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# Long-Term Care Insurance Adoption in East Asia: Politics, Ideas and Institutions

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## Abstract

Since the 1990s, Japan, South Korea and Taiwan have adopted LTC social insurance (LTCI) systems to face the growing "ageing crisis" in their countries. The comparative scholarship suggests the diffusion of the Japanese model among East Asian states. Bridging policy learning, agenda-setting and historical institutionalist approaches, this study comparatively examines how ideational and institutional processes have impacted political competition and ultimately the adoption of LTCIs in Japan, South Korea and Taiwan. I argue that each country's LTCI design differs greatly from one another, displaying distinctive forms of institutional bricolage – not institutional isomorphism. In this process, time has been a crucial factor. Time affects ideational, institutional and political processes differently. The relative weight of ideational and institutional processes at a particular moment in time and their evolution over time has a significant impact on whether policy change occurs, and whether this change may gradually undermine the logic of welfare regimes.

**Keywords:** Long-term care, social insurance, East Asia, policy change, ideas, institutions

## Introduction

In recent decades, East Asian countries have been facing an "ageing crisis" (Chomik and Piggott 2015, 200; WB 2018) characterized by a stark decline in fertility rates, a growing elderly population (WB 2018), and changing family values (Chan et al. 2011, 184). Over this

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period, East Asian countries have also experienced two financial crises, the 1997 Asian financial crisis and the 2008/2009 global financial crisis. Together these demographic and financial challenges have made it particularly difficult for governments to provide long-term care (LTC), creating mounting policy problems (Fu and Hughes 2009, 3-9).

Since the 1990s, Japan, South Korea and Taiwan have adopted LTC social insurance (LTCI) systems to address these problems and alleviate the mounting financial pressures. As the comparative scholarship on this issue suggests, this development was triggered by Japan. As Estévez-Abe and Kim (2013), for instance, note "Japan has the most developed public services in elderly care among East Asian countries, and South Korea and Taiwan have turned to the Japanese case as a model in formulating their own policies" (2013, 18; see also Campbell et al. 2009, 66). In their studies on LTC policy adoption in East Asia this scholarship, albeit implicitly, thus suggests the prevalence of a "flying geese pattern" (Furuoka 2005) – the historical diffusion of particular Japanese development models among East Asian states leading to East Asian regional integration. Yet, a closer look at the adopted LTC systems in each country sheds light on the great diversity among each of these three LTC systems in terms of financing, expenses covered, care categories and care provision, as well as administration (see Table 4 below). How can we explain this great diversity among three major representatives of the so-called East Asian "productivist" welfare model?

In the comparative literature on LTC policy change in East Asia, scholars have hitherto focused more on explaining policy change in these three countries, and less on the diversity among resulting LTC systems. In these arguments, scholars have commonly identified one main factor for this policy change. Choi (2012, 275) and Mehta (2013, 191), for instance, regard political contestation as the main driver for policy change. As they argue, domestic politics are the most important factor in understanding this social policy change, calling for more research on decision-making processes behind social policy adoptions. An additional

group inspired by historical institutionalism suggests that institutions (Estévez-Abe and Kim 2013) have been most influential, either impeding or facilitating political actors' drive for policy change. Moving beyond the domestic realm, other scholars have drawn on policy learning theories to explain East Asian LTC policy change. In their analysis of German (1990-1995), early Japanese (1989-90), late Japanese (1997-2000) and South Korean (2007-2009) LTC reforms, Campbell et al. (2009), for instance, suggest that "In the latter two cases, the movement of ideas across borders appeared to be significant. The earlier two cases provide an interesting contrast, in that experiences drawn from foreign models had little direct impact on what was done. Rather, in both Germany and Japan, the policy change was driven by domestic politics" (2009, 66).

