Development of New Japanese Proficiency Test Focusing on Japanese Communication in Care Work

Designing a "Japanese Language Can-do Statement for Care"

Jiro NISHIGORI

February 2019

Acknowledgments

Jiro NISHIGORI

Professor of Graduate School of Humanities and Social Sciences

Dean of Department of Human Sciences, Tokyo Metropolitan University

February 2019

List of Project Members

RESEARCHERS:

Jiro Nishigori, Professor, Graduate School of Humanities and Social Sciences, Dean of Department of Human Sciences, Tokyo Metropolitan University (TMU), Japan (Project Leader)

Tokyo Metropolitan University (Japan) Team

Ai Nomura, Instructor of the course "Japanese Language for Care-workers," TMU Open University

Keiko Okumura, Instructor of the course "Japanese Language for Care-workers," TMU Open University

Mamiko Kato, Instructor of the course "Japanese Language for Care-workers," TMU Open University

Kyoko Okumura, Instructor of the course "Japanese Language for Care-workers," TMU Open University

Aki Oide, Graduate Student, Graduate School of Humanities and Social Sciences, TMU

The Japan Foundation (Japan) Team

Fumie Yanashima, Chief Lecturer, the Japan Foundation Japanese-Language Institute, Urawa

Aki Shinohara, Lecturer, the Japan Foundation Japanese-Language Institute, Urawa

Yoshiko Furukawa, Lecturer, the Japan Foundation Japanese-Language Institute, Urawa

Mamoru Ikuta, Lecturer, the Japan Foundation Japanese-Language Institute, Urawa

Wei-Jian Gao, Lecturer, the Japan Foundation Japanese-Language Institute, Urawa

ADVISOR:

Satoshi Miyazaki, Professor, Graduate School of Japanese Applied Linguistics, Waseda University, Japan

Contents

List of Figures/Tables

List of Abbreviations/Acronyms (new page)

LTCI	Long-term Care Insurance	(1)
LTC	Long-term Care	(1)
AHWIN	Asia Health and Wellbeing Initiative	(2)
TITP	Technical Internship Training Program	(2)
JLPT	Japanese-Language Proficiency Test	(4)
CEFR	Common European Framework for Reference for Languages	(4)
JFS	JF Standard for Japanese-Language Education	(4)
JF	The Japan Foundation	(4)
CCW	Certified Care Worker	(7)
JEES	Japan Educational Exchanges and Services	(4)
KCDS	Japanese Language Can-do Statements for Care	(4)
EPA	Economic Partnership Agreement	(2)
TMU	Tokyo Metropolitan University	(6)
TMG	Tokyo Metropolitan Government	(52)

Chapter 1

Introduction

With declining birth rates and increasing life expectancy, the world's population is aging: in 2015, 901 million people, or 12% of the world's population, were aged 60 or older. The number of older people is growing at an annual rate of 3.3 percent, faster than any other age-group. Due to declining birth rates, it is projected that 2.1 billion people, or 22% of the total population, will be over the age of 60 by 2050. In all regions of the world except Africa, almost a quarter of the population is expected to be over 60 by 2050. Countries need to anticipate the aging of their populations and plan accordingly. (Numerical source: extracts from "United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects, the 2015 Revision.")

Historically, older people have been taken care of by families and communities, if they need care, but as the proportion of older people grows, this traditional system is getting more difficult to be sustained. Family-care and community-care need to be supported or replaced by social systems and care industries supporting long-term care, but most Asian countries have developed such system well.

The proportion of people who are 65 years old or above in Japan was 25% in 2015, and it is still increasing. Japan has developed its long-term care services based on the Long-term Care Insurance (LTCI), which was introduced in 2000 as a social compulsory insurance system. Japan's LTCI classifies the services that can be covered by the insurance into 3 categories: (1) facility services, which are provided to the residents of "special nursing homes for aged people" and other facilities; (2) home-based services, which include home nursing, day-care service, and other services that are required for people who need assistance for living at home; and (3) community-based services, which include combination services of day care, short stay, and home visit for home-based clients, group homes for aged people with dementia, etc.

Japan has well developed its LTC providing system, which is accessible by every resident of Japan based on LTCI, but faces the steadily growing demand of LTC and the

shortage of LTC workforce, which are the natural consequence of population aging. Wage increment of care workers is being attempted to attract the internal labor market of Japan through the adjustment of LTCI fee schedule, but it is not straightforward because the payment to care workers is closely linked to the finance of LTCI, the revenue of which comes from the compulsory contribution of every resident of Japan who is 40 years old or above as well as tax.

In these circumstances, the Japanese government launched the Asia Health and Wellbeing Initiative (AHWIN) in 2016, which was designed to promote regional cooperation on aging-related issues in whole Asia. One of the practical policies of AHWIN is the promotion of cross-border circulation of LTC workforce. In line with this initiative, the Japanese government has established several new types of residential status of foreign citizens to accept foreign care workers in these couple of years.

Japan has accepted forign workforce of several job categories, such as highly skilled professionals, business managers, engineers, etc. as well as technical intern trainees as *de facto* foreign workers under the Technical Internship Training Program (TITP). This program allows Japanese enterprises to accept the personnel of the designated job categories, which are agriculture, fishery, construction, garment factories, etc., but the trainees (*de facto* workers) must return to their home countries after the designated term of several years.

The Japanese government, until a couple of years ago, had only one program that accepted foreign LTC workforce. It was under bilateral Economic Partnership Agreements (EPAs) with Indonesia, the Philippines, and Viet Nam. As described above, Japan is opening its labor market for LTC, but compared with other job categories, LTC requires a more advanced level of Japanese language proficiency because LTC workforce provides human-to-human services to the clients. Considering this uniqueness of LTC services, the Japanese government imposed the requirements for the proficiency of Japanese language on newly established residential status for foreign care workers. For example, the government newly created a job category "Long-Term Care" under TITP and started to accept trainees for LTC in 2018. Different from other job categories of TITP, LTC trainees are required to show that they have the Japanese language proficiency

equivalent to N3 level on Japanese-Language Proficiency Test (JPLT) when they renew the work permit of Japan at one year after they start working (training) in Japan.

However, the existing Japanese language education and Japanese proficiency tests, for example, JPLT, are designed to measure general proficiency, which may be different from the language skills required at the workplace of LTC personnel. Therefore, it is necessary to reveal what Japanese language abilities are required for foreign LTC workforce in Japan and to develop the exams that can assess the language skills, which are specifically necessary for LTC personnel.

The primary objective of this study is to establish the list of specific linguistic activities that are required for foreign LTC personnel in a variety of actual occasions of LTC workplace of Japan. It is expected that not only exams of Japanese proficiency but also textbooks and curricula of Japanese language for LTC work will be developed, based on the outcome of this study. The readers of this report are requested to note that the outcome of this study is not the exams or other education materials for Japanese language, but just the list as the standard of education. Exams and other materials will be developed by private businesses.

We believe our effort to improve the Japanese language education specific for potential LTC workforce will facilitate the circulation of human resources of LTC between Japan and other countries as well as the transfer of skills of knowledge of LTC that has been accumulated in Japan, which has the most advanced stage of population aging in the world. We also hope such circulation and skill transfer will foster the care industries, particularly in Southeast and East Asia, where very rapid population ageing is taking place, and will bring the change of people's view on LTC from unskilled physical work to decent work.

Chapter 2

The Development of The Japanese Language Can-do Statements for Care (KCDS） original version

2.1 Background

First, what must be introduced as a benchmark to indicate the ability of languages is "CEFR." CEFR stands for Common European Framework of Reference for Languages, which was established by Council of Europe (CoE) after over 20 years of research and development in order to evaluate the language ability (especially language communication ability) in Europe that has a wide diversity of languages in use.

The CEFR organizes language proficiency in six levels, A1 to C2, which can be regrouped into three broad levels: Basic User, Independent User and Proficient User. It provides a common basis for the elaboration of language syllabuses, curriculum guidelines, examinations, textbooks, etc. across Europe.

The CEFR has developed a list of "Can-do" statements that describe what language users can do depending on their proficiency level and mode of communication (reception, production, interaction, or mediation).

Standards for classifying Japanese language skills have also been developed. One of these is the JF Standard for Japanese-Language Education (JFS), which was developed based on the concepts supporting the CEFR.

The JFS also has its "Can-do" list, which offers examples of language activities in Japanese. The "Can-do" statements enable Japanese language education facilities to objectively grasp an individual's language proficiency, clarify learning goals, and share these goals amongst the stakeholders. As such, JFS has been widely used by Japanese language educators for setting learning goals and evaluating study outcomes.

JLPT is the oldest examination conducted by the Japan Foundation and the Japan Educational Exchanges and Services (JEES) since 1984 to assess and certify

the Japanese language proficiency of non-native speakers of Japanese. It has the largest number of test-takers (36.5 million) in the world, according to 2015 data. JEES administers the JLPT in Japan while the Japan Foundation (JF) is responsible for conducting it outside of Japan. It has five levels: N1, N2, N3, N4, and N5. The easiest level is N5 and the most difficult level is N1.

Although JLPT and JFS are independent of each other and cannot be simply compared, the JF's empirical study showed, for example, that the pass rate for the N3 level was 44.6% for A2 and 84.1% for ~B1 in JFS.
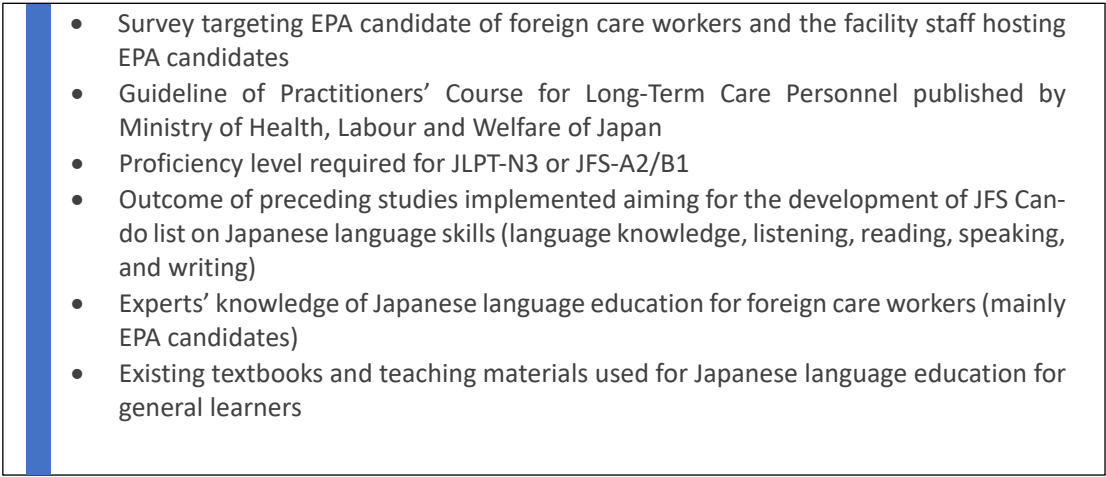
The JLPT includes language knowledge (vocabulary, grammar), reading and listening as subjects, but does not include language production tests such as conversation and writing. There are cases where a person who has passed N1, the highest level of the JLPT, does not have the highest level of conversational ability.

This paper discusses the kind of Japanese language skills required for LTC personnel. For example, LTC workers are supposed to be engaged in "empathic conversation" and "attentive listening," while having knowledge of onomatopoeia and technical terms that may not be widely used. Although the CEFR, JFS, and even JLPT focus on basic interpersonal communication skills, they do not cover caregiving situations and vocabulary at all. Considering that an increasing number of foreign care workers are expected to come to work in Japan, a tool for assessing Japanese language skills used in care work is needed. It has become even more urgent because, as explained in Chapter 1, LTC trainees under TITP are now required to show that they have JLPT N3-level proficiency when they renew their work permits one year after they start working (i.e., training) in Japan.

We believe this project will contribute not only to the development of an assessment tool for Japanese language proficiency, but also to the effective circulation of care skills between Japan and the home countries of foreign LTC workers. Language proficiency is crucially important to maximize the effect and efficiency of the foreign circulation of knowledge and skills. Based on the outcome of this study, private businesses are expected to develop new Japanese language proficiency tests for LTC personnel.

With all this in mind, we created a comprehensive list of Japanese Language "Can-do" Statements for care based on JFS, henceforth, KCDS, that could serve as the official standard for assessing Japanese language proficiency for care. Our research team includes experts from Tokyo Metropolitan University (TMU) and JF. All the team members have contributed to detailed data collection and the comprehensive analysis described in Figure2.1.

Figure 2.1: Components of KCDS: Original Version

- Survey targeting EPA candidate of foreign care workers and the facility staff hosting EPA candidates
- Guideline of Practitioners' Course for Long-Term Care Personnel published by Ministry of Health, Labour and Welfare of Japan
- Proficiency level required for JLPT-N3 or JFS-A2/B1
- Outcome of preceding studies implemented aiming for the development of JFS Can-do list on Japanese language skills (language knowledge, listening, reading, speaking, and writing)
- Experts' knowledge of Japanese language education for foreign care workers (mainly EPA candidates)
- Existing textbooks and teaching materials used for Japanese language education for general learners

2.2 Process of the development of the KCDS original version

In this section, the process of the development of the KCDS original version will be described. The components that were integrated into KCDS original version are shown in Figure 2.1. This original version was developed into the KCDS complete version after the JF team examined and confirmed the validity of its itemized statements and levels. During the process of developing the complete version, whether KCDS reflects real situations on site was also taken into considerations. This process will be described in Chapters 3 and 4.

2.2.1 Interview with EPA candidates of care worker

At the first stage of this study, we had to find out what kind of language activities are carried out in nursing care settings, what kind of people they needed to communicate

with, what duties they need to carry out in their first year of work at LTC facilities, etc. Until 2017, the only one legal and practical pathway for potential foreign care workers to come and work in Japan had been the programs under the Economic Partnership Agreements (EPAs) between Japan and Indonesia, the Philippines or Viet Nam. It started in 2008, and Japan had accepted 4,732 candidates of nurses and care workers in total from these three countries until 2017. It is true that the objectives, procedures, or recruitment systems of the EPA program are greatly different from TITP; however, it can serve as a precedent example when we learn how non-Japanese people work and what kind of Japanese language skills they need at care work. We concluded that the best and only one potential source of data in this stage is EPA candidates of certified care worker (CCW).

The interviews with EPA's CCW candidates and the staff of LTC facilities hosting them were carried out at four nursing facilities, and observation study at these facilities was also conducted. This study was implemented by six researchers, who have been engaged in Japanese language education for EPA's CCW candidates. They are well experienced in interview-based study at nursing facilities, and before they visited the facilities, they had already developed interview guide deliberately.

