

일본 노인복지서비스에 있어 새로운 민족적컨텐츠 등장 배경과 요인에 대한 연구: 민족운동과 복지정책과의 관계

What Caused the Emergence of Ethnic Contents in Japanese Elderly Care Services? : Interaction between Ethnic Movement and Social Welfare Policy

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요약

일본정부는 급격하게 고령화 되어가는 사회에 대응하기 위해 지속적으로 노인복지를 확대해왔다. 그리고 일본의 노인 복지제도의 바탕을 이루고 있던 조치제도는 2000년에 들어서면서 개호보험이라는 사회보험적 형태의 노인복지 시스템으로 변화, 정착되었고 일본의 노인복지 시스템은 획기적인 변화를 맞게 되었다. 본 연구에서는 이러한 개호보험이 가지는 주요 특징 중에 특별히 주목하는 점은 다음과 같다. 첫째, 개호보험은 사회보험시스템으로서 의무적인 가입을 해야 하며 상당한 양의 보험금과 자기부담금을 부담해야한다. 둘째, 복지제도의 이용자는 소비자라 인식되며, 그들은 다양한 소비자로서의 초이스를 가질 수 있도록 하고, 이를 위해 복지서비스 제공자는 자유시장에서의 경쟁의 원리를 바탕으로 활동하게 된다. 그리고 이전의 조치제도 하의 복지서비스 제공자들이 정부 주도의 시설과 단체들로서 그에 대한 규제가 엄격하였다면, 개호보험에서의 서비스 제공자들은 훨씬 유희되고 간단해진 관리와 규제를 받게 되었다. 이러한 개호보험의 특징은 제일조선, 한국인 조직들이 제일 고령자라는 소비자에게 일본 복지서비스에서는 찾기 힘든 한민족의 민족적 콘텐츠를 노인 복지 영역에 도입하는 활동을 기획하고 실천하는데 있어 그 동력을 제공하였다. 즉, 한민족 콘텐츠를 복지 서비스의 판매에 유리한 조건(selling point)로서, 동시에 예상되는 복지이용에서의 민족적 불이익에 대한 대안으로 삼음으로써 일본의 노인복지서비스 영역을 다양화하는 결과를 가져왔다.

■ 중심어 : | 개호보험 | 노인케어 | 민족적 컨텐츠 | 제일 조선 | 한국인 |

Abstract

Japanese state has continuously tried to adapt itself to the social demands coming from rapidly greying population. Japanese government introduced the new social insurance system of elderly care, i.e. Long term Care Insurance with epoch-making changes in the Japanese welfare system. The most important aspects of the new system can be summarised as follows: 1) social insurance system of obligatory entry with paying premiums and co-payment 2) emphasis on the customer choice, competition, flexibility, free-market, relaxation of the regulation. This characteristics brought unexpected results of the emergence of ethnicity-centred contents of welfare services. As a selling point in freemarket and as a countermeasures against expected ethnic disadvantages, the Korean ethnic organisations brought the ethnic elements resulting in the diversified Japanese welfare services.

■ keyword : | Long-term Care Insurance | Elderly Care | Ethnic Contents | Zainichi Korean |

I. Introduction

Because the society has been ageing so rapidly, the care services for the aged - has been the centre of a great deal of interest in Japan in recent decades. Sectors drew much attention as the the UN defines an “aged society” as one whose aged population (people over 65 years of age) is greater than 14% of the total population; and Japan has already reached this level with approaching an ultra-aged society. Japanese society as a whole has been focusing to find appropriate measures to cope with this matter. Beginning with the “Ten-year strategy for promoting health and welfare of the aged,” the so-called “Gold Plan” (*Gōrudo Puran*) in 1989, welfare policy for the aged has changed subsequently in recent decades. Following the Gold Plan came 1994’s “New Gold Plan” (*Nyu Gōrudo Puran*), and in 1997 the bill of the Long-term Care Insurance Law(hereafter, LTCI) was passed and was enforced from 2000. The LTCI system is widely understood as the starting point of reforming the fundamental structure of social welfare in terms of “socialisation of care” and “privatisation of welfare services”[1].

