayashi (2004) points out that the relevance between on-the-job training and off-the-job training is insufficient. The study also points out that there is no job performance appraisal system that can be used to manage human resources. Based on these observations, the study concludes that a system that provides educational training opportunities, assesses the abilities of a worker developed by such training, and further reflects those abilities in his/her treatment, needs to be taken into consideration.

Moreover, service delivery supervisors are currently unable to take sufficient time to train and instruct home helpers, for they are too busy visiting users’ homes to provide home-visit care services themselves. What is more, their self-evaluations of their ability in managing home helpers are generally low. This hinders service delivery supervisors from fully exercising their human resource management skills. Service delivery supervisors play a significant role in creating an appealing workplace, and thereby increasing home helper retention rates and enabling the helpers to develop job performance skills. It is therefore critical that supervisors are afforded the opportunity to enhance their human resource management skills and to provide an environment in which they can readily perform their primary job responsibilities (Hotta 2006b).

5. Conclusion
In Japan, where the population is aging at a speed unequaled by any other country in the world, there has been a rapid increase in the use of long-term care services, following the adoption of the Long-Term Care Insurance System. The increase is seen mostly in in-home care services, and the need for such services is expected to increase even further in the years ahead. In recent years, much attention has been focused on maintaining and improving the quality of services provided by home helpers; 70% of whom are temporary part-time workers. The turnover rate per year for home helpers is approximately 15%, and as many as 40% of those who turn over leave their jobs after less than a year. Because of this, job performance skills of a large number of home helpers tends to be low.

Previous research conducted on care workers in Europe and the US has revealed that improvement of job performance skills of care workers, enabled by increased job retention and educational training, guarantees better service quality, as does the establishment of equitable working conditions. Therefore, increasing retention rates and providing opportunities for home helper skill development can be considered issues that need to be urgently addressed, in order to improve long-term care quality.

Analyses of factors governing job performance skills of home helpers have demonstrated that when service delivery supervisors are sufficiently able to exercise their human resource management skills, home helpers have a stronger desire to continue working and their job performance skills improve. In addition, when adequate systems for employment management are in place, these systems also work to reduce burnout and the stress felt by home helpers.

Studies have been conducted in attempt to identify effective measures to reduce the stress felt by home helpers, and also those to promote job retention and skill development of the staff. These studies demonstrated that such measures as providing home helpers on-the-job and off-the-job training (provided mainly by service delivery supervisors), determining a worker’s treatment (such as the

24. Otsu (2003) notes that an operator has a greater tendency to provide training opportunities when its revenue and expenses balance out or when its finances are in the black.
job assignment, pay and so forth) based on his/her skill evaluations, and facilitating communication in the workplace, help achieve these objectives.

The challenges that Japan faces in the maintenance and improvement of the quality of home-visit care are shared by a number of other countries as well. In countering these challenges, it is crucial to provide a workplace that appeals to care workers and enables job satisfaction. Service delivery supervisors, being the on-site managers, play a significant role in creating such workplaces. Therefore, presenting a clear-cut definition of the position these managers hold in the system, so that they can manage human resources based on skill, is just as important as reviewing the Long-Term Care Insurance System and related policies that can improve the working conditions of care workers and enhance their social status.

To develop a sustainable Long-Term Care Insurance System, it is essential to review which responsibilities should be taken on by care workers, and thereby determine how much of the social risks imposed when one needs long-term care should be covered by the public system. Moreover, the possibilities of a more ‘informal’ approach to long-term care security, involving such measures as community restructuring (Hiroi 2006) and ‘new public systems’ offered by various civic groups (Sakamoto 2006), should be explored in depth as well to determine the ‘who’ and ‘how’ of care for the elderly. To do this, it is important that we examine and learn from case studies of other countries, as well as from the history of long-term care.

References


