Chapter 10
Migrant Care Workers, Skill Regimes, and Transnational Subjects in East Asia

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ABSTRACT
This chapter discusses the concept of skills in care work and demonstrates how it has been discursively constructed in Japan and Taiwan. The kind of work that the migrant care workers undertake is differentiated according to the migration-care nexus resulting in very different kind of tasks these migrants are required to perform. Secondly, the global care labor market is unevenly constructed with different requirements and conditions. The migrant care workers are differentiated according to the capital they possess and what they acquire in their migration process. What became apparent is that unlike skilled work where people can step-up their career by gaining skills and in some cases permanent residence, care labor market in East Asia does not lead to unilateral development of careers. The global care labor market expanded the opportunity for migrants, but it is not only uneven but also precarious and migrants expect short-term return without great expectations for career development.

INTRODUCTION
In contemporary migration, the issue of skills and competency has gained significant attention to enhance national competitiveness in the global economy (Shan and Fejes, 2015; Shin and Choi, 2015). Many countries have adopted selective migration policy to attract global talent to boost economic growth and technological innovation. Highly skilled foreigners are in high demand in many countries providing incentives for citizenships and to bring their families to settle. In East Asia, with its declining birthrates and shrinking younger generations, the labor shortage has been felt not only for the highly skilled but also in the low-skilled labors¹. However, even though the skills are defined and constructed socially, the
scholarship on skills becomes easily polarized between the high and low, especially if these extremes are discussed separately. These kind of artificial boundaries in the scholarships hinder us from perceiving the reality of migrant women who are catering to the gendered labor market in Asia.

The focus of this chapter is on care and especially on elderly care undertaken by migrants to examine the different ways of constructing care work in Japan and Taiwan. Elderly care is one of the fastest growing labor markets for migrant women to fill in the “care deficit” due to unprecedented levels of aging population and increase in women’s labor force participation. Japan and Taiwan accept migrants from the same sending countries under the category of “elderly care work” but the ways in which care work has been constructed differ significantly. The history of social care is short(er) than that of more established medical professions such as nursing. Social care also tends to be ambiguously constructed according to the care regimes of each country. Based on the experiences of migrant care workers this chapter first discusses the institutional framework on how elderly care has been established in Japan and Taiwan. Secondly, it examines how the issue of skills has been played out in the field of elderly care work in Japan and in Taiwan and finally how migrants navigate within the global care labor market by capitalizing on their skills.

Globalizing Care Labor Market in East Asia

East Asian societies are facing a similar socio-economic challenge of rapid demographic transition of low fertility rate and population aging, increase in double income families, and commodification and outsourcing of care work. ILO (2016:34) estimates that there are 23.7 million domestic workers in Asia and the Pacific and of these workers 3.34 million are migrant domestic workers. Migrant domestic workers in Asia include those from the Philippines, Indonesia and Vietnam whose main destinations are Taiwan, Hong Kong, Singapore and Malaysia.

The flow of migrant care workers from the Global South to Global North has been theorized as Global Care Chain (GCC) (Hochschild, 2000), New International Division of Reproductive Labour (NIDRL) (Parrenas, 2003) and Global Survival Circuit (Sassen, 2002). These scholarships problematize the inequality at the global level that continue to marginalize women from the Global South while the gender division of labor in the Global North remains intact. I argue that these “care chain” or “circuits” are unevenly constructed, constrained by borders and the socio-economic capital that the migrants possess. The hierarchy within the global care market entails different constellation of power and allows some to move up but not all as migrant care workers are not homogeneous entities carrying different socio-economic capital, goals and aspirations in life.

The scholarship on welfare regimes reiterate that East Asian welfare regimes retain similar characteristics of “familialism”, “productivist” or “developmentalism” (Kwon, 2005; Holliday, 2000), however, a closer examination reveals that states are adapting different strategies in coping with the “care deficit” either through the expansion of the market and/or through social insurance systems (ILO 2016:34, Peng, 2017; Ogawa, 2018). Japan and Korea have introduced a public scheme to “socialize care” aiming to transfer the responsibility to care from the family to the society ( quasi market). Long Term Care Insurance (LTCI) was introduced in Japan (2000) and Korea (2008) and despite the financial challenges and low coverage it is unlikely that these governments will completely withdraw from the de-familialization of care. Peng (2018) classifies Japan and Korea as ‘regulated institutional approach’, which operates under the public provision of social insurance by hiring native care workers.