



CRISIS IN CARE

MIGRANT WORKERS AND
AGEING SOCIETIES IN
JAPAN AND SOUTH KOREA

Working Paper

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The Global Alliance Against Traffic in Women (GAATW) is an international network of 100 NGOs from all regions of the world that advocates for the rights of migrants and trafficked persons. GAATW members provide direct assistance to migrants and trafficked persons, run information campaigns, and engage in policy advocacy at the national and regional levels. The International Secretariat of the Alliance is based in Bangkok, Thailand and supports its members with research, knowledge building, and international advocacy. We focus on women's rights to mobility and decent work.

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Global Alliance Against Traffic in Women

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Introduction

Our society is currently facing a care crisis. With the rapid advancement of an aging society, the demand for care is skyrocketing, yet the treatment of caregivers remains poor. It's like adding a heavier burden to a building already rotting. The responsibility for care remains concentrated on families, and more specifically, women. The state intervenes only marginally, and public care services vary widely across regions and rely heavily on private outsourcing. As a result, the burden of care is becoming informal, and care work is trapped in the trap of low-wage, low-status, and invisible labor.

- Yoon Ja-young, Professor of Economics, Chungnam National University¹

Over the years, GAATW has recognised care work, both paid and unpaid, as central to the global economy; however, it is often undervalued and racialised, particularly when performed by migrants. According to the International Labour Organization (ILO) statistics, the care economy comprises 381 million jobs globally, accounting for approximately 11.5% of total employment.²

GAATW has been challenging the invisibility and undervaluation of domestic and care work, especially among migrant women, as they make up a significant portion of the workforce around the globe. Our advocacy agenda centres on being more reflective of the economic and sociopolitical realities and gender inequalities that affect migrant care and domestic workers. Significantly, with the rise in gender-segregated job markets, women migrants are filling in the social gaps in the care services worldwide.³ According to recent statistics, women account for approximately 67% of the health and social workforce, providing essential services to around 5 billion people.⁴

In the aftermath of the COVID-19 pandemic, there has been an increased global attention on the care sector, which is largely composed of women, mostly migrants. As the care economy gains attention and is seen as a critical area for advancing gender equality through employment generation, improved livelihoods, and enhanced social mobility, the responsibility of care work continues to disproportionately fall on women.⁵

The ILO estimates the value of the care economy at the estimated cost of USD 11 trillion or 9 per cent of the global GDP, noting women's contribution at around 6.6 per cent of the GDP.⁶ The recent demands for care work services are often fuelled by interconnected factors, such as ageing populations, declining birthrates, increased participation of women in the labour force, and changing family structures.

¹ Yoon Ja-young, Joint Committee with Migrants in Korea, 'There is No Sustainable Care Without Quality Care Jobs', <https://www.peoplepower21.org/welfarenow/1997646>

² https://www.ilo.org/sites/default/files/2024-10/Migrant%20Workers%20in%20the%20Care%20Economy_Note_2024_Final.pdf

³ <https://ilostat.ilo.org/blog/where-women-work-female-dominated-occupations-and-sectors/#:~:text=Care%20work's%20feminine%20footprint&text=Women%20make%20up%2067%20per,most%20significant%20proportion%20of%20women>

⁴ <https://www.who.int/activities/value-gender-and-equity-in-the-global-health-workforce#:~:text=Women%20account%20for%2067%25%20of,to%20achieving%20gender%20equality%20globally>

⁵ https://www3.weforum.org/docs/WEF_The_Future_of_the_Care_Economy_2024.pdf

⁶ <https://www.apec.org/publications/2022/03/unpaid-care-and-domestic-work-counting-the-costs#:~:text=The%20ILO%20estimates%20the%20value,at%202.4%20percent%20of%20GDP>

While governments in need of care work services are facilitating formal pathways for migrants, mainly to address their stability in economic production, many of these programmes demonstrate risks for exploitation, temporality, and limited labour protections offered to migrant care and domestic workers. This paper was developed in response to the growing recognition that migrant care workers are filling in the gaps in social care services, especially in countries experiencing demographic changes. In the absence of public care infrastructures and equitable sharing of unpaid care work, migrant women workers are often placed in precarious and temporary positions in the care economy, making them disposable workers in a sector deemed essential *by* capitalist economies *for* capitalist economies. On the one hand, migrant care work sustains households and local economies, enabling them to function smoothly and ultimately contribute to national growth. On the other hand, these essential workers remain among the least protected and undervalued in the local and global workforce.

This paper aims to examine state-sponsored care programmes targeting migrant care workers in South Korea and Japan, and their implications on the situation of migrant care workers. Both countries have experienced rapid population ageing, declining birth rates, and changing family structures, leading to a care gap in social services. Migrant workers' exclusion from labour protections, discrimination, and concerns regarding living and working conditions remain problematic, alongside the temporary and precarious nature of their work.

This paper builds upon discussions around regulatory gaps and protection policies that continue to treat migrant care work as low-skilled labour, rather than skilled and essential work that requires fair compensation and training. It also seeks to understand the systemic challenges that make migrant workers vulnerable to exploitation and abuse.

The first section, **Defining Care Work: What is Care? What is Work?**, examines the broad understandings of care work and its application by institutions, states, and local and migrant communities. It then focuses on care work provided in nursing/elder care, and childcare and how it is woven into the domestic work setting. The second section, **Background to Care Work in Japan and South Korea: Ageing Landscapes For Migration**, provides a contextual overview on care work in the two countries and reflections on how care work remains gendered in the global care chain and its dependence on migrant labour. In a review of current state programmes related to formal and informal pathways for migrant care workers, the third section, **Policies and Institutions: Breaking Down the Structures to Care Work**, analyses government responses, including how they delegate labour expectations and the limited protection provided to migrant care workers. The fourth section, **Work Conditions: Worker Wellbeing in Care Industries**, examines the challenges faced by migrants in the care industry, and how the devaluation of care work often results in neglect and a lack of investment in care structures for both patrons of care and the workers. The final section, **NGOs, Unions, and Migrant Organisations: Who Cares For the Care Workers?**, overviews the supports that are already available to workers. The paper concludes with reflections on the need for stronger labour protections for migrant workers, rethinking the approach to the care crisis, and strengthening solidarity among civil society in advancing the rights of migrant care workers.

Defining Care Work – What is Care? What is Work?

Understanding the definition of care work is the first of many steps necessary in protecting the rights of workers. Governments, migrants, and organisations each come with their own unique understanding of what the care industry is and the work it requires. When these definitions are not translated into action, it can lead to precarious work, exploitation, and the unaddressed needs of care patrons and givers.

Larger Institutional Definitions of Care Work

Care work can generally be understood as the work done to support the physical or mental health needs of another person. Care work can apply to childcare, elder care, and nursing, but also to more indirect support like housekeeping and food preparation.⁷ Care work can be organised in a variety of ways, including formal, informal, direct, indirect, paid, unpaid, public and private work.⁸ It is also not restricted to formal institutions, often taking place in people's homes.⁹

The following broad definition is the one used by the International Labour Organization (ILO):

Care work consists of, among others, activities and relations that pursue sustainability and quality of life; nurture human capabilities; foster agency, autonomy and dignity; develop the opportunities and resilience of those who provide and receive care; address the diverse needs of individuals across different life stages; and meet the physical, psychological, cognitive, mental health and developmental needs for care and support of people including children, adolescents, youth, adults, older persons, persons with disabilities and all caregivers.¹⁰

The ILO also specifies how care work ranges across different classifications of skill levels, from “elementary” to “high skilled” workers.¹¹

The UN Women defines paid Care Work as having these traits:

1. The activity [of the industry] contributes to physical, mental, social and/or emotional well-being;

⁷ Jenna Holliday, Marja Paavilainen, and Rebecca Napier-Moore, ‘Care Work and Labour Migration in ASEAN: Thematic background paper for the 17th ASEAN Forum on Migrant Labour’, International Labour Organization, Bangkok, 2024, p. 5.

⁸ *Ibid.*, 5–6.

⁹ *Ibid.*, 5–6.

¹⁰ *Ibid.*, 5.

¹¹ *Ibid.*, 6.

2. The primary labour process [in the industry] involves a face-to-face relationship with those cared for;
3. Those receiving care are members of groups that by normal social standards cannot provide for all of their own care because of age, illness or disability; and
4. Care work builds and maintains human infrastructure that cannot be adequately produced through unpaid work or unsubsidized markets, necessitating public investment.¹²

One of the important distinctions UN Women makes is the inclusion of domestic work under the umbrella of care work. They explain, ‘Non-nurturant jobs (sometimes called indirect care) are those that support caregiving...the exclusion of which from care sector analyses provides a biased understanding of the characteristics and conditions of this work.’¹³ They also explain that care work can be present in multiple different industries of work and provide the examples of health care, social services, education, child care, and domestic work.¹⁴

Public Services International (PSI), an organisation that supports public service workers and their unions, uses a similar definition of care work as the ILO and UN Women.¹⁵ In their article, they separately describe the notion or idea of care and the care economy.¹⁶ Within the ideas of *care*, they include care done for others and oneself, and various industries and forms of care, as well as the structure and organisation behind care that allows it to occur like transportation.

Their definition of *indirect care* highlights its necessity, referring to it as ‘the provision of the preconditions in which care is carried out’.¹⁷ They explain that the *care economy* refers to the unpaid labour of care work that supports the larger economy and social systems, as well as the developing employment industry.¹⁸

This large lens of care work could include:

Form of Work	Examples
Formal	Any work protected by contracts and laws. ¹⁹ For example, teachers, nurses, and care workers working for formal institutions, or in-home long-term care workers with contracts and insurance.

¹² Mignon Duffy and Amy Armenia, *Paid Care Work Around the World: A Comparative Analysis of 47 Countries and Territories*, UN Women, 2021, pp. 2–3, <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2021/Discussion-paper-Paid-care-work-around-the-globe-en.pdf>

Intersource: Duffy, M., R. Albelda and C. Hammonds. 2013. ‘Counting Care Work: The Empirical and Policy Applications of Care Theory’, *Social Problems*, vol. 60, no. 2, pp. 145–167.

¹³ Mignon Duffy and Amy Armenia, *Paid Care Work Around the World*, p. 3.

¹⁴ *Ibid.*, p. 4.

¹⁵ Public Services International, About Us, 2025, publicservicesinternational.org/resources/page/about?id=5428&lang=en. Accessed 29 Sept. 2025.

¹⁶ Corina Rodríguez Enríquez and Cecilia Fraga, *The Social Organisation of Care: A Global Snapshot*, Public Services International, October, 2021, p. 4 <https://publicservicesinternational.org/resources/publications/the-social-organisation-of-care-a-global-snapshot?lang=en&id=12358>

¹⁷ *Ibid.*

¹⁸ *Ibid.*

¹⁹ Jenna Holliday, Marja Paavilainen and Rebecca Napier-Moore, ‘Care Work and Labour Migration in ASEAN’, p. 6.