2.2.2 Other components integrated into KCDS original version

One of the main reasons why the urgent development of KCDS (new assessment tool of Japanese language proficiency of foreign care workers) was required is the expansion of TITP job categories into LTC. As stated in Chapter 1, when TITP trainees renew their work permit in Japan one year after they start working in Japan, they are required to show they have the language proficiency equivalent to or higher than JLPT-N3. So, the next step of KCDS development was creating a list of itemized statements that are relevant to the assessment of language abilities (verbal expression, instructions, verbal exchanges, situations), especially for JLPT-N3 level, which is closely related to A2 or B1 level of JFS, according to the mapping study done by JF.

To create this list of itemized statements, we utilized the outcome of preceding studies that had been conducted for the development of Can-do Statement for general

Japanese language education. As a result, the KCDS original version was established with several background data, which are the interviews to EPA's CCW candidates and their working facilities' staff; experts' experiences in Japanese education; actual dialogue scenes in LTC facilities; words, phrases, and expression patterns found in existing textbooks and teaching materials; and the structure of "Can-do" Statement adopted in JFS.

2.3 First review

Based on the study stated in section 2.2, we created a first draft of KCDS, which consists of 48 items. We conducted the first review of this draft in the form of face-to-face interview or online survey in cooperation with several nursing facilities. The number of respondents is 22 EPA candidate care workers. Forty-eight items in the draft include 12 items per each of the following language skills: "speaking," "listening," "reading," and "writing." To measure the level of ability to perform tasks in Japanese, two types of situations were presented: a plain situation and a relatively difficult situation. For example, assuming the respondents attend a staff conference for sharing clients' information, the following items were asked: 1) Are you possible to report that the client is in the stable condition? 2) Are you possible to report the client's unusual condition and discuss how to deal with it? The respondents were requested to make self-assessment to each item using the following scales: 1—"possible"; 2—"somewhat possible"; 3—"nearly impossible"; 4—"impossible"; and 5—"have never done." After the data collection, we discarded the items that the respondents could not do in their first year of work, and the items that were unnecessary for their work, while we added the items whose category needed more detailed description to evaluate the ability to perform tasks in Japanese. One of the examples for the unnecessary items is "By watching TV in the private room, I can get hints for conversation with the clients." The researchers expected that the respondents would watch TV in their private rooms, but the fact was most of the respondents did not have a TV set. They got information and even enjoyed watching movies from their home countries via Internet. They showed very high proficiency levels in the items related to LTC services that require physical

contact and the support for oral intake. Since these activities are services that they perform daily, it did not seem to matter whether they had good Japanese language skills if they were familiar with the work.

2.4 Second review

After the first review, we drew up the second draft, which had 98 items, and carried out the second review.

The objective of the second review is the inclusion of dialects, old-fashioned words and phrases, and other words and phrases, which are essential for LTC services but difficult for EPA's CCW candidates to understand. We subdivided these additional elements into each unit representing specifically differentiated linguistic activities according to the scenes and the degree of difficulty. Finally, we integrated these units into the second draft, confirmed the appropriateness of the modified draft in terms of the language levels and expression patterns of JFS, and completed the development of KCDS original version, which has 119 items.

Same as the first review, we developed this version so that KCDS could assess the four language skills ("speaking," "listening," "reading," and "writing"), which were really required for the practical LTC services of foreign care workers. The respondents of this study were EPA's CCW candidates as well as the CCWs who completed EPA program and passed the Japanese national examination. We selected them from the students who took the Japanese language courses for professional care workers in 2017 and 2018. A total of 130 respondents at 39 LTC facilities were invited to this survey; 75 responded, but one response was invalid. The rest (74 answers) were used for the development of KCDS original version.

This study was conducted as online survey using questionnaire (or the list of statements), which had 98 items. The respondents were requested to give the answers as the following: (1) "possible," (2) "somewhat possible," (3) "nearly impossible," (4) "impossible," and (5) "have never done."

As stated before, the development of KCDS was required to provide the official standards of the tests to assess Japanese language proficiency of foreign care workers.

For easy application of KCDS to actual tests, which will be delivered by private organizations, the list of KCDS items is provided with the groups of four language skills. It is also classified into three types of language activities, which are reception, production, and interaction. This classification system is also applied to JFS and is one of the advantages of JFS. The adoption of this system will enable to map the items of KCDS onto JFS.

2.5 Other characteristics of KCDS

a) The itemized statements of KCDS can be divided into two categories in terms of assessing the language proficiency levels: "K2a" and "K2b." The statements that are categorized into K2a are designed to assess the required language skills for the TITP trainees for LTC who intend to renew their work permit for the second year of TITP. The K2b statements suggest the language skills that are preferably acquired by the same group of TITP trainees as mentioned above.

b) The KCDS vocabulary list was compiled as a reference for the entities that create actual examinations because the standards of vocabulary level, which is necessary for the examinees to pass KCDS-based examinations, are necessary for the development of actual examinations (Appendix 3: vocabulary list).

c) Although KCDS's statements can be categorized into each of the four language skills of speaking, listening, reading, and writing, care workers are required to have comprehensive skills in their work. Therefore, it can be said that the four language skills are not independent of each other, but correlated. Based on this idea, we have created a description of each task, such as "asking questions to Japanese staff," "listening to Japanese staff," "reading nursing care records," and "writing nursing care records," by correlating the comprehension and communication of Japanese language in each task.

2.6 Examples of the KCDS

The KCDS is a list that is supposed to be utilized mainly for the development of education materials for Japanese language communication, but it also has distinctive characteristics of containing the elements so that it can provide the standards to assess the skills of foreign care workers to have adequate interaction with the clients based on the knowledge of the principles of LTC, practical LTC skills as well as actual scenes of LTC. This section introduces some of these characteristics focusing on each of four language skills.

Table2.1: Examples of Unique Items of KCDS in "Speaking" Skill

No.	Language Skills	KCDS	KCDS level <Topic Situations> (Targets Interaction Partners)	[Categories] 【Language activities】
4	Speaking	I can talk about foods that I can't eat because of religions or allergies in short and simple words when I eat with the staff.	K2a <Self-introduction> (staff)	[Having sociable communication] 【Communication (Oral)】
17	Speaking	I can talk to a user in short and simple words such as "daijyoobudesuka" or "issyoni ~simasyoo" when a user is in trouble or doesn't look good.	K2a <General assistance> (User)	[Talking to a user] 【Production (Speaking)】
31	Speaking	I can praise or ask a user questions in short and simple words such as "sutekina ~ desune" when I see his/her belongings.	K2a <General assistance> (User)	[Having empathic communication with a user] 【Communication (Oral)】
37	Speaking	I can carry on a conversation which is necessary for the handling while understanding what a user wants his/her family to do.	K2b <General assistance> (User)	[Listening to a user' request and complaint] 【Communication (Oral)】
49	Speaking	I can explain to the staff about my situation in some detail and consult the staff about how to handle it when I hear a user' complain that a user, who has a mental illness such as dementia, says, "You stole my wallet" (delusion of theft).	K2b <Consultation related to duties> (Staff)	[Having communication related to duties] 【Communication (Oral)】

As shown in Table 2.1, item number 4 includes the content related to religion. It is important for non-Japanese to express clearly the difference of religions and culture. Mutual understanding of religion and culture between the clients and care workers can bring satisfaction to both parties. Care workers are also expected to listen attentively to the clients, to hold empathic conversation, or even to open small talk with the clients if necessary. If they have demented clients, they are required to interact with them adequately considering their symptoms.

Table 2.2: Examples of Unique Items of KCDS in "Listening" skill

No.	Language Skills	KCDS	KCDS level <Topic Situations> (Targets Interaction Partners)	[Categories] 【Language activities】
55	Listening	I can understand a user's state when I listen to the staff's explanation using onomatopoeia such as "A san ga shinzoo ga dokidoki suruto itteita."	K2b <Business correspondences> (Staff)	[Having communication related to duties] 【Receptio (Listening)】
59	Listening	I can hear and understand an emergency announcement such as a fire or earthquake alarm in the facility.	K2b <Business correspondences> (Announcement)	[Listening to announcement] 【Receptio (Listening)】
64	Listening	I can roughly understand how to serve tea or care food, or the related precautions if the staff speaks slowly and clearly while looking at care food and Japanese tea (green tea, hojicha (roasted green tea), and genmaicha (tea with roasted rice).	K2a <Physical assistance Eating assistance> (Staff)	[Listening to the staff's instructions and explanations] 【Receptio (Listening)】
71	Listening	I can understand in a scene of assistance while listening to a user's request such as "I want to go home."	K2a <General assistance> (User)	[Listening to a user' request and complaint] 【Receptio (Listening)】
74	Listening	I can understand the content of the talk even if a user's talk includes particular old-fashioned words the elderly uses such as "kawaya" or "emonkake", or short dialect expressions such as "azumashii" ("feeling good" in the Tohoku dialect).	K2b <General assistance> (User)	[Interacting with a user] 【Reception (Listening)】

Item number 55 has the description on onomatope as shown in Table 2.2 In the actual scenes of LTC services, onomatopoeic words are often used. In addition, wide and various kinds of expressions are used, including brand names of teas favored by users, local dialects unique to each facility, and old-fashioned words and phrases as in item number 74 of Table 2.2. It is important to understand these words and phrases for on-site communication. Care workers are also expected to acquire the skills of oral communication with the staff and other listening skills required for working at care facilities, such as emergency announcement or earthquake alarms.

Table2.3: Examples of Unique Items of KCDS in "Writing" skill

No.	Language Skills	KCDS	KCDS level <Topic Situations> (Targets Interaction Partners)	[Categories] 【Language activities】
79	Writing	I can write job-related messages such as a change of a user's bathing day in a short sentence on a white board	K2a <Business correspondences> (Memo・Card)	[Writing short notes or cards] 【Production (Writing)】
82	Writing	I can write requests or thoughts for a user's menu or seasoning in short words on a care record.	K2a <Business correspondences> (Care record)	[Writing documents related to duties] 【Production (Writing)】
85	Writing	I can write about the state of a user whom I interact with including his/her speech in some detail by a computer or in handwriting.	K2b <Business correspondences> (Care record)	[Writing documents related to duties] 【Production (Writing)】
87	Writing	If the staff helps me, I can write about the detailed situation on a "hiyarihatto" report when I let a user fall in a moving situation of physical assistance.	K2b <Business correspondences> (Report)	[Writing documents related to duties] 【Production (Writing)】

At care facilities, white board and tag papers like "Post-it" as well as care records are used to share information among staff. foreign care workers are required to have the skills to let the staff know the important information they obtained or to understand the shared information through such communication tools. Type of clients' meals is one of the most important information because that is what the clients look most forward to in their daily lives. Care workers are required to have the writing skills of meal types of each client. Of course, it is desirable that the care workers have the skills to write care records and summaries. Table 2.3 includes such items.

Table2.4: Examples of Unique Items of KCDS in "Reading" skill

No.	Language Skills	KCDS	KCDS level <Topic Situations> (Targets Interaction Partners)	[Categories] 【Language activities】
92	Reading	If illustrations support, I can find out essential information which is necessary for the duty such as uses, sizes, or usage when I read short sentences on merchandise packages.	K2a <General assistance> (Description)	[Finding out essential information] 【Reception (Reading)】
93	Reading	If the staff explains words I don't know, I can understand essential information about hand washing or the process to treat excreta when I read short and simple explanations about recent communicable diseases written in a manual.	K2a <General assistance> (Manual)	[Reading essential information] 【Reception (Reading)】
97	Reading	I can understand essential information such as a user's state and condition, or the method of	K2b <Business	[Reading essential information]

		assistance by myself when I read a care record.	correspondences> (Care record)	【Reception (Reading)】
113	Reading	I can understand the content when I read simple explanations or look at illustrations on posters displayed in the facility, which describe precautions to prevent accidents at the time of bathing.	K2a <Business correspondences> (Notice)	[Reading essential information] 【Reception (Reading)】

foreign care workers are expected to acquire the skills to read and understand essential information in care records, manuals of equipment used in care facilities, or posters to attract the attention of staff, such as hand-washing or waste disposal, as shown in Table 4. These skills are essential for them to carry out their work safely.

CHAPTER 3

Verification of the Original Version of the Japanese Language Can-do Statements for Care (KCDS)[1]

3.1 Purpose of the study

This study aims to assess the validity of the items and levels described in the Japanese Language Can-do Statements for Care (KCDS), which is intended for use in teaching the Japanese language and in evaluating the language proficiency of foreign workers who come to Japan to work in care facilities such as nursing homes.

3.2 Overview of the study

The KCDS is based on the needs at care facilities and the level of Japanese proficiency required to complete tasks there, and it is divided into two levels (K2a and K2b). KCDS items categorized as K2a level include tasks that foreign care workers routinely need to carry out at care facilities. Therefore, in principle, it should be possible to accomplish K2a tasks with A2-level[2] Japanese proficiency, as defined in the JFS and CEFR. Meanwhile, KCDS K2b-level tasks are tasks that are expected but not required of foreign care workers who have spent a year in Japan. Accomplishing K2b tasks likely requires B1-level[3] proficiency, as defined in the JFS and CEFR.

The KCDS was developed as follows. First, researchers at Tokyo Metropolitan University (TMU) asked nursing home staff CCW candidates under EPA programs what

---

[1] This chapter was written by the Japan Foundation Japanese-Language Institute, Urawa.

[2] CEFR describes this level as follows: "Can understand sentences and frequently used expressions related to areas of most immediate relevance (e.g., very basic personal and family information, shopping, local geography, employment). Can communicate in simple and routine tasks requiring a simple and direct exchange of information on familiar and routine matters. Can describe in simple terms aspects of his/her background, immediate environment and matters in areas of immediate need." (Council of Europe 2001: 24)

[3] This level is specified in the CEFR as follows: "Can understand the main points of clear standard input on familiar matters regularly encountered in work, school, leisure, etc. Can deal with most situations likely to arise whilst travelling in an area where the language is spoken. Can produce simple connected text on topics which are familiar or of personal interest. Can describe experiences and events, dreams, hopes and ambitions and briefly give reasons and explanations for opinions and plans." (Council of Europe 2001: 24)

tasks they would perform in their first year of work at a nursing home, how they would perform them, and whether they had any problems with the Japanese language. Then, based on the responses to this preliminary survey, TMU determined which items to include. Next, TMU conducted two surveys among CCW candidates under the EPA programs (hereafter, "candidates"). Based on the results of these surveys, the TMU team created a preliminary draft of the KCDS. After that, a study team from The Japan Foundation Japanese-Language Institute, Urawa, joined the project and modified the Japanese language proficiency level and descriptions in the preliminary draft based on JFS. Finally, both groups came together, referred to previous studies and existing teaching materials, and then finalized the original version of the KCDS, which included 119 itemized statements.

To improve the validity of the KCDS, an additional study was conducted whereby candidates who had been working in Japan for about a year were asked whether they were actually doing the KCDS tasks at their workplaces and whether they had become able to perform the tasks successfully. We conducted the survey from two perspectives: (i) each individual candidate's self-evaluation of their ability to perform each task and (ii) evaluations of the candidate's performance of these tasks by staff at their workplace.

