

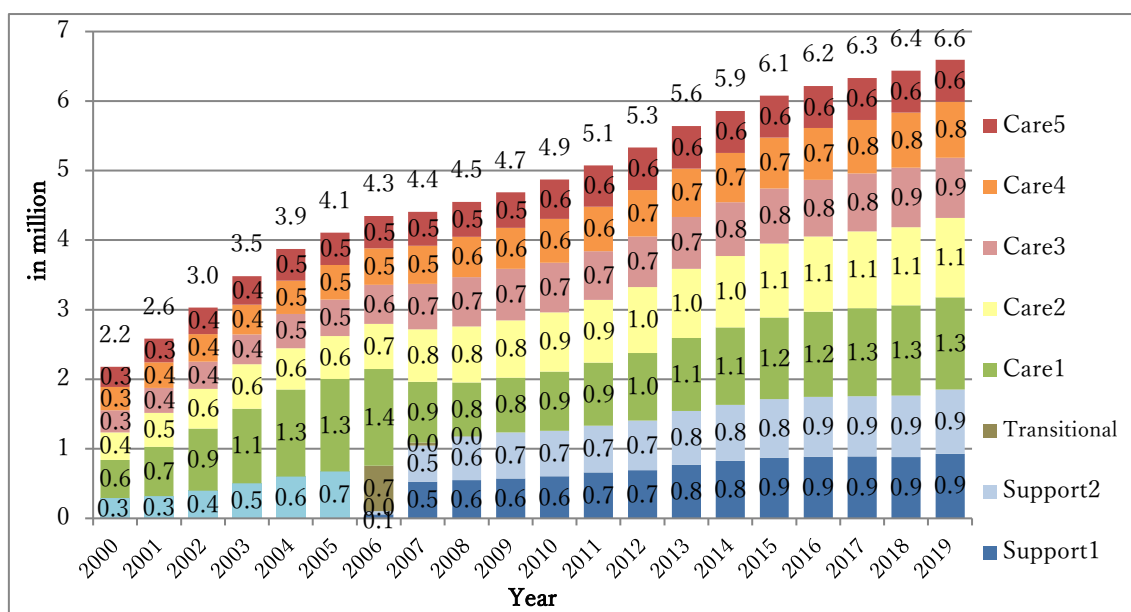
Long-term Care Related Migration

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1 Background

Due to the high proportion of elderly (defined here as aged 65 years old and older) as well as increasing number of very old people, the demand for the long-term care is increasing continuously in Japan. The number of those who are certified to be eligible to receive the public long-term care insurance counted 2.2 million in 2000 when the insurance started, tripled to 6.6 million in 2019 (Figure 1).

Figure 1 Number of eligible recipient of long-term care insurance



Note : From 2000 to 2005, Support level had only one level. Number of person is that of April each year.
 Source : Monthly Report on the Status of Long-term Care Insurance, Ministry of Health, Labour and Welfare
<https://www.mhlw.go.jp/toukei/list/84-1.html>
<https://www.e-stat.go.jp/stat-search/files?page=1&toukei=00450351&tstat=000001031648>

As in all countries, how to secure the workforce to supply the long-term care is a big challenge. As it has been estimated that the care worker shortage will be 260,000 persons in 2020s¹, increasing the number of foreign care-worker became one of the important policy

¹ https://www.mhlw.go.jp/stf/newpage_02977.html

options recently², and very quickly new status of residence for the care-workers were created³. The number of foreign care-worker is yet limited and how they can fill the gap substantially is yet to be discovered (Hayashi 2019a).

In addition to international migration, internal migration can play an important role to fill the gap of supply and demand of long-term care. The number of older persons are increasing especially in metropolitan prefectures in contrast with some rural prefectures where even the elderly will decrease due to the long-standing population decline (IPSS 2018). This will create a geographical disparity of long-term care system supply and demand. On one hand this is a good news since the internal migration of care-workers will fill the gap between the urban and rural area but on the other hand it raises a concern that such migration would aggravate the uneven population distribution and strengthen Tokyo monopolization (Kawai 2017). On the other hand, if there is a limited supply of long-term care services, those elderly who need care might move, either internally or internationally which would ease the supply and demand gap. The resulting 4 categories of long-term care related migration, i.e. long-care worker and elderly needing care by internal and international migration, will be assessed with existing data and discussed.

