

Exit from the stalemate? :
The introduction of migrant care workers
in Japan, Korea, and Italy

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[Abstract]

This paper explores policy developments over the issue of migrant care workers (MCWs) in Japan, Korea, and Italy. These three countries have a lot of problems common to “familialistic” welfare regimes but have implemented a variety of policies regarding the introduction of MCWs. For the past two decades, Italy has introduced an enormous number of MCWs in both formal and informal ways. While Japan has opened only a small window, Korea has paved the road toward the introduction of MCWs in a rather drastic way.

To explain the variety among MCW policies, this paper focuses on strategic decision making in an institutional opportunity structure demarcated by labor market policy, immigration policy, and welfare policy. The paper hypothesizes that the variety of policies for introducing MCWs in Japan, Korea, and Italy should be explained by the combination of two variables : the regulation of financing care services by MCWs and the upward mobility of MCWs.

The comparative analysis shows that the more regulated the mode of financing Long-term care (LTC) and the higher the level of mobility in the career paths of MCWs, the more the demand and supply of MCWs will respectively be crowded out. The outcome should shed light on the importance of focusing on the strategic interaction between the demand side (e.g., the elderly, the governments of the receiving countries) and the supply side (MCWs). Therefore, it will contribute to a better understanding of the nexus between welfare politics and migration politics in a globalizing political economy.

1. Migrant care workers and the “familialistic” welfare regime in Southern Europe and East Asia

Since the beginning of the 1990s, the issue of immigration and welfare has attracted growing attention, not only in the real world of politics but also in the research of political science. Most of the argument has concentrated on the “demand” side of immigration, such as the right of immigrants to welfare provision (Sainsbury 2012) and “welfare chauvinism.” On the other hand, the supply side of welfare provision by immigrants and, more so, the nexus between them have been understudied. Nevertheless, as the seminal work of Esping-Andersen (Esping-Andersen 1990) indicates, the nexus of welfare, the labor market, and migration policy is the crux of welfare regimes. Given rapidly increasing immigration, immigrants should no longer be seen as welfare-receivers or as caregivers. We should integrate the two aspects and treat them as a strategic actor in political economies.¹

This paper explores the policy developments regarding the issue of migrant care workers (MCWs) in Japan, Korea, and Italy. These three countries have a lot of problems common to “familialistic” welfare regimes (e.g., rapid-aging, underdeveloped provision of public health care). In the familialistic welfare regime, the introduction of MCWs is expected to be an exit from the stalemate with the imminent shortage of care labor. The three countries, however, have pursued contrasting policies on the introduction of MCWs. Italy has introduced

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an enormous number of MCWs in both formal and informal ways. While Japan has opened only a small window, Korea has paved the road toward the introduction of MCWs in a rather drastic way.

To explain the variety among MCW policies, this paper focuses on strategic decision making in an institutional opportunity structure demarcated by labor market policy, immigration policy, and welfare policy. It stresses the importance of [1] funding for long-term care (cash for families in Italy and Korea, public insurance in Japan), [2] regulation of migration, and [3] opportunities in the labor market for migrants. It reveals that an especially decisive aspect is that of skill formation for migrants, as stated by social investment welfare theory. The paper hypothesizes that the variety of policies for introducing MCWs in Japan, Korea, and Italy should be explained by the combination of two variables : the regulation of financing care services by MCWs and the upward mobility of MCWS. The more regulated the mode of financing LTC and the higher the level of mobility in the career paths of MCWs, the more the demand and supply of MCWs will, respectively, be crowded out.

In the following sections, the paper first argues the context of the introduction of MCWs and draws a hypothesis (Section 2). Then, as case studies, it explains the process of introduction in the three countries (Section 3). Finally, it summarizes the main findings and reframes the significance of MCWs in the three countries. In addition, it will discuss the possible significance of its results to welfare and migration research.

2. The contexts and the framework : Migrant care workers in the “familialistic” welfare regime

2.1. The existing arguments on the introduction of migrant care workers

In advanced economies, long-term care (LTC) has recently been the most critical issue in welfare reforms. As a matter of policy, while public pensions and health care have little room for innovation in the era of economic crisis and globalization, LTC has a lot of problems remaining to be tackled and has a large amount room for reforms. As a level of theory, while the remaining options for pension and health care reforms appear to be converging to ongoing retrenchment, there are a variety of alternatives for care reforms reflecting the institutional legacies of welfare regimes.

Among different welfare regimes, the familialistic welfare regimes in Southern Europe and East Asia should be confronted with the most acute shortage of LTC because of their rapidly aging populations, decreasing fertility rates and pension-biased social security systems. The burden of care has to concentrate on shrinking families, with little supply of public and marketized care services, and on insufficient cash transfer to families (Ferrera 2005).²

This is the reason why the introduction of MCWs has been focused as a promising way out from the stalemate in familialistic regimes. The inflow of MCWs has been expected to fill the gap between growing care demand for care and inadequate supply of services. The argument for the marketization of care and the extension of MCWs has validated that alternative in the literature of re-

2 These three options respectively correspond with social democratic regimes, liberal regimes, and conservative regimes.

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cent welfare research (Shutes and Chiatti 2012).

Such argument, nevertheless, appears to be difficult to develop in South European and East Asian welfare states. There are cumbersome dilemmas for these countries. First, ideologically, the introduction of MCWs could contradict the traditional view that the family, especially women, should provide LTC. Second, the restrictive and anti-immigration sentiment of the migration regime could hamper the opening to of jobs to MCWs. Third, familialistic welfare regimes have not been equipped with possible institutional channels for introducing MCWs and linking them to the elderly ; such would include, for example, public facility and home care services or a pre-existing market of care services. Fourth, the rigid labor market regime protects existing care jobs and cannot offer sufficient opportunities to MCWs. Fifth, in the era of globalizing care chains, discouraging conditions of globalization could result in limited growth and economic stagnation that may result in an inadequate number of MCWs entering the care market.

It is significant, therefore, to see how these countries have been dealing with these four dilemmas and why they have chosen particular alternatives. As is discussed in the following, the familialistic regime has been tackling such difficulties, partly in a similar way and partly in a different way.

2.2. The similarities and the differences in Japan, Korea, and Italy

This paper analyzes the policies of introducing MCWs in Japan, Korea, and Italy. In the familialistic welfare regime, the policies of these three countries have not only a wide range of commonalities but also a broad variety and fit for comparative small case studies of similar system designs.