The results of this study allowed us to confirm and review the validity of K2a and K2b, both in terms of needs and the required level of Japanese language proficiency. For tasks that foreign care workers found particularly challenging, we intend to reassess and revise the levels. We also intend to share information about such tasks with care facilities and the relevant stakeholders, with the hope that it may provide them with useful insights.

3.3 Target of the survey

As stated in the previous section, we had two different groups of respondents for this study: candidates and the staff of the care facilities where those candidates were working. We surveyed 746 candidates from the Philippines, Indonesia, and Viet Nam. We initially wanted to focus on candidates who had been working in Japan for about a

year, but we eventually also included candidates who had worked in Japan for two to three years (see Table 3.3). We also surveyed the staff of 311 facilities where the abovementioned candidates were working. Each of these facilities had at least one candidate, and we received responses from one staff member from each facility. Japan has two different types of care facilities regulated by law: care facilities for the elderly and care facilities for people with disabilities. Candidates are eligible to work in both types of facilities so respondents from both types of facilities have been included as targets of this study.

3.4 Survey method

We created two different lists for this survey. List A consisted of 67 items categorized as Level K2a, while List B consisted of 52 items classified as Level K2b.

Candidates were requested to answer the following two questions for each item in lists A and/or B. First question for candidates (Qc1): Have you ever experienced this in the Japanese language? [yes / no]. Second question for candidates (Qc2): Can you do this in Japanese? [4 (yes), 3 (it is difficult but I can do it somehow), 2 (not really) or 1 (no)]. The lists were shown to candidates in English, Indonesian, or Vietnamese.

Similarly, staff members of facilities were requested to answer the following questions for each item in lists A and/or B. First question for staff (Qf1): Do you ask or have you asked candidates to perform this task using the Japanese language? [yes/no]. Second question for staff (Qf2): Is the candidate able to do this task using the Japanese language? [4 (yes), 3 (it is difficult but he/she can do it somehow), 2 (not really), or 1 (no)]. The lists were shown to staff in Japanese.

The aim of Qc1 and Qf1 is to make sure that each KCDS item is actually performed at facilities and to collect evidence to help decide which items should be retained in the KCDS and which should not. The aim of Qc2 and Qf2 is to assess the validity of the level (K2a or K2b) of each KCDS item based on candidates' self-evaluations (Qc2) and staff members' evaluations (Qf2).

We sent hard copies of all these questionnaires to the care facilities that participated in this study. Candidates and facility staff members were requested to send us back their answers by post or email. We encouraged them to send their responses for both lists. However, if they would have difficulty sending all their responses by the deadline, we asked them to prioritize sending back the responses for List A by the deadline.

Surveys were conducted in November and December 2018.

3.5 Results

3.5.1 Outline of respondents and facilities

Tables 3.1 to 3.6 describe the characteristics of respondents in this study. Columns 'List A', 'List B', and 'Both Lists' show the number of respondents who answered the questionnaire for List A, List B, or both lists, respectively. Table 3.7 shows the prefectures where the facilities are located. We received responses from 26 of the 47 prefectures in Japan.

Table 3.1: Number of Respondents

Type of respondent	List A	List B	Both Lists
Candidates	240	220	202
Facility staff	94	90	84

Table 3.2: Number of Candidate Respondents by Nationality

Nationality	List A	List B	Both Lists
Indonesian	83 (34.6%)	73 (33.2%)	68 (33.7%)
Filipino	87 (36.3%)	84 (38.2%)	77 (38.1%)
Vietnamese	62 (25.8%)	60 (27.3%)	55 (27.2%)
No data	8 (3.3%)	3 (1.4%)	2 (1.0%)
Total	240 (100%)	220 (100%)	202 (100%)

Table 3.3: Number of Candidate Respondents by the Fiscal Year when They Arrived in Japan

Fiscal year	List A	List B	Both Lists
2015/16	15 (06.3%)	13 (05.9%)	13 (06.4%)
2016/17	25 (10.4%)	23 (10.5%)	20 (09.9%)
2017/18	176 (73.3%)	168 (76.4%)	155 (76.7%)
2018/19	6 (02.5%)	3 (01.4%)	3 (01.5%)
No data	18 (07.5%)	13 (05.9%)	11 (05.4%)
Total	240 (100%)	220 (100%)	202 (100%)

Table 3.4: Number of Candidate Respondents by Sex

Sex	List A	List B	Both Lists
Male	37 (15.4%)	35 (15.9%)	31 (15.3%)
Female	186 (77.5%)	172 (78.2%)	160 (79.2%)
No data	17 (07.1%)	13 (05.9%)	11 (05.4%)
Total	240 (100%)	220 (100%)	202 (100%)

Table 3.5: Number of Candidate Respondents by Level of JLPT Taken

JLPT	List A	List B	Both Lists
N1	3 (01.3%)	4 (01.8%)	2 (01.0%)
N2	34 (14.2%)	36 (16.4%)	32 (15.8%)
N3	83 (34.6%)	73 (33.2%)	70 (34.7%)
N4	11 (04.6%)	9 (04.1%)	9 (04.5%)
N5	1 (0.4%)	1 (0.5%)	1 (0.5%)
Not taken	79 (32.9%)	71 (32.3%)	66 (32.7%)
No data	29 (12.1%)	26 (11.8%)	22 (10.9%)
Total	240 (100%)	220 (100%)	202 (100%)

Table 3.6: Number of Respondents by Type of Facility

Facilities	List A	List B	Both Lists
Care facility for the elderly	205 (85.4%)	191 (86.8%)	176 (87.1%)
Care facility for the disabled	16 (06.7%)	14 (06.4%)	13 (06.4%)
No data	19 (07.9%)	15 (06.8%)	13 (06.4%)
Total	240 (100%)	220 (100%)	202 (100%)

Table 3.7: Location of Facility

Prefecture
Aichi, Akita, Chiba, Ehime, Fukuoka, Gifu, Hiroshima, Hyogo, Ibaraki, Kagawa, Kanagawa, Nagano, Nara, Oita, Okayama, Osaka, Saitama, Shizuoka, Tochigi, Tokushima, Tokyo, Toyama, Wakayama, Yamagata, Yamaguchi, Yamanashi (26)

3.5.2 Results of Qc1 and Qf1

3.5.2.1 List A (KCDS K2a) items (JFS Level A2) (67 items)

First, we extracted the items for which 30% or more respondents answered 'No' to Qc1: Have you ever experienced this in the Japanese language? (candidates' answers) or Qf1: Do you ask or have you asked candidates to perform this task using the Japanese language? (facility staff's answers) so that we could review those items more carefully and decide whether those items would be retained in KCDS or not. A 'no' answer suggests that the activities mentioned in such items were not carried out by the candidates in the facilities participating in this study using the Japanese language, so it may be appropriate to exclude such items from the KCDS list.

There were 240 responses from candidates and 94 from staff. Non-responses were excluded when calculating the percentage for each item. The same rule was applied to other results.

Figure 3.1: KCDS K2a Items by Proportion of 'No' Responses to Qc1 (candidates)

Figure 3.2: KCDS K2a Items by Proportion of 'No' Responses to Qf1 (facility staff)

Figure 3.3: Scatter Plot of 'No' Response Rates by Candidates versus Staff

As shown in Figure 3.1, out of the 67 items in List A, four items received the response 'no' (have not experienced it) from more than 30% of the candidates. As shown in Figure 3.2, nine items received the response 'no' (have not asked candidates to do it) from more than 30% of staff. These nine items included all four items to which more than 30% of candidates responded 'no'. As shown in Figure 3.3, seven of these nine items (including the four overlapping items) were writing skills, while the remaining two items

were speaking skills. Items to which more than 30% of respondents answered 'no' are shown in the Tables 3.8 and 3.9.

Table 3.8: KCDS K2a Items that More than 30% of Candidates Answered 'No' (Have Not Experienced)

% answers 'No'	KCDS K2a		
	No.	Skill	Statements
30–40%	81	Writing	(37.8%) I can write staff handover notes related to changes in shifts, the time of visits by users' families, etc. in short simple sentences.
	82	Writing	(40.3%) I can write users' preferences and remarks about meals, seasoning, etc. in short simple sentences, for example, in care records.
	86	Writing	(31.1%) I can write, for example, the place where it occurred in a "*hiyarihatto*" report in short simple sentences when I nearly cause a user to fall over when moving him/her during the administration of body care if I receive help from staff.
	88	Writing	(34.8%) I can partly write an accident report, such as where it occurred, when I cause a user to fall over when moving him/her during the administration of body care if I receive help from staff.

Table 3.9: KCDS K2a Items that More than 30% of Facility Staff Answered 'No' (Have Not Asked Candidates to Do)

% answers 'No'	KCDS K2a		
	No.	Skill	Statements
30–40%	43	Speaking	(30.9%) I can ask staff questions about how to write a "hiyarihatto" report and understand a number of their simple answers.
	77	Writing	(39.8%) I can write a self-introduction in short simple sentences for a work newsletter, bulletin board, etc.
	86	Writing	(35.1%) I can write, for example, the place where it occurred in a "hiyarihatto" report in short simple sentences when I nearly cause a user to fall over when moving him/her during the administration of body care if I receive help from staff.
	88	Writing	(36.6%) I can partly write an accident report, such as where it occurred, when I cause a user to fall over when moving him/her during the administration of body care if I receive help from staff.
40–50%	78	Writing	(46.2%) I can write comments related to activities a user participated in(e.g. praise for a piece of work the user produced) in short simple sentences.
	79	Writing	(44.7%) I can write a staff handover message, for example, about a change in a user's bath day in short sentences on a whiteboard.
	81	Writing	(48.9%) I can write staff handover notes related to changes in shifts, the time of visits by users' families, etc. in short simple sentences.
	82	Writing	(40.4%) I can write users' preferences and remarks about meals, seasoning, etc. in short simple sentences, for example, in care records.

More than 50%	46	Speaking	(54.8%) I can ask a colleague or supervisor to check my usage of Japanese, content, format, etc. in order to make a notice, menu, or poster.

In addition, we identified items where staff and candidates' responses differed significantly for further observation. However, this did not directly affect the decision to include or exclude items from the KCDS list. One reason for the discrepancy may be problems with these items' descriptions, or a discrepancy between the perceptions of candidates and staff regarding the tasks mentioned in the list.

Fisher's exact test showed that candidates and staff differed significantly ($p < 0.05$) in their responses to the following items.

(i) Candidates were more likely than staff to answer 'yes' to item numbers 06, 11, 19, 23, 26, 45, 46, 77, 78, 79, 100, 110, 111, 112, and 113.

(ii) Candidates were more likely than staff to answer 'no' to item numbers 09, 64, and 80.

3.5.2.2 List B (KCDS K2b) items (equivalent to JFS Level B1) (52 items)

The same procedure was followed for items under List B; items to which more than 30% respondents answered 'no' were extracted.

Figure 3.4: KCDS K2b Items by Proportion of 'No' Responses to Qc1 (candidates)

23
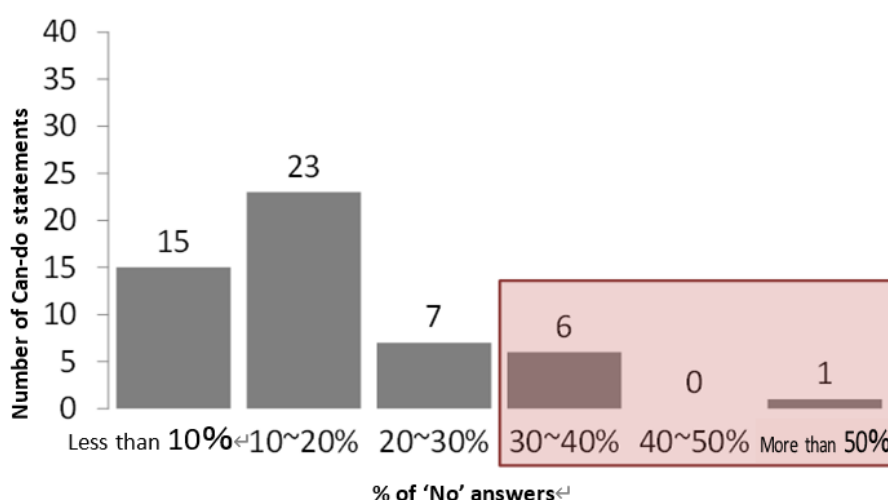
Figure 3.5: KCDS K2b Items by Proportion of 'No' Responses to Qf1 (facility staff)
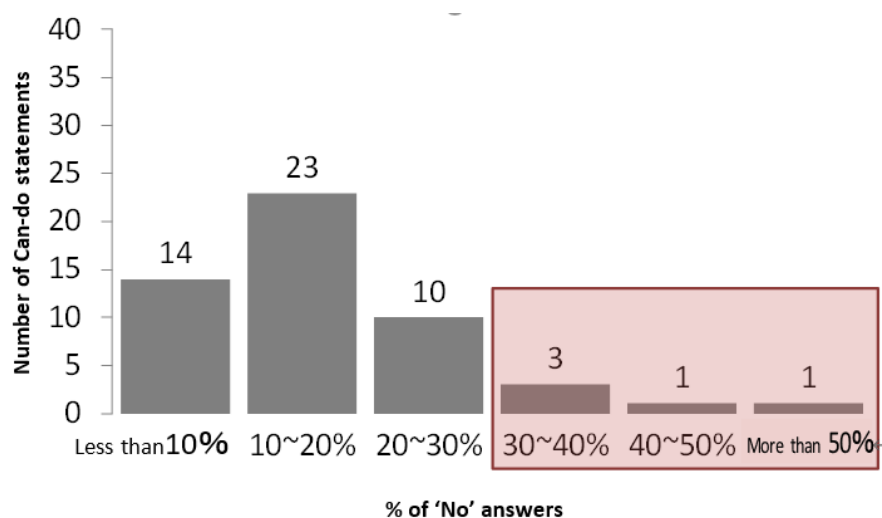
Figure 3.6: Scatter Plot of 'No' Response Rates by Candidates versus Staff
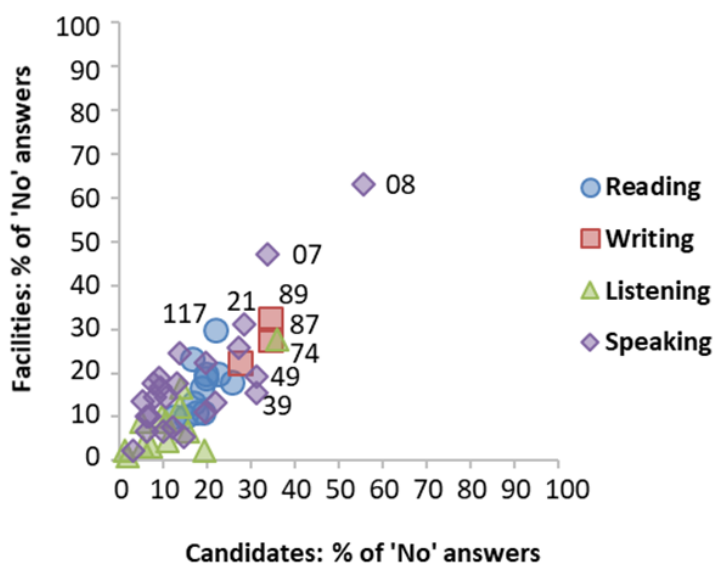
As shown in Figure 3.4, out of the 52 items in List B, seven items received the response 'no' (have not experienced it) from more than 30% of candidates, while Figure 3.5 shows that five items received the response 'no' (have not asked candidates to do it) from more than 30% of staff. Among them, three items overlapped with the items to more than 30% of candidates answered 'no'. For example, 55.7% of candidates and 62.9% of staff answered 'no' to item number 08. As shown in Figure 3.6, two items (numbers 07 and 08) to which a comparatively higher percentage of candidates and staff

responded 'no' are speaking skills. Items to which more than 30% of respondents answered 'no' are shown in Tables 3.10 and 3.11.