2 International migration of care-workers

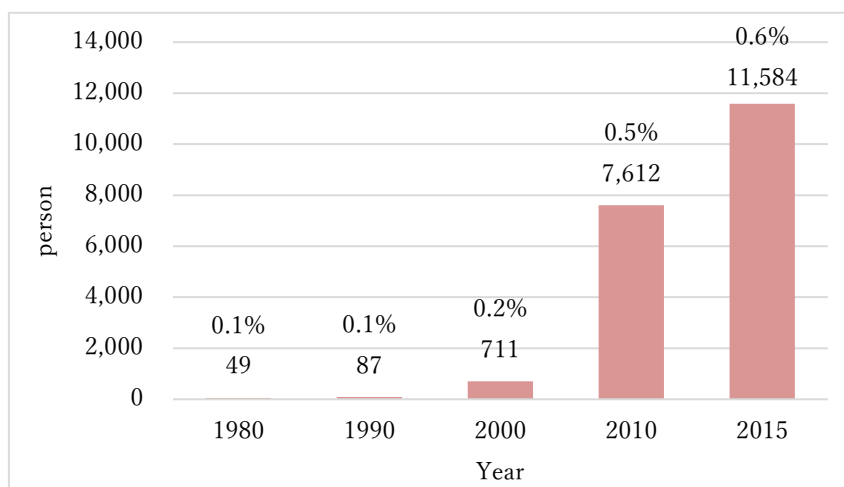
In 2015 census, there were 11,584 foreign long-term care workers in Japan (Hayashi 2019). At this year, there was no specific visa for long-term care worker apart from those who work under the EPA (Economic Partnership Agreement) which Japanese government signed bilaterally with Indonesia, Philippines and Vietnam respectively. The number of those who entered as long-term care worker under EPA was very limited, 773 persons from 2008 to 2018, so most of those counted in population census must be those foreigners who have the visa status of long-term resident, (special) permanent resident, spouse of Japanese or long-term/permanent resident, who are free to work in Japan.

Throughout the history, the number of foreign long-term care worker was very small in 1980, 49 persons, but since 2000, when the long-term care insurance started, the number started to increase rapidly to 7,612 in 2010 and 11,584 in 2015 (Figure 2).

² <https://www.mhlw.go.jp/content/12201000/000363270.pdf>

³ <https://www.mhlw.go.jp/content/12000000/000496709.pdf>

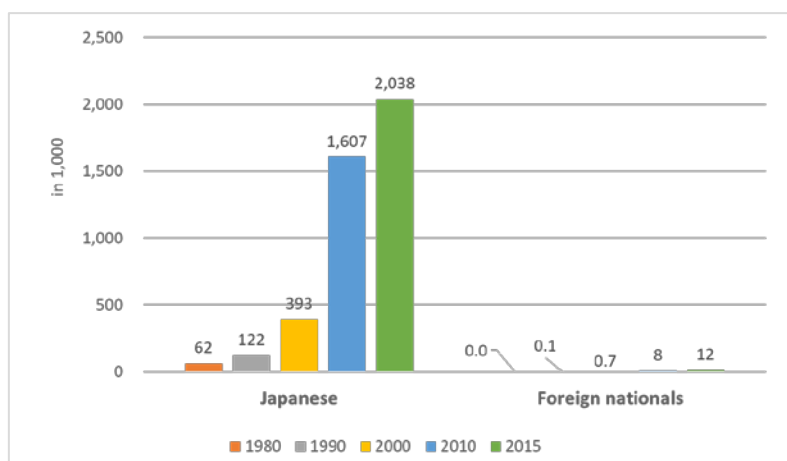
Figure 2 Number of foreign long-term care worker



Source : Population Census; In : Hayashi (2019b) pp.105-123

Has the increase of foreign long-term care worker filled the need? Actually it was not. When comparing with the increase of Japanese long-term care worker, the increase of foreign long-term care worker is negligible, as shown in Figure 3.

Figure 3 Number of long-term care worker (Japanese vs foreigner)



Source : Population Census; In : Hayashi (2019b) pp.105-123

These were the trend up to 2015. However, recent policy shift created rapidly the new visa categories for the long-term care worker. It is now expected that the foreign care-worker will fill the needs in Japan. Also, Asia Health and Wellbeing Initiative⁴, one of the promoters of immigration policy in Japan, were launched in 2016 by Prime Minister's Office so that those who practice long-term care in Japan will improve the long-term care system in

⁴ AHWIN: Asia Health and Wellbeing Initiative, <https://www.ahwin.org/>

their own country when they will return back. In view of increasing number of elderly, as well as care need in the region of Asia, it is important to understand the international situation of long-term care worker.