Informal	Any paid work occurring outside formal contracts. ²⁰ For example, family-friends hired as babysitters, neighbours hired as cleaners.
Direct	Any form of work that addresses care needs themselves. ²¹ For example, teachers educating students, doctors treating patients, therapists working with disabled people to support mobility needs, and careworkers bathing elderly patients.
Indirect	Any form of work that is responsible for facilitating the ability for care needs to be met, without addressing them directly. ²² For example, custodians in hospitals, cafeteria workers in schools, cleaners supporting elders independent living. ²³
Paid	Any work that receives formal compensation. ²⁴ For example, teachers, doctors, housekeepers, and cooks.
Unpaid	Any work that does not receive formal compensation. ²⁵ For example, children caring for their elderly parents at home, mothers keeping up with house work and caring for their children, older siblings tutoring their younger family members.
Public	Any work in the public sector. ²⁶ For example, teachers in government funded schools or nurses in public hospitals.
Private	Any work in the private sector. ²⁷ For example, careworkers in an elder care facility owned by a private institution, tutors from a private company, and cleaners running their own businesses.

How Defining Care Work Gets Complicated

When this broad definition is used and the term “care work” applied to so many situations of employment, specific understandings of what the job actually is can get confusing. If a care worker is responsible for administering medicine, teaching a language, or mopping a bathroom, what does that mean for an individual worker and employer? Specifically, the discussion of where indirect work, which intersects with the domestic work industry, fits into care work is significant when we are looking at migrant workers’ rights. While the definitions explain that domestic work *is* care work, it is not necessarily true that all care work implies domestic work. If and when domestic work is also the responsibility of care workers is not always made clear.

²⁰ *Ibid.*

²¹ *Ibid.*, p. 5.

²² *Ibid.*

²³ Mignon Duffy and Amy Armenia, *Paid Care Work Around the World*, p. 9.

²⁴ Jenna Holliday, Marja Paavilainen and Rebecca Napier-Moore, ‘Care Work and Labour Migration in ASEAN’, p. 5.

²⁵ *Ibid.*

²⁶ *Ibid.*

²⁷ *Ibid.*

It is on the hazy lines between domestic work and other forms of care work that confusion can arise with regard to work expectations. For example, the “Pilot Project for Introducing Filipino Caregivers to South Korea”, which recruited workers from the Philippines in 2024, resulted in criticism from labour unions regarding implementation.²⁸ In a joint statement released by migrant rights organisations in May 2025, the programme used both the terms “domestic worker” and “care worker”.²⁹ The statement highlighted the discrepancies in terminology in the job descriptions which included both domestic and care work activities. This could lead to confusion and misinterpretation of job responsibilities. It also highlighted the fact that the lack of clarity in the scope of work could instigate exploitation and underpayment.³⁰

After this programme started, an anonymous series of interviews was conducted and then presented at the forum: “Precarious Stay, Excluded Labor Rights: Voices of Filipino Caregivers”.³¹ They found examples of work expectations going beyond the contracts, limited pay, sexual harassment, and visa vulnerabilities when employers hired on six-month contracts. These workers were officially trained before coming to the country ‘in areas such as nursing, pharmacology, and disease management’, according to *The Korea Times*. Lee Mi-ae, who conducted this research project, provided an example to *The Korea Times* of confusion related to work expectations:

One worker has to care not only for the employer’s child, but also for the entire family, including in-laws and even the family dog...Some are pressured to give English conversation lessons to parents during the baby’s nap time, leaving virtually no time for rest.³²

Questions remain about how we should categorise care work and domestic work and how care workers and domestic workers themselves would like to be labelled. Using one label over the other may be a way for workers to distinguish themselves and their skills, to portray a sense of upward mobility, or to better organise for their rights. It may also perpetuate stigmas around labels if one is signified as better than the other, such as the stereotype of domestic work being unskilled work, or care work being a familial responsibility and not an occupation. Another question would be: is care work an umbrella under which domestic work falls, or are the two parts of an overlapping Venn diagram?

Two places where we can look for answers to this debate are the International Domestic Workers Forum (IDWF) and GAATW members. IDWF makes their understanding of these two concepts clear. They explain, ‘Domestic workers do both direct and indirect care in or for

²⁸ Migrant Forum Asia, ‘Statement Concerning the Pilot Project for Introducing Filipino Caregivers to South Korea’, https://mfasia.org/statement_skcaregivers2024/

²⁹ *Ibid.*

³⁰ *Ibid.*

³¹ Hankookilbo, ‘Filipino Caregivers Face Abuse and Overwork in Korea’s Pilot Program’, *The Korea Times*, 13 June 2025, www.koreatimes.co.kr/southkorea/society/20250613/filipino-caregivers-face-abuse-and-overwork-in-koreas-pilot-program. Accessed 29 Sept. 2025.

³² *Ibid.*

households. They are a part of the care workforce and globally an essential part.’³³ On International Domestic Workers Day in 2024, GAATW’s secretariat and participants from its Women Workers For Change Forum, put on a performance that responded to the topic of domestic work and care work during an event organised by HomeNet. The theme of the event was “Women are Care Workers: Who Cares for Them?” The performance was made up of song, dance, a short play, and speeches that grappled with the mistreatment of domestic workers, and called for change: “Integrate domestic workers to care work. Domestic workers! Unite!”³⁴ The play represented solidarity and a call to action on the demands of domestic and care workers against abuse and unpaid wages.

The understandings of care work held by large institutions like UN Women, ILO, and PSI set the stage on which advocacy can take place. To better understand the specific expectations of employment and the source of confusion, we need to look more directly at our countries of study. For the individual migrant workers, their work is defined more by the cultures they are entering and the government policies that structure their employment.

Understanding Care Work on a Cultural Level

In Japan and South Korea, care work has traditionally been understood as the work of caring for children or elders that women within the extended family take on. Naturally, as these women worked within their own homes, little distinction would have been made between their “care work” and “housework”, both brought on by familial responsibility.³⁵ It was in the move away from family-based care, which is part of a larger push for women and men to enter the formal workforce, and demographic changes that helped create the current care industry in Japan and South Korea.³⁶ The legacy of family work is still embedded in the industry, influencing ideas around what makes a qualified care worker. For example, in Japanese elder care work, it is important for the workers to be respectful towards elders, both patients and co-workers, including being able to speak Keigo, a more formal version of the language.³⁷ In South Korea, some parents have concerns about hiring migrant workers as in-home childcare workers, due to the possible language barrier and different cultural norms.³⁸

³³ International Domestic Workers Federation, ‘Invest in Care: Decent Work for Domestic Workers’, 7 Oct. 2020, idwfed.org/news/global-news/invest-in-care-decent-work-for-domestic-workers/#:~:text=What%20is%20CARE?,by%20domestic%20workers%20or%20caregivers. Accessed 29 Sept. 2025.

³⁴ GAATW IS, *Unseen Struggles: A Call to Protect the Rights of Domestic Workers*, July 4, 2024, 10:36 <https://www.youtube.com/watch?v=qzFgdkOvspk>

³⁵ Enrico D’Ambrogio, ‘Japan’s Ageing Society’, European Parliamentary Research Service, Dec. 2020, p. 4. [https://www.europarl.europa.eu/RegData/etudes/BRIE/2020/659419/EPRS_BRI\(2020\)659419_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/BRIE/2020/659419/EPRS_BRI(2020)659419_EN.pdf); Reiko Ogawa, ‘On the Issue of Migrant Care Workers’, Chiba University, pp. 44, 46–47, https://researchmap.jp/reikopon/published_papers/36775348/attachment_file.pdf

³⁶ Erin Aeran Chung, ‘Migration Politics in East Asia: Comparing Japan, South Korea, and Taiwan’, Bundeszentrale für politische Bildung, 5 Feb. 2024, www.bpb.de/themen/migration-integration/regionalprofile/english-version-country-profiles/543674/migration-politics-in-east-asia-comparing-japan-south-korea-and-taiwan/.

³⁷ Edward Asis and Rogie Royce Carandang, ‘The Plight of Migrant Care Workers in Japan: A Qualitative Study of Their Stressors on Caregiving’, *Journal of Migration and Health*, vol. 1–2, 1 Jan. 2020, www.sciencedirect.com/science/article/pii/S2666623520300015?via%3Dihub, <https://doi.org/10.1016/j.jmh.2020.100001>; Coto Academy, ‘An Introduction to Japanese Keigo’, Coto Japanese Academy, 2 July 2025, cotoacademy.com/japanese-keigo/. Accessed 8 Oct. 2025.

³⁸ See ‘South Korea Opens Doors to Foreign Caregivers’, Channel News Asia, video, August 28, 2024, https://www.youtube.com/watch?v=wiappn_eQKM

For the migrants originating from other South East Asian countries such as the Philippines, Vietnam, and Indonesia, this family-based understanding of care work connects with their experience in their home countries.³⁹ A study of Vietnamese care workers in Japan found family-based understanding of care work to be a pull-factor for care workers to return to their home country so that they could care for their own families.⁴⁰ Entering the care work industry in Japan also allows migrants the opportunity to gain income from work that can fall in the informal unpaid sector in their own countries. One of the reasons for some workers to get foreign experience in the care sector is that they can then use those skills to support their families upon return.⁴¹

Different cultural understandings of care work can also mean different stigmas around the work. Japan, for instance, carries the perception that elder care work is ‘hard, dirty, and dangerous’.⁴² This negative perception of the work is then projected onto the workers themselves. Migrants also bring their own stigmas of care work with them. Some migrant elder care workers in Japan brought with them the stigma around diaper and toilet assistance. They saw it as an intimate family responsibility, and an offensive one to be asked of care workers. Employers, on the other hand, regard this to be an important task that care workers need to perform. Supporting elderly people’s bathroom agency aligns with the Japanese values of cleanliness and dignity.⁴³ Such divides around care work are important to analyse, not to find out which party is right, but to comprehend how cultural differences play out on the ground and can lead to precarious work and patient treatment.

Defining Care Work in Government Programmes and Policies

When it comes to defining care work on a practical level, we need to look at government policies and programmes. This, in theory, is what enforces and protects workers’ rights and responsibilities. There are two things that complicate this: the diversity of terminology used and the varieties of definitions provided. Compared to the all encompassing institutional definitions and the varied cultural understandings, when care work is described by government programmes, it refers to a specific field of employment. This may lead to a narrow understanding of care work that clashes with cultural expectations. It also means that other work under the care work umbrella gets defined in a language which hinders the workers’ ability to advocate for themselves under the “care work” title.

In Japan, care work largely refers to elder care, especially care given by migrant women. The Japan Care Worker Guide website primarily discusses elder care work as part of the Economic

³⁹ See ‘Return Migration of Vietnamese Nursing Graduates: Trajectories of the First Batch of EPA Care Workers in Japan’, *Trends and Challenges of Migration Care Workers Across Borders*, ERIA Research Project Report FY2022 No. 06, Jakarta: ERIA, 2022, pp. 40–41.

⁴⁰ *Ibid.* See also Reiko Ogawa, ‘On the Issue of Migrant Care Workers’, pp. 46–47.

⁴¹ *Ibid.* p.43.

⁴² Edward Asis and Rogie Royce Carandang, ‘The Plight of Migrant Care Workers in Japan’.

⁴³ Reiko Ogawa, ‘On the Issue of Migrant Care Workers’, pp. 55–56.

Partnership Agreement, Technical Intern, and Specified Skilled Worker migrant employment schemes and policies.⁴⁴ It specifically refers to them as “nursing care programmes”. The main terminology used by other sources is care work or nursing care.⁴⁵ The Japan Care Worker Guide website highlights responsibilities to domestic work, supporting recreational activities, and assisting patients with toilet use, bathing, meals, and movement.⁴⁶ The website also discusses the duties of care managers, who develop and support the implementation of care plans for patients.⁴⁷ Here we can see a diversity of language being used to describe elder care work, including care work.