Table 3.10: KCDS K2b Items that More than 30% of Candidates Answered 'No' (Have Not Experienced)

% answers, 'No'	KCDS K2b		
	No.	Skill	Statements
30-40%	07	Speaking	(33.8%) I can explain in some detail a user's condition and how the facility respond to it when the user's family come to visit him/her.
	39	Speaking	(31.2%) I can make a well-organized oral report when handing over shift about, for example, the content of care, the condition of a user, a user's daily schedule, and so forth, and respond to anticipated questions, if you look at your notes.
	49	Speaking	(31.2%) I can explain the situation in some detail to staff and consult with them about how to respond when I hear a complaint from a user who has a mental illness, such as dementia, that "You stole my wallet" (delusion of theft).
	74	Listening	(35.9%) I can understand what a user says even if it includes particular old-fashioned words that older people use including "kawaya" or "emonkake", or short expressions using dialect including "azumashii" ("feeling good" in the Tohoku dialect).
	87	Writing	(34.4%) I can write in detail the circumstances in a "hiyarihatto" report when I cause a user to fall over when moving him/her during the administration of body care if I receive help from staff.
	89	Writing	(34.2%) I can write in detail the circumstances in an accident report when I cause a user to fall over when moving him/her during the administration of body care if I receive help from staff.
More than 50%	08	Speaking	(55.7%) I can explain in some detail the function of each room, how care is offered, etc.　when showing a user's family around the facilities.

Table 3.11: KCDS K2b Items that More than 30% of Facility Staff Answered 'No' (Have Not Asked Candidates to Do)

% answers, 'No'	KCDS K2b		
	No.	Skill	Statements
30-40%	21	Speaking	(31.1%) I can keep a conversation going about celebrities or famous people that a user likes while asking and answering questions in some detail.
	89	Writing	(32.2%) I can write in detail the circumstances in an accident report when I cause a user to fall over when moving him/her during the administration of body care if I receive help from staff.
	117	Reading	(30.0%) I can read instructions related to equipment and care products used when administering care (self-help devices, walkers, etc.), and understand without help information needed to carry out my work.

40-50%	07	Speaking	(47.2%) I can explain in some detail a user's condition and how the facility respond to it when the user's family come to visit him/her.
More than 50%	08	Speaking	(62.9%) I can explain in some detail the function of each room, how care is offered, etc. when showing a user's family around the facilities.

Just like for List A, we identified items regarding which staff and candidates' responses differed significantly. Fisher's exact test showed that candidates and staff differed significantly ($p < 0.05$) in their responses to the following items.

(i) Candidates were more likely than staff to answer 'yes' to items number 05, 07, 22, 24, and 27.

(ii) Candidates were more likely than staff to answer 'no' to item numbers 39, 48, 49, 54, and 65.

3.5.3 Results of Qc2 and Qf2

3.5.3.1 List A (KCDS K2a) items (JFS Level A2) (67 items)

To identify the items in List A (K2a), which are not suitable for K2a level or, in other words, are too challenging for LTC workers under the TITP program and who had been working for only one year and should instead be assigned to List B, we focused on the items to which many respondents answered 'cannot do' or 'not really' in response to Qc2: "Can you do this in Japanese?" and Qf2: "Is the candidate able to do this task using the Japanese language?"

(1) Respondents who answered 'cannot do'

Among the candidate surveys, none of the items received the response 'cannot do' for more than 2% of the responses. Among staff surveys, the highest percentage of 'cannot do' responses was 5.6%, which was received for two items (Table 3.12). Fisher's exact test showed no significant difference ($p < 0.05$) between the responses of candidates and staff.

Table 3.12: Items with the Highest Percentage of 'Cannot Do' Responses by Staff

| % answers 'cannot do' | | KCDS K2a | | |
Facilities	Candidates	No.	Skill	Statements
5.6	0.8	82	Writing	I can write users' preferences and remarks about meals, seasoning, etc. in short simple sentences, for example, in care records.
5.6	1.6	115	Reading	I can read documents containing informations about facility users ("face sheets"), and find informations needed to carry out my work, such as basic user informations, user preferences, etc.

(2) Respondents who answered 'cannot do' or 'not really'

Next, we grouped together 'cannot do' and 'not really' responses as negative responses because items that received these responses could be considered difficult for candidates to perform using the Japanese language. Table 3.13 shows two items for which more than 30% of staff responded 'cannot do' or 'not really'. Among the candidate surveys, none of the items received more than 30% combined 'cannot do' and 'not really' responses.

Similar to the aforementioned analyses, we also examined the gap between the negative responses ('cannot do' or 'not really') of the candidates and staff. Fisher's exact test showed that staff were significantly more likely ($p < 0.05$) than candidates to provide negative responses to item numbers 06, 10, 11, 20, 31, 43, 45, 46, 70, 71, 75, 79, 80, 81, 82, 83, 84, 93, 100, 108, 110, 111, 112, and 115. No significant differences between the responses of candidates and staff were found for other items, but the percentage values of negative responses by staff were higher than candidates for all items. This suggests that for all items, even if candidates themselves considered that they could do the task, it is highly likely that staff considered that the candidates could not accomplish the task or at least could not perform it very well.

Table 3.13: Items for which More than 30% of Respondents Answered 'Cannot Do' or 'Not Really'

| % answers 'cannot do' or 'not really' | | KCDS K2a | | |
Facilities	Candidates	No.	Skill	Statements
34.0	9.4	81	Writing	I can write staff handover notes related to changes in shifts, the time of visits by users' families, etc. in short simple sentences.
32.4	13.6	115	Reading	I can read documents containing information about facility users ("face sheets"), and find information needed to carry out my work, such as basic user information, user preferences, etc.

Figure 3.7: Scatter Plot of Response Rates for 'Cannot Do' and 'Not Really' by Candidates and Staff
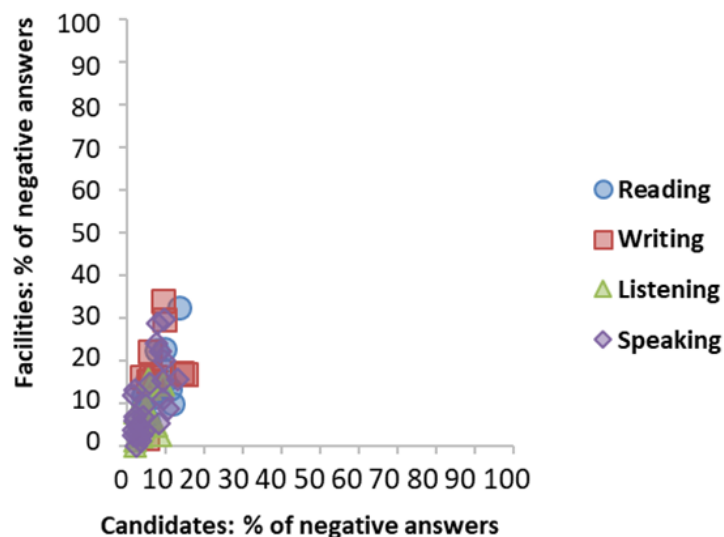
3.5.3.2 List B (KCDS K2b) items (JFS Level B1) (52 items)

In contrast to the analyses for List A items, we tried to identify items in List B (KCDS K2b) to which many respondents provided positive responses, i.e., 'can do' or 'difficult but can do it somehow'. Such responses may be considered to indicate that the item is too easy to be categorized under K2b and could be downgraded from the level of K2b to K2a.

(1) Respondents who answered 'can do'

Table 3.14 shows the items to which more than half of all respondents—both candidates and staff—answered 'can do'. Items shown in Table 3.15 are the ones to which more than half of candidates answered 'can do' but less than half of staff also responded 'can do'. Table 3.16 shows the items to which more than half of staff answered 'can do' but less than half of candidates also responded 'can do'.

Table 3.14: Items to which More than 50% of Candidates and Staff Responded 'Can Do'

% answers 'can do'		KCDS K2b		
Facilities	Candidates	No.	Skill	Statements

55.6	51.4	03	Speaking	I can give a well-organized description of my country, hometown, etc. to staff and users if preparations are made in advance.
51.0	53.8	33	Speaking	I can talk to staff or ask them questions in some detail about hobbies and free time activities.
52.2	65.1	50	Speaking	I can check details of the work and receive directions when I give physical assistance (eating, bathing, excretion, etc.) in collaboration with several staff members.
63.0	57.6	61	Listening	I can listen to a member of staff's explanation and understand important points of and how to use care products, including diapers, while being shown these.
55.5	52.9	67	Listening	I can listen to and understand a member of staff's instructions and important points about physical assistance (eating, bathing, excrement, etc.) tailored to the user's condition.

Table 3.15: Items to which More than 50% of Candidates and Less than 50% of Staff Responded 'Can Do'

% answers 'can do'		KCDS K2b		
Facilities	Candidates	No.	Skill	Statements
31.6	50.0	24	Speaking	I can keep a conversation going when chatting with a user about his/her family, etc. while watching his/her reactions.
45.9	51.0	56	Listening	I can listen to and understand a member of staff's explanation of points to be careful of and how to use tools or equipments necessary for physical assistance, such as bathing equipment, while being shown these.
48.1	50.8	69	Listening	I can listen to and understand a member of staff's instructions and important points related to a user's medicine.
28.4	50.0	73	Listening	I can listen to and understand what a user with dementia says, including "I want to go home" or "my stuff was stolen" while checking my understanding.

Table 3.16: Items to which More than 50% of Staff and Less than 50% of Candidates Answered 'Can Do'

% answers 'can do'		KCDS K2b		
Facilities	Candidates	No.	Skill	Statements
60.0	39.3	05	Speaking	I can explain customs in some detail that relate to my religion, such as special clothes, fasting, prayers, etc.
53.5	41.9	51	Speaking	I can check details of the work and receive instructions in order to prepare seasonal or other events with staff.

We identified items for which there were significant gaps between candidates' and staff members' responses. Fisher's exact test showed that candidates were significantly more likely ($p<0.05$) than staff to respond 'can do' to item numbers 07, 08, 22, 24, 25, 27, 37, 39, 42, 55, 72, 73, 74, 85, 99, 101, 103, 105, 107, 109, 117, and 119, while staff were significantly more likely ($p<0.05$) than candidates to respond 'can do' to only item number 05. Item number 05 concerns speaking about religious restrictions and customs (Table 3.16).

(2) Respondents who answered 'can do' or 'difficult but can do it somehow'

Next, we grouped together 'can do' and 'difficult but can do it somehow' responses as positive responses. Over 50% of all candidates responded positively for all items and over 90% responded positively to 20 out of 52 items. Meanwhile, 49 items received positive responses from over 50% of staff and 11 items received positive responses from over 90% of staff. Table 3.17 shows items to which more than 90% of both candidates and staff responded positively. These items will be included in the list of items to be considered for level adjustment.

We also checked the gap between the positive responses of candidates and staff. Fisher's exact test showed that candidates were significantly more likely ($p < 0.05$) than staff to provide positive responses to item numbers 07, 08, 22, 24, 25, 27, 37, 42, 47, 49, 55, 59, 72, 73, 74, 85, 87, 94, 99, 101, 103, 105, 107, 109, 117, and 119. No significant difference between the rate of positive responses of candidates and staff was found for other items. However, for all items, more candidates provided positive responses than staff.

Table 3.17: Items to which More than 90% of Both Candidates and Staff Responded 'Can Do' or 'Difficult but Can Do It Somehow'

% answers 'can do' or 'difficult but can do it somehow'		KCDS K2b		
Facilities	Candidates	No.	Skill	Statements
95.9	98.6	03	Speaking	I can give a well-organized description of my country, hometown, etc. to staff and users if preparations are made in advance.
95.6	95.4	05	Speaking	I can explain customs in some detail that relate to my religion, such as special clothes, fasting, prayers, etc.
94.1	90.0	33	Speaking	I can talk to staff or ask them questions in some detail about hobbies and free time activities.
92.0	93.8	35	Speaking	I can communicate with staff in some detail about each other's experiences.
94.7	98.8	50	Speaking	I can check details of the work and receive directions when I give physical assistance (eating, bathing, excretion, etc.) in collaboration with several staff members.
96.0	96.5	56	Listening	I can listen to and understand a member of staff's explanation of points to be careful of and how to use tools or equipments necessary for physical assistance, such as bathing equipment, while being shown these.
98.1	98.8	61	Listening	I can listen to a member of staff's explanation and understand important points of and how to use care products, including diapers, while being shown these.
96.7	97.6	67	Listening	I can listen to and understand a member of staff's instructions and important points about physical assistance (eating, bathing, excrement, etc.) tailored to the user's condition.
93.2	93.7	69	Listening	I can listen to and understand a member of staff's instructions and important points related to a user's medicine.

Figure 3.8: Scatter Plot of Positive-Response Rates by Candidates versus Staff
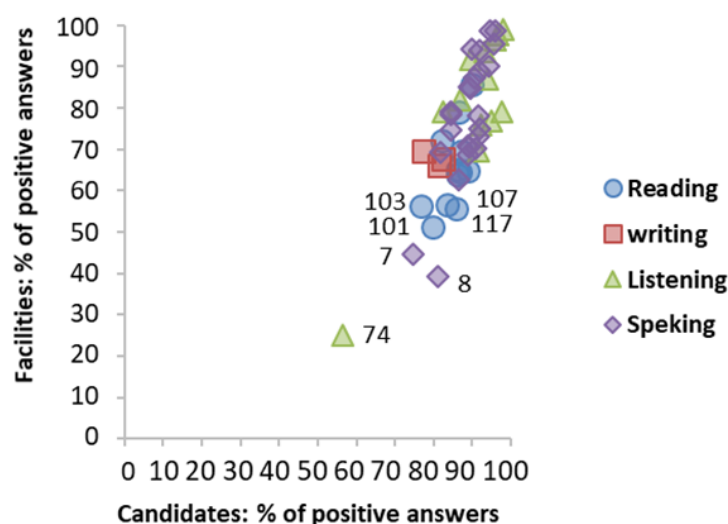
3.6. Suggestions for the further development of the KCDS

As a result of this verification study, we have confirmed that most KCDS items are consistent with the practices of care facilities in Japan, and the levels of K2a and K2b are mostly valid, except for some items that may require further discussion regarding exclusion, level adjustment, etc. We classified such items into four categories. The first two categories are related to the results described in section 3.5.2, and we have provided suggestions for the inclusion or exclusion of these KCDS items. The latter two categories reflect the result of the analyses mentioned in section 3.5.3, and we have provided suggestions for the level adjustment of these KCDS items (i.e., from K2a to K2b, or vice versa).

