Changes in Citizen Participation in Japanese Civil Society

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Japan experienced the retrenchment of the welfare state. The purpose of this study was to deepen the understanding of the impact these policy changes had on citizens' organized activities. It focused on the 2016 revision of Long-Term Care Insurance (LTCI) system, which urged citizens to organize activities to support the frail seniors in their communities. Researchers conducted interviews in the Tokyo from February-March 2016. The subjects were six local officers in charge of LTCI implementation and 10 community members who led the voluntary activities organized as a response to the 2016 systemic revision. This study found that those leading voluntary activities were primarily baby boomers, who were born between 1947 and 1949. They were actively involved in "new voluntary activity movements" in the 1980s, as interacting with a wide range of citizens. However, as they reached the age of 65 or older, they became more focused on developing a comfortable space and collaborating with those similar to them: those who were college graduates, middle- to upper-class, and held white-collar jobs. The disparity based on income level seemed to be emphasized also because the way the 2016 revision of LTCI system was designed.

Keywords: voluntary activities, baby boomers, welfare state, civil society

Introduction

Grassroots voluntary organizations in Japan have long played an important role in public long-term care services for the elderly. In this article, such organizations are defined as small- to medium-sized organizations that operate on a not-for-profit basis. Some of them may be incorporated as specified activity nonprofit organizations, but not as existing public nonprofit organizations including social welfare corporations or social welfare councils, for example. This article examines the activities of these organizations in the area of long-term care for the elderly, focusing on their struggles to establish legitimacy as public entities within the Japanese institutional context.

The development of these organizations can be divided into three phases. The first took place from the late 1980s to the beginning of the 1990s. By leading citizens' participatory services and performing certain activities, they created a model for supporting seniors that created job opportunities for community residents while also achieving financial independence.

The second phase occurred from the late 1990s to the 2000s. In this period, the activities of these grassroots organizations came to be recognized, especially after their contribution to recovery efforts following the Great Hanshin-Awaji Earthquake in 1995. This led to the introduction of two institutional systems that had serious impacts on these organizations: One was the Act on Promotion of Specified Non-Profit Activities from 1998, and the other was the Long-Term Care Insurance (LTCI) system from 2000. During these years,

grassroots voluntary organizations were institutionalized, leading to them operating within Japan's institutional context, in which "public" is synonymous with "governmental".

The last phase started in 2015, when the LTCI's sixth revision required that local governments develop comprehensive community care systems for the elderly. Under the new scheme, grassroots voluntary organizations were again expected to play a crucial role in achieving governmental-public goals.

In this paper, the first and second phases will be studied through a literature review. Then, the third phase will be examined based on an interview survey conducted with the managers of some voluntary nonprofit service organizations participating in the LTCI scheme.

Two focal viewpoints will be employed in examining the three phases. First is "generation". Putnam (1996) stated that voluntary activities in the US were led by the "civic generation", who were born between 1910 and 1940. While this article does focus on the generation effect, the kind of intensive statistical secondary analysis that Putnam mentioned is not included.

The second focal viewpoint is the notion of publicness in the area of human services in Japan. In Western countries, public human services are defined as services that citizens commonly need in their daily lives. They can be delivered either by the government or private sector, including nonprofit organizations. In addition, services can be provided based on taxes, private funds including donations, or fees (Smith, Stebbins, & Dover, 2006). On the other hand, in Japan, public human services are considered as services provided as part of governmental programs. Therefore, in order for nonprofit organizations to participate in the provision of these services, it is necessary that they are included in the governmental system (Ogawa, 2009). Therefore, in Japan, the struggles for voluntary nonprofit service organizations to establish legitimacy as public entities naturally differ from the struggles similar organizations face in other countries.

This article argues that grassroots voluntary organizations in this area succeeded in establishing their legitimacy as public entities by participating in the governmental long-term care system. However, they learned to focus on providing legally-defined services and increasingly stayed away from community development activities. This dilemma drove the leaders of those activities to participate in the comprehensive care scheme in the aforementioned third phase, this time focusing on participation and mutual support. This development was possible partly as a result of their tendency to maintain a "strategic distance" from the government and was also partly due to the maturity of long-term care services in Japan, which allowed voluntary organizations to focus more on community development activities. It appeared, however, that the culture of citizen participation did not fit with the lifestyle of those with a limited income. As a result, there was a difference in the development of voluntary activities between jurisdictions where the average income of residents was relatively high and those where the average income was relatively lower. Also, the leaders of many voluntary nonprofit organizations are baby boomers and their activities appear to face challenges in terms of their long-term sustainability.