Yet, again these explanations appear too simple, as these pieces themselves provide evidence for a more complex picture – a picture in which political, institutional and ideational forces all play a role. While Estévez-Abe and Kim's (2013) work highlights the explanatory power of historical institutionalism, they nevertheless note that policy learning played a role (2013, 18; see above quote). Likewise, whereas Campbell et al. (2009) distinguish between a greater influence of policy learning and domestic politics across cases, in each case study they nonetheless mention the impact of both factors and institutions. If political, institutional and ideational processes all play a role, how can we bring these together to explain policy change? Moreover, how can a combined approach which simultaneously examines these three processes be used in a comparative study to explain diversity in policy design across East Asian LTC reforms?

This article sets out to shed light on these questions. Processes of social policy change are highly complex, and focusing on which one – ideas, institutions, domestic policies or another factor – was in fact the "most important factor" glosses over the interplay of the dynamics underlying policy change. Instead we need to look at the interplay of these ideational,

institutional, and political processes, particularly at the timing and sequence of events, to understand how these processes result in diverging patterns of policy change. I argue that ideational and institutional processes impact framing and mobilisation processes occurring within periods of political competition, particularly electoral campaigns. In studying this process, a crucial factor is time. Time affects ideational, institutional and political processes differently. The relative weight of ideational and institutional processes at a particular moment in time as well as their evolution over time has a significant impact on whether policy change occurs, and whether this change may gradually undermine the logic of entire welfare regimes through eclectic institutional layering over time.

Building on work by Béland (2005, 2009) and critical institutionalists (Cleaver and de Koning 2015), this study bridges policy learning, agenda-setting and historical institutionalist approaches to comparatively examine the decision-making processes underlying the adoption of LTCIs in Japan, South Korea and Taiwan. The study particularly focuses on how ideational, institutional and agenda-setting processes have influenced the decision-making patterns of LTCI adoption in these three countries. With this paper, I seek to add to the on-going theoretical discussion about integrating political, institutional and ideational processes in studies on social policy change and design. Moreover, the comparison of LTCI adoption in three East Asian countries adds to our empirical understanding of welfare state change in this under-theorized area of the world. Of particular interest to welfare state scholars is the discussion of the recent case of Taiwanese LTCI, which has hitherto not received much attention in comparative social policy literature. In what follows, I will first discuss how to bridge existing theoretical approaches of policy change. I then move on to present the case study results, examining Japan, South Korea and Taiwan respectively. A comparison and discussion of the results rounds up the paper.

**Examining the Impact of Politics, Institutions and Ideas on Social Policy Change**

How can we explain policy change? Most commonly, scholars have turned to an analysis of political competition to answer to this question. Whether we take Kingdon's model of policy streams (Kingdon 1995), Sabatier's (1988) advocacy coalition framework or Baumgartner and Jones' (1993) punctuated equilibrium model as an example, scholars frequently point to actors or actor groups' competition over which policy to keep, adopt or reject. While all of these models are different, their focus lies on the political processes underlying policy change, such as endogenous and exogenous "shocks" which may lead to changes in governing coalitions or in problem framing and mobilization strategies to influence public opinion.

While these models focus on the "energy" that pushes for policy change (see Campbell et al. 2009), other scholars have concentrated on the ways in which institutions facilitate or impede political competition and thus social policy change. Historical institutionalists (Hay and Wincott 1998; Pierson 2004; Streek and Thelen 2005), for instance, link their analysis of political competition to the institutional environment. Although many definitions of the notion of "institutions" exist, in general they represent "systems of established and prevalent social rules that structure social interactions" (Hodgson 2006, 2). Institutions thus include formal political institutions, laws and policies, their "legacies" or historical impact, as well as positive or negative feedback they create over time (Béland 2009, 702). Political actors are bound by institutional rules and logics, which influence their thinking and behavior. For instance, depending on the welfare system of a country, actors need to consider whether a new welfare program "fits" the logic of the existing welfare institutions. Similarly, political actors develop strategies to mobilize for policy change according to the opportunities provided in the political system of their country.