The definition used in the Japanese *Certified Social Worker and Certified Care Worker Act* (May 1987) is a bit broader than elder care. It explains a “certified care worker” to be someone with necessary qualifications and experience in the field and who does ‘the business of providing care for a person with physical disabilities or mental disorders and intellectual disabilities that make it difficult to live a normal life’.⁴⁸ It further says that they can also be someone who is ‘providing instructions on caregiving to the person and the person’s caregiver’. This statement is a testimony to the diversity that comprises care work.

Another form of general care work is domestic work. According to the “Checklist for Foreign Domestic Workers”, the work expectations as determined by the specific contract would include tasks such as ‘cooking, washing, cleaning, shopping, and other domestic duties in general and daily life care and necessary protection of children provided together with the above’.⁴⁹ This checklist provides an overview of the responsibilities of a domestic worker specifically hired under a housekeeping company in a National Strategic Special Zones. This is the main circumstance under which domestic work in Japan falls under government policies and therefore includes a more legal definition.⁵⁰

There are limited definitions provided by the Japanese government to refer to other forms of domestic work or the other main sector of care work not covered – childcare – especially in the case of migrant employment.

For the purposes of this briefing, our focus is on the work created as part of migration employment schemes. So we will mainly use the first definition of care work, which focuses on nursing/elder care, with some analysis of domestic work, especially childcare. Regardless, all these understandings of care work as implemented in policy and law are significant because

⁴⁴ See ‘Introduction to Nursing Care Residence Programs and the Differences between Them’, Japan Care Worker Guide, 3 Dec. 2024, japan-cwg.com/13052/. Accessed 30 Sept. 2025.

⁴⁵ Noriko Tsukada, ‘A New Era for Policies for Care Workers in Japan: Current Status and Future Directions’, in Komazawa, O. and Y. Saito (eds.), *Coping with Rapid Population Ageing in Asia*, Jakarta: ERIA, 2021, p. 88. https://www.eria.org/uploads/media/Books/2021-Coping-with-Rapid-Population-Ageing-Asia/15_Part2-Ch-3-Japan-Care-Workers.pdf

⁴⁶ ‘What is Nursing Care Service like in Japan?’ Japan Care Worker Guide, 4 Nov. 2020, japan-cwg.com/1481/.

⁴⁷ ‘A Real Story of a Foreigner Working as a Care Manager in Japan 3’, Japan Care Worker Guide, 28 Mar. 2025, japan-cwg.com/13322/. Accessed 30 Sept. 2025.

⁴⁸ See *Certified Social Worker and Certified Care Worker Act, Japanese Law Translation*, article 2 (2), www.japaneselawtranslation.go.jp/en/laws/view/2693/en#je_ch1at2. Accessed 30 Sept. 2025.

⁴⁹ See ‘Check List for Foreign Domestic Workers in Japan’, Solidarity Network with Migrants Japan, p. 2, https://migrants.jp/wp-content/uploads/2016/07/CheckListforForeignDomesticWorkersinJapanrevised_160709.pdf

⁵⁰ *Ibid.*, p. 1.

they show where the government is paying attention and where it draws the line between various forms of employment.

In South Korea, the variety of definitions of care work appears in an opposing pattern to Japan. The idea of care work primarily refers to childcare and domestic work, while elder and nursing care fall under separate terminology. It is also in domestic and childcare that migration schemes are more robust, while limited and informal for the elder care industry.

The country's "Pilot Project for Introducing Filipino Caregivers to South Korea" programme with the Philippine government is also referred to as the "Foreign Housekeeping Managers Pilot Project" on the Seoul government webpage, where they advertise for Korean families to apply to hire a worker.⁵¹ This again shows a pattern of dual language, as it introduces the term "Housekeeping Managers" to refer to both caregiver and domestic worker. It includes a description of work expectations with regard to childcare and cleaning for the purpose of the child's needs (i.e. cleaning their bedroom). It is obvious that there is potential for expansion of this work such as under the expectation of "light housework" when needed by the family.⁵² The website page on the "Foreign Housekeeping Managers Pilot Project" describes the same programme of employment as including responsibilities of 'childcare and household chores'.⁵³ The terms used to describe this programme by the media also gives us a sense of how this job is interpreted in multiple ways. *The Korea Times* labels the workers as nannies in their headline, while the *Korea Herald* calls them domestic workers who do 'childcare and housework'.⁵⁴ Other programmes directed at migrants to Korea under the care work umbrella, such as the "Pilot Program Enabling Foreign Residents to Work in Housekeeping and Childcare", also reflect this dual expectation of domestic work and childcare work.⁵⁵ From this we can understand that in South Korea "care work" is both a title and a descriptor of work focused on housekeeping and childcare.

The term "care work" is also encountered in legal settings. The article 'Care Work Without Care?' discusses a legal case relating to Ms. Chae, who was employed as a care worker and was to receive retirement payments from her employer. The article discusses the case within

⁵¹ Migrant Forum Asia, 'Statement Concerning the Pilot Project for Introducing Filipino Caregivers to South Korea', Migrant Forum Asia, https://mfasia.org/statement_skcaregivers2024/; see also 'Foreign Housekeeping Managers Pilot Project Begins', Seoul Metropolitan Government, 17 July 2024, english.seoul.go.kr/foreign-housekeeping-managers-pilot-project-begins-applications-open-on-july-17/. Accessed 1 Oct. 2025.

⁵² See 'Announcement on the Implementation of the Pilot Project for Caregiver Recruitment', Ministry of Employment and Labor, Human Resources Development Service of Korea, May 2024, <https://mfasia.org/migrantforumasia/wp-content/uploads/2024/05/SK-Caregiver-pilot-project-announcement.pdf>

⁵³ See 'Foreign Housekeeping Managers Pilot Project Begins', Seoul Metropolitan Government.

⁵⁴ Jung Min-ho, 'Gov't Plans to Discontinue Seoul's Foreign Nanny Program Early Next Year', *The Korea Times*, 28 July 2025, www.koreatimes.co.kr/southkorea/globalcommunity/20250728/govt-plans-to-discontinue-seouls-foreign-nanny-program-early-next-year. Accessed 1 Oct. 2025. Moon Joon-hyun, 'Change in Government Leaves Foreign Domestic Worker Program in Limbo', *The Korea Herald*, 15 June 2025, www.koreaherald.com/article/10509499. Accessed 1 Oct. 2025.

⁵⁵ See 'Pilot Program Enabling Foreign Residents to Work in Housekeeping and Childcare', Seoul Metropolitan Government, 24 Mar. 2025, english.seoul.go.kr/pilot-program-enabling-foreign-residents-to-work-in-housekeeping-and-childcare/. Accessed 1 Oct. 2025.

the context of laws pertaining to domestic workers.⁵⁶ They explain that the *Labour Standards Act* does not include domestic workers (article eleven), while the *Korean Act on the Guarantee of Employees Retirement Benefits* does not include care workers (article three) as the act ‘applies to all businesses and workplaces in South Korea that employs a worker, except for private households that employ a care worker’.⁵⁷ The application of both the terms care work and domestic work and the corresponding laws applied to this case again shows the interchangeability of the language of this kind of employment.

In South Korea, elder care is also a central component of the care work industry. It is itself split into two branches with vastly different expectations and work conditions. Unlike in Japan, this sector is not directly associated with care work. Care workers who work in nursing hospitals are referred to as *Ganbyungin*. They are not nurses, but assistants for care-related tasks. *Ganbyungin*, while taking place in more formal institutions, is the less formal of the two forms of labour, with the workers, including migrants, being classified as self-employed under industrial code 96993 and receiving limited labour protections.⁵⁸ The other form of elder care work in South Korea is Long Term Care workers or *Yoyangbohosa*. This section of the industry has more permanent migrants and takes place within the home of care patrons. There are more government protections for workers’ rights, but work vulnerabilities associated with being in private homes and working for individual clients rather than for an established hospital continue to exist.⁵⁹

These policies, programmes, laws, and organisation of employment shows the diverse ways in which care work is understood and categorised by the Japanese and South Korean governments. By looking closer into the policies and employment programmes directed at migrant workers, contextualising the current care crisis, and analysing their work conditions, we can gain a better and more comprehensive understanding of what care work is.

⁵⁶ Ida Dahea Lee, ‘Care Work without Care? Korean Constitutional Courts’ Dualistic Approach to the Employment Rights of a Care Worker and Its Limitations’, *Revue de Droit Comparé Du Travail et de La Sécurité Sociale*, no. 4, 31 Dec. 2023, pp. 218–219, <https://doi.org/10.4000/rdctss.6931>.

⁵⁷ *Ibid.*, p. 219

⁵⁸ Hyun-Jung Kwon, Heaeun Oh, Jung Won Kong, ‘The Institutional Factors Affecting the Growth of Korean Migrant Care Market and Sustainability in Long-Term Care Quality’, *Sustainability*, 2022; 14(6): 3366. <https://doi.org/10.3390/su14063366>

⁵⁹ *Ibid.*

Background to Care Work in Japan and South Korea: Ageing Landscapes for Care Migration

When considering migrant care work in Japan and South Korea, it is important to ask *why* care work is in such demand now and why is that labour need being directed at migrants? To answer this and to provide a general background to care work in these countries, we will look at Japan and South Korea's status as ageing countries, the context of gendered and migrant work, and the impacts of the recent COVID-19 pandemic.

Demographic Shifts and What They Mean for Care Work

Japan and South Korea are both super-aged societies.⁶⁰ This means that a large percentage of the population, at least 20%, is sixty-five years old or older.⁶¹ As of 2020, the Population Reference Bureau listed Japan's aged population at 28.2% and South Korea's at 15.1%, although it has risen past the 20% mark since.⁶² These percentages matter because of dependency ratios. When so much of the population is at the age when they start needing support from the younger generations, the social systems in place get tested.

Japan's dependency ratio in 2019 was 47.1% workers, with the rest being dependents (those under fifteen years old and over sixty-five years old).⁶³ This means there is almost one working person for every dependent. Practically, this population ratio puts pressure on the government to meet the social welfare needs of dependent populations and the general continued prosperity of the nation, to be supported by the working pool of the population.⁶⁴ South Korea's dependency ratio is 42.53% (2024).⁶⁵ When we add shrinking birth rates to the demographic problem, implying increasing disparity between the working and dependent populations in the future, it is clear that there will be significant demand but too few workers available. Neither Japan nor South Korea has the fertility rate of 2.1 necessary to stabilise the size of their population. Instead, it is at 1.2 and 0.7 (2023)

⁶⁰ Enrico D'Ambrogio, 'Japan's Ageing Society', p. 2; Yoonjung Seo and Chris Lau, 'South Korea Becomes "Super-Aged" Society, New Data Shows', CNN, 24 Dec. 2024, edition.cnn.com/2024/12/24/asia/south-korea-super-aged-society-intl-hnk. Accessed 1 Oct. 2025.

⁶¹ Yoonjung Seo and Chris Lau, 'South Korea Becomes "Super-Aged" Society, New Data Shows'.

⁶² See 'Countries with the Oldest Populations in the World', PRB, 2024, www.prb.org/resources/countries-with-the-oldest-populations-in-the-world/. Accessed 1 Oct. 2025.

⁶³ Enrico D'Ambrogio, 'Japan's Ageing Society', p. 5.