Development of the Activities of Grassroots Voluntary Organizations Involved in Long-Term Care in Japan

Phase 1: Citizens' Participatory Service-Providing Activities in the 1980s

In Japan, from the end of the Second World War to the year 2000 (when the LTCI system was introduced), the central government took responsibility for funding and providing long-term care services for the elderly. Among private organizations, only social welfare corporations, a type of public nonprofit organization, were

allowed to participate in the service provision as an exceptional measure. Social welfare corporations were 100 percent supported by governmental subsidies. A private market for long-term care services outside of the governmental system barely developed. Housemaids and nurse aids may be considered as caregiving laborers supplied through the market in those days. However, only a small number of wealthy citizens could employ housemaids, while the nurse aid system was abolished at the beginning of the 1990s.

Things started to change from the late 1980s to the 1990s, however, as “organized private activities to provide home-chore work and personal care services on a nonprofit basis” (the National Council of Social Welfare, 1989, p. 70) emerged among citizens. The movement was later dubbed “citizens’ participatory service-providing activities”. The organizations that participated in those activities were primarily grassroots organizations, co-ops, and councils of social welfare that were half governmental and half private community organizations. Those who received services were mostly seniors in the community. The activities matched the interests of the Japanese government at the time, when the increase in the number of senior citizens was becoming a social problem. The Ministry of Health and Welfare then introduced a policy on “the development of a participatory welfare society” (The Ministry of Health and Welfare, 1993), which further encouraged citizens’ participatory service-providing activities.

Those activities are considered to have had characteristics that fit the Western notion of “publicness” based on the following three points.

First, those involved were driven by their aspiration for community re-development. While Japan achieved impressive economic growth in a short time, family structures and community relationships changed; people were increasingly living alone or as nuclear families, while kin networks and intimate relationships with neighbors decreased. This was especially true in highly urbanized areas, such as Tokyo, where “citizens learned to rely on the services provided by the government and also purchased available services through markets in many aspects of their daily lives, which promoted socialization of daily tasks while increasing convenience” (Egami, 1990, p. 112). However, at the same time, “such an approach to addressing daily tasks based on professionalized problem-solving systems increased social costs as well as promoting the isolation of individuals, leading to the movement to re-develop community in a modern context” (Kurasawa, 1978, p. 37). The importance of supportive networks among citizens was especially noticeable when considering the changes in the risk structure (Beck, 1992). Uncertainty increased in the highly industrialized society of Japan; anyone could face risks including unemployment, family problems, and serious health issues. The citizens’ participatory service-providing activities received attention from a wide variety of citizens as a necessary component of the adaption to these social changes.

Second, the citizens’ participatory service-providing activities were part of a booming new social movement in the 1980s. The movement was led by Japan’s baby boomers, who desired social innovation (Adachi, 1993; Asakura-Suda, 1993; The National Council of Social Welfare, 1999). The activities addressed a wide range of social issues including environmental issues, nuclear power plants, and the revitalization of small villages and towns in regional areas. The new social movement presented an alternative model to existing social movement models. The social movement of the 1960s can be characterized as a resistance movement, a typical example of which was the campaign against the Japan-U.S. Security Treaty. The social movement of the 1970s, meanwhile, can be characterized as a denunciation movement. An example of this is the anti-pollution movement, in which citizens sued people and/or organizations they thought responsible for the problem. On the other hand, the new social movement emphasized starting from simple questions that

arose from people's daily life experiences. For example, a well-known movement emerged in the northern part of mainland Japan after housewives noticed that the taste of the drinking water had changed. They eventually identified that the problem stemmed from the development of a new factory in the region and had the local government introduce new regulations to control factory activities (the Japan Networkers' Conference, 1990). The citizens' participatory service-providing activities were recognized as a model for promoting participation by ordinary citizens in local policies related to human services that focused on positive changes.