Institutions heavily influence actor behaviour and thinking as they are difficult to change. Historical institutionalists considered institutions to be path-dependent as historical trajectories shape the way they develop other time. They therefore emphasize timing and sequence of events and their impact on political power, strategies and the institutional environment (Hay and Wincott 1998, 954-955). As institutions do not change easily, they create a state of inertia, which can only be broken by exogenous shocks or critical junctures (Pierson 2004, 44-53; Streek and Thelen 2005, 7). For this reason, institutions often impede policy change. Yet actors working within institutions can use them to either facilitate or impede change. According to Immergut (1992) and Tsebelis (2000) policy change is therefore dependent on the number of "veto-players" in the political-institutional system. Veto-players are "individual or collective decision makers whose agreement is required for the change of the status quo" (Tsebelis 2000, 442) and can be differentiated between partisan (i.e. competing parties) and institutional veto-players (i.e. second chambers). For instance, institutional veto-players can be actors in the legislative process, who may use their power to veto policy proposals (Immergut 2010, 233).

However, scholars (Béland 2009; Campbell et al. 2009) have argued that historical institutionalism is better at explaining a lack of change, rather than why policies change. To remedy this shortcoming, they advocate to pay greater attention to the role of ideas in policy change. In these studies, many scholars have focused on domestic and international policy learning. Concepts such as 'political-learning' (Heclo 1978), 'policy-oriented learning' (Sabatier 1987), 'lesson-drawing' (Rose 1991) or 'social learning' and 'policy paradigms' (Hall 1993) all point to the significance of ideas and knowledge. Yet where does this knowledge originate? While many theories point to past experiences (Hall 1993, 278-279; Heclo 1978, 316; Sabatier 1987, 134), others highlight the role of new ideas (Hall 1993, 278; Rose 1991, 4-5), many of which have originated elsewhere. Since past experiences of one

jurisdiction or country can provide new knowledge for another jurisdiction or country, policy instruments developed elsewhere are often copied in entirety, emulated in parts, or can act as sources of inspiration. Different policy instruments may be combined in an act of hybridization or synthesis (Rose 1991, 19-24). Whereas institutions may facilitate or constrain policy change, policy learning shapes this process as it provides political actors with the opportunity to learn about new policy alternatives and other countries' experiences with these policies.

Given that these approaches focus on different factors in their attempt to explain policy change, it is unsurprising that the comparative scholarship on LTC insurance adoption in East Asia has employed one framework in their analysis or regard them as individual factors whose influence on policy change can be weighed against each other. Yet, as political competition is inherently shaped by institutions, and scholars have found that ideas influence political actors' perceptions and policy alternatives, each of these factors clearly plays a role in policy change.

In an attempt to bridge the above theories, Béland (2005, 2009) has explained how institutional and ideational processes influence agenda-setting and thus policy change. In line with historical institutionalism, Béland (2005) argues that institutions condition political actors' behavior as they create opportunities and constraints for political actors to mobilize for policy change. Drawing on Kingdon's (1995) model of policy streams, he contends that ideas play a significant role in problem definition (problem stream), as existing policy paradigms influence the learning processes. Moreover, both policy paradigms and formal institutions shape the role of experts, business and politicians, ultimately impacting the available policy alternatives (policy stream) which can be employed in the political mobilization and competition within politics (politics stream). When political actors successfully mobilize for the support of certain ideas and policy alternatives - often by

employing strategic framing processes (Benford and Snow 2000) – policy change may occur (Béland 2005).

However, while Béland helps us shed light on the influence of ideational and institutional processes on political competition, he does not explicitly take into account the crucial role of time. Although Béland (2005) acknowledges that the policy agenda is made up of "problems policy-makers themselves perceive as significant at a specific moment in time" (2005, 6), and notes that the timing of ideas plays a role (2005, 10), both statements refer to the time at which an idea or issue is taken up in political competition. However, as I argue, time plays a significant role in at least three additional ways. First, and most obviously perhaps, the notion of time is inherent in historical institutionalism, which emphasizes the role of timing and sequence of events particularly in its key concept of path-dependence. However, time also plays a role in ideational processes. While Béland points to the timing of ideas, ideas also change over time. Moreover, over time a greater diversity of ideas, policy alternatives etc. becomes available which political actors can use in political competition. Finally, time is an important factor in political processes. With time the composition of governments and ruling coalitions can change. Similarly, after policy change is enacted, the same policies can be revised, undermined or blocked from implementation by political actors in the future. Time is thus a crucial factor which is too often underestimated or neglected.