⁶⁴ *Ibid.*

⁶⁵ See 'South Korea – Age Dependency Ratio (% of Working-Age Population)', Trading Economics, 2025, tradingeconomics.com/south-korea/age-dependency-ratio-percent-of-working-age-population-wb-data.html#:~:text=Age%20dependency%20ratio%20(%25%20of%20working%20age%20population)%20in%20South,compiled%20from%20officially%20recognized%20sources. Accessed 2 Oct. 2025.

respectively.⁶⁶ When we look at the demographic pyramids for these countries, the overhang of the older population visually keys us into the lack of generational support, much like an eroding cliff.

This demographic imbalance is where migrant care workers come in. By stepping in to support dependent populations, the native workers then are able to focus on supporting the country's economy. For both Japan and South Korea, the same social changes that caused their populations to shrink, their elderly populations to live longer, and their economies to prosper also greatly impacted perceptions of care work. The role of migration in care work, and why this industry is at risk of exploitation are important to understand in this context.

How Japan and South Korea Became Ageing Populations

There are two main factors that caused these demographic shifts. First, Japan and South Korea both saw baby booms alongside a significant increase in life expectancy. Japan experienced a baby boom following the Second World War, and again in the 1970s, while South Korea saw a similar surge after the Korean War.⁶⁷ These booms were driven by a social desire to compensate for the loss of people during the war. As a result, it created a generation that now makes up a large percentage of dependents on the future population.⁶⁸

The growth in life expectancy was the result of quality health care, hygiene, and government support programmes.⁶⁹ The consequence of this scenario is a larger-than-normal population that is living longer than past generations. This group may increase demands on welfare systems, use the money set up in their pensions, re-enter the workforce at older ages under the risk of discrimination, face poverty, and live long enough to face complex illnesses like dementia.⁷⁰ The size and age of this population result in heightened demands on the care industry and heightened risk of neglect by the system. In Japan, for example, there are heightened rates of elderly people breaking the law with the goal of being placed in prisons in order to have their social and physical needs met.⁷¹ The older generations in South Korea are under pressure to return to work or remain in work financially.⁷²

⁶⁶ See 'Fertility rate, total (births per woman)', World Bank Open Data, <https://data.worldbank.org/indicator/SP.DYN.TFRT.IN> Accessed 2 Oct. 2025; Enrico D'Ambrogio, 'Japan's Ageing Society' p. 2.

⁶⁷ Enrico D'Ambrogio, 'Japan's Ageing Society', p. 2; Kyoungsoon Park, 'Causes and Characteristics of Population Aging', SSRN Electronic Journal, 2017, pp. 47–49, 56, https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3132344

⁶⁸ Enrico D'Ambrogio, 'Japan's Ageing Society; Kyoungsoon Park, 'Causes and Characteristics of Population Aging'. Kyoungsoon Park, 'Causes and Characteristics of Population Aging', pp. 47–49, 56.

⁶⁹ Enrico D'Ambrogio, 'Japan's Ageing Society', p. 4; Kyoungsoon Park, 'Causes and Characteristics of Population Aging', p. 36.

⁷⁰ Enrico D'Ambrogio, 'Japan's Ageing Society', pp. 5–6; Kyoungsoon Park, 'Causes and Characteristics of Population Aging', pp. 36, 58–60; Edward Asis and Rogie Royce Carandang, 'The Plight of Migrant Care Workers in Japan'; Kyoungsoon Park, 'Causes and Characteristics of Population Aging'.

⁷¹ Enrico D'Ambrogio, 'Japan's Ageing Society', pp. 5–6,

⁷² Kyoungsoon Park, 'Causes and Characteristics of Population Aging'.

The decreased fertility rates, another factor that led to massive demographic shifts, similarly calls attention to changes that restructured society more than just demographically. The decrease in birth rates was predominantly caused by a social shift – from family to economy. As both Japan and South Korea pushed for their economic boom, they encouraged people to be workers first. This included women who in the past functioned in the role of caregivers, both to their parents/step parents and their own children.⁷³ The tipping point came when new generations carved out careers for themselves, but social policies and norms around caregiving were slow to keep up. Women were still regarded as caregivers on top of work responsibilities. Women, and families where husbands also saw increased pressure to focus on work, had to make the choice between children or their career.⁷⁴ Additionally, there are barriers within employment systems that block parents from taking leave. For instance, parents often feel judged and would rather not avail leave options that are available to them.⁷⁵

Potential parents had to factor in the cost of having children.⁷⁶ South Koreans were also making this choice in the context of past overpopulation fears in the 1960s.⁷⁷ Marriage rates are also in decline for similar social and financial reasons. The social norm of *marriage before children* impacted fertility rates.⁷⁸ In addition, gender-preferences in the 1950s, the high rates of foreign adoption after the Korean War, and stigma against single mothers, all had an impact on population growth.⁷⁹

What has become obvious is that the current care industry is a legacy of underfunded and unprotected care work. With no social value attached to a mother's care work or enough social systems to support working families, people chose not to have children. That generation of children didn't grow up to be the workers needed to support older generations in need of care. As a result, migrant workers are being brought in to meet this need, in part because of the legacy of undervalued care work.

Women's Labour Under Care Demands

In the context of this escalating care crisis in Japan and South Korea, it is important to understand the gendering of care work. In its 2021 report, the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) states that women are completing the majority of care work in Asia Pacific and the rest of the world.⁸⁰ UN Women points out that

⁷³ Erin Aeran Chung, 'Migration Politics in East Asia: Comparing Japan, South Korea, and Taiwan'; Enrico D'Ambrogio, 'Japan's Ageing Society', pp. 4–5.

⁷⁴ Enrico D'Ambrogio, 'Japan's Ageing Society', pp. 4–5; Kyoungsoon Park, 'Causes and Characteristics of Population Aging'.

⁷⁵ *Ibid.*

⁷⁶ Kyoungsoon Park, 'Causes and Characteristics of Population Aging'; Enrico D'Ambrogio, 'Japan's Ageing Society', p. 4.

⁷⁷ Kyoungsoon Park, 'Causes and Characteristics of Population Aging'.

⁷⁸ Kyoungsoon Park, 'Causes and Characteristics of Population Aging'; Enrico D'Ambrogio, 'Japan's Ageing Society', p. 4.

⁷⁹ Kyoungsoon Park, 'Causes and Characteristics of Population Aging'.

⁸⁰ See 'COVID-19 and the Unpaid Care Economy in Asia and the Pacific', ESCAP, 2021, pp. ix, 6, https://www.unescap.org/sites/default/d8files/knowledge-products/2021_Regional_Report_Covid19-Care-Economy.pdf

compared to men, women complete 2.5 times more hours of care work. They state, ‘Women and girls remain the default providers of poorly paid and unpaid care work everywhere, and the most marginalized women – those who live in poverty, migrant women, women in informal work, and women from minority groups – **shoulder the** largest share of unpaid care work.’⁸¹

As already portrayed by the history and culture of Japan and South Korea, the value of women’s labour and agency is central to the evolving demographic shifts. Because women’s work and care work were synonymous for so long, changes during the economic booms in Japan and South Korea demanded women’s labour to fill gaps in employment.⁸² The idea that care was a woman’s responsibility meant working women had to make hard choices where they would not be overwhelmed with unpaid care work, which meant no or fewer children.⁸³

The development of the current care systems in Japan and South Korea is an outcome of an attempt to move care labour burdens away from working women and to relieve the pressures of the demographic crises stemming from the gendering of work. Reiko Ogawa’s paper titled ‘On the Issue of Migrant Care Workers’ states, ‘Japan and Korea introduced public long-term care insurance in the 2000s, promoting the “de-familisation” of care wherein responsibility is shifted from the family to society.’⁸⁴ This “de-familisation” is, in a way, also a specific form of “de-feminisation” of care work because women were taking on the majority of the responsibility in those family cultures. In terms of South Korea’s Long-Term Care Insurance (2008) and its current child/domestic work schemes, relieving Korean married women’s labour is specifically described as a central goal.⁸⁵ The Seoul “Foreign Housekeeping Managers Pilot Project”, as listed on the government website, is described as being ‘designed to help caregivers, [predominantly women] who give up their childbirth or experience career breaks due to high costs of caregiving amid the decreasing number of professional caregivers in the market and aging’.⁸⁶ Similar to the insurance programme, this is designed to fill the care work labour demands from outside the family, creating space for parents to balance child and career choices. What separates this de-familisation from de-feminisation is the continued culture around care and whom the care burden is placed on instead.

Migrants who are recruited as care workers are predominantly women, which is a continuation of the systemic issue that care work is women’s work. This gendered pattern is being observed in Japanese elder care studies, but not yet in South Korea’s childcare programmes, despite the

⁸¹ See ‘Care: A Critical Investment for Gender Equality and the Rights of Women and Girls’, UN Women, 29 Oct. 2024, www.unwomen.org/en/news-stories/statement/2024/10/care-a-critical-investment-for-gender-equality-and-the-rights-of-women-and-girls.

⁸² Erin Aeran Chung, ‘Migration Politics in East Asia’.

⁸³ Enrico D’Ambrogio, ‘Japan’s Ageing Society’, pp. 4–5; Kyounghoon Park, ‘Causes and Characteristics of Population Aging’.

⁸⁴ Reiko Ogawa, ‘On the Issue of Migrant Care Workers’, p. 47

⁸⁵ Ito Peng, Seung-Eun Cha, and Hyuna Moon, ‘An Overview of Care Policies and the Status of Care Workers in South Korea’, Draft report presented at Care Work and the Economy Annual Meeting Glasgow, Scotland, 2019. https://research.american.edu/careworkeconomy/wp-content/uploads/sites/2/2019/06/Ito_Overview-of-Care-Policies_S8.pdf

⁸⁶ ‘Foreign Housekeeping Managers Pilot Project Begins’.

media drawing attention to programmes with the same lack of diversity.⁸⁷ The situation that causes this is the still undismantled “feminisation” of care work, now perpetuating the “feminisation of migration” into the chain of care work. In this chain, the care burden is repeatedly passed down between women, as they themselves take on alternative responsibilities.⁸⁸ In the case of South Korea for example, local wealthy women hire migrant workers for care work. Those migrant women leave behind their own care responsibilities, which are then taken up by women from low-income families needing employment. Each level of this hierarchy leads to lower compensation for care work and ultimately fails to free the concept of care work from its gender bias.

As we analyse existing care work policies and programmes, as well as the resulting work conditions, we must continue to raise the topic of gender. What gender burden was this policy created to relieve? And what gender disparity has it created in its wake?

Migrant Labour Becoming Essential

Both Japan and South Korea have historically been conservative countries in relation to immigration. The article ‘Migration Politics in East Asia’ explains succinctly that:

With plummeting fertility rates, rapidly aging populations, mounting labour shortages, and growing populations of undocumented international migrants, the three East Asian countries [Japan, Taiwan, and Korea] could no longer afford to keep their borders closed for migrant workers.⁸⁹

In the early part of the 1900s, Japan was busy with its colonisation of Asia, with South Korea being one of the colonised countries. During this time, many South Koreans migrated to Japan.⁹⁰ This pattern shifted after the end of World War II and the cessation of the Japanese colonial empire. As a form of decolonisation and democratic reconstruction, Japan would start closing down its borders. Migrants, including South Koreans, who had come to Japan, were repatriated back to their countries of origin. This impacted South Korea’s immigration policies because in addition to their own people returning from Japan, they were also taking in refugees from the Korean war.⁹¹ With population size increasing, the government reiterated the importance of South Koreans working abroad while restricting their own borders to migrants. One of the main categories of South Korean workers who left the country at the time were nurses.⁹²

In the post-colonial era, Japan and South Korea’s economic booms would create work demand that was not sanctioned for migrant labour. Originally, rural communities and women were

⁸⁷ Edward Asis and Rogie Royce Carandang, ‘The Plight of Migrant Care Workers in Japan’; Moon Joon-hyun, ‘Change in Government Leaves Foreign Domestic Worker Program in Limbo’, *The Korea Herald*, 15 June 2025, www.koreaherald.com/article/10509499 Accessed 1 Oct. 2025.