1) Items for which a relatively high percentage of both candidates and staff responded 'no' to Qc1: "Have you ever experienced this in the Japanese language?" and Qf1: "Do you ask or have you asked candidates to perform this task using the Japanese language?"

As described in section 3.5.2, four items from List A (K2a) and three items from List B (K2b) fall under this category. This suggests that the tasks described in these items were not practiced by candidates at several care facilities. In the case of item number 08,

more than half of both candidates and staff responded 'no'. Further observational studies at LTC sites and further discussion based on evidence are required to decide whether or not these items should be retained or excluded from the list.

2) Items for which there were significantly different responses between candidates and staff for Qc1 and Qf1

As discussed in section 3.5.2, candidates and staff differed significantly in the rate of their 'no' responses to Qc1 and Qf1 for some items. Several reasons are possible. For one, the description of KCDS items may not reflect the on-site practices at LTCs. To avoid this discrepancy, more deliberate observational studies will have to be done to review and further develop the KCDS.

This discrepancy may also serve as useful feedback for improving LTC services. For example, items for which candidates were more likely than staff to answer 'yes' (have experienced it) were mostly related to interactions with users at care facilities. This may indicate that candidates had more opportunities to communicate with users than the staff assumed. Also, items for which staff were more likely than candidates to answer 'yes' (have asked candidates to do it) were mostly related to interactions between candidates and staff. This may indicate that candidates were not able to understand the instructions of staff very well, nor were candidates able to consult staff as expected.

3) Items to which a relatively high percentage of respondents provided negative responses to Qc2: "Can you do this in Japanese?" and Qf2: "Is the candidate able to do this task using the Japanese language?" for List A (K2a) or positive responses to Qc2 and Qf2 for List B (K2b)

As described in section 3.5.3, there were no items in List A for which most of the respondents answered 'cannot' or 'not really', while only five items in List B received 'can do' responses by more than half of both candidate and staff respondents. It can be concluded that the levels of KCDS items (K2a and K2b) were mostly valid except for the five items in List B mentioned above. These five items require further observational studies on site, adjustments to their descriptions in the KCDS, and/or a reconsideration

of the validity of their level and discussion of the possibility of downgrading them from K2b to K2a.

4) Items for which there were significantly different responses between candidates and staff for Qc2 and Qf2

There were many items for which there were significant gaps between candidates' and staff members' responses. Considering that candidates were more likely to provide positive responses than staff for most items, it can be suggested that even if candidates themselves considered that they could do the task, they may not be able to accomplish it as staff expects.

Further observational studies on site are encouraged to find out (i) why staff were more likely than candidates to provide negative responses and (ii) the extent to which staff expect candidates to perform their tasks. Such studies may bridge the gap between the perceptions of candidates and the expectations of staff, as well as contribute to the development of guidelines for Japanese language education for LTC workers under the TITP program before they start to work on site.

References

Council of Europe (2001). *Common European Framework of Reference for Languages: Learning, Teaching, Assessment*. Cambridge: Cambridge University Press.

Japan Foundation (2010), *JF Standard for Japanese-Language Education 2010*. Saitama: The Japan Foundation. https://jfstandard.jp/pdf/jfs2010_all_en.pdf (accessed 3 July 2021).

Chapter 4

The Japanese Language Can-do Statements for Care
(KCDS): Complete Version

After the verification study examining the validity and appropriateness of the contents and under the KCDS original version as described in the previous chapter, we proceeded to develop the KCDS complete version.

4.1. Basic principle for developing the KCDS complete version

As a basic principle, we deferred to the assessment of CCW candidates under EPA programs (hereafter, "candidates") of their own abilities and retained the KCDS items to which most candidates experienced during the verification study.

4.2. Items to which candidates and staff responded differently

We found the candidates were more likely than staff to answer "Yes (have experienced)" than facility staffs to the items thar contained the tasks that the candidates enthusiastically carried out, as well as tasks involving onomatopoeic words and/or words from local dialects in the categories of "speaking and listening skills." We concluded that the communication between candidates and staff or clients had not been well established. So rather than removing or revising these items because of low rate of experienced by candidates, we suggest retaining them so that local languages and dialects could be included in Japanese language programs for foreign care workers could be facilitated to make smooth communication between them.

4.3. Removed items

We found several items unsuitable for the KCDS complete version. At first, item number 8 (I can explain about the function of each room and the method of assistance in some detail when I show a user's family around the facility.) was discarded because majority of both candidates and staff answered 'No' (Have Not Experienced) to Qc1 and

Qf1, as stated in the previous chapter. Item number 32 (I can talk to the staff about hobbies and things during spare time in short and simple words.) was also deleted as we concluded it was a part of basic communication and not a Japanese language skill specific to care work.

4.4. Level adjustment: K2a or K2b

Language education usually starts with simple vocabulary and grammar, before proceeding to advanced levels which require more difficult words and phrases, as well as more complicated grammar. In practice, however, the difficulty of LTC tasks do not necessarily correlate to required language levels, to perform the task, i.e., some tasks may not require advanced care skills but require advanced language skills. To bridge this gap, we decided to divide such tasks into two levels: K2a level and K2b level. K2b refers to the level at which LTC workers under the TITP program can perform the stated tasks independently, and are therefore prepared for their second training (i.e., *de facto* working) year.

We also adjusted the level assignments based on the results of observational surveys at LTC facilities. This is because we found that some tasks designated K2b were sometimes taught to foreign care workers earlier than some tasks designated K2a, depending on the required care work skills rather than language skills.

As for how KCDS items are listed, unlike the KCDS original version shown in Appendixes 1 and 2, we decided to present the K2a and K2b lists separately so that KCDS users can easily develop Japanese language tests and curricula for care workers from beginner to advanced level. We believe listing KCDS items in this way make them as supporters of foreign care workers friendly as possible. The complete version of the KCDS' K2a List, which includes 68 items (Table 4.1), and K2b List, which includes 46 items (Table 4.2), are shown below.

Table 4.1: Japanese Language Can-do Statements for Care Based on the JF Standard for Japanese-Language Education
: Language Education for the Development of New Japanese Language Proficiency Tests Focused on Japanese Communication Skills Used at Nursing Care (KCDS)

Level K2a

No.	Language Skill	Japanese Language Can-do Statements for Care	Topic/ Setting	Object/ Interaction Partner	Category	Type of Language Activity
1	Speaking	I can talk in short, simple terms about where my family and I live, what we do, etc. when introducing myself to staff for the first time.	Self-introduction	Staff	Taking part in social communication	Interactive activities (Oral)
2	Speaking	I can ask and answer questions with staff and users about special customs of Japan and my country.	Self-introduction	Users・staff	Taking part in social communication	Interactive activities (Oral)
3	Speaking	I can describe my country, hometown, etc. to staff and users if preparations are made in advance.	Self-introduction	Users・staff	Taking part in social communication	Interactive activities (Oral)
4	Speaking	I can talk in short simple, terms about things I cannot eat due to religious reasons, allergies, etc. when eating with staff.	Self-introduction	Staff	Taking part in social communication	Interactive activities (Oral)
5	Speaking	I can say basic greetings, and ask and answer questions in short simple terms when meeting a user's family.	Responding to user's family	Users' families	Taking part in social communication	Interactive activities (Oral)
6	Speaking	I can apologise and give reason to staff in short simple terms when I am late, cannot keep a promise, etc..	Business correspondence	Staff	Taking part in communication related to duties	Interactive activities (Oral)
7	Speaking	I can use conversational responses such as "ee" and "soudesuka?" to show sympathy and understanding when chatting with a user or listening to his or her family.	Chat	Users	Taking part in empathic communication with users	Interactive activities (Oral)
8	Speaking	I can talk to a user about pace of walking, timing of transfer from one place to another, etc. in short, simple terms when assisting him/her to move.	Physical assistance/ Moving assistance	Users	Talking to users	Productive activities (Speaking)
9	Speaking	I can talk to a user about his or her physical condition, the temperature of the water, etc. in short simple, terms when assisting with bathing.	Physical assistance/ Bathing assistance	Users	Talking to users	Productive activities (Speaking)
10	Speaking	I can talk to a user about the method and procedure in short, simple terms when assisting with excretion.	Physical assistance /Toilet assistance	Users	Talking to users	Productive activities (Speaking)
11	Speaking	I can talk to a user about the contents of the menu and ingredients of food and drink in short, simple terms when assisting with eating.	Physical assistance/ Eating assistance	Users	Talking to users	Productive activities (Speaking)
12	Speaking	I can talk to a user in short simple terms about the method or procedure when getting him/her ready, including putting on and taking off clothes, grooming, oral care, etc., or checking his/her physical condition	Physical assistance	Users	Talking to users	Productive activities (Speaking)
13	Speaking	I can talk to a user in short, simple terms, including "daijoubudesuka", "isshouni ~shimashou, etc. when he/she is in trouble or doesn't look well.	General assistance	Users	Talking to users	Productive activities (Speaking)
14	Speaking	I can talk to a user about the weather in short, simple terms, including "Kyoo wa iitenki desune" when greeting a user.	Chat	Users	Taking part in empathic communication with users	Interactive activities (Oral)
15	Speaking	I can show my understanding what a user talk about celebrities or famous people that he/she likes.	Chat	Users	Taking part in empathic communication with users	Interactive activities (Oral)

16	Speaking	I can comment, and ask, or answer questions when chatting with a user about such as daily life and family, etc. while watching his/her reactions.	Chat	Users	Taking part in empathic communication with users	Interactive activities (Oral)
17	Speaking	I can show my understanding by giving conversational responses when listening to a user's experience, etc.	Chat	Users	Taking part in empathic communication with users	Interactive activities (Oral)
18	Speaking	I can show my understanding while making conversational responses to a user's various speech styles including his/her use of the plain form (informal form).	Chat	Users	Taking part in empathic communication with users	Interactive activities (Oral)
19	Speaking	I can praise or ask questions in short, simple terms including sutekina ~ desunewhen I see a user's belongings.	Bathing assistance	Users	Taking part in empathic communication with users	Interactive activities (Oral)
20	Speaking	I can talk to staff or ask them questions about hobbies and free time activities.	Chat	Staff	Interacting in informal situations	Interactive activities (Oral)
21	Speaking	I can talk to staff, or ask them questions about one another's experiences in short simple terms.	Chat	Staff	Interacting in informal situations	Interactive activities (Oral)
22	Speaking	I can confirm what a user wants, answering, for example, wakarimashita. ~desune' when a user says "'~ga hoshii".	General assistance	Users	Listening to users' requests and complaints	Interactive activities (Oral)
23	Speaking	I can explain the day's schedule in short sentences if I refer to a memo when, for example, handing over shifts.	Business correspondence /Handing over	Staff	Taking part in communication related to duties	Interactive activities (Oral)
24	Speaking	I can explain that a user's condition is the same as usual in short sentences when, for example, handing over shifts.	Business correspondence /Handing over	Staff	Taking part in communication related to duties	Productive activities (Speaking)
25	Speaking	I can ask staff questions about how to write a "hiyarihatto" report and understand a number of their simple answers.	Business correspondence	Staff	Taking part in communication related to duties	Interactive activities (Oral)
26	Speaking	I can tell staff the contents in short simple terms and ask them to check my Japanese in order to write care records.	Request for assistance related to duties	Staff	Taking part in communication related to duties	Interactive activities (Oral)
27	Speaking	I can ask a colleague or supervisor to check my usage of Japanese, content, format, etc. in order to make a notice, menu, or poster.	Request for assistance related to duties	Staff	Taking part in communication related to duties	Interactive activities (Oral)
28	Speaking	I can check the work and receive directions when I give physical assistance (eating, bathing, excretion, etc.) in collaboration with several staff members.	Physical assistance	Staff	Interacting during cooperative work	Interactive activities (Oral)
29	Listening	I can listen to a member of staff talking about a user's life in the facility and understand some of the information if spoken slowly and clearly.	Business correspondence	Staff	Taking part in communication related to duties	Receptive activities (Listening)
30	Listening	I can listen to a member of staff talking about the condition of a user and how to respond to it, and understand most information if spoken slowly and clearly.	Business correspondence	Staff	Taking part in communication related to duties	Receptive activities (Listening)
31	Listening	I can listen to and understand short explanations of the starting time and the content of recreation if the announcement is pronounced clearly.	Business correspondence	Announcement	Listening to announcements	Receptive activities (Listening)
32	Listening	I can listen to and understand an announcement from facility staff if the announcement is pronounced clearly.	Business correspondence	Announcement	Listening to announcements	Receptive activities (Listening)
33	Listening	I can listen to a member of staff's explanation and mostly understand important points of and how to use care products, including diapers, while being shown these.	General assistance	Staff	Taking part in communication related to duties	Receptive activities (Listening)
34	Listening	I can listen to a member of staff and mostly understand a simple explanation and important points about care records while being shown these, if explained slowly and clearly.	General assistance	Staff	Listening to staff's instructions and explanations	Receptive activities (Listening)

