

**福祉政策の国際比較の利点：
日本とドイツの介護保険制度の比較を通して
‘Benefits of Studying other Countries’ Welfare Systems,
through a Comparison of German and
Japanese Long-Term Care Insurance Systems**

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Abstract

Improved medical treatment and living conditions have produced an ageing society in many advanced countries. Therefore, many advanced countries study other countries' social policies in order to find and meet the demands of an ageing society. To cope with the demand of an ageing society, Germany and Japan have introduced new policies such as long-term care. Japan is similar to Germany, in that it is an ageing society, thus Japanese scholars studied the German Long-Term Care as a model of the Japanese Long-Term Care Insurance system. However, both countries have a different culture and history. As a result, Japan altered the German Long-Term Care to fit the Japanese culture and environment. This is one example of how a country may implement other countries' social welfare systems to deal with public demands.

Key Words: welfare, comparison, Long-Term Care Insurance Systems

I. Introduction

Comparing and evaluating other countries' welfare systems, welfare theory, and policy making practices are important practices for today's societies. Studying the situations of different welfare systems helps generate new ideas, and therefore many specialists examine other countries' welfare systems to find solutions to their own social welfare problems in their own countries. Examining other countries' welfare systems can also help with policy making practices.

In recent years, an ageing society has been a big problem in Japan. Therefore, Japanese scholars examined Germany's long-term care (LTC) system and used it as a basis for Japan in the year 2000.

In this paper, I will discuss the benefits of studying other countries' welfare systems both in welfare theory and policy making practices, and examine Japan's long-term care insurance (LTCI) system as an example to support my discussion.

II. What is theory?

It is difficult to identify welfare theory. Thompson cited that Chinn and Kramer argued the meaning of 'theory'¹⁾

“Defining ‘theory’ can be complex, and ultimately most people accept an arbitrary meaning. Just when a definition seems firm, another idea surfaces that must be integrated into it. Like most terms, both within and outside the profession of nursing, theory has common, everyday connotations apparent in such phrases as … ‘I have a theory about that’ or … ‘my *theory* is …’. These usages imply that theory is an idea or feeling or that it explains something.”

It shows that the term of ‘theory’ is used in different ways and it does not have a decisive definition.

Midgley argued that social policy theory is closely related with governmental social provisions and he indicated three major topics of social policy theory²⁾ :

1. the construction of representational conceptions of state welfare provision
2. theory building in social policy is the explanation of the origins and functions of state welfare provision
3. social scientists in the field of social policy is the formulation of normative theories

Applying representational theory, social scientists can categorise and understand social welfare problems. Midgley discussed that “representational theory uses models of social welfare to create typologies or taxonomies of state welfare”²⁾. Typologies are used widely to categorise intricate circumstances. These typologies are useful to understand and cope with complex cases. One of the most famous typologies is defined by Swedish writer Gosta Esping-Andersen. He argued a three-part typology in which the idea of *decommodification* plays an important part²⁾. Esping-Andersen studied two systems, decommodification and stratification in his three types of welfare regimes. Esping-Andersen’s idea of decommodification may be rephrased as ‘people can support themselves without depending on labour’ and the level of stratification is an outcome of the pattern of the welfare state. He indicated the process of decommodification of labour in connection with three types of “welfare regimes”: the *liberal state*, the *conservative-corporatist welfare state*, and the *social democratic welfare state*²⁾. He classified between, liberal welfare, like the United States which increasingly depends on private welfare, conservative corporatist welfare, like Germany which depends on work based social insurance systems, and social democratic welfare states, like Sweden which is distinguished by a high degree of labour decommodification³⁾.

Another universal approach is the globalisation theory. Globalisation is known as a progressively significant feature nowadays²⁾. Globalisation and its influences became important objects of attention in the late 1990s and politicians and scholars often stated a requirement for “less state and more market” in the new universal world⁴⁾. Social welfare is being influenced by the development of globalisation²⁾. Palier and Sykes argued that Esping-Andersen indicated that different national systems answer problems in various ways⁴⁾. Different countries have different cultures and different economic backgrounds, and therefore each country tries to solve their problems individually. However, deciding effective policy is very difficult. To solve social welfare problems, studying other countries’ policy implementation through examples is useful. Moon and North argued

that “effective comparative analyses usually begin from positions of similarity between systems or societies”⁵⁾. In general, most specialists are interested in other countries’ welfare systems, especially those countries that have similar backgrounds to their own, such as population, economic condition, and health care systems.