The introduction of LTCI system could change the general landscape of the welfare service provision in elderly care in Japan through privatisation of welfare service. And this study examines the emergence of ethnic-specified welfare services in elderly care services provided by service provider of ethnic organisations as a result of new welfare system of LTCI. In other words, this will focus of rise of new care service programs based on different ethnic culture from Japanese one. By presenting my case study of the welfare organisations founded by Koreans residents living in Japan (hereafter, *zainichi*), named *Aera*, this study investigates what is the new ethnicity-centred welfare service programs are and

what brought the emergence of unexpected and unprecedented type of welfare service contents in Japan.

In mobilisation and formation of *Aera* organisation for its welfare service provision, several internal and external factors played their roles together. The influence of the ethnic community circumstances, such as diversifying demography, generation and orientations, is critically important internal factors for the mobilisation of the group. However, in this paper the scope of the analysis will give more weigh on the external factor of changing the social welfare policy and its influence on the emergence of a new contents of welfare service provision. To examine this, this study combined macro-and micro-level analyses: understanding the characteristics of LTCI in relation to the potential for the diversity of welfare service provision with micro-level, ethnographic examination of people’s understanding of the influence of Japanese State welfare policy on ethnic minority. My macro-level analysis relied on secondary sources in Japanese, English and Korean and on primary sources including newspapers and government documents. My ethnographic data for the micro-level analysis comes from the seventeen months of dense participant observation in the case organisation during my field research in Japan from 2005 to 2006 and the following the long-term observations until 2017.

This paper is constructed as follows. Firstly, it will present the brief development history of Japanese elderly care system since 1980s. Then it will examine the ethnicity-centred contents of welfare service provision through the case study of *zainichi* welfare service provider. Finally, it will investigate the factors causing the emergence of this new type of ethnic contents for the elderly care services in relation to the introduction of LTCI system.

II. Policy Adaptations to Changing Social Welfare Demands for elderly care in post-war Japan

1. The Road Towards the welfare expansion: From the late 1950s to the mid-1990s

Social welfare for elderly care is one of the leading areas of social welfare policy in Japan, one of the world's most rapidly ageing societies. From 1955 to the beginning of the 1970s several large expansions in social welfare were conducted, which aimed at modernising Japan based on the Western European model[2]; and this welfare policy was reflected in the welfare system for the elderly. Until mid-late 1960s, the system still maintained its selective and poor relief aspects by limiting the beneficiaries to the elderly who were either financially suffering (i.e. it was means-tested) or who could not be cared for in the family[1]. Since the 1970s, however, major expansions to the program for the elderly came in response to rising public demand during the period of rapid Japanese economic growth. This included free medical care. The social welfare system which was on track for expansion in the 1960s through early 70s, suddenly faced retrenchment in the name of "Japanese-style welfare society," with the economic recession in the early 1970s with Oil Shock. However, growing pressure caused by increased social demands, especially for elderly care, forced the Japanese state to alter the direction of the developing welfare system and to expand the welfare system since the 1990s. The most representative new programs were the 1990 Gold Plan (*Gōrudo Puran*) and the 1995 New Gold Plan (*Nyū Gōrudo Puran*). The plan included a vast expansion of long-term care services--primarily community-based ones--by endowing local governments with a huge grant over a ten-year period[3] with a budget amounted to six trillion yen.

2. Introducing the system of Long-term Care Insurance: Privatisation of welfare provision with cost-cutting

Then, in 1997, the passage of the Long-term care Insurance(*kaigo hoken*) law was carried out under the same social situation that caused the expansion of social welfare on which the Gold Plan was based. That is, both the Gold Plan and the LTCI aim at promoting the "socialisation of care" (*kaigo no shakaika*). However, there were subsequent differences between the two. First, while the former was conducted by investing a vast amount of public expenditure, the latter tried to reduce public expenditure to the utmost. Via insurance premiums as well as co-payments, the cost was shared by the users. Second, while the former was based on the old "placement system" conducted by public sector the latter emphasises consumer choice and competition among service providers. Third, the LTCI provides "a major move from care by the family to care by the state" by making the move from means-tested care to rights-based care, which started with the Gold Plan to be more robust¹⁾[3]. Here, we will briefly review the reasons why the Japanese state had to introduce this new and utterly different system of social insurance. The financial burden could be seen as the biggest factor which caused Japan to introduce the new LTCI system. By granting local governments around 15 trillion yen in working expenses over ten years, the Gold Plan planned for a vast expansion of both home-based and institution-based services. ²⁾ That is, this system was becoming too expensive[3]. However, raising taxes could not be the primary option for gaining government revenue as this would likely produce huge public resistance, as Japan

1) Considering the universalism of the beneficiaries and the size of the benefits, under the Gold plan, there was already an established system of universal care[3].