Third, the citizens' participatory service-providing activities also included searching for a new way to work. Those who participated in the activities learned that their ordinary routine chores, such as cooking, cleaning, doing laundry, and caring for sick family members, could generate an income. They eventually invented the concept of a "paid volunteer". A paid volunteer usually belonged to a voluntary organization. The organization took requests for home chore work from community residents and dispatched registered paid volunteers. The service users were charged on an hourly basis. The charge was usually set low just to cover the administration cost of the organization and transportation fees of the paid volunteers. The model was innovative in that job opportunities were created through responding to social needs (Takagi & Horikoshi, 1994).

Phase 2: Institutionalization in the Late 1990s to the Beginning of the 2000s

When the Great Hanshin-Awaji Earthquake occurred in 1995, voluntary nonprofit organizations received wide attention from both inside and outside of Japan due to their effective and flexible performance in supporting the victims. The organizations had been equipped with skills, networks, and financial resources based on the experiences of the new social movement and/or the citizens' participatory social service activities. In order to recognize such organized activities and secure their status, in 1998 a new system was introduced that enabled these organizations to be legally incorporated; it was called the Act on Promotion of Specified Non-Profit Activities. Around the same time, the introduction of a national insurance system for long-term care was announced by the government. The system, later named the LTCI, was intended to privatize service provision for the first time in the history of Japan's public human services. It meant that any private organization, including for-profit and nonprofit organizations, could participate in service provision. The combined effect of the two new systems, the Act on Promotion of Specified Non-Profit Activities and the LTCI, drove voluntary organizations to obtain the newly introduced nonprofit legal status for the purpose of participating in the LTCI system as service providers. Being part of the governmental system as such, nonprofit organizations that started as small- to medium-sized grassroots organizations were seen as gaining legitimacy as public entities. However, the institutionalization restricted their service provision while containing their community development and advocacy functions.

The LTCI is a governmental-national insurance system. Its coverage is generous; services are available even to those whose physical and/or mental conditions are still relatively well maintained. In comparison, Korea also introduced a similar insurance system for long-term care, but only 6.6% of seniors in the country are covered. In Japan, however, 17.8% are covered. The LTCI also provides a wide range of services, including in-home care, day-center services, rehabilitation, and institutionalized care. In sum, most needs can be met by the LTCI services; thus, a private market for long-term care services outside of the LTCI's scope barely developed. According to Suda and Guo (2011), service organizations, regardless of nonprofit or for-profit legal status, earn 80 to 90 percent of their total revenues by providing LTCI services.

Small- to medium-sized voluntary organizations are no exception. They earn most of their revenues by providing LTCI services. However, service provision is strictly regulated. For example, prices and the number of service users each care-worker can serve are determined by the government. The number of services a user can receive is determined based on their need level, which is evaluated through a governmental assessment system. In addition, service organizations are required to process voluminous paper work; if they fail to do so, the LTCI service organization title can be revoked.

It has been said that these institutional conditions resulted in small- to medium-sized nonprofit organizations functioning as governmental agents that provide LTCI services at a low cost, thus losing their voluntary spirit (Shibukawa, 2004; Tanaka, 2006). This is in clear contrast to the former citizens' participatory service-providing activities that emphasized four mission goals: developing supportive networks among citizens, nurturing mutual learning relationships among volunteers, utilizing participatory organizational management, and extending collaborative networks with other organizations (Okawa, 2003).

The small- to medium-sized specified activity nonprofit service organizations themselves faced the challenge of overcoming their insufficient management skills. This put them in a disadvantaged position as they faced competition with for-profit corporations and the existing public-nonprofit organizations, which were usually highly professional. According to statistics from 2010 reported by the Ministry of Health, Welfare and Labor, specified activity nonprofit service organizations constituted 6.6% of all service organizations providing group-home services for seniors with memory problems. Among all in-home service organizations, specified activity nonprofit service organizations made up 5.6% (Ministry of Health, Welfare and Labor, 2012). The share of specified activity nonprofit service organizations is never large. The numbers of this type of organizations are further smaller in other service areas (the NPO Research Center, 2013, p. 88).