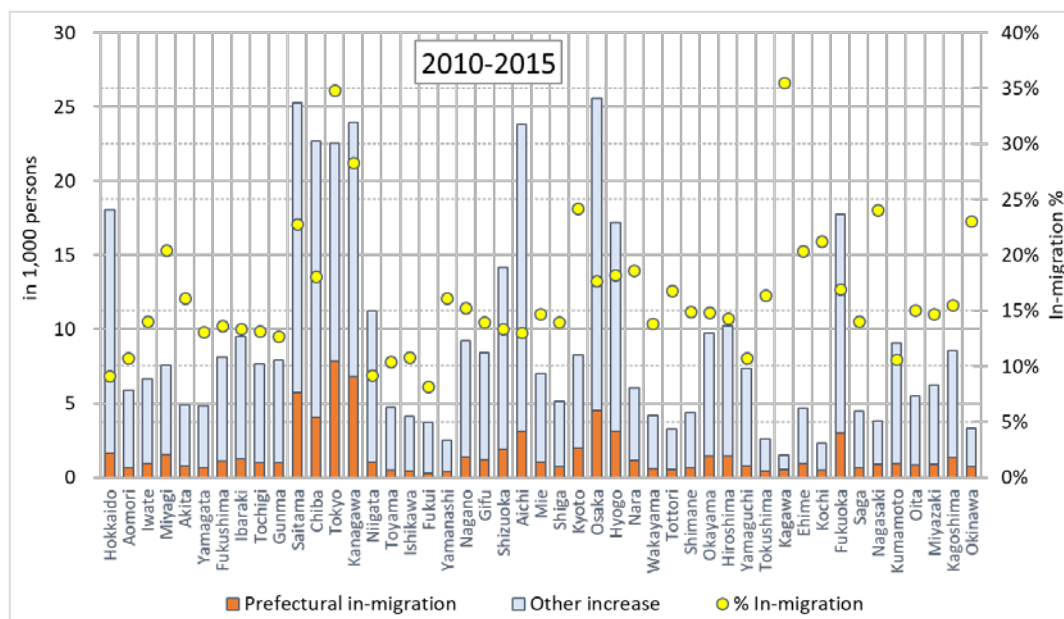
3 International migration of care-seeking elderly

The Japanese elderly who go abroad is not uncommon (Nakagawa and Niwa 2019). However, those are the younger elderly in their 60s or early 70s. So far the medical fee spent in foreign countries can be reimbursed by the public health insurance of Japan but this is not the case for the long-term care insurance. It is anticipated that many overseas Japanese would return to Japan when they start feeling the needs to receive long-term care.

4 Internal migration of care-workers

The mobility of long-term care worker is lower compared to medical worker or worker in all industries, except for older long-term care worker (Hayashi 2019b). However, there are some long-term care workers who move. The increase of long-term care workers from 2010 to 2015 is large in metropolitan area (Tokyo, Osaka, Nagoya area), Fukuoka and Hokkaido. The contribution of intra-prefectural in-migration is large especially in Tokyo area in general, and Tokyo and Kanagawa prefectures in particular (Figure 4). As the Japanese population started to decline, the increase of elderly population is not much in many rural prefectures and prefectures with rapidly increasing elderly are located in metropolitan area. The migration towards Tokyo and Kanagawa prefectures might be the reaction to the increasing care-need. In the future, there will be even the decrease of elderly in rural prefectures and plans to reduce the hospital capacity are already put in place. These plans might be needed to expand for long-term care facility so as to empower those who are engaged in the long-term care provision, who might be relocated.