In terms of care regimes, the three countries are similar in that the supply of public facility care services was poor and the families, mainly women, took care of elderly care labor. Similarly, the introduction of MCWs, at least originally, be-

gan as a final, unavoidable but undesirable policy choice. On the other hand, the countries are different in terms of institutional preconditions and policies. While Japan and Korea recently introduced long-term care insurance (LTCI) for financing care service and, thus, steered into universalism, Italy continues to rely on its cash and care policy. The coverage of the LTCI differs between Japan and Korea. Financial support for care is relatively generous in Japan and Italy but not in Korea. The scopes of introduction of MCWs are extensive in Italy, moderate in Korea, and timid in Japan. The MCWs in each country have different origins. In Italy, they have been adopted from an existing pool of immigrants. Korea opened the door to overseas co-ethnic Korean women. Japan opted for young women from former colonial countries within the framework of a free trade agreement.

Next, the migration regimes are very restrictive. Originally, the three nations were sending countries, and they have transformed into receiving countries only recently. Regulations have since more strictly limited the accession of immigrants. On the other hand, the actual speed and magnitude of the accessions are highly divergent. Italy has been flooded with immigrants, particularly since the 1990 s, being in the midst of European integration and in the closest position to developing countries. Japan has only selectively opened the door to co-ethnic migrants while Korea has strategically opened the door as a social investment welfare policy.

The three countries' labor market regimes have both interesting similarities and differences. They are basically rigid from a comparative perspective, and people can enjoy a high level of job security. On the other hand, the working conditions of MCWs, and the standard wages of authorized ones in particular, are mainly regulated by, in Japan the LTCI, in Korea the (private) market, and in Italy by the nationwide collective agreement.

In addition, these similarities and differences indicate that not only should

the settings of welfare regimes, migration regimes, and labor market regimes be noted respectively but also the nexus of the three regimes should be critical to understanding the dynamics of MCWs and welfare politics. Therefore, a comparative analysis of the three countries should be valuable beyond the scope of explaining variation among regimes. It can also contribute to the research of social policies.

2.3. The theoretical framework and hypothesis

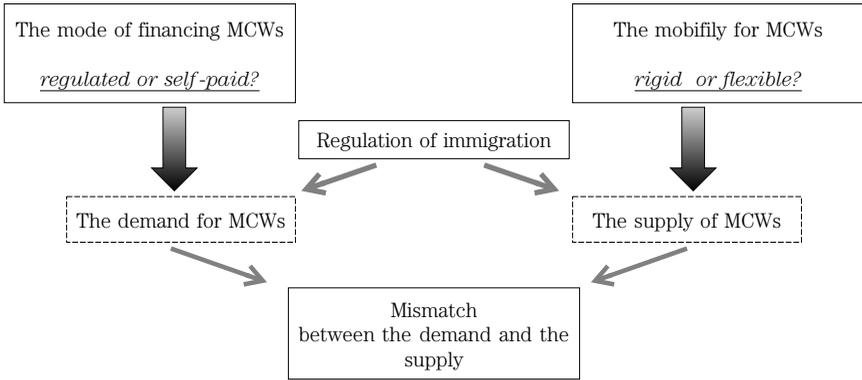
The theoretical framework

To explain the variety of MCW policies, this paper focuses on strategic decision making in an institutional opportunity structure demarcated by labor market policy, immigration policy, and welfare policy. It stresses the importance of funding for LTC, regulation of immigration, and opportunities in the labor market (see Figure 1).

The first factor, funding for LTC, should influence the mix of authorized MCWs in the public scheme, MCWs in the private care market, and unauthorized (and illegal) MCWs ; the more the funding is regularized by public framework, the more the number of authorized MCWs increases in the public care market and decreases in the private and illegal care market. This factor is associated with the policies and the politics of each country, that is, how these countries have adapted to the challenges.

The second factor, the regulation of immigration, can affect the quantities and the qualities of MCWs ; depending on policy goals, the targets of the introduction of MCWs could be toward co-ethnic groups, gender-specified (in most cases, women), or sector-specified quotas. The third factor is opportunities in the labor market of accession countries and beyond ; MCWs, though traditionally considered economically disadvantaged and socially passive in developed countries, should be regarded as strategic actors seeking upward mobility

Figure 1: Theoretical Framework



across the sectors and across national borders.³

However, while the existing research has focused on the demand side for MCWs (e.g., the state, interest groups, the elderly in receiving countries) in political science and the supply side of MCWs (e.g., immigrants and other “push” factors in sending countries) in some migration and gender studies, this paper emphasizes the importance of strategic interactions between the two sides in the institutional opportunity structures surrounding the introduction of MCWs.

Hypothesis

- i. Apart from several intervening variables, the most critical variable in the demand for MCWs should be the mode of financing LTC. It may also be affected by the regulation of migration.

3 Migrant care workers are often more highly educated (in their home countries) than the average care worker in a receiving country. This might be a mismatch in terms of human capital investment. Thus, they face problems in career development. This reveals that, as social investment welfare theory states, the aspect of skill formation is especially decisive for migrants.

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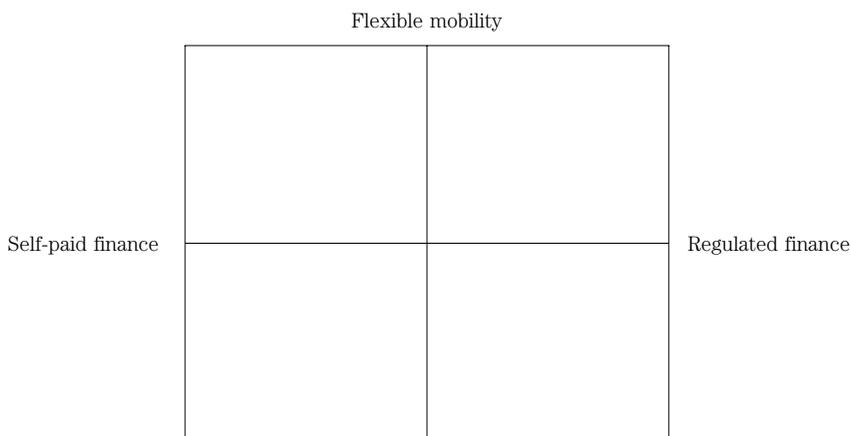
- The value of this variable varies between “regulated” and “self-paid.”
 - “Regulated” means that care services by MCWs are paid from a publicly regulated fund. The most typical is the LTCI. In this case, the conditions for adopting MCWs are determined by law. Benefits are calculated and conditioned on public law and agencies.
 - “Self-paid” means that care services by MCWs is paid from the privately pooled money. The origins of money can be pension benefits, family allowances, care benefits, personal wages, or other personal money of the elderly or their families. In this case, the elderly and their families have more freedom to choose among different services.
- ii. The variable influencing the supply can be the mobility of the career paths of MCWs, which would affect their strategic actions. The supply may also be affected by the regulations of migration.
- The value of this variable varies between “rigid” and “flexible” : it can be affected by the level of skills and education and by formal and informal regulations regarding immigration and care in and across receiving and sending countries.
 - “Rigid” means that there are few opportunities to move upward in receiving countries or across national borders. This can be applied to MCWs with lower skill levels, ethnically conditioned MCWs, and/or to MCWs accepted based on legal quotas.
 - “Flexible” means that there are plenty of opportunities to move upward. This can be applied to MCWs with high skill levels and high education or to MCWs who are more adaptable to moving across sectors and national borders.