There are a variety of approaches to compare social policy in other countries. Higgins identified nine orientations in comparative research⁶⁾ :

1. policy areas
2. problem areas
3. groups in need
4. the social policies of foreign countries
5. policy areas in foreign countries
6. comparisons of total welfare spending
7. comparisons over time
8. ‘different’ and ‘similar’ systems
9. concepts and issues

These nine orientations indicate that different conditions need different approaches. To implement suitable policy models that meet social demands, it is important to study countries with similar backgrounds. Therefore to get certain information, it is also important to use the same data collection systems when comparing other countries’ statistical data.

Pierson argued that “the welfare state is the product of a struggle between the political powers of social democracy and the economic powers of capital”⁷⁾. Karl Marx and Friedrich Engels are interpreters of the materialist definition of social transformation. Marx influenced the appearance of internationalism²⁾. Marxist scholars indicated how welfare determination responded to inquiries about the economy and political steadiness⁶⁾.

Deacon, Hulse, and Stubbs argued that the feminist influence on literature indicated a standard of women friendliness opposed to compare welfare states³⁾. They also argued that Siaroff indicated that there were four OECD regime types; Protestant liberal welfare states like the UK, advanced Christian democratic welfare states like Germany, Protestant social democratic welfare states like Sweden, and late female mobilization welfare states like Spain, Switzerland, Greece, and Japan³⁾. However, the late female mobilization welfare states do not advance women’s work. Japan is the most industrially advanced country in Asia, however, feminism still lacks in Japan. Japanese history has influenced social policy debate in health and social welfare⁸⁾.

Steslicke cited the argument of the Economic Welfare Council⁸⁾:

“Over a period of about 100 years since the Meiji Restoration, Japan has followed the model provided by the West in order to attain the objective of catching up with the advanced Western countries. Under the present circumstances, however, Japan can no longer find any models to follow outside the country, but has to create on its own a new life style best suited to its nature, climate, history and society ⁽¹⁾.”

The Japanese health care and welfare system has been influenced by western countries' welfare models, particularly from Germany, Britain, and America⁸⁾. One of Japan's biggest social problems is that it is an ageing society in common with other advanced countries such as Sweden, Germany, the US and the UK. Japanese scholars have studied other advanced countries' welfare systems to solve the problems associated with an ageing society. Scandinavian welfare systems would be very difficult to adopt in Japan because of the association with high taxes, which would bring about a strong dissatisfaction level through the country. As a result, the Japanese government adopted the German long-term care system as a model. Although Germany and Japan are both industrialised nations and face similar social problems, such as an ageing population, both countries have a different culture and history. Therefore, when studying other countries' welfare systems, a country must restructure other countries' policies to fit their own situations. The Japanese long-term care insurance system is just one example of the way in which a country can change another country's policies, to fit their own situation.

III. Long Term Care Insurance in Japan

Improved medical treatment and living conditions have produced an ageing society in many advanced countries. Therefore, many advanced countries study other countries' social policies in order to find and meet the demands of an ageing society. Almost all Japanese social programs were introduced from western countries and progressed through the study of other states' experiences⁹⁾. However, Japan's aged population has increased more rapidly than elsewhere, thus other countries' policies cannot be directly applicable to Japan's situation. Campbell argued that Japanese policy makers need to find their own answers to solve their problems rather than study other countries' examples⁹⁾. However, studying other countries' examples is an effective way to find solutions to the problem of an ageing society. Harald and Ralph¹⁰⁾ argued that:

“Japan and Germany have been facing very similar challenges: ageing populations, changing employment structures, long-lasting economic stagnation, and globalization Both countries are in a number of respects more socially and politically regulated, and in this sense less liberal, than the Anglo-American economies.”

To cope with the demand of an ageing society, Germany and Japan have introduced new policies such as long-term care¹¹⁾. Japan and Germany have similar backgrounds and therefore Japanese policy makers studied German long-term care as a model and changed the policies to fit Japan's situation. Kazuhito Ihara, director of the Japan External Trade Organization's Department of Health and Welfare, New York City, suggested Japan's ageing population is forcing the state to take charge of its long term care insurance system¹²⁾. Although Germany and Japan have similar backgrounds, implementing German long-term care (LTC) posed some problems in Japan. Therefore Japanese policy makers changed the German model to suit Japan's conditions.