2) New Gold Plan invested an additional 9 trillion yen between 1995 and 2000[1].

experienced the unpopularity of the consumption tax in earlier history. Therefore, the government started to consider a new system which would have its own specific revenues and a new social-insurance contribution could be the alternative. As the revenue of the LTCI program was designed to consist of both taxes and insurance premiums, half of the cost would still be covered by taxes. However, still this could reduce public expenses by half, rather than having the total funding provided by taxes.

III. The emergence of ethnic non-profits organisation as elderly care service providers

The *zainichi* community, which is also ageing rapidly, could be directly influenced by the new law. While the Korean aged population is 6.8% of the total population of Koreans in Japan in 1984, it has grown and already reached to 13.7% by 2003. The demographic situation of the *zainichi* population and the privatisation of welfare services, which was one of the main aims in introducing the LTCI system, caused certain *zainichi* groups to be proactive. Centring on the Kansai area, some *zainichi* groups started to open day-care facilities for the *zainichi* aged within the LTCI system. By 2004, there were over 36 institutions providing care for the *zainichi* aged based on the Kansai area.

1. *Aera* group

The demographic situation of the *zainichi* population with rapid ageing and the privatisation of social welfare services through introducing the Long-term Care Insurance system by Japanese state gave a momentum to certain *zainichi* groups to be proactive. From early 2000s, a few *zainichi* groups

centring on Kansai area started some day care facilities for the elderly *zainichi*. *Aera* was one of the pioneering and successful groups which were founded to provide the *zainichi* community with social welfare services, especially care services for the older members of the community in K city with starting in 2000. The legal status of *Aera* is a nonprofit organisation and a Long-term care service provider dedicated by the Japanese government. *Aera* run three day care service centers for the *zainichi* elderly, also provides the home-care services as well. Most of staff members of the group are *zainichi* Korean who had ethnic education background. Because of their educational background, most of the care-worker at daycare facilities and those for home-care have Korean language proficiency. All the users of the facility and the services of *Aera* are *zainichi* elderly and most of them are first or second generation immigrants.

2. Ethnicity-centred contents of welfare service provision

Aera argues for the need of “a special care for the *zainichi* aged.” This leads to the explanation of what kind of care service is appropriate for the elderly *zainichi*. *Aera* suggests a model of care service designed for the *zainichi* elderly, named “*Woori-shiki Kaigo*” (Our Mode of Care).³⁾ This name is a compound of a Korean word, “*woori*” (we, our, us), and Japanese words “*shiki*” (mode, style) and “*kaigo*” (care). The head of *Aera* explains that by “*woori*” they mean “*furusato*” (hometown)⁴⁾; and in the context of the *zainichi* aged it points to the homeland,

3) “*Woori-shiki Kaigo*” is “*Woori-shik Kaeho*” in Korean.

4) The word “*woori*” (we, us, our) is very commonly used in *Aera* to refer to any Korean or *zainichi* cultural elements. However, in this case of “*Woori-shiki Kaigo*,” is the meaning of the word used in the transformed way -- from “homeland” to “hometown.” This could be understood a trial to avoid the plausible conflicts between *Chongryun*-affiliates and *Mindan*-affiliates.

i.e. Korea. That is, the *Woori-shiki Kaigo* (hereafter, WSK) aims at placing the *zainichi* elderly in circumstances consisting of Korean elements only, in the process of care service provision. And the following shows what is officially presented by *Aera* as the core elements of WSK:

- * Friends from the hometown who share similar historical experiences/
- * The Korean language/
- * Songs from the hometown: Korean songs familiar to the aged/*Meals from the hometown: Korean style food/* Surroundings of the hometown: e.g. Ornaments made of garlic and chili, *On-dol* (traditional Korean flooring) vs. *Tatami* (traditional Japanese flooring)/* Pastimes from the hometown: Korean play culture such as *Yutnori* (Korean traditional board game which is similar to a Japanese board game, *sugo roku*)

Based on this principle, inside the facility of day care centre, all the staff members use Korean languages towards the users, and the elderly users are called by their Korean name (*honmyo*, real name) rather than their Japanese name (*tsumei*) which they use most of time outside the facility. Also, their lunch is half-Korean and half-Japanese food with *kimchi* all the time. And *Karaoke* of Korean songs are one of their major pastime programs. In sum, the WSK is placing *zainichi* elderly in a circumstances where most of co-users and care workers are co-ethnic members and all the cultural aspects of the whole care services are based on Korean culture. That is, it makes the *zainichi* elderly feel to be inside their ethnic community. And for many users of the facilities, this condition worked as a point in their selection of the facility.