iii. The hypothesis of the paper is as follows.

In the policies of introducing MCWs in Japan, Korea, and Italy, a high level of regulation in financing LTC and a high level of mobility in the career paths of MCWs would respectively crowd out the demand for and the (long-term) supply of MCWs.

- The more regulated the mode of financing is, the smaller the number of MCWs would become : Since regulated financing keeps the costs for receiving care services by MCWs at a high level, above the minimum age, the incentive to hire MCWs would decrease. (Also, the incentive to enter the care market would increase for domestic workers. On the other hand, the larger the degree to which LTC is self-paid, the larger the demand for MCWs will be : Since self-payment leaves the users more freedom in choosing care services, there would be a greater variety of care services (public, private, unauthorized, and illegal)). In the end, there would be more demand for MCWs since the cost would be contained.
- The more flexible the (upward) mobility for MCWs becomes, the more the supply of MCWs in the short run would increase, but the smaller the supply would become in the long run : While flexible mobility may be attractive to immigrants deciding whether to the care market, it would make it difficult to keep MCWs in the care sector of the receiving countries. On one hand, rigid mobility would hinder the potential for attracting various groups of immigrants to the care market, but on the other hand, MCWs with no other alternatives would still enter, and once they entered, they could be secured.
- Each case can be classified in a 2×2 diagram of the comparative theoretical map (see Figure 3).

Figure 2 : The comparative theoretical map



3. Case study : The introduction of migrant care workers in Japan, Korea, and Italy

3.1. Japan

Background

Japan, in the 1900 s, had the fastest-aging population among developed countries, and this endangered the traditional model of home care in which families, and especially women, were expected to provide LTC ; it also endangered the alternative of “facility care,” in which LTC was funded from health care insurance and, thus, was dealt with in the framework of health care. The growing demand for LTC and the severe shortage of care workers drew attention to MCWs as a solution.

Also in the 1990 s and the early 2000 s, the migration regime and the labor market regime started to fundamentally change. Japan opened its doors to immigrants through EPAs (Economic Partnership Agreements).⁴ The MCWs were

expected to be recruited based on EPAs with some Southeast Asian countries that were concluded in the 2000 s. After the first EPA with Singapore in 2002, the Japanese government negotiated EPAs with the government of the Philippines, the Indonesian government, and the Vietnamese government. The deregulation of the labor market has progressed, and there has emerged a vast pool of atypical workers that could be channeled into care labor market. This expectation, however, was not sufficiently met, and the shortage of care labor has continued to be a grave problem.

The recent situation of MCWs in Japan

During the negotiation, both sides fought over the accession of nurses and care workers from these three countries. The governments of the three countries promoted the “export” of nurses and care workers to the Japanese market as a strategic industry. On the other hand, the National Nurse Associations in Japan bitterly opposed the opening of the labor market, fearing the deterioration of working conditions due to the competition with foreign workers (Anri 2007).

The EPAs with the Philippines and Indonesia were enacted in 2008, and the EPA with Vietnam in 2009. Based on these agreements, the Japanese government introduced ‘care work candidate’ programs. Japan committed to accepting up to 1000 nurse candidates and care worker candidates from the Philippines and Indonesia during the first two years (Michel and Peng 2012 : 412).⁵

Japan started to accept candidate nurse and care workers from Indonesia in

4 An EPA, as a kind of FTA(Free Trade Agreement), covers not only the liberalization of trade but also that of the service sector.

5 “Care work candidates (trained nurses and care workers in their own home countries) are given work placements in receiving institutions in Japan and paid the same wages as Japanese care workers, for a period of up to 4 years, on the condition that they pass the Japanese care workers’ licensing examination within 4 years” (Michel and Peng 2012 : 412).

2008, the Philippines in 2009, and Vietnam in 2014. However, taking into the consideration these contrasting demands, the Japanese government put some limits on the conditions of the accession of MCWs. The MCWs coming to Japan based on the EPA are required to (1) have a sufficient level of fluency in speaking and writing in Japanese, (2) pass the same national certification exam for nurses and care workers as Japanese nurses and care workers, (3) be hired under the same conditions as Japanese workers (e.g., salaries), and (4) can only work in a nursing home or a care house (that is, they cannot work independently or offer personal home care) (Ogawa 2014 : 7).

The ambitious target numbers set by the Japanese government, however, have resulted in a failure. The numerical target was set at 1,000 per year for the first two years. It is said that, behind this large number was the intensive lobbying of the interest group of the care industry, which was seeking to resolve the serious problem of insufficient manpower (Idei 2015). In fact, a total of 880 Filipino and Indonesian candidates entered Japan through the program in 2009.

Since they initially received only six months of language training with very little follow-up support, only the three passed the examination in 2011 for the first time. Discouraged by the low success rate, the number of candidates to Japan dropped to 118 in 2011 (Michel and Peng 2012 : 412).

