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Article

Governing Care Provision: A Comparative Perspective on Japan and Korea*

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This paper examines the relationship between the state and the community with regard to care provision in Japan and South Korea. Japan and Korea took similar institutional trajectories at different points in time, but how care provision was organized varied depending on the context of the development of the care labor market and community organizations. This paper compares provision of care for elderly people in Japan and Korea with a focus on community-based organizations. First, we compare demographic changes and public responses to care provision for elderly people by the respective governments. Second, we analyze the important juncture of policy changes on care provision in terms of the care regime. Finally, we examine the experience of community-based organizations in the changing care regime, based on interviews with managers of community-based organizations, and we discuss the potential tensions between state and community with regard to care provision.

Keywords: *care regime, community-based organization, Long Term Care Insurance, Japan, Korea*

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Introduction

This paper examines how care of elderly people is organized, with a focus on community-based organizations and their relationship to the state, in Japan and South Korea. Both countries experienced compressed demographic changes in accordance with rapid industrialization at different points in time. Institutional responses to the aging population in both countries shared a common direction, from family-dependent care regimes toward the socialization of care as long-term care insurance (LTCI) was introduced in Japan in 2000 and in Korea in 2008. However, in 2015 the Japanese government introduced a "new community life-support service," and this modification of LTCI in Japan suggests that the role of community and volunteers is being emphasized more than before. The Korean government has not revised LTCI officially. However, there is growing interest in alternatives for providing social services. In both cases, the role of community-based organizations is increasingly recognized in the arena of public policy.

The importance of community has grown around the world with the failure of states as well as markets. The role of community gained attention in Europe in the context of the decline of the welfare state and the privatization of social services. There has been much discussion on the institutional architecture of social service provision with the experience of European welfare states; however, the tensions associated with the changing process have gained relatively less attention. The experience of community-based organizations in Japan and Korea provides double contexts for comparison. While the care regime in Japan and Korea is often described as an East Asian "familialistic regime" in contrast to other regions, and while both countries have undergone the "socialization of care" with an element of marketization, the history and the context of community care provision differs between the two countries. Under the socialization of care accompanied by marketization, how communities engaged in or experienced these changes is a curious question. Thus, based on in-depth interviews at community-based organizations in Japan and Korea, this paper explores the following questions: (1) Where are the community-based organizations located within the overall policy framework of care provision? (2) How do these organizations negotiate the changing institutional environment, and what tensions arise in this process? (3) What is the meaning of these changes for the relationship between the state and community-based organizations with regard to the

social contract?

Changing Care Regime and Tensions around the Redistribution of Institutional Responsibility

Care regimes are defined as "institutional and spatial arrangements (locations) for the provision and allocation of care" (Kofman and Raghuram 2009, p. 6). The major institutions that constitute care regimes are the state, the market, the family, and the community (Ochiai 2009; Razavi 2007). In the literature of care regimes, community is recognized as a key component: the category of community within the care diamond "encompasses various relationships that are informal but not between relatives" (Ochiai 2009, p. 4). Community ranges from a network of childrearing mothers to social welfare centers to senior welfare centers (Ochiai 2009, p. 8). Here, community is defined as something that is neither governmental nor for-profit. Although discussions on community are wide-ranging, the discussion in terms of care regimes mainly focuses on the distribution of institutional responsibility. Yet, there are many tensions in the re-distribution process. The discussion on the third sector provides useful analysis of the tensions at the organizational and individual level.

Evers and Laville (2004) acknowledged that organizations in the third sector act in a kind of tension field: "they are simultaneously influenced by the state policies and legislation, the values and practices of private business and the culture of civil society and by needs and contributions that come from the informal family and community life" (p. 15). In other words, the third sector is not isolated from other sectors, and it has moral and political aspects (Evers and Laville 2004). Similarly, the major institutions of the care regime need to be considered not only in terms of the distribution of the sheer amount of care but also in terms of the moral and political aspects of the role each institution plays within the structure.

The changing dynamics among the key actors in care provision deserve attention, as they reflect broader political economic changes. The relationship between the state and the community[1] for the provision of social services has

[1] Etxezarreta and Bakaikoa (2012) used the terms "third sector," "non-profit organization," and "social economy" interchangeably and differentiate them from "the informal sphere, which refers to community or family for breaking the dichotomy between state and market", which is used by Titmuss (1974). Yet, we use "community" as one of the key components of care provision including state, market, and family and treat nonprofit organizations, cooperatives, and social enterprises as

been much debated in the context of the decline of the welfare state in Europe. Marketization is an important context for this discussion. Etxezarreta and Bakaikoa (2012) noted that privatization policies in Europe since the late 1980s have deeply changed the historically established relationship between the state and the third sector and predicted that the overall relationship between the state and the third sector will be governed by market mechanisms even though the importance of the third sector as a social service provider has been emphasized. Hence, privatization fundamentally changes "the relationship of trust to one of exchange, introducing component mechanisms with respect to financing, which will become evident basically on passing from a system of subsidies to a system of contracting" (Ascoli and Ranci 2002, quoted in Etxezarreta and Bakaikoa 2012, p. 269).