IV. What brought the emergence of the ethnic contents in elderly care system?

1. Privatisation of welfare services and the ethnic contents as a selling point for the customer

As mentioned earlier from 2000, in order to create a balance between the social demands for the “socialisation of care” and public expenditure, Long-term Care Insurance was introduced. The privatisation of care provision, which introduced both the concept of consumers’ choice of care services and market competition of service provision, is the characteristic of the new system which directly influenced the emergence of *zainichi* service providers like *Aera*.

The social insurance model of the LTCI guaranteed individual entitlements based on explicit criteria and consumer choice among services.⁵⁾ By the time of the Gold Plan the old “placement system” had been found not to work well for large-scale services. It was criticised for being “stigmatising, inefficient, paternalistic, amateurish and arbitrary”[3]. With the goals of “responsiveness, flexibility, quality control via competition and consumer choice, and efficiency” the new LTCI program made an innovative move towards a free-market approach in the context of a large entitlement program[3]. The key decisions about service provision are made by consumers not by officials and service provision has made a decisive shift from public or contracted-out services by monopoly providers, to services provided by the community-based care sector[3].

Under the LTCI system, regulations on the provision of social welfare were relaxed and the principle of competition was introduced. This allowed all the organisations which had the status of legal persons, including both profit and non-profit

5) Some model of social insurance like The Dutch model provides services directly from the municipal government or contracted-out monopoly providers. However, Japan strongly wanted to move away from bureaucratic provision towards consumer choice. So they did not follow such model[3].

organisations, to enter the system as service providers of home-based care. This move was also effective in promoting the socialisation of care while limiting public expenses to their minimum. Many for-profit companies or NPO *hōjin* (legal persons) became service providers based on the LTCI, increasing the number of home-based care services a great deal. However, it was these service providers themselves who made all the improvements to the service facilities and few subsidies were paid out of the National Treasury[1].⁶⁾

The relaxed regulations on the provision of social welfare is very important factor allowing the emergence of the new ethnicity-centred contents in elderly care service provision. Under the former system, public and monopolised organisations under strong monitoring and control by Japanese government, any cultural aspects of non-dominant ethnoculture could not be ever considered in introducing to the welfare service provision. However, under the LTCI system, ethnic organisations which can easily gain legal status under the NPO law, can participate the welfare service provider and also the ethnic contents of the service do not need to be regulated. Moreover, under the LTCI system based on competition, consumer choice, and a free-market, actually the ethnic contents of ethnic organisations like *Aera* could work as a selling point in the free-market of welfare services. Actually, the infrastructure of *Aera* facility is inferior to the neighbouring for-profit or large non-profit Japanese facilities. From the interviews, I could find that the users themselves understand relatively inferior facility level and circumstances of *Aera*. They sometimes mentioned the large bathrooms and very fancy buildings of other Japanese facilities and envied them. However, for them the ethnic elements of the

Aera appealed to them in selection and usage of the facility; that is, they attracted the customers. This shows the role of ethnic contents of the ethnic welfare services in free-market competition.

2. Social-psychological factor

Japanese society has had institutionalised discriminations based on the nationality clause, and though many of them have been abolished as a result of the *zainichi* activism since 1970s and as the Japanese government caught up to the international human right standard over past decades, still some issues like non-national pension for the *zainichi* elderly exist. In explaining that the *zainichi* movements of the mid-1970s required the abolishment of the nationality clauses in the social welfare eligibility, Park[6] pointed out that it started with the *zainichi* Korean's frustration about "despite paying the same tax, we cannot get the same social advantages with the Japanese; only because we have Korean nationality". This argument of "a contradiction between an obligation of tax ability and taxpayers with no reciprocal rights"[7] is used for *Aera*'s movement as well. *Aera* says that while *zainichi* are required to do all the same legal obligations including tax payment as Japanese nationals do, equal rights are not guaranteed. Though *Aera*'s primary target is equal rights in the field of social welfare, most of time it presents its own arguments related to the present welfare problems for the *zainichi* elderly in the context of the Japanese state's the long-sustained discrimination against the *zainichi* in various social fields. In other words, *Aera*'s argument is based on its understanding of the policies of Japanese state and of social discrimination having caused deep feelings of exclusion and discrimination.