⁸⁸ Reiko Ogawa, ‘On the Issue of Migrant Care Workers’, pp. 45–46

⁸⁹ Erin Aeran Chung, ‘Migration Politics in East Asia: Comparing Japan, South Korea, and Taiwan’.

⁹⁰ *Ibid.*

⁹¹ *Ibid.*

⁹² *Ibid.*

recruited for work, but this was sustainable only until the 1980s. The demand was there but legal systems were not. To begin with, it was primarily irregular migrants who came over as tourists and took up work.⁹³ This context of irregular migration is important in understanding the current conditions of care work because the modern era of migrant work began with irregular pathways and without government protection.

Where Japan and South Korea's official migration pathways started is significant to care work, and so are the current policies they prominently rely on. One of them is the idea of "training". Much like today, this was also grounds for possible exploitation, as trainees were not guaranteed the same rights as full employees. They were also predominantly recruited for comparatively unsafe work that was not being filled.⁹⁴ After successful campaigning by various women's groups, workers and human rights groups, South Korea introduced the Employment Permit System (2004) to recognise migrant workers, and ultimately stopped the training schemes in 2007. Japan, on the other hand, continues to have these training programmes to this day. One such scheme for care workers is the "Technical Intern and Training program", having been developed originally in 1993.⁹⁵

Another complex side of recruitment practices for care work and the migration pathways is the prioritisation of ethnically or culturally assimilated communities. Japan had a focus on migration through marriage and in diaspora engagement.⁹⁶ South Korea has relied on recruiting ethnically Korean migrants into care work. In their article, 'An Overview of Care Policies and the Status of Care Workers in South Korea', the researchers explain that, 'Korea's large informal market and the availability of co-ethnic migrant workers willing to provide care services at a low wage supports the secondary care market.'⁹⁷ The market being referred to here is the home-based long-term care market, but it is also noted that Chinese-Korean migrants make up the majority of migrant care workers in South Korean nursing hospitals as well.⁹⁸ Similar practices are occurring in the newer care work programmes like the "Pilot Program Enabling Foreign Residents to Work in Housekeeping and Childcare" which recruits permanent resident migrants and international students.⁹⁹ The bias of these programmes and policies towards communities already integrated into Korean and Japanese culture is important to highlight as we look closer at current programmes and work conditions in care work.

Current migration schemes are influenced by a reluctance to recruit migrants and by systems that focus more on the country than on the needs of the workers. It is necessary to contextualise each section of this briefing as we examine the reality of migrant care work today.

⁹³ *Ibid.*

⁹⁴ *Ibid.*

⁹⁵ *Ibid.*

⁹⁶ *Ibid.*

⁹⁷ Ito Peng, Seung-Eun Cha, and Hyuna Moon, 'An Overview of Care Policies and the Status of Care Workers in South Korea'.

⁹⁸ Hyun-Jung Kwon, Heaen Oh, Jung Won Kong, 'The Institutional Factors Affecting the Growth of Korean Migrant Care Market and Sustainability in Long-Term Care Quality'.

⁹⁹ 'Pilot Program Enabling Foreign Residents to Work in Housekeeping and Childcare', Seoul Metropolitan Government, 24 Mar. 2025, english.seoul.go.kr/pilot-program-enabling-foreign-residents-to-work-in-housekeeping-and-childcare/. Accessed 1 Oct. 2025.

COVID-19 and the Care Crisis

COVID-19 impacted the already developing care crisis in multiple ways, highlighting the severity of needs, expediting existing systemic issues in the industry, and initiating reconsideration of what care work can and should look like. Japan and South Korea's handling of the pandemic was generally successful, but like with any country, it highlighted where the care industry was limited. ESCAP explains that as care workers were 'deemed to be "essential workers," the reality of how crucial the services of these nurses, doctors, and paid or unpaid carers has been brought home to societies around the world'.¹⁰⁰

The actual conditions of care work worsened under COVID-19. In general, the care workforce was overworked. Their longer hours and strenuous shifts were not compensated by better pay. The amount of unpaid care work increased. Women lost their jobs at rates higher than men, with "feminised" jobs such as care work being high among those statistics.¹⁰¹

Migrants working in the care industry experienced both the pressure to return to their home countries and the demand for their labour created by the pandemic. In terms of domestic work, the amount of labour increased as more people stayed home full-time. Domestic workers also received the threat of being let go or being isolated with their employers as fear of the illness spreading mounted.¹⁰² The same was experienced by other migrant care workers, who also faced difficulties sending money home to family, and accessing healthcare themselves.¹⁰³ Policies and culture turned away from migrants during the pandemic, such as in Japan, where they ceased immigration and the media campaigned around non-Japanese people's responsibility for the pandemic. South Korea similarly ceased tourism, although not to the same extent as Japan, which had stopped migrants living in Japan from returning from their temporary places of departure.¹⁰⁴ They also offered visa extensions of three months to migrants still in the country during the pandemic.¹⁰⁵ At least in Japan, the demand for care workers in Japan was projected to escalate despite general migration restrictions.¹⁰⁶ Looking at these actions as a whole, we can understand that migrants were not a priority for the South Korean or Japanese governments even if their labour was.

¹⁰⁰ 'COVID-19 and the Unpaid Care Economy in Asia and the Pacific', p. 23

¹⁰¹ *Ibid.*, pp. 22–23

¹⁰² 'COVID-19 and the Unpaid Care Economy in Asia and the Pacific', p. 23; GaneshAID Intelligence Team, 'Migrant Care Workers in Asia: How Has COVID-19 Affected Them, and What's Next?' GaneshAID – Our Innovations Are Yours!, 9 May 2022, ganeshaid.com/en/migrant-care-workers-in-asia-how-has-covid-19-affected-them-and-whats-next/. Accessed 7 Oct. 2025.

¹⁰³ *Ibid.*

¹⁰⁴ Olga Barbasiewicz and Agnieszka Pawnik, 'Japan And South Korea's Policy In Response To COVID-19: A Comparative Perspective', p. 311, https://doi.org/10.18485/iipe_response2covid19.2021.ch18

¹⁰⁵ GaneshAID Intelligence Team, 'Migrant Care Workers in Asia: How Has COVID-19 Affected Them, and What's Next?'

¹⁰⁶ Mario Lopez, 'Viral Disruption and Labor Rearrangement: COVID-19 and Its Impact on the Procurement of Migrant Healthcare Workers for Japan | ヒューライツ大阪.' [Hurights.or.jp](https://www.hurights.or.jp/archives/focus/section3/2022/09/viral-disruption-and-labor-rearrangement-covid-19-and-its-impact-on-the-procurement-of-migrant-health.html), 2022, www.hurights.or.jp/archives/focus/section3/2022/09/viral-disruption-and-labor-rearrangement-covid-19-and-its-impact-on-the-procurement-of-migrant-health.html. Accessed 7 Oct. 2025.

While the pandemic has, with some limitations, led to solutions to the migrant care work situation in Japan and South Korea, it has brought attention to it too. The same systemic issues around women's labour and migrant labour that the care crisis is rooted in have escalated. Now, post pandemic, we have an opportunity to review not only this background to the care industry but the current situation, to consider what comes next.

Policies and Institutions: Breaking Down the Structures for Care Work

With the understanding of *why* care work has become such a focus of migrant work in Japan and South Korea, we now need to analyse *how* the governments have responded to it. The general terminology of these programmes was already covered in the first section of this briefing, but here we will dive more into the structures that are creating pathways for migrants and determining the specific expectations of their employment. This includes the visa schemes, work eligibility requirements, and insurance programmes around these occupations, or the absence of them.

Formal Japanese Migrant Care Work Programmes

In Japan, there are four main policies with regard to elder care work for migrants. Two of these programmes target already qualified care workers, whereas another two are intended for training migrants as they work. The first of these programmes is built around the **Economic Partnership Agreement**. This is an agreement between Japan and Indonesia (as of 2008), the Philippines (2009), and Vietnam (2014). This agreement was not established with care work in mind, but was later adapted to include facilitating the exchange of workers from Indonesia and other partnership countries to Japan for care work.¹⁰⁷ Under the agreement, a person with a university degree, a certificate in care work from the Indonesian government, a language level of four, and who is either in nursing school or graduated from it is able to migrate to Japan for work.¹⁰⁸ This programme is not dependent on the future completion of the Japanese care work test. The workers are already considered fully qualified, but completing the certification after working in the country for three years guarantees them the same pay as their Japanese co-workers.¹⁰⁹ This programme is also not specific to what is meant by care work and so it can apply to other forms of care work listed under the *Certified Social Worker and Certified Care Worker Act*, as in the ‘business of providing care for a person with physical disabilities or mental disorder and intellectual disabilities that make it difficult to live a normal life’.¹¹⁰

Another policy creating a pathway for migrants to enter the care industry is **the residence-kaigo program** created in September 2017. Kaigo translates to nursing care and is focused specifically on long term care. These workers are considered already qualified in the care

¹⁰⁷ Noriko Tsukada, ‘A New Era for Policies for Care Workers in Japan’, p. 88; Edward Asis and Rogie Royce Carandang, ‘The Plight of Migrant Care Workers in Japan’.

¹⁰⁸ Language 4 indicates the ability to understand basic Japanese by being able to demonstrate reading and comprehension of everyday conversations and simple texts.

¹⁰⁹ Noriko Tsukada, ‘A New Era for Policies for Care Workers in Japan’, p. 88; Reiko Ogawa, ‘On the Issue of Migrant Care Workers’, p. 48; see ‘Introduction to Nursing Care Residence Programs and the Differences between Them’, Japan Care Worker Guide, 3 Dec. 2024, japanccwg.com/13052/, Accessed 7 Nov. 2025; Edward Asis and Rogie Royce Carandang, ‘The Plight of Migrant Care Workers in Japan’.

¹¹⁰ See ‘*Certified Social Worker and Certified Care Worker Act*’.

work industry and, similar to the previous programme, are not tied directly to a visa that limits their stay. It typically accepts migrants who have successfully graduated from a certified care worker training school in Japan and wish to stay and continue to work in the country.¹¹¹

The third programme for Japanese care work is focused migration with the intention of educating future workers: the **nursing care technical intern program**. Focused on long term care, it is temporary, limited to five years. After that point, interns can test for the Japanese care work certificate to enter a separate work programme and extend their stay. Once again, entering this programme requires a Japanese level of four.¹¹²

Following a similar premise of education, there is the international student programme under the **Long Term Care Visa**. This programme allows students to work part-time in exchange for the funding of their education. It also requires that students work for five additional years after graduation in the same care facility that sponsored their education. Needless to say, this impacts workers' mobility rights and increases the financial burden on them. After their schooling is complete, workers are permitted to bring their families to Japan and have a pathway to citizenship.¹¹³

The final programme focused on care work is the **specified skilled worker** programme which grants a five-year employment visa to workers in a field under demand in Japan. It is focused specifically on long term care and those workers who are already qualified for this work and have a language level of four.¹¹⁴

South Korea Formal Migrant Care Work Programmes

South Korea's structured care work migration programmes centre on childcare and domestic care in their capital city Seoul. As discussed earlier in this report, Seoul has multiple newer initiatives directed at migrants, such as their 2024 "Pilot Project for Introducing Filipino Caregivers to South Korea" – also labelled the "Foreign Housekeeping Managers Pilot Project". This programme brought a hundred Filipina migrant workers to South Korea. Again, workers in this programme are expected to care for children and pregnant persons and assist in related care activities like cleaning and cooking that directly relate to their patrons' care needs.¹¹⁵ This flexibility has raised concerns in a study done by trade unions and migrant rights organisations.¹¹⁶ In terms of the programme itself, it has many prerequisites and training requirements for its workers. They are required to pass a Korean language test, a health test, a physical ability test, and interviews in both Korean and English. They are expected to have a National Certificate level two in caregiving from the Philippines (which takes a minimum of 780 hours to earn in addition to vocational training) and receive further training both in the

¹¹¹ Noriko Tsukada, 'A New Era for Policies for Care Workers in Japan', p. 88; Reiko Ogawa, 'On the Issue of Migrant Care Workers', p. 48; see 'Introduction to Nursing Care Residence Programs and the Differences between Them'.