In addition to the MCWs who entered Japan through the EPAs, there have been others who came by different routes. Although no formal statistics exist, marriage migrants have increasingly been employed as care workers. There have been many resident foreigners eligible for recruitment into care work. While Japanese Brazilians and Japanese Peruvians, who have entered from the late 1990 s after being given special status, have not chosen to work as care workers, Filipinos who entered Japan before the turn of the century did. Many of these are Filipinas who originally came to Japan in the 1970 s and 1980 s un-

der entertainers' visas and have since either gained permanent residency or married Japanese men. Another group of residents who are recruited into care work are *Nikkeijin*—people of Japanese descent (Michel and Peng 2012 : 412).⁶

The number of MCWs, nevertheless, is very limited in Japan. Most of the elderly care is supplied through private networks based on family relationships, semi-public and private care corporations based on the LTCI, and (long-term) hospitalization based on medical insurance. The numbers of MCWs whose entry was based on the EPA have remained small. Because of the unsuitable conditions explained above, most of the candidates cannot pass the certification exams and have given up working as MCWs. Because of this, they have had to return home since Japanese immigration law does not allow them to extend their stays.

The undersupply of and lack of demand for MCWs in Japan

Following the introduction of the LTCI in 2000, LTC in Japan has become de-familiarized and less de-commodified. The institutional framework of the LTCI has been crowding out the supply of informal and non-institutionalized care by MCWs and more so, that by unauthorized migrants.

The supply of MCWs, nevertheless, has been far less than the target set by the Japanese government. The number of candidate applications has been far less than expected. The number who have passed a certification exam is small ; in the 2015 exam, it was only 78.

6 The 2008 Nationality Law recognized children of Japanese nationals in former Japanese colonies, such as the Philippines, granting them the right to Japanese citizenship and permanent residency if the Japanese parent acknowledges the parentage. Increasingly, these 'co-ethnic foreigners' are seen as potential care workers and are recruited to care work in Japan (Michel and Peng, *ibid.*).

First, the qualification of care workers as having passed the exam is linked to the level of nursing care benefits from the LTCI. As suppliers of care services, care corporations have strong incentives to supply care service in compliance with the rules of the LTCI and do not dare to hire unauthorized and illegal immigrants. Second, the certification for LTC required by local administrations is not generous, but it is fair. The certification rate was around 17.8% in 2013 (MHLW 2013 : 8). Therefore, as users of care service, the elderly or their families have little incentive to hire unauthorized services. (This is not the case in Korea.) Third, there have been a wide variety of LTC services, such as Special Elderly Nursing Care Houses, run by local governments or special welfare corporations, long-term hospitalization services, (private) pay nursing homes, and paid or insured home care services.

In Japan, the supply and demand for MCWs, therefore, has been kept quite low.. Of course, the care industry has been facing a serious manpower shortage, and some local governments have tried to increase the MCW by supporting and training authorized immigrants. Nevertheless, the institutional setting of the LTCI has had the effect of curbing the need for MCWs.

Of course, there is the possibility that the elderly would seek to employ MCWs. Although the expense of care services is covered by the LTCI and the subsidy from national and local governments, the users have to pay 10% of the cost. From August 2015 on, the cost is 20% for people above a given threshold of annual income. In addition, the subsidy proportion has been cut gradually, and the financial situations of Japanese families have been continuously deteriorating during the “Lost Two Decades.” Such condition might induce the elderly and their families to seek care service by unauthorized MCWs, as have the realms of rural agriculture and construction sector when facing serious labor shortages.

A similar possibility has already been realized in some cases of marriage im-

migrants, but these have been the exception by far. Regular services through the LTCI are still attractive since self-pay is only 10%, and most of the expenses can be covered by the LTCI and government subsidies, as explained above. Moreover, the marketization of care service and the increase of welfare corporation could offer additional pay service in a more flexible way. Since the government regulation on care service has limited the costs of care service, such as payroll, the pay service cost of care service could also be limited. Thus, the elderly can also rely on such flexible pay services.

Taking into consideration that migration regulations will be, at least for the near future, neither demand for nor the supply of unauthorized MCWs will likely jump up.

Career pass for MCWs

The undersupply of MCWs has been caused not only by the institutional setting of the LTCI but also by the strategic actions of immigrants.

As explained above, for EPA-based MCWs, the conditions are too strict, and the prospects for employment as a certified care worker are too narrow. The heavy burden of learning Japanese and preparing for a difficult certification exam is not worth the risk. The pass rate is only around 40%, though it is improving steadily (MHLW 2015, Press Release on March 26th, 2015 “The result of EPA-based candidates for the 27th certification exam of a care worker”), and a lot of candidates have dropped out before and after the examination. If they cannot pass it, they cannot extend their stay and must go back to their home countries.⁷

7 The high risk of working as an MCW include the difficult certification exam, difference in conditions during one’s trainee period in a different care and nurse house, and the fact that care workers who do not achieve certification are not permitted to extend their residence.

Even for certified care workers, employment as a care worker is not worth devoting his or her career to. The candidates have usually been among the elite in their home country, with university degrees or with nurses' qualifications. However, the job status of care workers is not high in Japan. The pass rate for those who want to become nurses in Japan is only about 10% : these are extremely high odds of failure for such educated individuals. In addition, there are a lot of countries—such as Canada⁸ or Korea—that will welcome them with more favorable conditions in terms of permanent residential status, payments, and greater accessibility of communication in English. On the other hand, Japan can give them permanent status only if they continue to work as care workers after passing a certification exam.

The discrepancy between the high skill level and education of MCWs in their home countries and their low accession and social recognition in Japan, combined with their opportunities for global mobility, have made it difficult to attract EPA care workers and candidates into the Japanese care market. Due to these limits, returning home (and working as a professional) or moving to a more favorable country are seen as the most rational choices for many migrants.⁹

The situation is a bit different for marriage immigrants, immigrants of Japanese descents, and authorized foreigners already living in Japan. It is similar in that they have serious problems with understanding Japanese and passing a certification exam. Although they enter into the care market as home helpers

8 On the case of the inflow of migrant nurses in Canada, see (Gabriel 2011).

9 In March 2015, the cabinet decided on a bill to introduce a new measure for dealing with this problem. Facing with undersupply, the Japanese government will try to increase the inflow of MCWs by adding care workers to an existing Special Training Program. On paper, this would transform the accession process into more flexible one. However, it would channel MCWs into welfare corporations under the auspice of national and local governments.

(not a legal certification), their numbers are not sufficient to see MCWs as a significant phenomenon. It goes without saying that few unauthorized immigrants work as care workers.