35	Listening	I can mostly understand how to serve care food and Japanese tea (green tea, hojicha roasted green tea, genmaicha tea with roasted rice, etc.) by being shown and other important points for service, if spoken slowly and clearly.	Physical assistance/ Eating assistance	Staff	Listening to staff's instructions and explanations	Receptive Activities (Listening)
36	Listening	I can listen to and mostly understand a member of staff's instructions and important points about physical assistance (eating, bathing, excrement, etc.) tailored to the user's condition.	General assistance	Staff	Listening to staff's instructions and explanations	Receptive activities (Listening)
37	Listening	I can listen to and understand a member of staff's instructions and important points related to a user's medicine if spoken slowly and clearly.	Physical assistance /Assistance taking medicine	Staff	Listening to staff's instructions and explanations	Receptive activities (Listening)
38	Listening	I can listen to and understand a user's complaints using words related to body parts including my stomach hurts in a care situation.	General assistance	Users	Listening to users' requests and complaints	Receptive Activities (Listening)
39	Listening	I can listen to and understand a user's requests including I want to go home in a care situation.	General assistance	Users	Listening to users' requests and complaints	Receptive activities (Listening)
40	Listening	I can listen to and understand a short report about a user's condition, when handing over shifts.	Business correspondence /Handing over	Staff	Taking part in communication related to duties	Receptive activities (Listening)
41	Writing	I can write a self-introduction in short simple sentences for a work newsletter, bulletin board, etc.	Self-introduction	Handouts・Notices	Writing greetings	Productive activities (Writing)
42	Writing	I can write comments related to activities a user participated in (e.g. praise for a piece of work the user produced) in short simple sentences.	Business correspondence	Memos・Cards	Writing short notes or cards	Productive activities (Writing)
43	Writing	I can write a staff handover message, for example, about a change in a user's bath day in short sentences on a whiteboard.	Business correspondence	Memos・Cards	Writing short notes or cards	Productive activities (Writing)
44	Writing	I can write , for example, leave preferences in short simple sentences on application forms , office paperwork (forms and documents) at the work place, etc.	Business correspondence	Application for leave	Writing documents related to duties	Productive activities (Writing)
45	Writing	I can write staff handover notes related to changes in shifts, the time of visits by users' families, etc. in short simple sentences.	Business correspondence	Correspondence notebooks	Writing documents related to duties	Productive activities (Writing)
46	Writing	I can write users' preferences and remarks about meals, seasoning, etc. in short simple sentences, for example, in care records.	Business correspondence	Care recording	Writing documents related to duties	Productive activities (Writing)
47	Writing	I can write the required information about bathing, excretion, etc. in checklists, remarks columns, etc.	Business correspondence	Care recording	Writing documents related to duties	Productive activities (Writing)
48	Writing	I can write , for example, the work I did in a daily report (record of personal reflections) in short simple sentences.	Business correspondence	Care recording	Writing documents related to duties	Productive activities (Writing)
49	Writing	I can write, for example, the place where it occurred in a "'hiyarihatto'" report in short simple sentences when I nearly cause a user to fall over when moving him/her during the administration of body care if I receive help from staff.	Business correspondence	Reports	Writing documents related to duties	Productive activities (Writing)
50	Writing	I can write an accident report using short fixed expressions, such as where it occurred, when I cause a user to fall over when moving him/her during the administration of body care if I receive help from staff.	Business correspondence	Reports	Writing documents related to duties	Productive activities (Writing)
51	Reading	I can read short texts, including e-mails from staff and text messages, for example, about changes in work ing time, and understand necessary information, such as announcements about work.	Business correspondence	Emails・SNSs	Interacting by letter or email	Receptive activities (Reading)
52	Reading	I can read short sentences on the package of a product, and find informations needed to carry out my work, such as its usage, size, handling, etc., if illustrations help.	General assistance	Descriptions	Finding out essential information	Receptive activities (Reading)

53	Reading	I can read a short simple explanation in a manual related to currently prevalent infectious diseases, and understand necessary informations, such as the procedure for washing hands and disposing of vomit, if a member of staff helps me by explaining unknown words.	General assistance	Manuals	Reading essential information	Receptive activities (Reading)
54	Reading	I can read care records and understand informations needed to carry out my work, concerning user's health conditions if a member of staff helps me by explaining unknown words.	Business correspondence	Care recording	Reading essential information	Receptive activities (Reading)
55	Reading	I can read care records, and understand information needed to carry out my work, such as a user's food preferences (likes and dislikes of food, seasoning, etc.) if a member of staff helps me by explaining unknown words.	Business correspondence	Care recording	Reading essential information	Receptive activities (Reading)
56	Reading	I can read an accident report and understand necessary informations if a member of staff helps me by explaining unknown words.	Business correspondence	Reports	Reading essential information	Receptive activities (Reading)
57	Reading	I can read the "hiyarihatto" report and understand necessary informations if a member of staff helps me by explaining unknown words.	Business correspondence	Reports	Reading essential information	Receptive activities (Reading)
58	Reading	I can read a memo written on a whiteboard, and more or less understand its contents if a member of staff helps me by explaining unknown words.	Business correspondence	Memos・Cards	Reading essential information	Receptive activities (Reading)
59	Reading	I can read notices from the facility about social events, staff training, etc. and understand necessary information , such as work announcements, duties, etc. if a member of staff helps me by explaining unknown words.	Business correspondence	Handouts	Finding out essential information	Receptive activities (Reding)
60	Reading	I can read notes and find necessary information such as work announcements, duties, etc. if a member of staff explains words I do not know.	Business correspondence	Correspondence notebooks	Finding out essential information	Receptive activities (Reading)
61	Reading	I can read short sentences on medicine packaging and in its directions, and find necessary information, such as medicine type (pills, nose drops, etc.), usage, etc. if a member of staff helps me by explaining unknown words.	General assistance	Descriptions	Finding out essential information	Receptive activities (Reading)
62	Reading	I can look at a bulletin board showing the illustration about emergency evacuation, and find necessary information, such as evacuation route, points to be careful of, etc.	Business correspondence	Notices	Finding out essential information	Receptive activities (Reading)
63	Reading	I can read simple explanations, or look at illustrations and understand important points when separating and throwing away medical waste, used diapers, etc., and find information needed to carry out my work.	Business correspondence	Notices	Finding out essential information	Receptive activities (Reading)
64	Reading	I can read simple explanations, or look at illustrations and understand simple instructions containing points to be careful about, for example, in order to avoid accidents when bathing, on posters displayed in the facility.	Business correspondence	Notices	Reading essential information	Receptive activities (Reading)
65	Reading	I can read simple explanations, or look at illustrations and understand simple instructions containing points to be careful for visitors (such as how to wash hands) on posters displayed in the facility.	Business correspondence	Notices	Reading essential information	Receptive activities (Reading)
66	Reading	I can read documents containing information about facility users (face sheets), and find information needed to carry out my work, such as basic user information, user preferences, etc..	Business correspondence	Care recording	Finding out essential information	Receptive activities (Reading)
67	Reading	I can read instructions related to equipment and care products used when administering care (self-help devices, walkers, etc.), and understand information needed to carry out my work if a member of staff helps me by explaining unknown words.	General assistance	Descriptions	Reading essential information	Receptive activities (Reading)
68	Reading	I can read instructions for equipment used for back of house work, such as washing machines and vacuum cleaners, and understand information needed to carry out my work if a member of staff helps me by explaining unknown words.	General assistance	Descriptions	Reading essential information	Receptive activities (Reading)

K2a = Lower level KCDS equivalent to A2 level as defined by JF Standard, KCDS = Japanese Language 'Can-do' Statements for Care Work
Note: Hiyarihatto literally means 'near miss' or close call. It refers to incidents where an accident almost occurred.
Source: Authors.

Table 4.2: Japanese Language Can-do Statements for Care Based on the JF Standard for Japanese-Language Education: Language Education for the Development of New Japanese Language Proficiency Tests Focused on Japanese Communication Skills Used at Nursing Care (KCDS),

Level K2b

No.	Language skill	Japanese Language Can-do Statements for Care	Topic/ Setting	Object/ Interaction Partner	Category	Types of LanguageActivity
1	Speaking	I can explain customs in some detail that relate to my religion, such as special clothes, fasting, prayers, etc.	Self- introduction	Users・staff	Taking part in social communication	Interactive activities (Oral)
2	Speaking	I can explain in some detail a user's condition and how the facility respond to it when the user's family come to visit him/her.	Responding to user's family	Users' families	Taking part in communication related to duties	Interactive activities (Oral)
3	Speaking	I can explain to a user what he/she will do during a recreation activity or event if I can look at printed material, such as a memo, program, etc..	Business correspondence	Users	Communicating with users	Interactive activities (Oral)
4	Speaking	I can talk to a user who is in trouble or doesn't look well and keep the conversation going understanding his/her responses.	General assistance	Users	Taking part in empathic communication with users	Interactive activities(Oral)
5	Speaking	I can keep a conversation going about celebrities or famous people that a user likes, while asking and answering questions in some detail.	Chat	Users	Taking part in empathic communication with users	Interactive activities (Oral)
6	Speaking	I can keep a conversation going about familiar topics including a user's hobbies and past job experiences while asking and answering questions in some detail.	Chat	Users	Taking part in empathic communication with users	Interactive activities (Oral)
7	Speaking	I can listen to a user showing sympathy and understand what he/she talk about his/her memories of past days, trouble with interpersonal relationships, etc.	Chat	Users	Taking part in empathic communication with users	Interactive activities (Oral)
8	Speaking	I can keep a conversation going about, for example, his/her and my own experiences while asking and answering questions in some detail.	Chat	Users	Taking part in empathic communication with users	Interactive activities (Oral)
9	Speaking	I can talk with a user in some detail about impressions and feelings after a festival or an event.	Chat	Users	Taking part in empathic communication with users	Interactive activities (Oral)
10	Speaking	I can keep a conversation going while asking questions when a user talks in various speech styles.	Chat	Users	Taking part in empathic communication with users	Interactive activities (Oral)
11	Speaking	I can communicate with staff in some detail about each other's experiences.	Chat	Staff	Interacting in informal situations	Interactive activities (Oral)
12	Speaking	I can listen to a user and understand what he/she wants his/her family to do, and keep the conversation going to respond to it.	General assistance	Users	Listening to users' requests and complaints	Interactive activities (Oral)
13	Speaking	I can make a well-organized oral report when handing over shift about, for example, the content of care, the condition of a user, a user's daily schedule, etc., and respond to anticipated questions, if you look at your notes.	Business correspondence /Handing over	Staff	Taking part in communication related to duties	Interactive activities (Oral)
14	Speaking	I can report essential information and consult with staff when handing over shift about the response when a user seems not to be the same as usual.	Business correspondence /Handing over	Staff	Taking part in communication related to duties	Productive activities (Speaking)
15	Speaking	I can precisely answer questions from staff about a 's condition (e.g., where hurts and how much it hurts) using short phrases and words that include onomatopoeia.	Business correspondence	Staff	Taking part in communication related to duties	Interactive activities (Oral)

16	Speaking	I can understand general work duties (physical assistance, associated duties, records, etc.) while asking questions to staff and checking understanding.	General assistance	Staff	Taking part in communication related to duties	Interactive activities (Oral)
17	Speaking	I can explain to staff or the facility director my current situation and plans for learning the Japanese necessary for my duties, and consult with them about.	Assistance related to duties	Staff	Taking part in communication related to duties	Interactive activities (Oral)
18	Speaking	I can explain to staff in some detail the situation and your feelings, and try to come up with a solution, when a problem occurs at work or in my life.	Assistance related to duties	Staff	Taking part in communication related to duties	Interactive activities (Oral)
19	Speaking	I can explain the situation in some detail to staff and consult with them about how to respond when I hear a complaint from a user who has a mental illness, such as dementia, that "You stole my wallet" (delusion of theft).	Assistance related to duties	Staff	Taking part in communication related to duties	Interactive activities (Oral)
20	Speaking	I can check details of the work and receive instructions in order to prepare seasonal or other events with staff.	Business correspondence	Staff	Interacting during cooperative work	Interactive activities (Oral)
21	Listening	I can listen to a member of staff talking about the name of disease and the condition and how to respond to it, and understand detailed information necessary for his/her care.	Business correspondence	Staff	Taking part in communication related to duties	Receptive activities (Listening)
22	Listening	I canlisten to and understand a member of staff's explanation using onomatopoeia, including "'His heart is beating *doki-doki* (*loudly*), and know the health condition	Business correspondence	Staff	Taking part in communication related to duties	Receptive activities (Listening)
23	Listening	I can listen to and understand a member of staff's explanation of points to be careful of and how to use tools or equipment necessary for physical assistance, such as bathing equipment, while being shown these.	Business correspondence	Staff	Taking part in communication related to duties	Receptive activities (Listening)
24	Listening	I can listen to and understand an emergency announcement in the facility, including a fire or earthquake alarm.	Business correspondence	Announcement	Listening to announcements	Receptive activities (Listening)
25	Listening	I can listen to a member of staff and understand a simple explanation and important points about records while being shown these.	General assistance	Staff	Listening to staff's instructions and explanations	Receptive activities (Listening)
26	Listening	I can understand how to serve care food and Japanese tea (green tea, hojicha – roasted green tea, genmaicha – tea with roasted rice, etc.)by being shown and other important points while for service.	Physical assistance/Eating assistance	Staff	Listening to staff's instructions and explanations	Receptive activities (Listening)
27	Listening	I can listen to and understand a member of staff's instructions and important points related to a user's medicine.	Physical assistance /Assistance taking	Staff	Taking part in communication related to duties	Receptive activities (Listening)
28	Listening	I can listen to and understand a user's complaints related to his/her body and feelings using onomatopoeia including "I have a *kiri- kiri*(sharp) pain in my stomach," or "I have *zoku-zoku* (a chill) ."	General assistance	Users	Listening to users' requests and complaints	Receptive activities (Listening)
29	Listening	I can listen to and understand what a user with dementia says, including "I want to go home" or "my stuff was stolen" while checkingmy understanding.	Handing over	Users	Listening to users' requests and complaints	Receptive activities (Listening)
30	Listening	I can understand what a user says even if it includes particular old- fashioned words that older people use including "kawaya" or "'emonkake', or short expressions using dialect including "azumashii" ("feeling good" in the Tohoku dialect).	General assistance	Users	Interacting with users	Receptive activities (Listening)
31	Listening	I can listen to and understand detailed information about a change in a user's condition and the response to this, when handing over shifts.	Business correspondence/Handing over	Staff	Taking part in communication related to duties	Receptive activities (Listening)
32	Writing	I can write in some detail the condition of users that I am responsible for, including what they said, in care records either input by computer or written by hand.	Business correspondence	Care recording	Writing documents related to duties	Productive activities (Writing)
33	Writing	I can write in detail the circumstances in a "'hiyarihatto'" report when Icause a user to fall over when moving him/her during the administration of body care if I receive help from staff.	Business correspondence	Reports	Writing documents related to duties	Productive activities (Writing)

34	Writing	I can write in detail the circumstances in an accident report when I cause a user to fall over when moving him/her during the administration of body care if I receive help from staff.	Business correspondence	Reports	Writing documents related to duties	Productive activities (Writing)
35	Reading	I can read and understand most of the contents of an e-mail or SNS text containing a message written in some detail related to work from a member of staff.	Business correspondence	Emails・SNSs	Interacting by letter or email	Receptive activities (Reading)
36	Reading	I can read a short simple explanation written in a manual about currently prevalent infectious diseases, and to some extent can understand specialized information, such as how to make disinfectant.	General assistance	Manuals	Reading essential information	Receptive activities (Reading)
37	Reading	I can read a manual (instructions) related to the care provided in the facility, and find information needed to carry out my work, such as methods of care and points I need to pay attention to, if a member of staff helps me by explaining unknown words.	General assistance	Manuals	Finding out essential information	Receptive activities (Reading)
38	Reading	I can read care records, and understand without help the information concerning user's health conditions, and how to administer care.	Business correspondence	Care recording	Reading essential information	Receptive activities (Reading)
39	Reading	I can read care records, and understand without help a user's main food preferences (likes and dislikes of food, seasoning, etc.).	Business correspondence	Care recording	Reading essential information	Receptive activities (Reading)
40	Reading	I can read an accident report and understand without help necessary information.	Business correspondence	Reports	Reading essential information	Receptive activities (Reading)
41	Reading	I can read the "hiyarihatto" report and understand without help necessary information.	Business correspondence	Reports	Reading essential information	Receptive activities (Reading)
42	Reading	I can read a memo such as announcement written on a whiteboard and understand without help information needed to carry out my duties.	Business correspondence	Memos・Cards	Reading essential information	Receptive activities (Reading)
43	Reading	I can read notices from the facility about social events, staff training, etc. and find necessary information without help, such as work announcements, duties, etc.	Business correspondence	Handouts	Finding out essential information	Receptive activities (Reading)
44	Reading	I can read notes and find necessary information without help, such as work announcements, duties, etc.	Business correspondence	Correspondence notebooks	Finding out essential information	Receptive activities (Reading)
45	Reading	I can read instructions related to equipment and care products used when administering care (self-help devices, walkers, etc.), and understand without help information needed to carry out my work.	General assistance	Description s	Reading essential information	Receptive activities (Reading)
46	Reading	I can read instructions for equipment used for back of house work, such as washing machines and vacuum cleaners, and understand without help information needed to carry out my work.	General assistance	Description s	Reading essential information	Receptive activities (Reading)

K2b = Higher level KCDS equivalent to B1 level as defined by JF Standard, KCDS = Japanese Language 'Can-do' Statements for Care Work.
Note: Hiyarihatto literally means 'near miss' or close call. It refers to incidents where an accident almost occurred.
Source: Authors.