¹¹² *Ibid.*

¹¹³ Reiko Ogawa, 'On the Issue of Migrant Care Workers', p. 48.

¹¹⁴ *Ibid.*

¹¹⁵ See 'Announcement on the Implementation of the Pilot Project for Caregiver Recruitment'; 'Foreign Housekeeping Managers Pilot Project Begins'.

¹¹⁶ Migrant Forum Asia, 'Statement Concerning the Pilot Project for Introducing Filipino Caregivers to South Korea'.

Philippines and South Korea equating to another 160 hours. These later training initiatives highlighted a specific focus on Korean culture and way of life. Workers in this programme enter on the E-9 visa which lasts 36 months.¹¹⁷

Another care work programme targeted at migrants in South Korea is the “Pilot Program Enabling Foreign Residents to Work in Housekeeping and Childcare”. The difference between this programme and the earlier one is its preference for migrants already present in the country and it involves working with children over the age of six. It also has far less training requirements with only ten hours of in-person orientation, thirty hours of childcare training, and three hours of online housekeeping training. Partially directed towards international students, being in this programme allows for an extension on the limits of their working hours and simplifies their process of applying for visas after their education. The programme is available to migrants under specific visa categories including: international students, recent graduates, spouses of migrants under specified visas, and family of migrants by marriage.¹¹⁸

Policies Around Less Formal Migrant Care Work Pathways

In addition to these two initiatives, Japan and South Korea do have other forms of care work taken up by migrants. For Japan’s domestic work and South Korea’s elder care work, there are no formally structured migration programmes like the ones discussed in the previous sections. Instead, these forms of migration are navigated by migrants and employers with less direct oversight by the government. Still, it is worth reflecting on the laws and policies that may be applied to less formal migrant care-work pathways.

In South Korea, there is no specified visa programme for elder care workers; therefore, workers fall under different visa schemes that do not necessarily meet the needs of migrant care workers. There are five main visa options available: the Overseas Korean Visa (F4), the Permanent Residence Visa (F5), the Resident Visa (F2), the Marriage Immigration Visa (F6), and the Work and Visit Visa (H2). All these visas classify long term care work as social welfare services and nursing hospital work as private nursing and similar services.¹¹⁹

There are different government policies for *Yoyangbosa* or long term care workers, and *Ganbyungin* or nursing hospital workers. The two occupations are worth comparing in terms of the level of government regulation and protection. Long term care workers have their wages regulated by the government, receive social insurance and are protected by the *Long Term Care Insurance Act*. They receive their insurance mandates at or above the minimum wage. They also fall under the *Labour Standards Act*, and require annual reporting to the Ministry of Health and Welfare. Migrant workers are directly hired in this category.¹²⁰ Importantly, while

¹¹⁷ See ‘Announcement on the Implementation of the Pilot Project for Caregiver Recruitment’; ‘Foreign Housekeeping Managers Pilot Project Begins’.

¹¹⁸ See ‘Pilot Program Enabling Foreign Residents to Work in Housekeeping and Childcare’.

¹¹⁹ Hyun-Jung Kwon, Heaen Oh, Jung Won Kong, ‘The Institutional Factors Affecting the Growth of Korean Migrant Care Market and Sustainability in Long-Term Care Quality’.

¹²⁰ *Ibid.*

there are multiple labour and insurance acts with regard to this occupation, it is still seen as an informal market where employers pay care workers through the government supplied cash allowances.¹²¹

In contrast, private nursing hospital workers are less regulated by the government. To start with, these workers are not officially hired by the hospitals but are considered self-employed and fall under the industrial code 96993. They are also recruited by for-profit agencies which raises the risk of illegal employment. There is no expectation placed on the hospitals to hire nursing care aides, despite their role in the industry. They are not placed under social insurance and don't have a guaranteed protection of their worker rights.¹²² This situation stands in stark contrast to the long term care sector and Japan's formalised elder care work programmes.

In Japan, one of the less formal migrant pathways to care work that is still continuing is through domestic work. This form of employment which is largely directed towards cleaning and cooking overlaps with some childcare. It is important to note that in terms of government policies, both Japan and South Korea have not ratified the ILO's Domestic Workers Convention C189. This form of employment in Japan is not under the *Labour Standards Act*, with the exception of those hired by housekeeping companies, and falls under the National Strategic Special Zone. Entering this form of work requires a Japanese language level of four and work experience.¹²³

These policies and programmes give us a picture of the regulations related to migrant workers' jobs and their lives abroad, and where the government's priorities are. The above discussion signals the importance of cultural understanding and language in this field and the diversity of expectations associated with care work. While Japan and South Korea face similar demographic-based care crises, their migrant employment schemes differ in their focus on child and elder care. Also notable is the potential for neglect and exploitation of workers in these policies. In the next section, we will explore what the outcome of this has been and the reality of work conditions.

¹²¹ Ito Peng, Seung-Eun Cha, and Hyuna Moon, 'An Overview of Care Policies and the Status of Care Workers in South Korea'.

¹²² *Ibid.*

¹²³ See 'Check List for Foreign Domestic Workers in Japan'.

Work Conditions: Worker Wellbeing in Care Industries

The work conditions in the care industry is where we can see the outcomes of imperfect policies and individualised and economically focused care cultures. Neglect and discrimination of both care workers and patrons can create unsafe work conditions. Understanding what these conditions are exactly and how they intersect with care fields in Japan and South Korea is essential information in planning support and activism to address migrant workers' needs.

The sum of these discussions is clearly that care workers and migrants are not valued. As Reiko Ogawa states, there is an unfortunate intersection of values that heightens the discrimination against care workers. As migrants and low-skilled workers, the importance paid to care workers' employment conditions by the government is minimal.¹²⁴ Further, the patrons are also underprioritised by society due to their limited agency and ability (especially in the case of elders), furthering the idea of care work as insignificant. This sentiment paired with systemic forms of discrimination towards migrants, creates the conditions for them to be treated as “subjects” rather than valued members of the societies they work in.¹²⁵

Scope of Work Expectations

One of the main flaws in policies addressed in the previous sections of this report is the ambiguity around what workers are expected to do under their contract, a topic further complicated by cultural and individual ideas of care. This is worth reviewing again from a work conditions perspective: how do these confusions impact workers' experiences?

This disparity in work expectations can lead to exploitation in home-based elder care, childcare, and domestic work. In South Korea, as already discussed, the “Pilot Project for Introducing Filipino Caregivers to South Korea” has used both domestic and care work terminology in its contracts.¹²⁶ This pattern of mixed terminology being repeated by the press and the government's use of multiple titles for the project leads to confusion.¹²⁷ For the individual worker, this can mean that their contract, their employer, and their own understanding of the work can be contradictory. This creates grounds for workers to be pushed into doing work they are not trained for, or exceeds their job expectations, causing undue stress.¹²⁸ This can also create disparity in what policies apply to workers, such as in the legal case of Ms. Chae, where it was unclear if

¹²⁴ Reiko Ogawa, 'On the Issue of Migrant Care Workers', p. 57.

¹²⁵ *Ibid.* pp. 55, 60.

¹²⁶ Migrant Forum Asia, 'Statement Concerning the Pilot Project for Introducing Filipino Caregivers to South Korea'.

¹²⁷ Refer to the section 'Defining Care Work Among Government Programs and Policies' for direct examples.

¹²⁸ Migrant Forum Asia, 'Statement Concerning the Pilot Project for Introducing Filipino Caregivers to South Korea'.

domestic worker retirement policies should apply to her, despite the fact that her job included domestic responsibilities.¹²⁹

In Japan's elder care sector, there is similar potential for work expectations exceeding contracts and personal understandings. This situation occurs when there is an imbalance in the ratio between workers and care patrons, and the unfair delegation of tasks. Care workers often have 20-25 patients under their personal supervision, with this number escalating during emergencies or night shifts.¹³⁰ The demands of these shifts can have an impact on workers' physical and mental health. For migrant workers in these facilities, there is also the added burden of taking on additional strenuous tasks that their typically older Japanese co-workers cannot do, a situation worsened by the lack of gender diversity in jobs and limited assistive technology that would otherwise make physically strenuous tasks easier.¹³¹ There is also the factor of discrimination and language difficulties that have led migrant workers to do delicate tasks that are physically harder but require less language proficiency, such as diaper changing. This example is further correlated with stress in the workplace, given that in the cultures and nursing practices migrants have in their home country, this form of labour is done by families and not care workers. Therefore, they can feel inexperienced or degraded being assigned this task.¹³²

Harassment

Care workers often experience harassment from their co-workers and the patrons they care for. As they work personally with patrons, there are many occasions for verbal and sexual harassment. This has been noted in studies and news reports on elder care in Japan, and in domestic work, childcare, and elder care in South Korea.¹³³

Studies on bullying and abuse of hierarchies have discussed discrimination by co-workers and how it impacts the delegation of workload. The hierarchy component is further complicated by differences in cultural norms, especially in the case of Japan.¹³⁴ This can also make speaking up about work conditions more difficult, and adds further labour to language learning, as *Kaigo* is used when talking to elders. In many cases in Japan, where language learning is done through the employment organisation, the focus is on phrasings of respect, and workers might therefore not even have the words to express discontent with their jobs.¹³⁵

¹²⁹ Ida Dahea Lee, 'Care Work without Care? Korean Constitutional Courts' Dualistic Approach to the Employment Rights of a Care Worker and Its Limitations', pp. 218–219.

¹³⁰ Edward Asis and Rogie Royce Carandang, 'The Plight of Migrant Care Workers in Japan', pp. 1–2.

¹³¹ Edward Asis and Rogie Royce Carandang, 'The Plight of Migrant Care Workers in Japan'.

¹³² Reiko Ogawa, 'On the Issue of Migrant Care Workers', pp. 54–56.

¹³³ Edward Asis and Rogie Royce Carandang, 'The Plight of Migrant Care Workers in Japan'; Ito Peng, Seung-Eun Cha, and Hyuna Moon, 'An Overview of Care Policies and the Status of Care Workers in South Korea'; Hankookilbo, 'Filipino Caregivers Face Abuse and Overwork in Korea's Pilot Program'.

¹³⁴ Edward Asis and Rogie Royce Carandang, 'The Plight of Migrant Care Workers in Japan'.