Specified activity nonprofit service organizations were expected to contribute to community development. However, their functioning was also restrained by the LTCI regulations. For example, in the case of day-service centers, the LTCI demands that service organizations designate staff members and space solely for LTCI day services. Small- to medium-sized nonprofit organizations also suffered from being understaffed. These conditions deprived them of the space and manpower needed to engage in community development activities.

Regarding their advocacy function, it was said that the participation of specified activity nonprofit service organizations would introduce diverse perspectives into decision making processes, thus "breaking the one-sided interpretation of public interest by the government" (Okamoto, 2009). But instead, the organizations learned to conform to governmental regulations. In the meantime, the LTCI required that local governments establish LTCI Strategic Planning Committees where local officials, service-providing agencies, and community residents could discuss long-term care policy at the local community level. However, the government later relaxed this requirement. The reason given was that "local governments and citizens were not ready for such self-governance" (Sato, 2008).

Phase 3: The Comprehensive Community Care Scheme From 2015

In 2015, the LTCI was revised for the sixth time. The revision emphasized developing support networks for seniors in the community. It was part of the post-NPM policy of re-developing networks among the government, service organizations, and service users that were once split into different parts by the NPM. The policy also stemmed from the demand to control the increasing expenditures of the LTCI; by emphasizing mutual support among residents, the government attempted to prevent the unnecessary institutionalization of

seniors. The purpose of this section is to investigate the impact of the policy change on grassroots voluntary organizations based on an interview survey with the leaders of these efforts.

Subjects and Method

The interview survey was conducted in two municipalities in Tokyo prefecture. Municipality *A* is located in the eastern part of the prefecture. The number of residents was about 45,000, with residents who were 65 or older making up 24% of the population as of March 2016, when the interview survey was conducted. Municipality *B* is located in the western part of Tokyo prefecture. The number of residents was about 55,000, with residents who were 65 or older making up 21%. The average income was higher for residents of Municipality *B* than Municipality *A*.

The sixth revision of the LTCI encouraged residents to organize mutual support activities. They formed “community cafés” or “community salons”, where residents periodically meet to exchange information while enjoying lunch and/or afternoon tea. These activities are registered with the municipal government, according to the location of the café/salon, as LTCI activities.

The activities differ slightly by municipality. In Municipality *A*, they can be categorized into three types. The first consists of activities led by residents of the municipality. The second consists of activities operated by comprehensive community care centers, a type of LTCI agency that provides necessary support for elderly whose health and mental conditions are relatively well maintained. This function is contracted out to for-profit and nonprofit organizations. The third consists of activities operated by LTCI service organizations. In the case of Municipality *B*, in addition to these three types, there existed a fourth type: activities operated by social welfare councils, a type of public-nonprofit organization whose funding and staffing are half governmental and half private. Table 1 summarizes the community cafés and salons identified in the research sites. The percentage of people who were 65 years or older was larger in Municipality *A*; however, the number of community cafés and salons was higher in Municipality *B*.

Table 1

Number of “Salons” by Ownership

Type	Municipality A	Municipality B
Residents’ voluntary organization	1	9
Local government	2	16
LTCI service provider	2	1
Local social-welfare council*	0	11

Note. * Half-governmental and half-private.

The activities of community cafés and salons vary depending on the resources the organizers can access. When the organizers enjoy sufficient help from other volunteers and also space, they open the cafés/salons almost every day to serve lunch and/or tea and snacks. Other organizers hold meetings periodically, ranging from once a week to once a month, to exchange information regarding long-term care. The activities are supported through membership fees, subsidies, and/or donations.

This study collected information on the community cafés and salons from two sources. One consisted of officers of the municipal governments and staff of social welfare councils, who were utilized to collect information on local policies related to community cafés and salons. The other consisted of residents who voluntarily organized community cafés and salons (presented in the top row in Table 1). By conducting an

interview survey of those residents, information on their activities was collected. In particular, their interpretations of “publicness” were explored in the interview by focusing on their purposes, incentives, and future plans.