Founded on the accumulated grievances of inequality, the start of the LTCI system evoked the

6) There is a regulation saying that it is possible to make government grants for "group-homes" organised by NPO *hōjin*[1].

issue effectively by characterising the new system as a form of social insurance. Different from the existing welfare system fully based on the tax, the LTCI system requires the payment of premiums and co-payment with the obligatory entry of entire age group. This additional and newly adopted social obligation could be effective in stimulating the long-held grievances. This idea is well expressed in the internal documents of *Aera* as follow:

Considering the fundamentals, the problem of the compatriot elderly (*dōhō koreisha mondai*) which the ethnic community faces and the LTCI system (*Kaigo Hoken seido*) are different matters. However, at the same time once the state makes the legislation and enacts it, it is impossible for the *zainichi* elderly to stay irrelevant to it. The law and system—its contents, discrepancy, problems—should be thoroughly understood and be taken advantage of.

Aera argues that even though *zainichi* pay the premium for LTCI they cannot enjoy their rights in the context of aforementioned Japanese discriminations which they have experienced. However, there is a big difference between the issue of the inequality based on nationality clause and that of LTCI: the former is that there was the official discriminating point of nationality clause and the official administrative differentiation was conducted by the Japanese government between Japanese and *zainichi*. However, LTCI does not have any official blockage for the foreign residents like nationality clause. According to LTCI law, every service provided to the Japanese are equally open and expected to be used by all the people regardless of nationality but only if they pay the premium. However, what the *zainichi* advocacy groups are concerned with are the contents of these services. They argue that even though officially and

systematically these services are open to all people regardless of their ethnic background, the content of these services without consideration of other ethnic groups' existences, will prevent those people from making full use of them. They argue there are specific conditions preventing the *zainichi* elderly from taking full advantage of the LTCI system as follows: 1) A serious language barrier 2) Different historical background 3) Korean culture different from Japanese one 4) Different *minzokusei* (national disposition) 5) Lack of national pension for the *zainichi* elderly: the economic restriction in using the care services 6) Illiteracy: causing lack of available information

The members of *Aera* often say that Japanese systems ignore the fact that there exist others who are not Japanese. This idea is closely related to the Japanese idea of ethnicity, and to the criticism that the Japanese society has not fully admitted the existence of 'other' i.e. non-Japanese. It can be said that *zainichi* who had experienced such Japanese tendencies tend to be sensitive to civil rights exclusion, and even make themselves take pre-emptive action with the expectation that there will be exclusion. That is, *zainichi* started this activity based on their understanding of historical experiences rather than on practical experiences relevant to existing policy.

V. Conclusion

Japanese state has continuously tried to adapt itself to the social demands coming from rapidly greying population. Though there was the period of welfare retrenchment, Japan continuously walked toward the expansion of social welfare. To balance the expansion of welfare and the public expenditure, Japanese government introduced the new social insurance

system of elderly care, i.e. Long Term Care Insurance. The new system includes both an extension of the former system and epoch-making changes in the Japanese welfare system. The most important aspects of the new system can be summarised as follows: 1) social insurance system of obligatory entry with paying premiums and co-payment 2) emphasis on the customer choice, competition, flexibility, free-market, relaxation of the regulation. This characteristics brought unexpected results of the emergence of ethnicity-centred contents of welfare services. The relaxation of the control of governments enable ethnic organisation to participate the welfare service provision, and the emphasis on the customer choice and free-market allow the diversifying contents of welfare services, which resulted in the ethnic contents are used as a selling point of welfare services. But in mobilising the ethnic organisation in participating with ethnic contents of welfare services, not only the new chances for the organisations in terms of free-market of welfare services, but the long-maintained grievances about Japanese discriminative welfare practices against zainichi people also made an important role. The mistrust and grievances toward the Japanese policy and system mobilised them to make their own organisation as a welfare service provider to reduce any expected disadvantage of zainichi elderly users. This new ethnic contents of welfare services in Japan is very new and unprecedented and this can be a good start of more diversifying landscape of Japanese welfare system.

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