Acknowledging the interdependent relationship between the public and the third sector as an interdependent welfare mix in Europe, Ascoli and Ranci (2002, p. 18) identified "the dilemmas of the welfare mix."[2] In particular, the identities of nonprofit organizations and users are important points of political debate. Ascoli and Ranci raised an important question: "Up to what point can a non-profit organization, committed to the provision of a service, maintain its original identity and mission?" (p. 19). They noted that nonprofit organizations need to pay attention to "growth in size, specialization and professionalism" to provide services, that doing so may result in a strong tendency "to conform to the dominant models of corporate management," and that "many of the specific properties of non-profit organizations would be lost" (Ascoli and Ranci 2002, p. 20). Accordingly, users' perceptions may vary depending on the organization's objective. If the objective is not to compete in the market but to involve the community in the actual planning of services and therefore to have customers participate in the "production" of local response to needs, it becomes strategically important to build an "appropriate organizational context" that promotes dialogue, participation, and joint planning (Ascoli and Ranci 2002, p. 20).

The discussion on the relationship between the state and the third sector is largely based on the various institutions' shares of social service care provision. For example, Pestoff (1998), in his discussion of the concept of

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organizations constituting "the community."

[2] The dilemmas are as follows: (1) delegation or sharing of responsibility, (2) cooperative interaction or competitive interaction, (3) organizational efficiency or quality of the service, (4) stability of cooperative relationships or the chance to innovate, (5) uniform or diversified services, (6) central or marginal role of volunteering, (7) identity or service provision, (8) customers or citizens, and (9) conservation or disappearance of a public-sector role in the delivery of services.

co-production, described the relationship between the state and the third sector with regard to social service provision as either (1) complementary, (2) competing, or (3) substituting. Yet, the recent discussion on co-production has been extended to ways to enhance citizens' active participation. Jette and Vaillancourt (2011) introduced the notion of co-construction to emphasize participation in the policy-making process for the production and delivery of social services. Bovaird (2007, as quoted in Kim 2016) specified co-production activities that citizens can participate in, such as "co-commissioning, co-design, co-delivery and co-assessment"). While it is clear that the role of the third sector as a provider of social services is increasingly important, how the political meaning of these voluntary actions is sustained requires more active interpretation.

Although the context of Japan and Korea is different from that of Europe, both regions have experienced changes in their welfare regimes (Esping-Anderson 1997; Kwon 1997). We attempt to explore the dilemmas in the process of repartitioning the responsibility for care provision in the context of Japan and Korea and to generate discussion on the meaning of citizens' participation. Japan and Korea have been regarded as having familialistic welfare regimes, which means that public policy assumes that households must bear principle responsibility for family members' welfare (Esping-Andersen 1997; Ochiai 2009). As drastic socio-demographic changes were accompanied by compressed economic development, this familialistic welfare regime faced challenges. Concerns about the "care deficit" for the growing aging population and a series of policies for the "socialization of care" reflect how both governments addressed these challenges. Emphasizing the role of the state runs rather against the neo-liberal current, but both governments moved towards the "socialization of care." Yet, the actual dynamics between the key institutions of care provision under this rhetoric deserves more scrutiny, as there has been substantial criticism that this change was accompanied by the marketization of care in Korea and Japan (Hashimoto 2015; Peng 2009). Furthermore, voluntarism and the role of community organizations is emphasized again in the recent revision to LTCI in Japan (Hashimoto 2016; Kurimoto 2016).

In the following sections, we compare care provision for elderly people in Japan and Korea with a focus on community-based organizations. First, we compare demographic changes and public responses to care provision for elderly people by the respective governments. Second, we analyze the important juncture of policy changes on care provision in terms of the care regime. Finally, we examine the experience of community-based

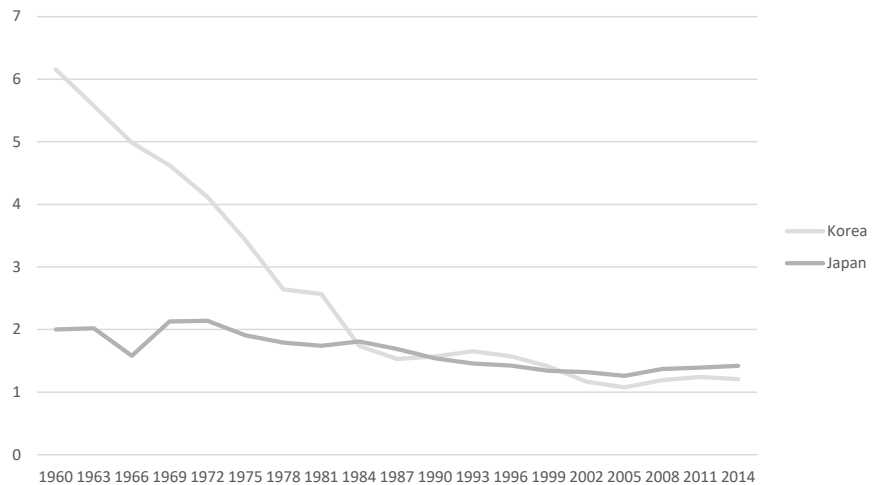
organizations in the changing care regime, based on interviews with managers of community-based organizations, and we discuss the potential tensions between state and community with regard to care provision.