Local Policies Related to Community Cafés and Salons

The local officers of Municipality *A* discussed their difficulty in responding to the LTCI’s demand for the development of community cafés and salons. First of all, they did not have solid information on voluntary activities in their jurisdiction. They were aware that “there existed some voluntary activities in our jurisdiction and some were formally incorporated as specified activity nonprofit organizations”. However, the officers were concerned that those organizations were probably not interested in participating in community cafés or salons because “their interests were something different”. The municipal government thus hired a private research company to collect information on residents’ interests in voluntary activities and on local businesses that might be interested in contributing to activities related to community cafés and salons. In the meantime, the officers initiated a model project on community cafés and/or salons in their jurisdiction. They contracted out this task to a comprehensive community care center operated by a local hospital. This was an experiment to see whether or not such activities could be accepted by the residents of the municipality.

In Municipality *B*, as a result of the efforts of the municipal government, the number of comprehensive community care centers is three times that of Municipality *A*. The goal here was to “resuscitate community power”. One of the roles of these comprehensive community centers related to community cafés and salons is to demonstrate how to conduct the activities, then to encourage community residents to organize similar activities by themselves. From the beginning, it was intended for the comprehensive community centers to close their community cafés and salons once enough of these activities were established by residents.

One local officer interpreted the meaning of the community cafés and salons in relation to the citizens’ participatory service-providing activities of the 1980s:

The residents in this municipality had been active in voluntary activities since the 1970s. Some of their activities were even recognized as a pioneer of the citizens’ participatory service-providing activities of the 1980s. However, after they became LTCI service organizations, they learned to focus on providing LTCI services.

The sixth revision of the LTCI is an opportunity for the grassroots voluntary organizations and the municipal government to resuscitate the community power we once had.

Another local officer of Municipality *B* pointed out that the process of “resuscitating community power” included redefining the government-private relationship:

Japanese people have taken for granted for many years that necessary services are provided by the government with no charge. The LTCI changed that notion by demanding citizens contribute insurance fees in addition to the 10% co-payment to cover the cost of the services they use. It is never sustainable for the government to provide all kinds of services to citizens. It is now time for us to discern what needs should be provided by the government and what needs can be provided through private efforts. We are in the process of redefining the boundaries of self-help, mutual-help, and public-governmental help. One of the roles of the municipal government is assisting residents in strengthening their self-help and mutual-help functions through the community café and salon activities.

The Roles of Social Welfare Councils and Their Dilemma

A social welfare council is legally a private entity, holding the status of a social welfare corporation, a type of public nonprofit organization. However, the Social Welfare Act requires that the central, prefectural, and municipal governments establish this entity separately. As a result, there exist three types of social welfare

council: the National Social Welfare Council, Prefectural Social Welfare Councils, and Municipal Social Welfare Councils. In addition, the cost of the social welfare councils is partly covered by each level of government. Important positions are also occupied by officials delegated from the government. In this way, social welfare councils are partly private and partly governmental.

In Municipality *A*, the municipal social welfare council once organized activities supported by a subsidy from the municipal government. The activities were terminated when the term of the subsidy ended. The municipal social welfare council has not been involved in the community cafés or salons since then.

In Municipality *B*, the municipal social welfare council developed its own program to support residents in organizing community café and salon activities, in addition to the support of the municipal government through the comprehensive community centers. The supporting program was designed based on the experiences in the 1990s. In those days, the citizens' participatory service-providing activities were ongoing. To strengthen those activities, the municipal social welfare council established a model program so that more residents could organize activities by copying the model. The attempt was somewhat effective, but "not that much" according to an officer of a municipal social welfare council interviewed in this study.

Therefore, this time, instead of assuming leadership by initiating a model project, the municipal social welfare council learned to have residents lead those activities. For this purpose, the council called on local residents to organize community cafés and salons through local media, including their own newsletters. The staff of the social welfare council then "listened to the residents who expressed their interests to figure out what support they needed". Once the activities commenced, the staff of the social welfare council "accompanied" the residents until the activities took root in the community. The municipal welfare council also provided financial support of up to 530,000 JPY (Japanese yen) (about 5,400 USD) per year for each community café or salon.

One staff member expressed mixed feelings about the present roles of the municipal social welfare council:

The municipal social welfare councils used to have their own activities related to long-term care. For example, our council operated day-service centers and a home-caregiver dispatch program. However, because of the so-called end of the welfare state regime and the privatization of long-term care by the LTCI, the government demanded we relinquish all of those programs to other private entities, including for-profit service organizations. We were then told to function as a center to support specified activity nonprofit organizations, grassroots volunteer organizations, and other voluntary activities among residents. Now, the government suddenly started emphasizing our roles again but this time as a means to implement the LTCI's new policy. We have been tossed around every time the policy changed. It is difficult for us to carve out our own roles based on a long-term perspective.