¹³⁵ Edward Asis and Rogie Royce Carandang, 'The Plight of Migrant Care Workers in Japan'; Reiko Ogawa, 'On the Issue of Migrant Care Workers', p. 53.

Cultural Navigation

As noted in the definitions section of this briefing, cultural understanding is a major component of establishing what care work is. For migrant care workers, navigating this can be a central stressor in their lives as they attempt to adjust not only to a new workplace but also to a new country. The expectation of meeting cultural norms from care patrons and employers also means added labour for them.

In South Korea, care workers' ability to understand Korean culture is central to their training to work in Korean households and with Korean youth. It is one of the main components listed in their extensive training for the “Foreign Housekeeping Managers Pilot Project”.¹³⁶ It is also one of the grounds for critique by parents considering hiring foreign care workers, aside from the cost.¹³⁷

To new migrants in the elder care industry in Japan, cultural differences can be as much of a learning curve as care work itself. An aspect of this is the private nature of home life in Japan. For migrant workers used to more open cultures and who are looking for new connections, this can be stressful. As already mentioned, the hierarchies embedded in Japanese culture are also an added adjustment for workers, one that can negate their ability to advocate for better work conditions.¹³⁸ There are also the stigmas around care work that intersect with cultural adjustment. For instance, diaper changes and bathroom care have been a point of discomfort for migrant care workers who come from cultures where this is not a care employee's responsibility.¹³⁹

Language and Training Obligations

Many of the established migrant care work schemes in Japan and South Korea have extensive training expectations. While in theory this can be a way to guarantee workers' confidence in the job and security of care for patrons, many of these programmes come with added expectations for workers that create financial strain or limit agency. Further complicating the situation is the inconsistency in training expectations, without the intensive programmes necessarily guaranteeing better work benefits.

The South Korean care work programme such as the “Foreign Housekeeping Managers Program”, also known as the “Pilot Project for Introducing Filipino Caregivers to South Korea”, includes up to 160 hours of onboarding in addition to the 780 hours of training required

¹³⁶ See ‘Announcement on the Implementation of the Pilot Project for Caregiver Recruitment’; ‘Foreign Housekeeping Managers Pilot Project Begins’.

¹³⁷ See ‘South Korea opens doors to foreign caregivers’, Channel News Asia, video, August 28, 2024, 1:53, https://www.youtube.com/watch?v=wiappn_eQKM

¹³⁸ Edward Asis and Rogie Royce Carandang, ‘The Plight of Migrant Care Workers in Japan’; Reiko Ogawa, ‘On the Issue of Migrant Care Workers’, p. 53.

¹³⁹ Reiko Ogawa, ‘On the Issue of Migrant Care Workers’, pp. 54–56.

to receive the National Certificate II necessary for being part of the programme.¹⁴⁰ In contrast, the “Pilot Program Enabling Foreign Residents to Work in Housekeeping and Child Care” targeted at migrants already living in the area (such as international students or partners of Korean nationals), only requires a total of 43 hours of training. This programme is also specifically developed with the intention of not requiring the workers to gain additional Korean language ability.¹⁴¹ While it does focus on childcare of children over six years old, the variation of training is still great. In all of these cases, we need to consider who was paying for the extensive training and at what point during their onboarding did the workers begin to receive an income?

A similar argument could be made about Japan’s work training module. A central responsibility of migrant care workers is developing proficiency in the Japanese language. This can be stressful due to existing difficulties of learning a language, coupled with learning Kanji, medical terms, and Keigo for formal conversations.¹⁴² In some of the migration schemes, Japan has established that the training of workers is a central component to their entry and continued stay in the country.¹⁴³ International students going to nursing school are required to work part-time in exchange for the scholarship that pays for their schooling, and then an additional five years under the Long Term Care Visa. All of this work occurs in the same facility, limiting the workers’ mobility rights for an extended amount of time.¹⁴⁴

Physical and Mental Demands

An important aspect of care work is the strain on workers’ minds and bodies. In Japan’s elder care, this includes the strain of physical labour, such as lifting and transportation of care patrons. This burden is escalated by the limited number of workers, the absence of supportive technologies, especially in rural communities, and the limits of gender and age diversity. Younger women workers are often required to do physical labour that their senior co-workers cannot do, and this is further complicated by the fact that the care industry consists predominantly of women.¹⁴⁵ Additional mental demands are those caused by treating high-needs patients, such as those with dementia, and the emotional stress of mourning patients after

¹⁴⁰ See ‘Announcement on the Implementation of the Pilot Project for Caregiver Recruitment’; ‘Foreign Housekeeping Managers Pilot Project Begins’.

¹⁴¹ See ‘Pilot Program Enabling Foreign Residents to Work in Housekeeping and Childcare’.

¹⁴² Edward Asis and Rogie Royce Carandang, ‘The Plight of Migrant Care Workers in Japan’; Reiko Ogawa, ‘On the Issue of Migrant Care Workers’, pp. 53–56.

¹⁴³ Noriko Tsukada, ‘A New Era for Policies for Care Workers in Japan’, p. 88; Reiko Ogawa, ‘On the Issue of Migrant Care Workers’, p. 48; see ‘Introduction to Nursing Care Residence Programs and the Differences between Them’; Edward Asis and Rogie Royce Carandang, ‘The Plight of Migrant Care Workers in Japan’.

¹⁴⁴ Reiko Ogawa, ‘On the Issue of Migrant Care Workers’, p. 48

¹⁴⁵ Edward Asis and Rogie Royce Carandang, ‘The Plight of Migrant Care Workers in Japan’; Reiko Ogawa, ‘On the Issue of Migrant Care Workers’, p. 54.

death.¹⁴⁶ Similar physical and mental stress is part of the work conditions in South Korea's elder care work too.¹⁴⁷

Temporary Nature of Work, Visa Conditions, and Reality of Returning “Home”

Part of what informs the experience of migrant care workers' employment is the conditions in which they are allowed to have and stay in their jobs. The visas and schemes discussed in the previous policy section of the report all largely rely on the expectation that workers are employed and stay employed or else they are expected to leave the country. This creates situations where workers' mobility rights get limited and dependent on their deference to their employer.

Those workers for whom losing their job means leaving the country are forced to make hard decisions with their employers limiting their agency. Koo Cheol-hoe from the Korean Confederation of Trade Unions (KCTU) told *Korean Times* that the Filipino migrant care workers are placed in the most vulnerable of positions: ‘Granting employers full control over contract extensions worsens their instability and deepens their dependence.’¹⁴⁸ As already mentioned, international students who hold Japan's Long Term Care Visa have to work for an additional five years after graduation in the same care facility.¹⁴⁹ The technical intern programme also does not allow workers to change employers during the programme.¹⁵⁰ In both of these cases, care workers have to balance work conditions with their desire to stay employed.

What is also worth noting about the Japanese visa schemes is the disparity in the treatment of workers based not on their ability or occupations but their scheme titles. Student Long Term Care Visa holders and EPA programme workers who have completed the Japanese care certification exam (an option only available to these two classes of visa), can then continue to work in the country, apply for citizenship, and move their families to Japan. But technical intern training programme workers and specified skilled workers, who could very well hold the same work position, are not able to do any of the above, and even have a cap on the number of years they can stay in the country.¹⁵¹

¹⁴⁶ Edward Asis and Rogie Royce Carandang, ‘The Plight of Migrant Care Workers in Japan’.

¹⁴⁷ Ito Peng, Seung-Eun Cha, and Hyuna Moon, ‘An Overview of Care Policies and the Status of Care Workers in South Korea’; Hyun-Jung Kwon, Heaeun Oh, Jung Won Kong, ‘The Institutional Factors Affecting the Growth of Korean Migrant Care Market and Sustainability in Long-Term Care Quality’.

¹⁴⁸ Hankookilbo, ‘Filipino Caregivers Face Abuse and Overwork in Korea's Pilot Program’.

¹⁴⁹ Reiko Ogawa, ‘On the Issue of Migrant Care Workers’, p. 48

¹⁵⁰ Piyada Chonlaworn, ‘Cheap and Dispensable: Foreign Labor in Japan via the Technical Intern Training Program’, *Jsn Journal*, vol. 11, no. 1, 2021, pp. 35, jsat.or.th/wp-content/uploads/2021/07/jsn-11.1_piyada.pdf.

¹⁵¹ Reiko Ogawa, ‘On the Issue of Migrant Care Workers’, p. 48

Workers who are migrants under longer-standing visas, such as the Long Term Care Workers in South Korea, typically Chino-Korean, can still be working in precarious conditions.¹⁵² Working with elderly people means that there is the chance their patrons might pass away, leaving them without employment. Workers both in home-based elder care and child care in South Korea can sometimes depend on multiple part-time positions, making schedules hard to balance, and their jobs less stable than if they had a single continuous placement.¹⁵³

Limits on migrants' mobility and employment rights can negatively impact their health. In the article, 'On the Issue of Migrant Care Workers', Reiko Ogawa refers to a Japanese care worker who was fired after becoming pregnant. There exists a pattern where workers are no longer "able" to work because their jobs have been terminated (despite laws opposing this action as a form of discrimination). Documented outside of care work, this situation has led migrant workers to get unsafe abortions, have children outside the law, or abandon their newborns. This is a problem exacerbated by the misunderstanding that migrants' children born in Japan would not be able to be raised there.¹⁵⁴ Similar situations are a possibility for care workers so long as the neglect of their maternal and health rights continues.

For workers returning to their country of origin, whether of their own volition or not, their work abroad has implications for them. While they will regardless have job experience that may help them get employment, those who received training are not always qualified to work under their own countries' requirements. Some, like the "Seoul Foreign Care Givers Program", require workers to get a care certificate from their own country, in this case the Philippines. In Japan, those training in the country can take the Japanese care work certificate exam, but it is only recognised in that country.¹⁵⁵ A study of Vietnamese migrant care workers in Japan found that after returning to their home countries, they could be employed as language and skills trainers for future migrants.¹⁵⁶ While these schemes may portray themselves as being for the migrants' benefits, the larger lens shows that the workers' learning journey is not the government's main priority.¹⁵⁷

These work conditions fill in the picture outlined by the policies and care culture described in the previous sections of this briefing. The reality of the workers' limited agency and potential for exploitation makes it clear that action is needed. When the employers and the government set up the system to disadvantage workers' self-advocacy, they have to turn to other organisations and communities for help.

¹⁵² Ito Peng, Seung-Eun Cha, and Hyuna Moon, 'An Overview of Care Policies and the Status of Care Workers in South Korea'.

¹⁵³ Hyun-Jung Kwon, Heaun Oh, Jung Won Kong, 'The Institutional Factors Affecting the Growth of Korean Migrant Care Market and Sustainability in Long-Term Care Quality'; Ito Peng, Seung-Eun Cha, and Hyuna Moon, 'An Overview of Care Policies and the Status of Care Workers in South Korea'.

¹⁵⁴ Piyada Chonlaworn, "Cheap and Dispensable: Foreign Labor in Japan via the Technical Intern Training Program", p. 45.

¹⁵⁵ See 'Foreign Housekeeping Managers Pilot Project Begins'.

¹⁵⁶ See 'Return Migration of Vietnamese Nursing Graduates: Trajectories of the First Batch of EPA Care Workers in Japan', p. 41.

¹⁵⁷ Reiko Ogawa, 'On the Issue of Migrant Care Workers', p. 49; see 'Return Migration of Vietnamese Nursing Graduates', p.36

NGOs, Unions, and Migrant Organisations: Who Cares For the Care Workers?