Aging Population and Care Provision as a Public Concern

The aging population is an important policy issue in both Japan and Korea during the 2000s. Public concerns about the aging population appeared during the 1970s in Japan. As shown in Figure 1, Japan's total fertility rate decreased from 2.0 in 1960 to 1.26 in 2005 and increased modestly to 1.46 in 2015. The elderly population in Japan exceeded 10% in 1985 and reached 25.7% in 2014 (Figure 2). Consequently, Japan has a longer history of dealing with an aging population. Starting with the "Gold Plan," a selective, tax-based community care system in 1989, it shifted to universal LTCI in 2000 (Chung 2008).

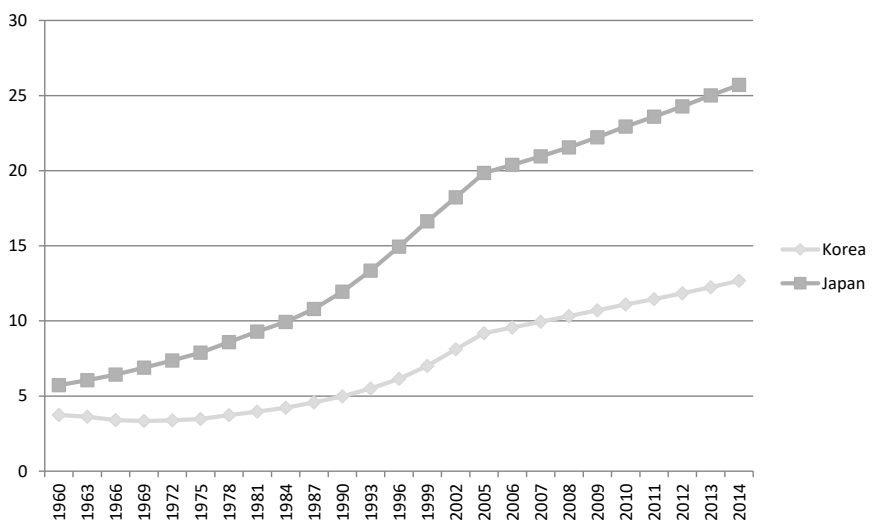
The demographic patterns in Korea are similar to those in Japan, but more compressed. Korea's total fertility rate was 6.09 in 1960, dropped dramatically to 1.07 in 2005, and increased slightly, to 1.2, in 2014 (Figure 1). Korea's elderly population topped 10% in 2008 (Figure 2). Given that the aging population is a continuum with the decrease in the total fertility rate, a rapidly aging population in Korea was predicted. The aging population was a looming concern during the 1990s but became a public concern in both the policy arena and public discourse during the 2000s. Numerous newspaper articles on "low fertility and population aging" were published during the 2000s. The major concerns were the pace of demographic changes, the rapid increase in the dependency ratio, and the care deficit.

Korea implemented LTCI in 2008. The structure of the LTCI is based on insurance and the quasi-market, where service users and service providers are regulated by the government. Everyone is eligible for the insurance; however, people who are eligible for the co-payment must be certified by a public health institution. Despite the similarity of the two countries' LTCI structures, the configurations of the organizations that provide services in Japan and Korea are different. Whereas various forms of organizations that provide care services developed in Japan, Korea had fewer such organizations than Japan. In Korea, the introduction of LTCI accompanied the development of service providers. With the introduction of a form of insurance and the quasi-market, LTCI was expected to guarantee financial sustainability and effective care service delivery; however, its promise was



World Bank. year not listed. "World Development Indicators", Retrieved March 6, 2018 (http://data.worldbank.org/data-catalog/world-development-indicators).

Fig. 1.—Total fertility rate in Japan and Korea, 1960–2014



World Bank. Year not listed. "World Development Indicators", Retrieved March 6, 2018 (http://data.worldbank.org/data-catalog/world-development-indicators).

Fig. 2.—Percentage of elderly population in Japan and Korea, 1960–2014

hard to realize because of institutional constraints (Chung 2008).