Former Japanese Prime Minister Ryutaro Hashimoto announced that Japan is ready to establish “a sustainable social security system (jizokusuru shakai hoshō seido)”, to meet the demand of an ageing society at

⁽¹⁾ Subcommittee on the Long-Term Projection, Economic Welfare Council, 1979, pp.3-4, cited by Steslicke, 1989, p.102

a press conference during G-7 Lyon Summit in 1996¹³). Japan later introduced a long-term care insurance system in 2000 and it became part of the sustainable social security system within Japan.

The Japanese long-term care insurance (LTCI) program supplies aged people with institutional care, such as nursing homes and health care facilities for the aged, and community-based care, such as home care nursing and housekeeping services¹¹). Japanese LTCI is financed 50% from taxes and 50% from mandatory contributions by employees and the self-employed aged over 40. In the German LTC, there is no age limit. All German labour has to pay into the German LTC regardless of their age. Moreover, Germany's LTC is financed only from premiums¹¹). The finance system of the Japanese LTCI is different from Germany's LTC. Japanese young labour are not really concerned about security for the aged and thus implementing the same financial system like the German LTC would be difficult in Japan. In recent years, many young Japanese do not have a steady job, therefore it would be difficult to collect taxes and contributions from the young for a similar LTC system like Germany.

In addition, Germany's LTC has a system of cash allowance. However, Japan did not adopt this system, even though many people hoped this scheme would be introduced¹⁴). Campbell argued that although Japanese social welfare professionals knew the cash allowance scheme would be very effective, based on the results from Germany's experiences, they rejected the scheme because it did not fit Japan's situation⁹). He also identified the reason which Japanese scholars rejected cash allowance as:

“Their worry stems from the conventional image of the family in Japan, in which the son's mother (*shutome*) essentially oppresses her daughter-in-law (*yome*) – from the time the *yome* enters the family, thorough more and more intensive care of the old woman, until the *yome*'s burden is relieved by the *shutome*'s death. If one assumes this kind of family is typical, the cash allowance would do little to relieve the burdens of the daughter-in-law who is the actual caregiver.”

This is a traditional custom in Japan, which produces complex problems in terms of implementing a cash allowance system. Although Japan has in many ways become more westernized, Japan still has traditional Japanese customs. Goodman and Peng argued that Western social welfare models have been reconstructed to fit the demands of the Japanese national aim and Japanese 'cultural' orientations¹⁵). Therefore, we could say that it is effective to study other countries' welfare systems and alter the systems to fit an individual country's situation in order to solve social welfare problems.

IV. Conclusion

Thompson described that the connection between theory and practice as being a “direct parallel between thinking and doing¹”. By studying and comparing other countries' welfare systems, countries can get an idea of what social systems make the best examples for their own country. Comparing their policies to countries with similar backgrounds can then be a useful approach to solving their own social welfare problems.

Japan is similar to Germany, in that it is an ageing society, thus Japanese scholars studied the German LTC as a model of the Japanese LTCI. However, both countries have a different culture and history. As a result,

Japan altered the German LTC to fit the Japanese culture and environment. This is one example of how a country may implement other countries' social welfare systems to deal with public demands. Goodman and Peng argued that Japan has been considered as an 'exception' of Esping-Andersen's social welfare regime¹⁶⁾. Japan was identified as a 'late female mobilization welfare state' and Germany as an 'advanced Christian democratic welfare state'³⁾. Although, Germany and Japan fall into distinct welfare system categories, Japan was still able to take the German LTC model and apply it to its own welfare system. However, Japan made the necessary changes to the LTC system in order to fit its own country. This example shows that comparing and contrasting other countries' policies helps us understand how social theories work in practice and identifies the strengths and weaknesses of those theories developed in theoretical practice.

Comparing other countries' policies provides examples of what a nation should do and should not do based on other countries' experiences for their own country. Therefore, comparing other countries' social welfare systems is one effective way to implement new, suitable social policies for their own country.

