The changing shape of the care diamond: The case of child and elderly care in Japan [1]

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Introduction

Traditionally in Japan, the care needs of children, the elderly, sick or disabled have been met within the family. As one of the welfare states with the highest proportion of elderly people (defined as those who are 65 years and older) the state provided a few care services, but they were limited and the coverage was restricted to those with the most intense care needs. However, a number of social forces have made it necessary to expand the public role in care provision. These forces include demographic change (ageing), changes in family structures (the increasing proportion of one-person households and households that include only elderly persons) and, to some degree, changes in the labour market (the increase in female labour force participation).

For elderly care, the rapid expansion of demand for public care services coincided with the retrenchment of social spending caused by a rapidly deteriorating fiscal deficit. It became clear that the government would not be able to meet the future increase in care demands without radical reform. As a result, Long-Term Care Insurance (LTCI) was introduced in 2000.

In the case of childcare, the state response was triggered by declining fertility. The main rationale, in order to raise fertility, was that it was necessary to ease the pressure of child-rearing on women, and one of the ways of doing so was to encourage women to work. However, the relationship between state provision of care and fertility was never clearly spelled out or understood, and the policy response to childcare was half-hearted and confusing.

This paper by Aya Abe describes the scale of the elderly care problem in Japan, examines the government's role in providing care and, to a lesser extent, considers the market's role before and after the introduction of the LTCI. It also looks at changing patterns in state provision of childcare. The paper expands on the idea of the "care diamond" introduced by Razavi and applies it to care for the elderly and children in Japan in order to compare the two.

Three main findings of the paper can be highlighted.

First, both for elderly care and childcare, the author finds that gender inequalities in care provision remain strong. The bulk of care is provided by women in the immediate family, whether it is the wife, daughter or step-daughter in the case of elderly care, or mother, in the case of childcare. The introduction of the LTCI reinforced traditional tendencies by emphasizing home care over institutional care, and a combination of cultural and socioeconomic factors has kept the gender bias in place. One reason is the weak representation in, and influence on, the policy-making process by women's—as well as other—social movements. Another is the fact that the value of women's time in the labour market is quite low compared to that of men. A growing proportion of the female labour force is composed of non-permanent workers whose wages are significantly lower than those of permanent workers. This is reinforced by care policies that leave women with no alternative but to interrupt their careers in their 20s and 30s in order to take care of their children. Because these women have already given up their permanent job earlier in their life, they are pushed into taking care of the elderly when they are in their 50s and 60s. Thus, care policies and employment policies reinforce women's role as caregivers.

Second, the care diamonds for elderly care and childcare are quite different in Japan, mainly because of different policy objectives. The stated objective of the LTCI is to "socialize the burden of care among the entire society". But according to the author, the hidden motive is to cut the governmental fiscal outlay for elderly care. In contrast, the policy objective for childcare is "to balance work and family", ultimately aiming at increasing fertility rates and women's labour force participation. The result of these different objectives is that the LTCI tries to emphasize home-based solutions, while childcare policy emphasizes institutional care. Another notable difference between elderly care and childcare policies is the role of markets. In elderly care, there is an almost complete overlap of state and market spheres. Indeed, Abe argues, the LTCI works as a market solution to the fiscal burden of state-provided care services. The money for care services is thus collected (from all citizens over 40) and distributed (according to the state's classification of care needs) by the state, while service provision is almost entirely carried out by private institutions. In contrast, childcare provision is divided between the public and private spheres.

Finally, Abe says, what is conspicuously missing in the development of both elderly and childcare policies is the voice of caregivers, notably women, and those receiving care themselves. Here, care policies do not differ from other social policies in Japan, which are notably bureaucracy-driven.

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[1] https://childcarecanada.org/documents/research-policy-practice/22/05/changing-shape-care-diamond-case-child-and-elderly-care [2] https://www.unrisd.org/en/library/publications/the-changing-shape-of-the-care-diamond-the-case-of-child-and-elderly-care-in-japan [3] https://cdn.unrisd.org/assets/library/papers/pdf-files/abe.pdf [4] https://childcarecanada.org/category/region/international [5] https://childcarecanada.org/taxonomy/term/9261 [6] https://childcarecanada.org/taxonomy/term/9065 [7] https://childcarecanada.org/category/tags/women