Changing Dynamics of the Care Regimes in Japan and Korea

"Socialization of Care": From Family to State, Market, and Community

Ochiai (2009) identified four major institutions that provide care—state, market, family, and community—and compared the patterns of the organization of care diamonds in Japan and Korea. Here, the category of community "encompasses various relationships that are informal but not between relatives" and ranges from networks of childrearing mothers to social welfare centers to senior welfare centers (Ochiai 2009, pp. 4, 8). In both countries, the role of the state is relatively smaller than those of market, community, and family; and the role of the Korean state is smaller than that of the Japanese state (Ochiai 2009, p. 13). Assessment of the contribution of market and community varies depending on the study. Ochiai (2009) assessed that the private markets for care and community organizations are more developed in Korea than in Japan. However, Chung (2008) found that Japan tended to have a greater variety of organizations providing care at the time of the introduction of LTCI.

Despite the differences in the assessments of the contributions of each institution to care provision, the state played a minimal role in care provision in both countries, the family played a dominant role, and policies on care for elderly persons were geared towards reducing family burdens and increasing the responsibility of other institutions, a process often called the "socialization of care." The introduction of LTCI can be regarded as one attempt to "socialize" care; yet, the role of for-profit care providers seems to increase under this scheme, as Tables 1 and 2 indicate. In Korea, home-care service providers numbered 6,618 in 2008 and increased to 10,857 in 2011 (Table 2). Of these, the share of private organizations is constantly high: increasing from 60.8% in 2008 to 77% in 2011. In Japan, home-care service providers numbered 28,014 in 2000 and 79,695 in 2010 (Table 1). The share of for-profit organizations is relatively low compared with Korea, at 28.2% in 2000 but increased continuously to 50.4% by 2010. Although the increase in the responsibility of other institutions for care provision has been associated with the term "socialization of care" by the respective governments, the nature of the change has been debated. Peng (2009) noted that the "socialization of care" in Korea accompanied marketization, pointing out that

TABLE 1
Types Of Organizations Providing Long-Term Care Services for Elderly People Under the Ltci in Japan, 2000–2010

Division	2000	2002	2004	2006	2008	2010
Total facilities	28,014	36,605	50,908	63,667	66,877	79,695
Ratio of operations						
Local governments	10.5	3.3	2.3	1.5	1.3	1
Social welfare corporations	53.2	54.6	48.6	43.9	42	39.2
Medical corporations	4.1	4.6	4.8	4.6	4.4	4.1
Cooperatives	2	2.3	2.2	2.6	2.7	2.6
For-profit corporations	28.2	31.8	38.6	44.2	46.7	50.4
NPOs	0.9	1.6	2.3	2.6	2.7	2.6
Other	1.1	1.8	1.3	1.2	1	0.9

Adapted from A. Kurimoto, 2016, "Social innovation in co-operative elderly care in Japan," paper presented at 4th International Conference on Social Enterprise in Asia, September 24–25, 2016, Hong Kong.

TABLE 2
Types of Organizations Providing Long-Term Care Services for Elderly People Under The Ltci in Korea, 2008–2011

Division	2008	2009	2010	2011
Total facilities	6,618	11,931	11,228	10,857
Ratio of operations				
Local governments	1.6	1.2	1.0	1.0
Corporations	34.3	23.8	19.8	20.9
Private organizations	60.8	72.6	78.7	77.5
Other	3.3	2.4	0.5	0.6

Adapted from National Health Insurance Corporation (2012) in E.Kim and H.Oh, 2013, "Cross national comparison on the changing patterns of the LTCI service providers", paper presented at Conference of United Associations of Social Policy 2013, October 11-12, Osong.

the introduction of LTCI promoted the development of private agencies for care provision and a care labor market. Although it is governed by the framework of LTCI, and hence has the nature of a quasi-market, the care labor/service market formed rapidly with the introduction of LTCI in Korea.

Community-Based Organizations in the Changing Care Regime?

Various forms of organizations in the community provided care before the introduction of LTCI, and it is worth exploring how the dynamics in care regimes have changed in terms of their roles and their relationship to the state. In Japan, voluntary groups for supporting livelihood appeared in the early 1980s. These groups were formed by various organizations including the Council of Social Welfare, consumer retail cooperatives, agricultural cooperatives, citizen-led groups, and labor unions. Although they were organized around the principles of mutual support and interdependence, volunteer activities were paid. These groups have mainly provided supplementary home-care services and have been recognized as among the "resident participatory-type home-care provider organizations." The introduction of the LTCI in 2000 in Japan brought competition among various types of organizations, including business enterprises, social welfare corporations, medical care corporations, cooperatives, and specified nonprofit corporations. Some operated under the LTCI, and others divided their services and operated under the LTCI as well as independent of the LTCI. When the Nonprofit Activities Promotion Law was implemented in 1998, many of these "resident participatory-type home-care" organizations were transformed into specified nonprofit corporations. To some extent, these groups incorporated the marketization that LTCI brought in. However, the revision to LTCI in 2015 brought another drastic change to the management environment of LTCI providers. The new LTCI called on citizen-led groups to provide community life-support services. It emphasized volunteer activities and citizens' participation. For example, as of 2010, the share of co-ops within the LTCI was 2.6% (Kurimoto 2016). In 2014, 881 cooperatives provided home help within the in-home services under the LTCI (Kurimoto 2016).