3.2. Korea

Background

In postwar Korea, the responsibility for elderly care was placed on families. Care service was not socialized or marketized. This idea has been severely challenged following the political democratization in 1988 and the 1997 Asian Economic Crisis (Peng 2011 : 97, 99). The 1993 reform of the Act for the Welfare of the Aged introduced home care service for the first time, and the 1997 reform expanded welfare benefits to families living below the average income level. On the other hand, facility care service was underdeveloped and was limited to low-income families (Kim 2014 : 13). Then, in 2008, the LTCI was introduced. The national qualification of “certified care worker” was set up, and having such qualification became a necessary condition for working in the public care sector (Ogawa 2014 : 10)

At the same time, Korea began to transform from a migrant-sending to a migrant-receiving country beginning in the late 1980 s, when it opened its doors to Korean-Chinese.¹⁰ After the failure of a training program, in the 1990 s, the Korean government introduced two new frameworks : One is the Employment Permit System (EPS) for labor immigrants. The other is the Working Visit System (WVS) for co-ethnic labor migrants. Then, in the 2000 s or so, the Ko-

10 Then, in the early 1990 s, other ethnic groups, such as Filipinos, entered the country. Facing a steady inflow of immigrants, the Korean government introduced a special trainee system and, in 1993, changed it to the International Trainee System (ITS). However, as happened in the case of a Japanese trainee system, the rigidity and ill-treatment of the ITS caused the serious problem of undocumented immigrants escaping from the ITS framework (Lee 2015).

rean government began to contain the quotas for immigrants based on the EPS and the WVS, fearing rising unemployment in the domestic labor market. The aim is to keep the number of migrant workers under control. Moreover, thanks to such reforms of the trainee system, the Korean government succeeded in reducing undocumented immigration (Lee 2015).

Ethnic Koreans can get an H-2 (Visit and Employment) visa. This visa is issued to overseas ethnic Koreans with foreign citizenship who are seeking less-skilled jobs. The Overseas Ethnic Korean (F-4) visa is issued to overseas ethnic Koreans from relatively developed countries, such as the United States. On the other hand, the H-2 visa is issued to those from economically less advanced countries, such as China or the former USSR. In fact, over 90% of H-2 visa holders are ethnic Koreans from China (Seol 2015).

In addition, there are some sources of settled immigrants. First, as for marriage migrants, some local governments in rural areas, facing decreasing populations and the increasing need for care, funded the “import.” Although there is no official promotional policy by the central government for marriage migration, the number of marriage immigrants has steadily been increasing. It has been said that such an increase has reflected the pressing shortage of caregivers, which was severe, particularly in rural areas.

Looking into the composition of co-ethnic Koreans, it is striking that the ratio of women is higher than that among other immigrants and that most of these co-ethnic women are over 40 years old. In South Korea, the service sector has not been opened to foreign workers in general, and co-ethnic women are exceptional in this area (Ogawa 2014 : 12). Therefore, they could substantially monopolize domestic labor, such as housekeeping and home care.

The recent situation of MCWs in Korea

Although originally the migration regimes and welfare regimes were similar in

both countries, the magnitude of the introduction and growth of MCWs has been far greater in Korea than in Japan. This is because Korea had a rapidly aging population, was less equipped with preexisting public and private (marketized) care services and slightly late in universalizing care services with the introduction of the LTCI. Besides, the use of co-ethnic Korean female immigrants was a product of policy choice by the Korean government and society to bridge the gap between the demand and the supply of care workers.

Since the end of the 1990 s and the beginning of the 2000 s in particular, the Korean government has taken on an explicit social investment strategy for welfare reform (Peng 2011 : 94). The engine of the massive introduction of MCWs has primarily been the explosively growing care needs for elderly parents” (Lee 2015). In Korea’s case, however, immigration in the face of care and nursing labor shortage has been restricted to Korean co-ethnicity as a basis for eligibility of immigrants from Russia and China.

First, the choice for co-ethnic Koreans, and especially for Korean Chinese women over 40 years old, reflected an idea of Korean society being as ethnically homogeneous as possible (Williams 2014). For Korean families who accept or hire MCWs, it is more convenient to welcome co-ethnic Koreans, who speak in Korean, and better not to live with young female migrants.

Secondly, the choice also reflected the policy change by the Korean government. To fill the demand-supply gap for care workers with as little cost as possible, the Korean government has utilized existing and potential co-ethnic Koreans through targeted visa policies and human investment policies.

Between 2007 and 2010 the recruitment of Korean descents under the Working Visit System (WVS) increased from around 93,000 to 334,000, by more than three-fold (Michel and Peng 2012 : 412). Among co-ethnic Korean women over 40 years old, around 15% work as care workers, according to the estimates by the Ministry of Labor (Chung, Ah Young 2008 : 88). Also, the promotion of co-

ethnic Korean marriage migration could be seen as a “hidden” remedy for a serious shortage of care labor, especially in rural areas.

It should be added that there have been serious problems with working conditions for MCWs. High requirements for national certification in the public framework have pushed a lot of MCWs into the private sector, where they have found inferior working conditions. Unlike the migrant workers under the EPS, most these MCWs have not been put under the protection of labor laws and regulations.

The supply from the backdoor

The demand for, and the supply of, MCWs in Korea has been larger than that in Japan, and they comprise a significant portion of care workers in the domestic labor market. The causes behind such a situation in Korea have had something to do with the institutional structure around MCWs.

As for the demand side, the conditions set for the LTCI have curtailed the chances for the elderly to be cared by MCWs under the formal regulations of the LTCI. The certification rate for care needs has been kept low. As Seon (2010= states in his article, it is around 5%, less than one-third of the certification rate in Japan. This is because of the Korean government’s fears regarding financial pressure on the insurance system. Therefore, most of the elderly are forced to seek care services by MCWs privately, outside the framework of the LTCI. For them, there should be a vast pool of MCWs not adopted as certified care workers.

In fact, many co-ethnic MCWs are employed in hospitals and other LTC institutions, often providing care outside of the publicly regulated LTCI services and working under worse conditions and with lower wages than domestic licensed care workers. (Michel and Peng 2012 : 412 ; Um 2012). The numbers of co-ethnic MCWs are far larger than those in Japan, and there is more room

for an unregulated (and, in some cases, illegal and unauthorized) pool of MCWs not only outside the framework of the LTCI but also outside the legal regulations of immigrant labor markets.

As for the supply side, co-ethnic Korean women tend to seek jobs as MCWs outside of public frameworks. First, the rigid conditions that must be met to get a national qualification as a certified care worker have made it quite difficult for immigrants to pass. For example, they do not have enough time and money to attend pre-qualification lessons for 240 hours (Ogawa 2014 : 10). The closeness of other service sectors has filtered women immigrants into the private market of care labor.