Funding for the Community Café or Salon Activities

Municipality *A* was not providing any financial support to the community café in operation when the interview survey was held. The reason was that the municipality once provided a subsidy to a community café that was organized by the social welfare council, which cost 2-3 million JPY (about 20,000-30,000 USD) per year. As a local officer explained:

If we subsidize community cafés and salons as we did before, and if those activities increase, the yearly budget expands to be over 100,000,000 JPY (about 1 million USD). It is impossible. Therefore, we guide residents to organize those activities on their own.

As of March 2016, when the interview survey was held, the support that the municipal government provided to community cafés and/or salons in Municipality *A* included renting out coffee makers and

consultation services by the comprehensive community care centers located near to the activity sites. The municipal government also assists community cafés and/or salons in finding free spaces for their activities.

In Municipality *B*, in addition to the support from the municipal welfare council, as described above, other financial support was available through the grant programs and subsidies offered by the municipal government and social welfare council. Among the nine community cafés or salons organized as residents' voluntary activities in the municipality, all but one received financial support from those programs.

Social Capital

In Municipality *A*, the four residents who led the community café were all over 70 years old. They also served as district welfare commissioners who were appointed by the government based on the Welfare Commissioners Act. The act was instituted in 1948, to assist "in the execution of the affairs of a municipal mayor, welfare office director or social welfare officer" with regard to welfare in the community (Welfare Commissioners Act, 1948). The commissioners in Municipality *A* actively led neighborhood associations to develop disaster prevention programs and also organized other community events. When they initiated a model community café/salon program, the officers of the municipal government consulted with those commissioners, asking them to organize the effort. Supervision of the activities was also contracted out to one of the comprehensive community centers operated by a hospital. A staff member of the comprehensive community center said the following:

The commissioners needed time to comprehend their roles related to the community café. One time they came to me, arguing that it was the government's responsibility to do something for residents. I talked about changing the relationship between the government and private sectors in those days, and the importance of citizen participation. They called me back the next day, saying that they understood what I said and that "I" had to help them.

In contrast, in Municipality *B*, among the nine community cafés and salons, three were initiated by the same person; thus, the leaders of these activities numbered seven in total. All but one were born between 1942 and 1948, making them baby boomers. None of them were district welfare commissioners. Two of them were interested in the community cafés and salon based on their experiences caring for their own family members. They felt fully supported by the community when they went through a difficult time and they hoped to contribute to the community in return.

Four leaders had been involved in citizens' participatory service-providing activities. They continued to be part of the activities after their organizations obtained the legal status of a specified activity nonprofit organization under the LTCI. One of the residents said the following:

I have been involved in voluntary activities for years. I was seriously tired of the LTCI regulations that restricted out activities in many ways. So, I retired from the LTCI service activities to start this community café. Now I'm free from the regulations and responsibilities attached to the LTCI service provision. I want to focus on having a good time with my fellow senior residents in the community.

Another leader who had worked with a specified activity nonprofit organization to provide LTCI services said:

When I was working with an LTCI service organization, we set the schedules of service users, like when and what services they received. I want to help them while respecting their preferences and schedules. So, I open up this community café five days a week. Seniors and their family caregivers can come any time. I can provide better company for them this way.

The remaining leader had been actively involved in co-op activities. She eventually ran in a municipal election and served in the municipal congress. She explained her motivation for organizing three community cafés as follows:

I learned about democracy by participating in co-op activities. I learned how to organize residents' activities. Co-ops then learned from the new social movement in the 1980s about the importance of citizens' initiatives, because it is not the government but us who are responsible for our own community.

The nine leaders in Municipality *B* all emphasized that their activities were possible because of the richness of the social capital in Municipality *B*. After the Second World War, the municipal government in the area emphasized social education programs for residents. Based on this education, the residents initiated a variety of voluntary activities, ranging from a social movement opposing nuclear weapons to volunteer groups to support the physically and mentally challenged in the community. As one of the leaders said:

Those who studied in the social education program soon after the Second World War were the first generation of community leaders. I belong to the second generation who followed them. My generation is now responsible for passing this community tradition on to the next generation.