In Korea, elder care outside the family was organized through the Welfare Center (bokjikwan), funded by the government for those in a precarious condition beginning in the 1980s, when the Social Welfare Service Act was amended in 1983 (Im et al. 2001). While the Elderly Welfare Act was amended multiple times until the 1990s, the actual services provided were rather minimal (Im et al. 2001). As the demands for care services for children as well as for elderly people increased with socio-demographic changes during the 1990s, the informal care service market began operations, and Korean Chinese migrant women played a role in this sector as well (Lee

2017). In the context of cooperative movements, medical cooperatives and consumer cooperatives began providing elder-care services beginning in the mid-2000s. Provision of elderly care services was initiated as a pilot project for social job creation funded by the Korean government. When the pilot project ended, organizations that had participated in this project created a permanent program. For example, some cooperatives included care services for elderly people as a permanent program, and others transformed themselves into social enterprises. With the introduction of LTCI in 2008, these organizations operated their service programs under the LTCI. With the introduction of the Act on the Promotion of Social Enterprises and the Framework Law on Cooperatives, the number of social enterprises and cooperatives increased, and care services became an important item of these businesses. As of August 2015, 306 social cooperatives were registered by the Ministry of Strategy and Finance, 81 under the category of health care and social welfare[3] (http://www.coop.go.kr/COOP/state/guildEstablish.do). As of August 2015, 1,382 social enterprises were certified by the Korea Social Enterprise Promotion Agency,[4] 86 registered under patient care and domestic work (http://www.socialenterprise.or.kr/kosea/company.do). According to Hwang et al. (2014), 40.3% of social enterprises provided care service as of 2014, yet many were classified either under the category of work integration or mixed purposes other than social provision.

Changing Dynamics between State and Community: Case Studies in Japan and Korea

While the share of cooperatives and NPOs among care providers is small, community-based organizations have garnered much attention as alternatives providers of social services in the policy arena. In particular, it is believed that community-based organizations enhance the participation of local residents and respond to their needs. And because these organizations are often connected to other organizations in the community and use other resources, they may be able to provide more integrated services.

In this section, we discuss the tensions and dilemmas of community-based organizations in the changing policy environment. We offer case

3 According to the Framework Act on Cooperatives, there are two categories of cooperatives: social cooperatives and cooperatives.

4 Governmental organization that governs the certifying and supporting systems.

studies of community-based organizations providing care in Japan and South Korea. We interviewed managers and founders of nine community-based organizations that provide elderly care in Japan (4) and Korea (6) in 2014 and 2016 as an independent research project on community care provision. From these, we chose four cases that show the tensions and dilemmas that community-based organizations experience with respect to policy changes in Japan and Korea. The criteria for selection were whether the organization provided care services in the community before the LTCI was introduced; whether the organization was established in response to the needs of the community at the grassroots level; and whether the organization performed well in both socially and economically. In Korea, medical social cooperatives have been active in the community in this matter and they are pioneers in community care provision. In Japan, following passage of the Nonprofit Activities Promotion Law, many community-based organizations took the form of a specified nonprofit corporation. While we attempt to compare and contrast the cases of Japan and Korea based on our interviews with community-based organizations, ours is not a comprehensive national comparison by any means. The purpose of our case study is to add texture to the tensions and dilemmas by describing the experience and perceptions of community-based organizations in relation to the changing policies. We attempt to reveal this complexity in discussing the relationship between the state, market, and community in our case studies.

As noted earlier, Japan and Korea are considered familialistic regimes, and the trajectory of their policies on care provision appear to be similar but the historical development of their community-based organizations has been different. In terms of policy change, the introduction of LTCI is an important point of comparison. The LTCI introduced a quasi-market in both societies. How the introduction of LTCI influenced community-based organizations that have been active is rarely discussed. If we were to define marketization as one of the key characteristics of the introduction of LTCI, there are at least three dimensions to consider: (1) changes in the mode of exchange and the relationship between participants, (2) performance and competition in the market, and (3) identity and the role of community within the care regime.

1. Introduction of LTCI as Marketization: Changing the Mode of Exchange and Relationship

Changes in the mode of exchange and the relationship between the participants are reflected more clearly in the case of Japan, where these

TABLE 4 -> 3? 본문 내에도 확인

Community-Based Organizations in Japan and Korea

Country	Organization	Area	Year established	Form
Japan	A	Ise	1989	Specified nonprofit corporation
	B	Osaka	1999	Specified nonprofit corporation
Korea	D	Ansung	1993	Social cooperative
	E	Wonjoo	2002	Social cooperative

organizations have operated under mutual aid systems among community members. The manager of Organization A noted that the LTCI affected the existing mutual aid system negatively in two ways: (1) attitudes and relationships between users and providers changed, and (2) volunteers were absorbed into the care labor market for the LTCI:

> For example, when a member (user) who needed assistance was helped by a cooperative member (provider), he or she really appreciated it. However, after the appearance of the LTCI, users expect help as their right, as they pay for the service. A similar change happened among the cooperative members as well. When members provide services as cooperative members, they receive money (650 yen) less than the legal minimum wage. In this case, they wanted to be helpful to people. However, if members provide services in the quasi-market under the LTCI, they receive money in exchange for their labor. Most of them have behaved like wage-earners since the LTCI appeared.