Figure 4 Increase of long-term care worker by prefecture from 2010 to 2015



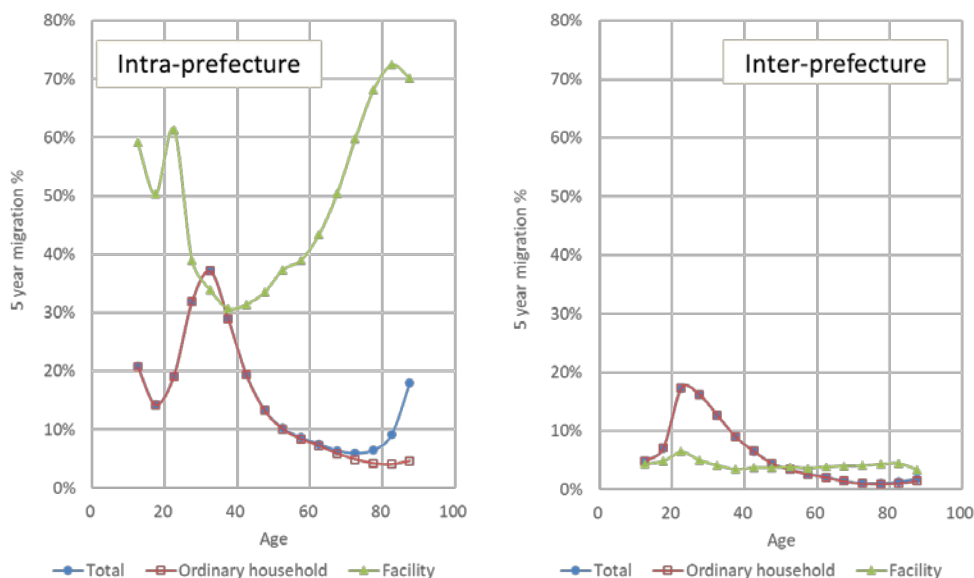
Source : Population Census; In : Hayashi (2019b)

5 Internal migration of care-seeking elderly

In Japan, age specific mobility, defined as the proportion of those who lived in the other place 5 years ago, increases in very old age (blue line in the left graph in Figure 5). This is due to the movement to facility in those age groups. When comparing the mobility rate between those who live in ordinary household and those who live in facility, the mobility increase is only found among the latter. On the other hand, the mobility increase is mainly found in intra-prefectural mobility, while inter-prefectural mobility is not as much.

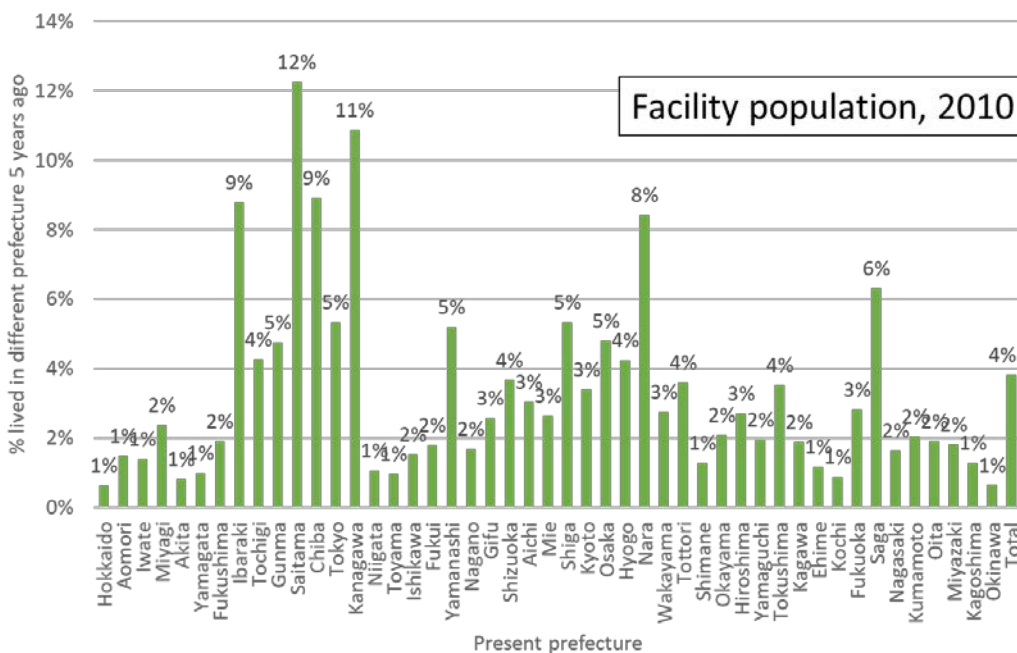
Among elderly who were living in facility (1.6 million people), there were 4% who moved across the prefectural border from 2005 to 2010 (Figure 6). This rate varies according to prefecture, and it was the highest in Saitama(12%), followed by 11% in Kanagawa, 9% in Ibaraki and Chiba. More than half of these elderly migrants to facility used to live in Tokyo prefecture five years earlier in 2005 (Hayashi 2017). It is apparent that increasing number of elderly who need care are moving out of Tokyo prefecture to the neighbouring prefectures.