References

- 1) Thompson, N. (1995). *Theory and Practice in Health and Social Welfare*. Buckingham: Open University Press.
- 2) Midgley, J. (1997). *Social Welfare in Global Context*. London: Sage.
- 3) Deacon, B., Hulse, M., & Stubbs, P. (1997). *Global Social Policy: International Organizations and the Future of Welfare*. London: Sage.
- 4) Palier, B., & Sykes, R. (2001). *Challenges and Change: Issues and Perspectives in the Analysis of Globalization and the European Welfare States*. In Sykes, R., Palier, B., & Prior, M. (Eds.). (2001). *Globalization and European Welfare States: Challenges and Change*. Basingstoke: Palgrave. (1-16).
- 5) Moon, G., & North, N. (2000). *Policy and Place: General Medical Practice in the UK*. Basingstoke: Macmillan.
- 6) Higgins, J. (1981). *States of Welfare: Comparative Analysis in Social Policy*. Oxford: Basil Blackwell & Martin Robertson.
- 7) Pierson, C. (1991). *Beyond the Welfare State?* Cambridge: Polity.
- 8) Steslicke, W. (1989). *Health Care and the Japanese State*. In Field, M. (Ed.). (1989). *Success and Crisis in National Health Systems: A Comparative Approach*. London: Routledge. (101-127).
- 9) Campbell, J. (n.d.). *Initiating Public Long-Term-Care Insurance in Japan*. Retrieved March 13, 2004, from The Journal of the International Institute Web site: <http://www.umich.edu/~iinet/journal/vol5no1/kaigo2.html>
- 10) Harald, C., & Ralph, L. (2002). *Aging and Social Policy-A German-Japanese Comparison*. Retrieved March 13, 2004, from German Institute for Japanese Studies Web site: http://www.dijtokyo.org/?page=publication_detail.php&p_id=536&lang=ja
- 11) Shinoda, T., Tagawa, & Koike, S. (2002). *Long-Term Care: Lessons from the United Kingdom, Germany, and Japan*. Retrieved March 13, 2004, from Harvard Health Policy Review Web site: <http://hcs.harvard.edu/~epihc/currentissue/spring2002/shinoda-tagawa-koike.php>
- 12) *The Insurance Impact- How Policies Can Affect Care*. (n.d.). Retrieved March 13, 2004, from American

Society on Aging Web site: <http://www.asaging.org/at/at-216/rtjapangerman.html>

- 13) Crume, Y. (1997). *Publicly-Mandated Long Term Care Insurance Programs: Japan Chooses a Modified German Model*. Retrieved March 13, 2004, from Duke University Web site: http://www.ltc.duke.edu/occasional_5.htm
- 14) Miyatake, G. (1999). *Kaigo Hoken no Subete* (4th ed.). Tokyo: Hokendozinsya.
- 15) Goodman, R., & Peng, I. (1996). The East Asian welfare States: Peripatetic Learning, Adaptive Change, and Nation-Building. In Esping-Andersen, G. (Ed.). (1996). *Welfare States in Transition*. London: Sage. (192-224).
- 16) Esping-Andersen, G. (Ed.). (1996). *Welfare States in Transition*. London: Sage.

Bibliography

- 1) Field, M. (Ed.). (1989). *Success and Crisis in National Health Systems: A Comparative Approach*. London: Routledge.
- 2) *Health and Welfare Bureau for the Elderly*. (n.d.). Retrieved February 10, 2004, from Ministry of Health, Labour and Welfare Web site: <http://www.mhlw.go.jp/english/org/policy/p32-33.html>
- 3) *Health Care and Long-Term Care*. (n.d.). Retrieved March 13, 2004, from http://www.reform-monitor.org/httpd-cache/doc_stq_hs-134.html
- 4) *Japan's Long-Term Care Insurance Programs*. (n.d.). Retrieved April 15, 2004, from <http://www.kaigo.gr.jp/JLCIhp.htm>
- 5) Jones, C. (1985). *Patterns of Social Policy: An Introduction to Comparative Analysis*. London: Tavistock.
- 6) *Long-Term Care Insurance System in Japan*. (n.d.). Retrieved February 10, 2004, from Ministry of Health, Labour and Welfare Web site: <http://www.mhlw.go.jp/english/topics/elderly/care/2.html>
- 7) Martin, E.W. (Ed.). (1972). *Comparative Development in Social Welfare*. London: George Allen & Unwin.
- 8) Midgley, J. (1995). *Social Development: The Developmental Perspective in Social Welfare*. London: Sage.
- 9) Sykes, R., Palier, B., & Prior, M. (Eds.). (2001). *Globalization and European Welfare States: Challenges and Change*. Basingstoke: Palgrave.