The comments of Organization A's manager reveal the tensions associated with the changes from a mutual-aid to a contract-based relationship. The manager observed that the introduction of the LTCI mechanism, that is, a market relationship, negatively affected the dynamics within the community. However, the debate about the financial transaction over the care service was not new, even in the mutual aid system based on the unique mechanism of "paid volunteers." In Japan, the mutual aid system was widely established during the 1980s. Paid volunteers offered services as cooperative members, and a member who received service paid money as a token of gratitude. In this system, the financial reward was not wages, and indeed the amount was less than the legal minimum wage. This unique mechanism of "paid volunteer" was established for three reasons: (1) the custom of reciprocity in

Japanese culture, (2) the government's involvement in the voluntary sector at that time, and (3) the necessity for the basic expenses to provide services (Hayashi 2012). Hayashi (2012, p. 35) noted that the introduction of financial rewards into the volunteer system generated debates about dismantling genuine efforts to help people, the relationship between users and providers, and concerns about exploitation .

Similar concerns appeared in the comments of the manager of Organization A about the introduction of LTCI, but the ramifications seemed to be more complex. The organization managed to keep both systems by diversifying its services; however, mutual aid systems depended on LTCI financially. As the organization participated in the LTCI, home-care workers (cooperative members) provided services under the LTCI when a user (member) was eligible for the LTCI service. In this case, home-care workers (cooperative members) received a wage. However, when a user (member) wanted to use services exceeding the LTCI limit or to receive services not included on the LTCI menu, home-care workers (cooperative members) provided services under the paid volunteer system based on mutual aid. They were wage-earners when they provided services under the LTCI and paid volunteers when they provided services not covered by the LTCI. A home-care worker in the organization is both a wage-earner and a paid volunteer. Seemingly, the changes in the relationship may create confusion.

While the introduction of LTCI brought changes to the relationship; potentially caused problems among users, providers, and managers; and changed the dynamics within the community, it would be hard to assess these impacts without conducting comprehensive interviews with the users and providers in the organization. However, given that many organizations provide services in and outside of LTCI, there seems to be a way to address these potential problems, and there may be a range of perspectives on this matter.

The expansion of users under the LTCI contributed to a decrease in the number of paid volunteers. The LTCI system covers people who require long-term care as well as people who require life support. Even persons with low need can use home-care services under the LTCI. Also, wages for LTCI workers are higher than the rewards as paid volunteers. As a result, many volunteers joined the LTCI program as wage-earners. It seems that there is competition over the service providers between the old and new systems. However, how to interpret the tensions in this process is important: they are not just about competition over limited resources. As the manager of Organization A noted earlier, the introduction of LTCI changes the

relationship among the members within the community. Consequently, it will influence the identity of community-based organizations and the meaning of voluntary actions of the community members. We discuss this later in the third point.

In Korea, home-care service developed almost simultaneously with the introduction of LTCI. Both organizations ran home-care service programs before the LTCI was introduced, but it was part of the government's social job creation projects. After the LTCI was introduced, participants in the job creation projects transferred to the LTCI center of the organizations. Their programs operate within the LTCI system. The dual system which appeared in organizations A and B has not been clearly observed in this case. In the case of Korea, organizations participate in LTCI only, yet it connects to other programs within the organizations and with other organizations in the community to provide other necessary services. For example, cooperatives run clinics and work closely with other organizations in the local community. Adequate medical treatment is easily arranged when necessary. Also, other volunteers fill the service gap in the LTCI by providing services such as delivering lunch boxes and providing transportation. In addition, financial resources are transferred from other clinics in the cooperative to the long-term care service, as it is hard to generate profits. In a way, the goal of this organization is realized through the availability of other resources in the community. The manager of Organization D noted that some volunteers in the organization had become certified long-term care workers. Losing volunteers is damaging to the organization, but she thought that having a source of income through LTCI was good for those middle-aged women volunteers and that if her organization helped them obtain a source of income as care workers, this was also good for the community. The manager of Organization E also didn't see this as a conflict. Rather, she regarded providing paid work as one way to empower local women. It is worth noting that there are different interpretations of the phenomenon of transferring volunteers to wage workers. It may be attributed to the different historical context on the establishment of the social economy.