Career pass for MCWs in Korea

In existing migration and gender studies, such choices by women MCWs have been regarded as a passive choice reflecting economic difficulties in their home countries. The trend, nevertheless, also reflects strategic choices by female MCWs themselves.

Immigration policies in South Korea have been very restrictive for low-skilled foreign workers. Thus, marriage migration is the easiest and cheapest means available for women who wish to migrate to South Korea (Lee 2015). From a gender perspective, such choices should be regarded as a subordinate action. Nevertheless, it could be seen as a more flexible decision than has been argued. This is shown by the fact that the increase of MCWs following the introduction of the WVS for co-ethnic Koreans corresponded with the decrease of marriage immigration of co-ethnic women (Lee 2015).

The room for a strategic choice is far greater for MCWs from the Philippines. Korea attracted them as an option for social investment welfare and labor market policies after the economic crisis in the late 1990 s and the first half of 2000 s. However, as Figure 6.3 (Lee 2015) shows, the more the competition in-

tensified in the late 2000 s for Filipinas speaking English in global care chains, the considerably smaller their numbers became. They have flown to new countries with more favorable working conditions. This trend is in sharp contrast with the Vietnamese, of whom there was a relatively steady inflow during the same period.

For Filipino MCWs and (less so) for co-ethnic Korean immigrants in the midst of competition in global care chains, working in the care sector in Korea can offer them more chances to adapt at a smaller cost. At the same time, there has been a steady need for co-ethnic Korean care workers nationwide. As for co-ethnic Koreans, the government has begun to issue them permanent resident visas and allow them to work in more flexible conditions.

3.3. Italy

Background

Italy has recently been noted as one of the most rapid aging countries in Europe. The aging rate was 21.4% in 2014 and the fertility rate, though a little improved, is only 1.4. Therefore, LTC has been one of the critical policy issues in recent welfare reform.

There are, however, several bottlenecks for reforming LTC policies. First, the public pension has occupied most of the resources available for social security. The level of cash benefit to the elderly and their families has been fairly lower than in conservative welfare regimes like Germany. The central government gives attendance allowance (*Indennità di accompagnamento*) to the families, and some local governments provide various types of care benefits. However, the benefits are not enough to sustain the financial situations and expenses of the elderly. Second, there have been few public care services or private care services available to the elderly ; particularly scarce are facility care services. The percentage of elderly over 65 years old who receive public care services is

only 4.9%. The supply has been dependent on non-governmental organizations such as religious associations, charitable organizations, and cooperatives. Thus, even if the Italian government wants to introduce care reform, it cannot increase the provision of care services or change their quality. Third, there has been a wide regional gap in the level and contents of care services. In the North, the local government has attached a significant role to non-governmental (religious) associations. In the Center, the role of local governments and cooperatives has been large in organizing and supplying LTC services. In the South, the supply of public and non-governmental care services is not been well developed. The responsibility for LTC is placed largely on the families and especially on women.

The migration regime in Italy has been more restrictive than in other Western European countries. Italy transformed from a sending country to a receiving country only in the late 20 th century. The number of immigrants has risen sharply, particularly since the 1990 s, and has been caught in the flood. The immigration laws have become severe during these three decades. The Bossi-Fini law, introduced under the center-right Berlusconi government, has tightened the conditions that must be met before a residential permit can be issued : immigrants must have already secured a job and signed an employment contract in advance of their entry into Italy. Nevertheless, the pool of illegal immigrants has been increasing rapidly.

The combination of the severe shortage of care labor and the rapid growth of immigration led the elderly to turn their eyes to MCWs as a possible solution.

The recent situation of MCWs in Italy

In the 1990 s, facing an acute shortage of public and private care, the elderly in Italy began to introduce unauthorized MCWs from the vast pool of illegal immigrants that already existed in the domestic labor market (Ambrosini 2013). The

number of MCWs has risen radically since the 1990 s. It is estimated that, in 2008, about 700,000 MCWs worked in the Italian care market. Their main countries of origin were Ukraine, Moldova, Morocco, and China. The MCWs in Italy have been recognized as *badanti* and as socially indispensable workforces in the elderly care.¹¹

The Italian government first overlooked the introduction of MCWs in families, and then later permitted and supported it. This was because, as a fundamental welfare reform for resolving the shortage of elderly care was lacking, it was seen as wise that the adoption of MCWs into care roles Italian families should be recognized as a way out of the stalemate.

The Italian government has indirectly but purposefully helped the elderly in need of care by giving them an attendance allowance (472 euros per month, in 2009). This allowance is offered without any restrictions on use or means of verifying how it is used, but with its introduction, the government has tried to financially support families caring for the elderly and encourage them to employ MCWs. Also, for a few decades, several subnational governments have given the elderly various care allowances, especially in Central and Northern Italy. In addition to the relatively generous public pension, such cash and care policies are, in part, aimed at supporting the introduction of MCWs into Italian families.

The government “regularized” existing illegal MCWs working for elderly in need of care services, allowing these MCWs to apply for legal recognition and, thus, requiring them to follow the governmental rules. The regularization in 2002 gave legal status to around 330,000. Then, in 2009 around 300,000 were regularized. In addition, the Bossi-Fini law installed a quota of immigration for

11 About the origins and the changing situation of *badanti* (MCWs) in Italy, see Catanzaro e Colombo (2009).

MCWs. From 2005 to 2007, about 260,000 were “imported” legally for home care and domestic work. These regular MCWs have been given legal protection. Their labor contracts are registered, and their salaries are controlled according to a national collective agreement. They can earn skill-based pay as Italian care workers do (Calafà 2012 ; Ito 2014 : 15–16).

Furthermore, local governments, NGOs, and trade unions have joined various services supporting the elderly and MCWs, such as matching services, training of MCWs in higher-level care skills, protection of working conditions of MCWs, and organization of MCWs into associations and trade unions.

In Italy, the status of MCWs has been established as an indispensable supplier of LTC on a far larger scale than in Korea and Italy.

Huge potential, but uneven supply and massive demand

The spread of MCWs in Italy, thought widely accepted, has also brought about serious problems.