Responding to the growing interest in community activities, the municipal government set up a community college program for residents, which served to further strengthen the foundation for further voluntary activities by residents. In fact, the participants and supporters of the community cafés and salons were students recruited from the community college.

The Meaning of Citizen Participation

In Municipality *A*, the community café led by the four residents (district welfare commissioners) attracted a large number of residents in a short time. This highlights the strong influence of the community leaders. It was also found that the residents of the municipality were interested in the community café activities, which could be expanded in the area.

During the interviews in Municipality *B*, the following four points were mentioned regarding the meaning of citizen participation in the public-governmental service system.

First, the leaders pointed out that the residents of the community knew a lot about each other. Residents could approach those in need while respecting any differences in financial condition, values, and lifestyle.

One leader indicated how residents differed by geographic area. For example, "the residents of XX town located in the north part of Municipality *B* create no problems but they can't be frank with each other. When someone in the family comes to be in need of care, they hide it". The leader shared her strategy when approaching such residents:

I tell them that neighbors can be bothersome. They are fine as long as they are strong and healthy, but when they become sick or grow old, they may feel helpless. So, I tell them to be prepared by knowing what resources are available, just in case.

The importance of maintaining distance was also emphasized by some leaders. As one stated:

Because we are living nearby, we run into each other even when we are off, like you meet a resident you support in the community café when you are in a grocery store. You feel suffocated if you need to continue playing a caregiver's role in your private time and space. The resident you meet may be afraid if you know too much about him/her. So, it is necessary to maintain distance.

The second meaning of citizens' participation was that citizens "had a theme", which differentiated their activities from those organized by the government. As one leader said:

We need to figure out how we want to grow old, and what we can do to make it possible. Things are different when you become old. We have to think about things that we have never imagined. And, you know, we have to do it on our own.

The third meaning of citizens' participation was that they could switch roles depending on the occasion: A resident who was receiving support could help other residents in return. The changes in roles were said to help the residents to "maintain good self-esteem". A leader who started a community café a year before recalled the following:

The first day when I opened this café, a thin man came in. He was a so-called shut-in who hadn't seen anyone for a long time. Once he started coming here every day for lunch, he regained his health. The man is the guy sitting right in front of you. He is now helping other residents. Doesn't he look great? (He looked just fine—the author).

There was another example, but it was a role change from caregiver to care-receiver this time. A resident who was actively supporting a community café turned out to need help caring for her old husband. She then started going to the community café to receive the necessary support.

The fourth meaning was that residents could set their own limits. They needed to secure enough volunteers to operate the community café each day, but it was necessary to carefully avoid burdening the volunteers. One café coined the term "scheduling with sympathy", meaning that café schedules were adjusted so that volunteers could get enough rest. One leader of a community café controlled the subsidies they received from the local government so that they did "not have to push themselves too hard":

We did not receive the subsidy this year. Once we are funded, we have to do work for money. We have no ambition to increase the number of members. We want to maintain the present condition.

As another leader stated:

It is important to enjoy what you do. I don't care about financial independence or legitimacy, or whatever. I like the way things are now. Our café has no assets. We are free to close this café even right now.

Discussion

Institutionalization of Voluntary Public Functions

This article followed how the roles of grassroots nonprofit organizations evolved as long-term care policy changed. One of the important findings was that policy changes at the national level had different implications for different locales. The two municipalities studied had different histories of voluntary activities. Despite those differences though, the sixth revision of the LTCI was applied to the municipalities in the same manner. As a result, the two municipalities were driven to change their internal structures in an attempt to implement the same policy goal (path departure) by following different paths, because they started from different places (path dependency).

The implications of the sixth revision of the LTCI naturally differed by municipality. In Municipality A, none of the interviewees mentioned the citizens' participatory service-providing activities of the 1980s. The local officers did not have a clear idea of the condition of the voluntary activities in their jurisdiction. The only community café led by residents was initiated in response to persuasion by the local officers and professional care staff members of a comprehensive community care center. In addition, the residents were district welfare

commissioners, meaning that they had worked within the municipal government system for a long time. In sum, in Municipality *A*, the resident-led community café was initiated by the municipal government.