2. Performance within the Institutional Framework and Competition within the Market

Whereas in Japan, participation in LTCI generated significant profits which organizations used to run other programs at low cost, in Korea, LTCI doesn't necessarily generate profits to support other programs. Rather, the LTCI

program depends on other programs within the organization. Organization A, in Japan, provided care services under LTCI of 5,041 hours and provided services based on mutual help of 674 hours in 2012. The profit it earned by providing services under LTCI amounted to around 8.8 million yen. In contrast, the deficit generated by providing services based on mutual support was around 2.8 million yen. The profit from providing services under LTCI was transferred to an unprofitable section based on mutual aid. To keep the activities based on mutual aid, it was necessary for the organization to conduct business under LTCI. In Korea, Organization D earned total revenues of 0.6 million USD, but its profit was only 1,500 USD in 2012.[5] The LTCI program in the organization barely generated a profit.

In response to interview questions about market competition, organization managers in Japan and Korea stated clearly that they could not compete with other agencies, as these tended to enjoy economies of scale, manage their systems efficiently, and work aggressively. As community-based organizations, they tried to provide for the needs of the community members within their capacity. Despite the non-competitive attitudes of these community-based organizations, the experience of the Korean community-based organizations reveals interesting dynamics in the market. They tried to cultivate a good work ethic and provide good quality care in the community. However, doing so brought them unexpected difficulties. For example, they did not avoid or choose users but tried to provide the best care possible. The manager of Organization D noted that the organization tend to deal with physically and mentally challenged users in the market. This is troublesome in two ways. First, there is very little room to compensate workers' extra efforts, as wages and service activities are regulated by the LTCI. Second, users of the services are not necessarily members, unlike in Japan, although they became members eventually; hence, changing users' attitudes or building a relationship with users takes time, and thus the non-material rewards may be delayed.

3. Identity and the Role of Community within the Care Regime

Managers of community-based organizations in both Korea and Japan recognized the importance of the community's role in solving the challenges of an aging society. Yet, they were often critical of the government. "Although

[5] Organization D is the only one that earned a profit among the LTCI centers run by medical social cooperatives.

the designing of the LTCI by central government is very terrible, care or life support for the elderly is our problem. We have to face this challenge together," organization A's manager mentioned. Although he understood the importance of shared responsibility and the role of community-based organizations, he criticized the government's attitude as a "carrot and stick approach." He urged the government to raise fundamental questions such as "what does it mean by protecting the community?" and to persuade people in the community philosophically. In his view, the community-based organization is not merely a service provider. He repeatedly mentioned the breakdown of the mutual aid system and the recent appropriation of the system by the government throughout the interview. Putting aside the question of whether the mutual aid system is a fundamentally better system than the market system, his point can be read as an issue of identity established through certain modes of interaction.

The Japanese government revised LTCI policy in the face of increasing numbers of elderly people requiring nursing care in 2015. Instead of the "socialization of care," the government promoted the establishment of "integrated community care systems." The government has emphasized the importance of 'self-reliance,' 'self-help,' or mutual aid, as well as the role of retail shops, private companies, volunteers, and elderly people themselves in the community. 'Self-help,' in the government's terms, includes purchasing care services from business enterprises or securing care from family members. Consequently, local governments became responsible for building up the system of providing new community life-support services. Local governments are expected to integrate various entities in the community (Chiki houkatsu kea kenkyukai, 2014, p. 45). Local governments must make plans that encourage citizens' activities to provide life-support services for elderly persons. Managers seemed to evaluate this change positively for its direction but were critical of inconsistent policy changes, as the manager of Organization A noted:

> Government introduced the LTCI system based on the mission of "the socialization of care." However, as the budget for the LTCI has been tight, the government has come to encourage family members to take care of them [the elderly] and push the care responsibility onto local governments. Many paid volunteers based on mutual aid became wage-earners with the introduction of the LTCI. Now, government tries to use community-based activities based on mutual aid.

The manager of the LTCI program in Organization E, in Korea, emphasized the role of community-based organizations not only in providing long-term care service but also in organizing local women who are marginalized in the labor market. In other words, she saw recruiting care service workers as an important opportunity for organizing the community. Hence, she attempted to organize educational workshops for care workers on care service as well as training for the cooperative membership. However, there are difficulties associated with the rigid institutional framework, as these educational workshops and trainings require extra time from participants and there is no way to reward their effort to improve their skills and service.

Although the community-based organization had cultivated a good work ethic and alternative relationships that were not limited to the user–provider relationship, this was not enough to build a relationship based on mutual support between local community members as she had dreamed. The manager of Organization E noted:

> I was hopeful in the beginning. When I organized a meeting with the care workers in the center, I realized that I was too ambitious. Because of the workload and the nature of the work, they were exhausted both physically and mentally. All I could do was just listen to their complaints. It is very difficult to change the service users' attitudes as customers. I try to talk to the users and their family members but they are not even a member of the cooperative. . . . There is little room for change. I am not sure whether we should continue this program under the LTCI.