Migrant workers may become part of multiple communities; they often join for various reasons, like connection, support and learning. In many cases, migrant workers collectivise to make their voices heard and demand better labour conditions. In the final section, it is crucial to note the role of civil society in the discussion of care work in Japan and South Korea, particularly in how they support and amplify the issues of migrant workers, especially those in care work. Many organisations that advocate for migrants and their labour rights reflect the diverse identities of migrants, like nationality, migration status, gender and more. It is essential to examine the focus of their programming and advocacy campaigns as they try to demonstrate the complex realities of migrants' conditions, or highlight problems that are being underprioritised by governments.

In South Korea, one of the main spaces where we see organisations showing up for care workers is the “Pilot Project for Introducing Filipino Caregivers to South Korea”. In less than a year into implementation, the programme has prompted migrant rights organisations and labour unions to voice concerns on grounds of possible exploitation of care workers. Groups such as the Migrant Forum in Asia (MFA) raised the issue of the duality of language used to describe both the “caregiver” and “domestic worker”, as well as the potential for unsafe work conditions. These findings were from a research study from Jeonbuk University on the situation of migrant care workers in Seoul. As a joint action, they released a statement and called for clear contracts and urged the government to prioritise the welfare of migrant care and domestic workers by ensuring fair wages and decent working conditions. The letter was supported by other labour unions such as the Joint Committee with Migrants in Korea (JCMK), the Korean Confederation of Trade Unions (KCTU), the Federation of Free Workers and the Trade Union Congress of the Philippines.¹⁵⁸ These advocacy groups emphasise the need to address the systemic undervaluation of care work and the safety of migrant care workers.

The Korean Trade Union Congress (KCTU) and the Korean Health and Medical Workers' Union (KHMU) highlight the care workers as part of their organising efforts beyond the Seoul pilot project. In a 2017 ILO workshop presentation, “Basics of Unity and Struggle”, these trade unions addressed the intersectional issues in care work, including fair wages, which impact both women and migrant workers.¹⁵⁹ It was noted that 70% of the membership is women, and their advocacy mainly focuses on work conditions, the quality and

¹⁵⁸ Migrant Forum Asia, ‘Statement Concerning the Pilot Project for Introducing Filipino Caregivers to South Korea’, https://mfasia.org/statement_skcaregivers2024/

¹⁵⁹ See ‘Korean Labour Movement: Campaigns and Struggles Against Global Supply Chains’, International Labour Organization and Korean Health and Medical Workers’ Union, 2 March, 2017. https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@asia/@ro-bangkok/documents/presentation/wcms_546537.pdf

availability of public health services, and organising migrant care workers, including irregular migrants.

As more rights-based organisations raise critical awareness among migrant workers, the development of resources has become an essential means of equipping migrants to promote their rights, self-determination, and leadership. As an example, the Mekong Migration Network created *A Guide to Migrant Workers' Rights in Japan*. The guide outlines the rights and entitlements of migrants in Japan under the Technical Internship Training Program (TITP) and the Specified Skilled Worker (SSW) scheme, covering 14 topics based on national labour laws and related regulations.¹⁶⁰ While the document is not specific to care workers, it does highlight resources specific to them and their visa schemes. Some of the issues they discuss are: fair grounds for dismissal (i.e., it's illegal to be fired for being pregnant), how to navigate changing workplaces, and the importance of keeping travel documents in one's possession. All of these concerns in care work are highlighted in the previous section of this briefing. Another resource compiled by feminist networks is *The Right To Unite: A Handbook on Domestic Worker Rights Across Asia*, jointly created by the United for Foreign Domestic Workers Rights, APWLD, and CARAM-ASIA.¹⁶¹ The handbook provides a review of multiple countries' domestic work situations including Japan's and the countries of destination for the Philippines (like South Korea). Their section on Japan points towards multiple groups supporting migrant workers and/or specifically informal care service workers.

Other resources are created by civic groups intended to guide both care workers and their employers. For example, the Tokyo Metropolitan Council of Social Welfare has 300 Tokyo nursing home members in its organisation. They released a resource titled the *Guidebook for Accepting Foreign Care Workers*, which highlighted the importance of listening to care workers and ethical recruitment practices.¹⁶² Others, like the "Japan Care Worker Guide", provide information on how to migrate as a care worker and have interviews with past/present care workers, but their site focuses on enticing future workers.¹⁶³ One of the headlines on their front page is: 'Now let's take the first step! All of you Japan lovers, why not be a nursing care worker?'¹⁶⁴ This may be one of the main resources workers encounter in their job search, and yet its focus is not on their quality of experience.

Different actors and advocates can play a significant role in promoting rights and decent work for migrant workers, especially in the care sector, by providing direct support and fostering collaborations with like-minded groups to amplify migrants' voices. In South Korea, several trade unions are engaged in discussions of monitoring the implementation of the Global Compact for Migration (GCM). Although in the national context, trade unions are discouraged

¹⁶⁰ See 'A Guide to Migrant Workers' Rights in Japan for Migrant Support Organisations in Mekong Countries of Origin', Mekong Migration Network, June 2024, https://mekongmigration.org/wp-content/uploads/2024/09/Migrants-Rights-in-Japan_PPT.pdf

¹⁶¹ See *The Right To Unite: A Handbook on Domestic Worker Rights Across Asia*, United for Foreign Domestic Workers Rights, APWLD, and CARAM-ASIA, <https://apwld.org/wp-content/uploads/2013/09/The-Right-to-Unite1.pdf>

¹⁶² See *Guidebook for Care Service Providers on Employment of Foreign Care Workers*, <https://www.mhlw.go.jp/content/12000000/000526603.pdf/>. Accessed 5 Nov. 2025.

¹⁶³ See *Japan Care Worker Guide*, Oct. 2020, japanccwg.com/. Accessed 5 Nov. 2025.

¹⁶⁴ See *Japan Care Worker Guide*, Oct. 2020, japanccwg.com/. Accessed 5 Nov. 2025.

from engaging on matters related to migrant workers' rights, this has been challenged by several local trade unions. This is elaborated in a joint report by the Federation of Korean Trade Unions, Korean Confederation of Trade Unions and ITUC, where they call for a New Social Contract for all workers, including migrant workers. The demands centre on better labour and social protections, equality, non-discrimination, and an inclusive process in developing a rights-based development model.

Conclusion

Recognising the interconnections of care, care work, and the migration of care workers in a global system is crucial. Ito Peng describes how the global care supply chain involves people, mainly women, in different parts of the world providing essential care services. This global care chain creates demand for care workers in high-income countries, while care work is often undervalued.¹⁶⁵ This situation also contributes to economic inequalities, as policies, recruitment practices, visa regimes, and migration governance are shaped by major actors, including businesses in the form of recruitment agencies and government institutions. These entities form programmes and bilateral agreements that influence decisions regarding migration demands and processes.

Japan and South Korea are classified as super-aged societies, with dependency ratios exceeding 40 per cent. This creates a growing disparity between the working population and those who are identified as dependent, in this context, the children and the elderly. These countries have established policies for care worker programmes designed to recruit migrants, particularly women, into the care sector. While these regular pathways have created opportunities for migrants to enter the labour force in the country, some programmes are also open to existing domestic migrants who wish to transition into care work. This highlights the role of migrant care workers in filling the demographic imbalances in these high-income countries.¹⁶⁶

This expansion of migrant care worker programmes in both countries reflects the growing reliance on migrant labour in addressing shortages in the areas of child and elder care and domestic work. However, the existing programmes and policies enabling regular pathways for migrants are not accompanied by comprehensive legal and social protections for migrant care workers. The disparities in work requirements and entitlements across visa types and between migrant and local workers are institutionalising a two-tiered system. For example, the category Long Term Care in Japan has less dependence on migrant workers and is under state-regulated wages and social insurance schemes that guarantee workers' wages above the minimum wage. On the other hand, nursing hospital workers, with predominantly migrants, are outsourced to hospitals through private companies, which makes them 'self-employed' instead of being seen as workers. Further, migrant care workers are recruited in specified visa schemes, such as South Korea's Foreign Housekeeping Managers Pilot project with E-9 visa (36 months) or under the Work and Visit Visa (H2) for Long Term Care Work and nursing hospital work. These

¹⁶⁵ I Peng, European University Institute, *Systemic Resilience and Carework: An Asia-Pacific Perspective*, Think Piece No. 7, MigResHub, Migration Policy Centre, RSCAS, 2021

¹⁶⁶ Japan and South Korea are members of the Organization for Economic Cooperation and Development (OECD), an association of 38 nations in Europe, the Americas, and the Pacific. Its members and key partners represent 80% of world trade and investment.

visa schemes for migrant care workers reflect disparities that show unequal access to fair wages, social benefits, and the length of stay in the country.

Both Japan and South Korea have yet to ratify the ILO Domestic Workers Convention 189, which sets international standards for decent work. This convention is crucial in seeking commitments from states to guarantee the most basic labour standards and the protection of workers' rights. With the absence of human rights and legal frameworks, policy protections for migrant care workers will be fragmented depending on visa types and work arrangements. This leaves migrant workers with limited protection of their rights and access to social benefits.

The situation of migrant care workers in Japan and South Korea shows social and structural challenges. While these workers provide critical support to the care system, their roles remain ambiguous and often shaped by diverse expectations from institutions, society, and employers. This is illustrated by South Korea's Pilot Care Givers Programme. In Japan's elder care facilities, work expectations exceed the worker-to-care-patron ratios, causing physical and mental strain to care workers. This ambiguity also contributes to the lack of recognition for the skills and emotional labour that care work requires.

Our study also reveals the risk of harassment and abuse triggered in two work settings, one from co-workers and another in home-based care. This is sometimes exacerbated by language barriers and cultural norms. Migrant care workers also need to navigate social norms to be able to meet the needs of their care recipients. They have to make cultural adjustments to fit into their roles as caregivers. Hence, understanding the culture of the country into which they are moving has become a key component in careworkers' programmes and orientation.

The physical and mental demands of care work include long hours/shifts, heavy lifting and transportation of care patrons, and physical and emotional exhaustion. Despite migrants filling in the gaps in care services, many care establishments are still understaffed and lack gender diversity. In the absence of supportive technologies, sufficient human resources, and budget allocation for care, these pressures on workers can lead to burnout, isolation, and chronic health issues.

Addressing these challenges, both in policy and social structures, requires governments to revisit their policies and recognise care work as skilled and essential labour. Ratifying and implementing ILO C189 is a crucial step in committing to stronger labour protections for migrant workers that will allow for a social shift in the treatment of workers, job mobility, and access to inclusive social protection schemes. It is also important to create systems that regard the role of migrant care workers as contributors to the economic and social development of both the country of origin and destination. Finally, developing local and national care capacities in sending and receiving countries by investing in human capital and social infrastructures for care is one approach to building a resilient global care system.¹⁶⁷

¹⁶⁷ I Peng, European University Institute, *Systemic Resilience and Carework: An Asia-Pacific Perspective*, Think Piece No. 7, MigResHub, Migration Policy Centre, RSCAS, 2021

Global Alliance Against Traffic in Women (GAATW)

191/41 Sivalai Condominium, 33 Itsaraphap Road Bangkok 10600, Thailand

T: +66-2-864-14 27/8 F: +66-2-864-16 37

Website: www.gaatw.org

Facebook: <https://www.facebook.com/GlobalAllianceAgainstTrafficInWomen/>