In contrast, in Municipality *B*, there existed a number of community cafés and salons that were literally organized voluntarily by residents. The local government and municipal social welfare council efficiently collaborated with residents' voluntary activities based on the knowledge and skills that they had accumulated while interacting with active residents for years in the municipality. It was also intriguing that one municipal officer interviewed interpreted the meaning of the comprehensive care scheme promoted by the sixth revision of the LTCI as part of a restructuring process of the government-private relationship. In Municipality *B*, the service-providing function that the citizens' service-providing activities fulfilled in the 1980s was institutionalized after the introduction of the LTCI. The sixth revision of the LTCI appeared to institutionalize other public functions of those activities, namely community development.

Generation Effect and Aging Effect

Putnam (1996) demonstrated in his seminal work that voluntary activities in the US had been supported primarily by people born between 1910 and 1940. It was also revealed that as the "civic generation" grew older, voluntary activities in the US decreased. This article suggested the presence of a similar generation effect on voluntary activities in Japan: Most of the leaders identified in this article were baby boomers.

At the same time, there also appeared to be an aging effect. The attitudes of the leaders of community cafés and salons differed from those of the leaders of citizens' participatory service-providing activities from the 1980s in terms of their aspirations for social change that unites citizens. The leaders interviewed in this study had close relationships with the municipal government and some emphasized "not pushing yourself too hard".

Two reasons for this change are likely. One is that radical functions for social change were lost as residents' voluntary activities were institutionalized. Another reason may be the changes to voluntary activities. The citizens' participatory service-providing groups in the 1980s claimed their right to be in charge of important decision making related to public human services. In sum, the meaning of the voluntary activities was interpreted in a political dimension. The leaders interviewed in this study appeared to hold the same perspective, as they expressed their disinterest in success in terms of the size and financial conditions of their activities. On the other hand, recent public human services emphasize financial sustainability, as represented in the terms "social entrepreneurship" and "social economy". The baby boomers who have led voluntary movements in Japan may be distancing themselves from contesting activities for their own peace of mind.

Long-Term Care Policy Based on the Middle-Class Value System

Before the LTCI was instituted, government-public long-term care services targeted low-income seniors. However, after the LTCI was put in place, the target shifted to middle- to upper-class seniors who could contribute to the system by paying insurance premiums and a 10% co-payment. This change reflects the recent NPM principle that service users are customers who collect information on their own and select necessary services from their preferred service providers. Based on these changes, Fujimura (1998) concluded that the LTCI was designed based on middle- to upper-class lifestyles and norms.

This article argues that a similar shift in long-term policy was identified in the sixth revision of the LTCI. Previous studies demonstrated that organized voluntary activities were rooted in the culture of middle- to upper-class citizens (Heyling, 1997; Moore, Sobieraj, Whitt, Mayorova, & Beaulieu, 2002; Zoltan, 2002). The

observations in this article resonate with this argument: Community cafés and salons proliferated in Municipality *B*, where average resident income levels were higher, while the local government and residents in Municipality *A* appeared to be at a loss when faced with the new policy. If the community cafés and salons serve primarily middle- to upper-class citizens as a way to stay away from social change, their activities will shift toward mutual help for a certain class of citizen, excluding those who are socially disadvantaged. A remaining question is how the baby boomers, the “civic generation” in Japan, will recapture the meaning of voluntary activities if present community café and salon activities lead to increased class disparity.

Conclusion

The retrenchment of the welfare state led to a restructuring of the relationship between the government and private sectors. Japan is no exception and, as a result, has faced drastic policy changes, especially in the area of long-term care.

This article traced the changes in the roles of grassroots voluntary activities in this field since the 1980s. The findings indicated that the people leading voluntary activities were primarily baby boomers born between 1947 and 1949. After being involved in volunteer and nonprofit activities for many years, they have reached the age of 65 or older. They have become more focused on developing a comfortable space and collaborating with those similar to them. In addition, this study found a striking difference between two municipalities with differing resident income levels. It appeared that the policy of community cafés and salons functioned to emphasize residents’ differing income brackets, rather than integrating citizens with different backgrounds. This supported the argument that Japan’s long-term care policy and the restructuring of the existing welfare state regime benefit middle- to upper-income citizens.

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