While she recognized a great need for care services in the community and the importance of community-based organizations in addressing these challenges, she seemed reluctant to work within the LTCI framework, mainly because of the constraints of the labor market that LTCI policy created. For the manager, organizing women care workers was as important as providing care services in the community, as women care workers were also members of the community. If the LTCI program didn't provide adequate working conditions and financial rewards, the manager's attempts to cultivate a good work ethic would merely work against the care workers. Cultivating values based on mutual support and a sustainable community life is invaluable, and it cannot be measured simply by financial rewards. However, putting these values up front would be difficult when the only tangible measure was working hours and financial rewards.

Conclusion

The experiences of community-based organizations providing elder care in Japan and Korea vividly reflect the relationship between the state and the community. This relationship must be considered in relation to the market, as marketization is an important element in the "socialization of care" in these countries. This linkage makes it difficult to answer the question of whether the relationship between the state and the community is competing, complementary, or substitutive (Pestoff 1998). As shown, community-based organizations play a role in providing care, yet the share of their role within the care regime is fairly small. If we account for this, the relationship may be regarded as complementary in terms of the amount of services; however, our interviews with the managers of these organizations show that there are many more tensions in this "complementary" relationship that cannot be reduced to the number of services they provide (structural functionalist approach). One source of the tensions is autonomy from the state. Managers recognized the importance of community organizations in providing care in the local community, and they are dedicated to these activities. Yet, they constantly raised questions about state policy, even while working within the LTCI framework. There seems to be a constant struggle between maintaining political autonomy and not being simply mobilized for the needs of the state. In this regard, the relationship may be competing, if not conflicting. The tensions around political autonomy seem to be linked to the fact that LTCI is largely geared towards marketization. For Organization A, participation in LTCI fundamentally changed the relationship between the members who provide care and receive care. Consequently, the principle of mutual aid within the local community was unsettled by the market principle, and the organization left the LTCI system in 2015. Organizations in Korea didn't experience this change in the relationship, as their programs were not set up on the basis of mutual support within a tight community, although they relied on mutual support within the community in a broad sense. Yet, they often expressed concerns within the market as a nonprofit organization for community development. To pursue their goals within a quasi-market, they focused on the work ethic of the care workers and the support network among themselves by creating various channels to encourage conversation between the care workers and the manager. However, they found themselves in an ironic situation, as they ended up working more without extra rewards. The manager of Organization E saw running the long-term care center as a

means of community organizing initially; however, she grew skeptical of this idea as she saw that the care burden had been shifted to local women with minimal rewards through LTCI. In both cases, the experience of participating in LTCI conflicted with the initial goals and principles of these organizations. The recent revision to the LTCI in Japan is subject to more debates, as it emphasizes the role of local governments and community organizations in terms of institutional structure and embraces voluntarism and self-sufficiency. This is an important point of discussion. While the role of community in the provision of social services is increasingly emphasized in the policy arena and some community-based organizations have been actively engaged in these activities, there exist tensions over the political autonomy. What the meaning of voluntarism is with regard to citizenship and how government policies enable citizen's voluntary actions is an important question to explore in the future.

Besides the tensions around political autonomy, much tension was due to the policies' limitations. The ramifications vary. First, there are tensions around the conflict between the flexible nature of care and the rigid nature of the institutional framework. The interviewees in Japan and Korea expressed that the rigid institutional framework left little room for providing better care services and increased paperwork. As noted earlier, care is largely based on human relationships, and one's care needs cannot be defined merely by the items of LTCI, although the government's attempt to formalize care work is meaningful for improving the working conditions of care workers. In Japan, it is not uncommon for organizations to provide extra care services that are not covered by LTCI. In Korea, organizations participate in the LTCI only but connect with other organizations in the community to provide other necessary services. Organization D runs a daycare program outside of LTCI, but it is regarded as an exception. Whereas in Japan, participation in LTCI generates significant profits that the organization used to run other programs at low cost, in Korea, LTCI doesn't necessarily generate profits to support other programs. Rather, the LTCI program depends on other programs within the organization.

The question of the relationship between the state and the community is not just about who provides care, how much care, and at what cost. It needs to be understood in the broader context of the social contract and political participation. Given that social solidarity has been important to understanding the relationship between the state and the citizen in the postwar Keynesian welfare regime, the activities of the organizations may provide clues for discussing the new form of social solidarity.

In this study, we attempted to provide a glimpse into the dynamics of policy change through the cases of Japan and Korea. However, this study has caveats in its interpretation, as it is based on case studies of just two community-based organizations, one each in Japan and South Korea. Our interviews with the organizers show how community-based organizations experience and negotiate policy changes; hence the study serves its purpose. However, it doesn't necessarily address the accounts of service providers and users—for example, whether service quality or working conditions have improved. The assessment of the policy change to the relationship among the users and providers, service quality, and working conditions of participants needs to be researched further by examining the experience of users and providers who switch roles in the future.

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