Figure 5 Mobility by age, 2010



Note : Facility includes hospital and social facility only
 Source : Population census (Statistics Bureau of Japan), 2010

Figure 6 Proportion lived in different prefecture 5 years ago



Source : Population census (Statistics Bureau of Japan), e-stat, 2010

While there are important flow of elderly seeking long-term care between prefectures within Tokyo area (prefectures of Tokyo, Kanagawa, Saitama and Chiba), the national concern is if the elderly are moving to Tokyo area, where their children live and invite

the parents to live in facility which is close to them. Among 56,650 elderly living in facility who moved across the prefectural border from 2005 to 2010, 25,080(44.3%) moved from non-Tokyo area to non-Tokyo area, 17,421(30.8%) from Tokyo area to Tokyo area, 8,138 (14.4%) from Tokyo area to non-Tokyo area and 6,011(10.6%) from non-Tokyo area to Tokyo area (Table 1). Thus the concern of Tokyo monopolization by even the elderly is not backed by evidence.

Table 1 Number of elderly inter-prefectural migrants in facility by origin and destination

5 years ago \ Present	Present		
	Tokyo area	Non-Tokyo area	Total
Tokyo area	17,421	8,138	25,559
Non-Tokyo area	6,011	25,080	31,091
Total	23,432	33,218	56,650

Source : Population census (Statistics Bureau of Japan)

However, number and rate differs. There are also many healthy elderly who move. Although the mobility of elderly living in ordinary household is lower compared to those living in facility, the number of elderly in ordinary household who moved across the prefectural border counted 313,577 in 2010, 5.5 times more than those who moved to facility (Table 2).

Table 2 Inter-prefectural migrant 65+ to ordinary household and facility

2010 65+	Ordinary household	Facility	Total
Total	27,595,801	1,649,884	29,245,685
Inter-prefectural migrant (65+)	313,577	56,650	370,227
%	1.1%	3.4%	1.3%

Note: Facility includes long-term care facility and hospital.
Source : Population census (Statistics Bureau of Japan)

The origin and destination of these elderly inter-prefectural migrants in ordinary household is the same structure as those in facility. Non-Tokyo to non-Tokyo is the most numerous, followed by Tokyo to Tokyo, Tokyo to non-Tokyo and non-Tokyo to Tokyo. So, it can be concluded that elderly movement does not accelerate Tokyo monopolization.

Table 3 Inter-prefectural migrant 65+ to ordinary household and facility

Present 5 years ago	Tokyo area	Non-Tokyo area	Total
	Tokyo area	69,534	59,151
Non Tokyo area	50,040	134,852	184,892
Total	119,574	194,003	313,577

Source : Population census (Statistics Bureau of Japan)

6 Conclusion

Long-term care related migration by four categories is summarized as shown in Table 4. To fill the gap of demand and supply of long-term care, each category should be examined and possible policies can be formulated.

Table 4 Long-term care related migration

	Long-term care worker	Elderly needing care
International migration	<ul style="list-style-type: none"> ➤ Rapidly increased but the proportion to the total workforce is still very small ➤ Substantial increase can be expected due to the rapid policy progress 	<ul style="list-style-type: none"> ➤ Elderly going abroad are younger elderly (60s and early 70s). They intend to come back to Japan when they need care ➤ Japanese long-term care insurance is not applicable overseas and so far no policy for exporting care need elderly
Internal migration	<ul style="list-style-type: none"> ➤ Contribute to fill the gap between prefectures ➤ Enforcing Tokyo-monopolization 	<ul style="list-style-type: none"> ➤ Facility seeking migration fill the gap ➤ Small proportion but sizable population of elderly in ordinary household (309,877 persons) move between prefectures but not for receiving care ➤ Easing Tokyo-monopolization

* This article is based on the presentation made at the International Conference on Population Geographies (ICPG) 2019, 1 July 2019 Loughborough University, UK. I thank those who provided valuable comments during the session.

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