Table 4.3 介護現場の日本語コミュニケーション能力に重点を置いた新たな日本語テスト

開発のための「JF日本語教育スタンダード参照 介護の日本語Can-doステートメント」

KCDS) K2aレベル

No.	技能	介護の日本語Can-doステートメント (KCDS)	トピック・場面	対象・対話相手	カテゴリー	言語活動の種類
1	話す	初めて会う職員に対して、自己紹介するとき、自分や家族がどこに住んでいるか、何をしているかなど、短い簡単な言葉で話すことができる。	自己紹介	職員	社交的なやりとりをする	やりとり（口頭）
2	話す	日本と自分の国の特別な習慣について、職員や利用者に質問したり、質問に答えたりすることができる。	自己紹介	利用者・職員	社交的なやりとりをする	やりとり（口頭）
3	話す	あらかじめ準備してあれば、自分の国や町の様子などについて、職員や利用者に説明をすることができる。	自己紹介	利用者・職員	社交的なやりとりをする	やりとり（口頭）
4	話す	職員と食事をするとき、宗教上の理由やアレルギーなどで自分の食べられないものについて短い言葉で話すことができる。	自己紹介	職員	社交的なやりとりをする	やりとり（口頭）
5	話す	利用者家族を迎えたとき、基本的な挨拶をし、短い簡単な言葉で質問したり、質問に答えたりすることができる。	利用者家族対応	利用者家族	社交的なやりとりをする	やりとり（口頭）
6	話す	時間に遅れたり、約束を守れなかったりしたとき、職員に短い簡単な言葉で理由を言って謝ることができる。	業務連絡	職員	業務に関するやりとりをする	やりとり（口頭）
7	話す	利用者との雑談で、家族の話などを聞いて、「ええ」「そうですか」など、共感しながらあいづちを打って理解を示すことができる。	雑談	利用者	利用者と共感的なやりとりをする	やりとり（口頭）
8	話す	移動介助の際、歩くスピードや移乗のタイミングなどについて、利用者に短い簡単な言葉で声かけができる。	身体介助移動介助	利用者	声かけをする	産出（話す）
9	話す	入浴介助の際、体調、湯の温度などについて、利用者に短い簡単な言葉で声かけができる。	身体介助入浴介助	利用者	声かけをする	産出（話す）
10	話す	排泄介助の際、排泄の方法や手順について、利用者に短い簡単な言葉で声かけができる。	身体介助排泄介助	利用者	声かけをする	産出（話す）
11	話す	食事介助の際、食べ物、飲み物のメニューの内容や材料などについて、短い簡単な言葉で利用者に声かけができる。	身体介助食事介助	利用者	声かけをする	産出（話す）
12	話す	着脱・整容・口腔ケアなどの身支度や体調確認（検温・血圧測定など）の際、方法や手順について、利用者に短い簡単な言葉で声かけをすることができる。	身体介助	利用者	声かけをする	産出（話す）
13	話す	困っていたり、体調が悪そうな利用者に、「大丈夫ですか」「一緒に〇〇しましょうか」など、短い簡単な言葉で声かけができる。	介助全般	利用者	声かけをする	産出（話す）
14	話す	利用者に挨拶をするとき、「今日はいい天気ですね」など、その日の天候について、短い簡単な言葉で話すことができる。	雑談	利用者	利用者と共感的なやりとりをする	やりとり（口頭）

15	話す	利用者が好きなタレントや有名な人について話すのを聞いて、あいづちを打ちながら理解を示すことができる。	雑談	利用者	利用者と共感的なやりとりをする	やりとり（口頭）
16	話す	利用者との雑談で、利用者の日常生活や家族の話などについて、相手の反応を見ながら話したり聞いたりすることができる。	雑談	利用者	利用者と共感的なやりとりをする	やりとり（口頭）
17	話す	利用者の体験などについて聞いて、あいづちを打ちながら理解を示すことができる。	雑談	利用者	利用者と共感的なやりとりをする	やりとり（口頭）
18	話す	普通体（丁寧ではない文体）の使用など、利用者の多様な話し方に対してあいづちを打ちながら理解を示すことができる。	雑談	利用者	利用者と共感的なやりとりをする	やりとり（口頭）
19	話す	利用者の持ち物などを見たとき、「素敵な〜ですね」など、短い簡単な言葉でほめたり、質問したりすることができる。	介助全般	利用者	利用者と共感的なやりとりをする	やりとり（口頭）
20	話す	職員と、趣味や暇なときにすることについて、話したり聞いたりすることができる。	雑談	職員	インフォーマルな場面でやりとりをする	やりとり（口頭）
21	話す	職員と、お互いの体験などについて、短い簡単な言葉で話したり聞いたりすることができる。	雑談	職員	インフォーマルな場面でやりとりをする	やりとり（口頭）
22	話す	利用者が、「○○が欲しい。」と言ったときに、「わかりました。○○ですね。」などと返事をしながら確認することができる。	介助全般	利用者	利用者の要望・訴えを聞く	やりとり（口頭）
23	話す	申し送りなどで、メモを見ながらであれば、一日の予定について、短い文で説明をすることができる。	業務連絡申し送り	職員	業務に関するやりとりをする	やりとり（口頭）
24	話す	申し送りなどで、利用者がいつもと同じ様子であることを短い文で説明をすることができる。	業務連絡申し送り	職員	業務に関するやりとりをする	産出（話す）
25	話す	職員に、ヒヤリハット報告書の書き方について質問し、いくつかの簡単な答えを理解することができる。	業務連絡	職員	業務に関するやりとりをする	やりとり（口頭）
26	話す	介護記録を作成するために、職員に短い簡単な言葉で内容を伝えて、日本語のチェックを頼むことができる。	業務に関する相談依頼	職員	業務に関するやりとりをする	やりとり（口頭）
27	話す	お知らせやメニュー、ポスターを作成するために、同僚や上司に、日本語、内容、形式などのチェックを頼むことができる。	業務に関する相談依頼	職員	業務に関するやりとりをする	やりとり（口頭）
28	話す	複数の職員と共同で身体介助（食事、入浴、排泄など）をする際に、作業について、確認したり、指示を受けたりすることができる。	身体介助	職員	共同作業中にやりとりをする	やりとり（口頭）
29	聞く	職員にゆっくりはっきり話してもらえば、利用者の施設での生活の様子を聞いて、いくつかの情報を理解することができる。	業務連絡	職員	業務に関するやりとりをする	受容（聞く）
30	聞く	職員にゆっくりはっきり話してもらえば、利用者の病気の状態とそれに対する対応を聞いて、おおまかに情報を理解することができる。	業務連絡	職員	業務に関するやりとりをする	受容（聞く）
31	聞く	発音がはっきりしたアナウンスであれば、レクリエーションの開始時間や内容などの短い説明を聞いて、理解することができる。	業務連絡	アナウンス	アナウンスを聞く	受容（聞く）

32	聞く	発音がはっきりしたアナウンスであれば、施設職員からの呼び出しのアナウンスなどを聞いて理解することができる。	業務連絡	アナウンス	アナウンスを聞く	受容（聞く）
33	聞く	オムツなどの介助用品を見ながら、職員の説明を聞いて、使い方や注意点を大まかに理解することができる。	介助全般	職員	職員の指示・説明を聞く	受容（聞く）
34	聞く	介護記録を見ながら、職員にゆっくりはっきり話してもらえば、記録に関する簡単な説明や注意点を聞いて、大まかに理解することができる。	介助全般	職員	職員の指示・説明を聞く	受容（聞く）
35	聞く	介護食・日本茶（緑茶、ほうじ茶、玄米茶）などを見ながら、職員にゆっくりはっきり話してもらえば、提供の仕方や注意点を大まかに理解することができる。	身体介助食事介助	職員	職員の指示・説明を聞く	受容（聞く）
36	聞く	利用者の状態に合わせた身体介助（食事、入浴、排泄など）に関する職員の指示や注意点を聞いて、大まかに理解することができる。	介助全般	職員	職員の指示・説明を聞く	受容（聞く）
37	聞く	職員にゆっくりはっきり話してもらえば、利用者の服薬に関する指示や注意点を聞いて、理解することができる。	身体介助服薬介助	職員	職員の指示・説明を聞く	受容（聞く）
38	聞く	介助場面で、「おなかが痛い」など、身体の部位の言葉を使った利用者の訴えを聞き、理解することができる。	介助全般	利用者	利用者の要望・訴えを聞く	受容（聞く）
39	聞く	介助場面で、「うちへ帰りたい」など、利用者の要望を聞き、理解することができる。	介助全般	利用者	利用者の要望・訴えを聞く	受容（聞く）
40	聞く	申し送りなどで、利用者の様子などの短い報告を聞いて、理解することができる。	業務連絡申し送り	職員	業務に関するやりとりをする	受容（聞く）
41	書く	自己紹介を短い簡単な文で社内報や掲示物などに書くことができる。	自己紹介	配布物・掲示物	挨拶文を書く	産出（書く）
42	書く	利用者が参加しているアクティビティに関するコメント（利用者の作品への賞賛など）を短い簡単な文で書くことができる。	業務連絡	メモ・カード	メモ・カードを書く	産出（書く）
43	書く	利用者の入浴日変更等、業務上の連絡事項を短い文でホワイトボードなどに書くことができる。	業務連絡	メモ・カード	メモ・カードを書く	産出（書く）
44	書く	事務手続きに関する書類・申請書類などに、休暇の希望などを短い簡単な文で書くことができる。	業務連絡	休暇願い	業務に関する書類を書く	産出（書く）
45	書く	利用者家族の来訪時間やシフト変更などの業務に関する連絡事項を短い文で職員間の連絡ノートに書くことができる。	業務連絡	連絡ノート	業務に関する書類を書く	産出（書く）
46	書く	介護記録などに利用者に対するメニューや味付けなどについての要望や感想を、短い簡単な文で書くことができる。	業務連絡	介護記録	業務に関する書類を書く	産出（書く）
47	書く	排泄や入浴に関して、業務チェック表や備考欄に必要な情報を書くことができる。	業務連絡	介護記録	業務に関する書類を書く	産出（書く）
48	書く	日報（個人の振り返り記録）に仕事の内容などを、短い簡単な文で書くことができる。	業務連絡	介護記録	業務に関する書類を書く	産出（書く）

49	書く	職員の助けがあれば、身体介助の移動場面などで、利用者を転倒さ　せてしまいそうになったときに、転倒場所などをヒヤリハット報告書に短い文で書くことができる。	業務連絡	報告書	業務に関する書類を書く	産出（書く）
50	書く	職員の助けがあれば、身体介助の移動場面などで、利用者を転倒させてしまったときに、転倒場所など、事故報告書を定型の短い文で書く　ことができる。	業務連絡	報告書	業務に関する書類を書く	産出（書く）
51	読む	勤務時間の変更など、職員からのメールやSNSメッセージの短い文章を読んで、連絡事項などの必要な情報を理解することができる。	業務連絡	メール・SNS	手紙やメールのやりとりをする	受容（読む）
52	読む	イラストなどの助けがあれば、商品パッケージなどの短い文を読んで、用途やサイズや使い方など、業務の遂行に必要な情報を探し出すことができる。	介助全般	説明書	必要な情報を探し出す	受容（読む）
53	読む	職員にわからない言葉を説明してもらえば、最近流行している感染症などについて書かれたマニュアルの短い簡単な説明を読んで、手洗いの励行や吐しゃ物処理の手順など、必要な情報を理解することができる。	介助全般	マニュアル	必要な情報を読み取る	受容（読む）
54	読む	職員にわからない言葉を説明してもらえば、介護記録などを読んで、利用者の様子や体調など、業務の遂行に必要な情報を理解することができる。	業務連絡	介護記録	必要な情報を読み取る	受容（読む）
55	読む	職員にわからない言葉を説明してもらえば、介護記録などを読んで、（メニューや味付けなど）食事についての利用者の要望など、業務の遂行に必要な情報を理解することができる。	業務連絡	介護記録	必要な情報を読み取る	受容（読む）
56	読む	職員にわからない言葉を説明してもらえば、事故報告書を読んで、必要な情報を理解することができる。	業務連絡	報告書	必要な情報を読み取る	受容（読む）
57	読む	職員にわからない言葉を説明してもらえば、ヒヤリハット報告書を読んで、必要な情報を理解することができる。	業務連絡	報告書	必要な情報を読み取る	受容（読む）
58	読む	職員にわからない言葉を説明してもらえば、ホワイトボードなどに書かれたメモを読んで、内容をだいたい理解することができる。	業務連絡	メモ・カード	必要な情報を読み取る	受容（読む）
59	読む	職員にわからない言葉を説明してもらえば、施設からの懇親会や職員研修などのお知らせを読み、連絡事項・すべきことなどの必要な情報　を探し出すことができる。	業務連絡	配布物	必要な情報を探し出す	受容（読む）
60	読む	職員にわからない言葉を説明してもらえば、連絡ノートを見て、連絡事項・すべきことなどの必要な情報を探し出すことができる。	業務連絡	連絡ノート	必要な情報を探し出す	受容（読む）
61	読む	職員にわからない言葉を説明してもらえば、薬箱や薬の説明書などの短い文を読んで、薬の種類（錠剤、点鼻薬など）や用法・用量など、必要な情報を探し出すことができる。	介助全般	説明書	必要な情報を探し出す	受容（読む）
62	読む	緊急時の避難に関するイラスト付きの掲示物などを見て、避難経路や注意点など、必要な情報を探し出すことができる。	業務連絡	掲示物	必要な情報を探し出す	受容（読む）