There has been a wide mismatch between the demand for, and the supply of, MCWs. Despite the regularization and the introduction of the quota system, the majority of MCWs have been unauthorized and illegal ; according to one estimate, only one-third can work as regular MCWs. Compared to immigrant workers in other sectors, the problem of illegal MCWs is said to be more serious, since only about 20% of labor contracts made before the 2002 regularization are legal. This rate is worse than that of other industries (Ambrosini 2013, Tab 3.1). Moreover, the applications for co-habitant MCWs in the framework of the quota system has superseded the quotas every year, by a few times larger. Thus, most of the applications have been rejected. There has been a huge demand for MCWs that has not been met by the government. In addition, though this appears contradictory, the number of applications for regularization has been far below the expectations of the government. In 2009, the government’s

projected number of applicants was from 500,000 to 700,000, but the actual number was only 300,000. The recent economic crisis has driven many families into financial difficulty in which they choose to employ unauthorized and less-paid MCWs (Ito 2014 : 14).

The causes of such a mismatch can be approached from various points of view. One is the negative feedback of the institutional structure of the care labor market. In Italy, legally authorized care labor by MCWs or Italian workers has been under the protection of labor law and collective agreement. For example, the minimum wage is set by national collective agreement and does not vary region by region. The minimum wage for LTC has been set at a higher level than that of domestic help (Calafà 2012).¹² However, the high wages of authorized MCWs has induced the elderly to hire unauthorized, illegal MCWs at less expense. Also, the cost of the uniform nationwide minimum wage has been too high for the economically disadvantaged South. This brought about a serious shortage in the supply of MCWs.

Another reason for the aforementioned mismatch is the negative effect of the rigidity of formal migration regimes in Italy. Since the government must pay attention to anti-immigration voices in radical-right parties and in society, the condition of the regularization and the quota system has been kept restrictive (Di Santo and Ceruzzi 2010). On the other hand, as the history of repetitive regularizations has shown, the practical management of such migration regimes has been substantially flexible, and no serious penalty has been applied to the elderly who hire illegal MCWs. Therefore, there must be a moral hazard for the elderly to continue to rely on MCWs outside the formal regulations.

12 The intention of such setting was to attract as many workers as possible to care labor with the problem of undersupply and to secure jobs with decent working conditions both for Italian care workers and MCWs. Nevertheless, such setting has produced grave disparity.

Career pass for MCWs in Italy

The mismatch between supply and demand should also be seen in terms of the strategic actions of MCWs.

In Italy, among registered MCWs, the average level of education is higher than that of Italian care workers. For example, about 70% of Moldavian women working in care services have bachelor's degrees. There have been a lot of young female MCWs in Italy, as opposed to the co-ethnic MCWs found in Korea. Such highly educated women tend to prefer part-time, or sometimes unauthorized, care labor than in-house care labor (Di Santo and Ceruzzi 2010). This appears to contradict the fact that working in-house care labor provides more job security with a higher wage.

Such a seeming paradox can be interpreted as a strategic action in the institutional settings of the care labor market in Italy. For highly educated women MCWs, working in the Italian care market is just a beginning of their careers in Europe.

First, educated female MCWs benefit in terms of gaining opportunities for entry into Italian and European countries, MCWs can get a working visa more easily than other immigrants, for whom it is extremely difficult. In addition, even unauthorized MCWs can expect a remedy as legal immigrants through regularization by the Italian government.

Second, educated female MCWs are given mobility in and out of Italy. There has been a higher degree of mobility in Italian and across the European labor market. Migrants without residential permission can earn "considerable" money through unauthorized jobs. They can move to more favorable jobs in Italy. Also, they can move across Europe in a relatively easier way.

Third, the working conditions in the Italian care market are inferior to those of other professional jobs that could be fit for highly educated women in their home countries. The conditions are also inferior to those in other Western and

Northern European countries, such as Germany (van Hooren 2008).

These are the reasons why highly educated women immigrants have little incentive to continue to work as MCWs in the long term. For them, it seems more rational to move to better jobs and to other European countries. In addition to the above factors, in-house care contains larger risks in terms of human relationships. Therefore, flexibility of employment is important for educated female MCWs. They tend to prefer flexibility to stability, even if that means working under inferior conditions in the short term.

4. Comparative analysis and implications

4.1. The significance of the introduction of migrant care workers in Japan, Korea, and Italy

The above analysis revealed an interesting balance of similarities and differences in the processes of introducing MCWs in Japan, Korea, and Italy ; these differences were in the magnitude of MCWs introduced, the variety thereof, and the rationales for their introduction.

Similarities

On one hand, there are remarkable similarities between the three countries :

- i. Since all three of the countries originally had a very restrictive migrant regime and, authorized accession of MCWs began as a small and awkward step. The reception of authorized MCWs has still been far below the demand for MCWs.
- ii. Interestingly, though the quantities and the qualities of MCWs have varied, the introduction of MCWs has not altered the nature of the familialistic welfare regimes fundamentally, in that care services by MCWs support the

pivotal role of families in LTC. In all three countries, MCWs have been filling the gap between the demand and the supply of care, and facility care has not developed remarkably.

- iii. In all three cases, international competition in the global care chains has affected the choices made by both the receiving countries and the MCWs (Sassen 2003 in Lee 2015), and MCWs should be rephrased not as passive players but as strategic actors. The case of Filipino immigrants is typical.¹³

Differences

On the other hand, some differences between the three cases are worth noting :

- i. The magnitude of the introduction has been structural in Italy, limited but significant in Korea, and tightly restrictive in Japan. The relevance of unauthorized MCWs corresponds to this sequence ; Italy has an outstandingly large pool of illegal MCWs.
- ii. In Korea, and less intensively in Japan, marriage immigrants (female) were introduced in response to the crisis of families, which was due to a massive exodus of young people and falling birth rates in rural areas. Facing a severe shortage of care labor, the two governments promoted the inflow of these female immigrants. In the countries with restrictive immigration policies, marriage migration is the easiest and cheapest means available for women who wish to immigrate (Lee 2015). On the other hand, the Italian government did not have to pursue such a policy because of the large po-

13 As Parrenas (2001 : 7) explained, “Though often categorized as professionals, Filipino migrants do in fact also end up filling semi- and low-skilled occupations. To counteract this downward trend, Filipinos use their English-language skills and seek wage employment.” Also according to Parrenas (2001 : 38), “the gender makeup of Filipino migrant populations in various nations is highly incongruent ...” except those in the Middle East.

tential pool of MCWs.

- iii. From a gender perspective, though women comprise almost the entire population of MCWs in the three countries, the composition of the generations is fairly diverse. In Japan and Italy, the balances have been inclined to younger generations. On the other hand, in Korea, the majorities are (co-ethnic) middle-aged women.
- iv. The ethnic composition is quite varied. Although, in general, both Korea and Japan have preferred co-ethnic immigration, only Korea has intensively recruited co-ethnic Korean MCWs ; while Japan chose ethnically different immigrants to be its source of MCWs. Italy has not intensively used the co-ethnic standard.
- v. The rationales for the introduction of MCWs are also different. “In Japan and Korea, the preferred solution to growing care needs is pro-natalism, with immigration regarded as a secondary and a less ideal approach... In both places, immigration policies remain tentative and more economy- and industrial development-focused” (Michel and Peng 2012 : 409). Contrastingly, the introduction of MCWs in Italy was originally a product of the de-facto reaction of the shortage of care labor by the elderly themselves. However, it was soon to be regarded as one of the country’s principal welfare policies.

Variables and strategic interaction

The outcome of this comparative analysis should be seen as a result of the strategic interaction between the demand side (e.g., the elderly, the governments of the receiving countries) and the supply side (MCWs) in institutional opportunities set by, mainly, two variables : the mode of financing LTC and the degree of upward mobility for the MCWs.

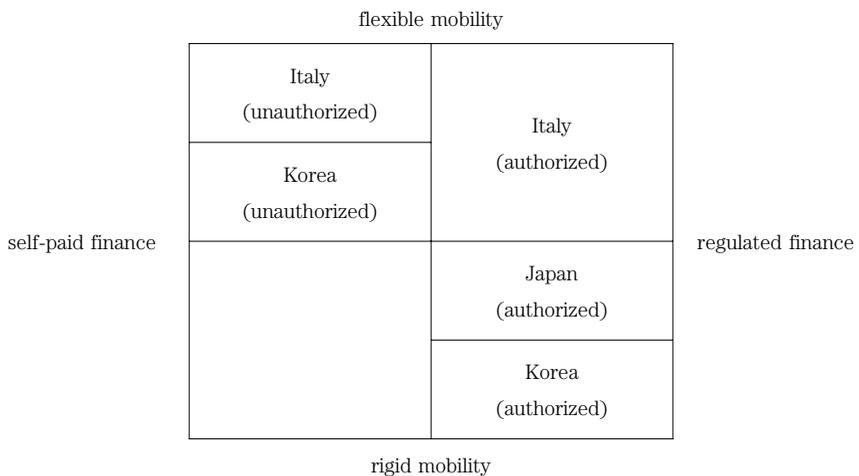
In this interaction, the “strategic-ness” inevitably will bring about uncertainty

about the preferences of the other party. Thus, in some cases, the policy outcome cannot fit the expectation of welfare maximization and will be full of mismatches, gaps, and conflicts. A typical case is the introduction of the LTCI and certified care workers in Korea : Both the demand side (the elderly and the Korean government) and the supply side (MCWs) expected that a better quality of care services could be provisioned with the better working conditions. However, the result was only a scarce provision of good public services and an abundance of less-qualified private and unauthorized services. Of course, there are other large and small failures in other cases.

4.2. Mapping the outcomes of the comparative analysis

As the Figure 3 shows, the degree of regulation in financing LTC and the mobility of MCWs have had a profound impact on the characteristics and the va-

Figure 3 : The comparative map of the cases



Note : authorized=migrant care workers with national care worker framework /
unauthorized=migrant care workers in private market

rieties of the policies in Japan, Korea, and Italy.

The analysis in this paper has shown that the coverage of regulated financing for MCWs enhances the conditions for the introduction of MCWs and, as a result, favors the introduction of limited numbers of authorized MCWs. The coverage of the LTCI in Japan is comprehensive and has crowded out unauthorized migrants. On the other hand, the coverage of the LTCI in Korea and of the nationwide collective agreements in Italy is far from comprehensive and has left more room for unauthorized MCWs.

The analysis has also shown that the upward mobility of MCWs influences the quantities and qualities of MCWs. Rigid mobility in Japan has discouraged MCWs from entering the care labor market. Flexible mobility in Italy and Korea (by unauthorized MCWs) has encouraged MCWs to enter the care labor market as a first step of entry into developed countries, but this mobility might induce them to leave the care market in the medium and long term. In the cases of co-ethnic migrants whose mobility is restricted as a condition of favored treatment for granting a visa, especially in Korea, MCWs have few opportunities other than working in the care market.

4.3. Suggestion for the future research : Beyond the marketization of migrant care workers

The introduction of MCWs has been “invented” as a remedy for the families suffering in the LTC crisis. In that sense, the introduction of MCWs can be seen as an innovation, overriding the limits of the familialistic welfare regime of each country.

In existing arguments, the introduction of the LTCI in Japan and Korea was said to have universalized the LTC, while cash and care policies in Italy were seen as a typical marketization of LTC. Nevertheless, they could be a similar alternative in that the family has to pay for care services from the market.

It is argued that marketization processes and immigration controls have contributed to the employment of migrant workers across so-called informal/formal types of care provision and irregular/regular types of care work and migration (Shutes and Chiatti 2012). In this paper, such argument has also been supported for the cases of Italy and Korea. On the other hand, the limit of this reasoning is shown in the Japanese case. When there is a sufficient pool of potential care workers in the domestic labor market, and the employment of care workers is regularized by a national qualification system, MCWs are faced with the problem of meeting high qualifications (which are sometimes “localized” in terms of language, exam, working conditions, etc.) for jobs that did not originally require a high-level skills.

The logic behind the marketization of care services by MCWs, however, should not be straightforward. Behind such an argument might be the premise that the supply should meet the demand—that is, the number of MCWs should increase as the elderly seek to employ them, and the price of care service should (easily) be adjusted to the balance between demand and supply. This paper has argued that this is not true. First, the supply of MCWs also depends on the push factors in their home countries and the strategic actions of the MCWs themselves. Therefore, there can be a serious shortage (as in the 1990 s in Italy or in the early 2000 s in Japan) or an excess (as in private care in Korea). Second, the price can be flexible when there is an affluent pool of unregulated MCWs (as in the case of Italy). On the other hand, the price can be more rigid since it often is regulated publicly (as in the Japanese LTCI system or the national wage-setting in Italy).

The comparative analysis in this paper has shed light on the importance of focusing on the strategic interaction between the demand side (e.g., the elderly, the governments of the receiving countries) and the supply side (MCWs) of

welfare services. Therefore, it will contribute to a better understanding of the nexus between welfare politics and migration politics in a globalizing political economy by focusing, not only on the demand side of welfare services, but also on the supply side.

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