63	読む	使用済みのおむつ、医療廃棄物などのごみの分別方法や捨て方の注意点など、簡単な説明を読んだりイラストを見たりして、業務の遂行に必要な情報を探し出すことができる。	業務連絡	掲示物	必要な情報を探し出す	受容（読む）
64	読む	施設内に貼ってある入浴時の事故防止などの注意事項が書かれた貼り紙の簡単な説明を読んだりイラストを見たりして、理解することができる。	業務連絡	掲示物	必要な情報を読み取る	受容（読む）
65	読む	施設内に貼ってある来訪者向けの注意事項が書かれた貼り紙（手洗いの方法など）の簡単な説明を読んだりイラストを見たりして、いくつかの情報を理解することができる。	業務連絡	掲示物	必要な情報を読み取る	受容（読む）
66	読む	施設利用者の情報が書かれた書類（フェイスシート）を読んで、利用者の基本情報や要望など、必要な情報を探し出すことができる。	業務連絡	介護記録	必要な情報を探し出す	受容（読む）
67	読む	職員にわからない言葉を説明してもらえば、介助で使用する道具や介助用品（自助具、歩行器など）に関する説明書を読んで、業務の遂行に必要な情報を理解することができる。	介助全般	説明書	必要な情報を読み取る	受容（読む）
68	読む	職員にわからない言葉を説明してもらえば、洗濯や掃除などの間接業務で使用する道具の説明書を読んで、業務の遂行に必要な情報を理 解することができる。	介助全般	説明書	必要な情報を読み取る	受容（読む）

Table 4.4 介護現場の日本語コミュニケーション能力に重点を置いた新たな日本語テスト
開発のための「JF日本語教育スタンダード参照 介護の日本語Can-doステートメント」

KCDS）K2bレベル

No.	技能	介護の日本語Can-doステートメント（KCDS）	トピック・場面	対象・対話相手	カテゴリー	言語活動の種類
1	話す	宗教によって特別な服装、断食、お祈り等の習慣があることについて、ある程度詳しく説明することができる。	自己紹介	利用者・職員	社交的なやりとりをする	やりとり（口頭）
2	話す	利用者家族が面会に来た時、利用者の状態や施設での対応について、ある程度詳しく説明することができる。	利用者家族対応	利用者家族	業務に関するやりとりをする	やりとり（口頭）
3	話す	レクリエーションや行事の際、メモや、プログラムなどの印刷物を見ることができれば、これからどのようなことをするか、利用者に説明することができる。	業務連絡	利用者	利用者とやりとりをする	やりとり（口頭）
4	話す	困っていたり、体調が悪そうな利用者に声かけをし、利用者の反応を理解して、やりとりを続けることができる。	介助全般	利用者	利用者と共感的なやりとりをする	やりとり（口頭）
5	話す	好きなタレントや有名な人について、利用者に質問したり、利用者の質問にある程度詳しく答えたりして、会話を続けることができる。	雑談	利用者	利用者と共感的なやりとりをする	やりとり（口頭）
6	話す	趣味や過去の仕事など身近な話題について、利用者に質問したり、利用者の質問にある程度詳しく答えたりして、会話を続けることができる。	雑談	利用者	利用者と共感的なやりとりをする	やりとり（口頭）
7	話す	利用者の昔の思い出や人間関係の悩みなどを共感しながら聞いて、内容を理解することができる。	雑談	利用者	利用者と共感的なやりとりをする	やりとり（口頭）
8	話す	利用者とお互いの体験などについて、質問したり、質問にある程度詳しく答えたりして、会話を続けることができる。	雑談	利用者	利用者と共感的なやりとりをする	やりとり（口頭）
9	話す	利用者と、祭りやイベントなどの後で、印象に残ったところや感想を、ある程度詳しく述べ合うことができる。	雑談	利用者	利用者と共感的なやりとりをする	やりとり（口頭）
10	話す	利用者の多様な話し方に対して、質問したりしながら会話を続けることができる。	雑談	利用者	利用者と共感的なやりとりをする	やりとり（口頭）
11	話す	職員と、お互いの体験などについて、ある程度詳しくやりとりができる。	雑談	職員	インフォーマルな場面でやりとりをする	やりとり（口頭）
12	話す	利用者が、家族にして欲しいと言っていることを理解し、その対応のために必要なやりとりを続けることができる。	介助全般	利用者	利用者の要望・訴えを聞く	やりとり（口頭）

13	話す	申し送りなどで、メモを見ながらであれば、介護の内容や利用者の 様子や一日の予定などについて、まとまりのある報告をし、想定した質問に答えることができる。	業務連絡申し送り	職員	業務に関するやりとりをする	やりとり（口頭）
14	話す	利用者にいつもと異なる様子が見られたとき、申し送りなどで、必要な情報を報告し、対応について、相談することができる。	業務連絡申し送り	職員	業務に関するやりとりをする	産出（話す）
15	話す	職員からの利用者の状況（体のどこがどのくらい痛いかなど）に関する質問に対して、オノマトペを含む言葉や短い表現で正確に答えることができる。	業務連絡	職員	業務に関するやりとりをする	やりとり（口頭）
16	話す	職員に業務全般（身体介助、関連業務、記録など）について質問し、確認しながら、理解することができる。	介助全般	職員	業務に関するやりとりをする	やりとり（口頭）
17	話す	業務上必要な日本語の学習について、職員や施設長に状況や計画を説明し、学習方法などについて相談することができる。	業務に関する相談	職員	業務に関するやりとりをする	やりとり（口頭）
18	話す	業務や生活で問題が生じたとき、職員にある程度詳しく状況や心情を説明し、解決の方法を相談することができる。	業務に関する相談	職員	業務に関するやりとりをする	やりとり（口頭）
19	話す	認知症などの精神症状を持つ利用者から「あなた、お財布を盗ったでしょう」（物盗られ妄想）などの訴えを聞いたとき、職員にある程度詳しく状況を説明し、対応の仕方を相談することができる。	業務に関する相談	職員	業務に関するやりとりをする	やりとり（口頭）
20	話す	職員と季節の行事やイベントなどの準備をするために、作業の詳細について確認したり、指示を受けたりすることができる。	業務連絡	職員	共同作業中にやりとりをする	やりとり（口頭）
21	聞く	職員から利用者の病名や症状とそれに対する対応を聞いて、介助に必要な詳しい情報を理解することができる。	業務連絡	職員	業務に関するやりとりをする	受容（聞く）
22	聞く	「Aさんが心臓がどきどきすると言っていた」など、オノマトペを使った職員の説明を聞いて、利用者の状況を理解することができる。	業務連絡	職員	業務に関するやりとりをする	受容（聞く）
23	聞く	実際に身体介助に必要な道具や機械（入浴機器など）を見せてもらいながら、使い方や注意点に関する職員の説明を聞いて、理解することができる。	業務連絡	職員	職員の指示・説明を聞く	受容（聞く）
24	聞く	火事や地震など非常時の施設内アナウンスを聞いて、理解することができる。	業務連絡	アナウンス	アナウンスを聞く	受容（聞く）
25	聞く	介護記録を見ながら、職員の説明を聞いて、記録に関する簡単な説明や注意点を聞いて、理解することができる。	介助全般	職員	職員の指示・説明を聞く	受容（聞く）
26	聞く	介護食・日本茶（緑茶、ほうじ茶、玄米茶）などを見ながら、職員の説明を聞いて、提供の仕方や注意点を理解することができる。	身体介助食事介助	職員	職員の指示・説明を聞く	受容（聞く）
27	聞く	職員の利用者の服薬に関する指示や注意点を聞いて、理解することができる。	身体介助服薬介助	職員	職員の指示・説明を聞く	受容（聞く）

28	聞く	「お腹がきりきり痛い」「ぞくぞくする」など、オノマトペを使った体や気持ちに関する利用者からの訴えを聞いて理解できる。	介助全般	利用者	利用者の要望・訴えを聞く	受容（聞く）
29	聞く	認知症などの症状を持つ利用者の「うちへ帰りたい」「物を盗られた」という話を聞き、確認しながら内容を理解することができる。	介助全般	利用者	利用者と共感的なやりとりをする	受容（聞く）
30	聞く	利用者の話の中に「厠（かわや）」「えもんかけ」などの高齢者特有 の古い言葉や、「あずましい（東北地方の方言で「気持ちがいい」）」など方言を使った短い表現などが入っていても聞いて理解できる。	介助全般	利用者	利用者とやりとりをする	受容（聞く）
31	聞く	申し送りなどで、利用者の状態の変化やその対応などの詳しい情報を聞いて理解することができる。	業務連絡申し送り	職員	業務に関するやりとりをする	受容（聞く）
32	書く	PC入力または手書きで、介護記録などに自分が関わっている利用者の様子を、利用者の発言を含めて、ある程度詳しく書くことができる。	業務連絡	介護記録	業務に関する書類を書く	産出（書く）
33	書く	職員の助けがあれば、身体介助の移動場面などで、利用者を転倒させてしまったときに、状況を詳しくヒヤリハット報告書に書くことができる。	業務連絡	報告書	業務に関する書類を書く	産出（書く）
34	書く	職員の助けがあれば、身体介助の移動場面などで、利用者を転倒させてしまったときに、状況を詳しく事故報告書に書くことができる。	業務連絡	報告書	業務に関する書類を書く	産出（書く）
35	読む	職員からの業務に関する連絡事項など、ある程度詳しく書かれたメールやSNSメッセージを読んで、大部分の内容を理解することができる。	業務連絡	メール・SNS	手紙やメールのやりとりをする	受容（読む）
36	読む	最近流行している感染症などについて書かれたマニュアルを読ん で、消毒液の作り方など、ある程度専門的な情報を理解することができる。	介助全般	マニュアル	必要な情報を読み取る	受容（読む）
37	読む	職員にわからない言葉を説明してもらえば、施設における介助に関するマニュアル（説明書）などを読んで、介助方法や留意点など、業務の遂行に必要な情報を探し出すことができる。	介助全般	マニュアル	必要な情報を探し出す	受容（読む）
38	読む	介護記録などを読んで、利用者の様子や体調、介助の方法などの情報を一人で理解することができる。	業務連絡	介護記録	必要な情報を読み取る	受容（読む）
39	読む	介護記録などを読んで、（メニューや味付けなど）食事についての利用者の主要な要望を一人で理解することができる。	業務連絡	介護記録	必要な情報を読み取る	受容（読む）
40	読む	事故報告書を読んで、一人で必要な情報を理解することができる。	業務連絡	報告書	必要な情報を読み取る	受容（読む）
41	読む	ヒヤリハット報告書を読んで、一人で必要な情報を理解することができる。	業務連絡	報告書	必要な情報を読み取る	受容（読む）

42	読む	業務上の連絡事項など、ホワイトボードに書かれたメモなどを読んで、業務の遂行に必要な情報を一人で理解することができる。	業務連絡	メモ・カード	必要な情報を読み取る	受容（読む）
43	読む	施設からの懇親会や職員研修などのお知らせを読み、連絡事項・すべきことなどの必要な情報を一人で探し出すことができる。	業務連絡	配布物	必要な情報を探し出す	受容（読む）
44	読む	連絡ノートを見て、連絡事項・すべきことなどの必要な情報を一人で探し出すことができる。	業務連絡	連絡ノート	必要な情報を探し出す	受容（読む）
45	読む	介助で使用する道具や介助用品（自助具、歩行器など）に関する説 明書を読んで、一人で業務の遂行に必要な情報を理解することができる。	介助全般	説明書	必要な情報を読み取る	受容（読む）
46	読む	洗濯や掃除などの間接業務で使用する道具の説明書を読んで、一人で業務の遂行に必要な情報を理解することができる。	介助全般	説明書	必要な情報を読み取る	受容（読む）

CHAPTER 5

Conclusions

This research project was led by a faculty member of the Tokyo Metropolitan University (TMU), a university founded by the Tokyo Metropolitan Government (TMG) and engaged in many academic–public partnership projects. Prompted by the shortfall in human resources for hospitals and nursing facilities in Tokyo, the TMU and the TMG conducted a joint project called "Human Resource Development Project to Secure Health Providers for the Future of Asia and Japan" to train foreign-registered nurses and certified care workers under the EPA program (hereafter, "candidates") from 2012 through to 2017. Those candidates, after finishing preparatory training in their home countries and in Japan, were assigned to hospitals and care facilities where they received on-site training. However, they scarcely received any organized, professional Japanese language training after being assigned to facilities under the EPA program.

The research project's leader also happens to be Dean of the Department of Human Sciences at TMU, which specializes in Japanese language education. TMU's Department of Human Sciences has been involved in Japanese language training for candidates using distance learning, starting from the beginner level in the field of nursing and care work. Previously, graduate students from the Department of Human Sciences who are native speakers of Japanese had been supporting candidates in their language learning on a volunteer basis after they arrived in Japan. Since TMU's Department of Nursing Sciences, Faculty of Health Sciences, offered courses in international nursing, we launched the

abovementioned project in collaboration with the TMG and invited candidates from

neighboring cities to participate in the project and provided general and technical

Japanese language courses. We participated in this program as teachers. This project

was moved to TMU Open University in 2018 and is still ongoing to date. The TMU team,

thus, has built up knowledge of and experience in Japanese language education for care

workers and has achieved a friendly relationship with candidates and staff at LTC facilities.

Currently, we are working on developing a standard course that will establish the

fundamentals of Japanese language skills for foreign care workers who aim to achieve a

high-level Japanese proficiency in care work. We support the development of curriculum

and syllabuses and the introduction of information and communication technology into

language education for foreign care workers.

The KCDS has been developed based on our knowledge of and experiences in

language training for candidates. This knowledge and experience can be utilized to

efficiently and effectively train TITP trainees for LTC work, as more of them come to Japan.

The KCDS is designed to be consistent with the JF Standard for Japanese-Language

Education (JFS), so cooperation with JF has played a crucial role in this study. We assure

their competence of language education including the development of Can-do list. After

the development of the KCDS original version, we conducted a study targeting

candidates and staff of LTC facilities, which employ candidates across Japan. The goal

was to verify the validity of items and proficiency levels in the KCDS. The results of this

verification study were then incorporated in developing the KCDS complete version.

As described in the introduction, the number of people aged 65 years or older

accounted for 25% of Japan's total population in 2015. The Long-term Care Insurance started in 2000, and under this system, long-term care services are categorized into facility services, home-based services, and community-based services.

Under the AHWIN launched by the Japanese government in 2016, cross-border circulation of human resources is encouraged. It is one of the solutions to the shortage in foreign care workers in Japan's labor market, but it is also designed to promote the transfer of LTC skills and knowledge to foreign care workers' home countries and the development of care industries there.

We wondered how Japan's LTC system is assessed by candidates, and we asked them as an open-ended question whether Japan's LTC system worked well and if it could be applied to their home countries where families and communities still mostly depend on individual care providers. To this question, many candidates said words of admiration for Japan's Long-term Care Insurance and integrated community support for older people.

It is indispensable to provide proper Japanese language education focusing on practical communication skills used at care facilities in order to facilitate acquisition of knowledge of and skills for LTC work by TITP trainees. We believe that this effort will contribute to effective transfer of care skills to home countries, which is one of the major goals of the AHWIN. The KCDS has been developed for these objectives. We expect that the KCDS will be recognized as an essential tool to establish mutually beneficial relationships among Asian countries and regions, beyond its initial goal, which is the development of proficiency tests, curriculums, and syllabuses for Japanese language education.