In addition to highlighting the role of time in processes of policy change, time is also a factor in institutional change. As critical institutionalists such as Cleaver and de Koning (2015) note, over time changes in political and social discourses as well as policy environments result in a continuous layering of institutional arrangements in which newly adopted and old institutional arrangements are mixed. This creates a patchwork of institutional arrangements, termed "institutional bricolage" (Cleaver 2012). While new elements need to adhere to the institutional logic, critical institutionalists argue that over time historical trajectories do not

necessarily lead to path-dependence as described in classical historical institutionalism, but to "sedimented layers of governance arrangements" (Cleaver and de Koning 2015, 6). As I argue, examining the creation of institutional bricolage over time helps explain why institutions which have been historically influenced by the same welfare regime logic may adopt policy designs which demonstrate significant differences across cases. In other words, the notion of institutional bricolage can shed light on this paper's empirical puzzle – why LTCI systems adopted in East Asia differ so greatly in policy design despite their historical adherence to a "productivist" welfare regime logic.

Drawing on and further developing Béland's (2005) comprehensive framework, I have conducted a comparative case study of LTCI adoption in Japan, South Korea and Taiwan. In this analysis I particularly emphasize the role of institutions, ideas, and time in the political competition over LTC insurance adoption in these countries. A qualitative comparative case study was chosen as only a thorough and detailed analysis of ideational and institutional processes would be able to shed light on how they impact the political decision-making processes and thus shape patterns of policy change[2]. Although the three countries have all initiated seemingly path-divergent social policy change when introducing LTCIs, which all demonstrate differences in policy design, this study does not seek to make generalisable causal claims concerning the impact of ideas and institutions on political processes per se, but aims to enrich our understanding of how these factors may interact with each other in general, and in particular in regards to LTC insurance adoption in East Asia.

Building on Béland (2005, 2009), I thus assume that ideational and institutional processes impact political competition at different points in time. Since "Institutional forces create major constraints and opportunities that affect both the behaviour of these actors and the

[2] Based on the social policy literature, I have selected eight features of LTCI policy designs to enable a comparison of all three LTCI policies. They include: (1) funding mix, (2) premium collection, (3) expenses covered, (4) care categories, (5) eligibility, (6) application process, (7) service provision and (8) administration.

diffusion of their ideas" (Béland 2009, 708), it is the dynamic interaction between ideational, political and institutional processes which determine policy change, and by extension policy outcome. To examine whether these assumptions hold and which specific factors account for variations across cases, I have gathered primary documents in English and Mandarin Chinese (laws, policies etc.) as well as demographic and financial data from national statistical and World Bank databases. Additionally, I base my analysis on secondary sources such as domestic newspapers (e.g. Taipei Times) and scholarly literature.

## The Case of Japan: The Asian Forerunner

### *Past events*

Chronologically, Japan was the first East Asian country to face intense demographic pressure, transforming into an "aged" society in the mid-1970s, when the proportion of over 65-year-olds rose significantly and the fertility rate fell below replacement level (Ihara 1997, 3). Reacting to demographic change, Japan established its first means-tested LTC programs in 1963 (Ihara 1997, 8). Since 1973, however, the Japanese healthcare system (a social insurance system) started providing free medical care for all (Shimizutani 2013, 6; Olivares-Tirado and Tamiya 2014, 16). During this time, welfare policies were increasingly framed along a universalist narrative (Olivares-Tirado and Tamiya 2014, 16). The introduction of this narrative demonstrated an ideational change which would influence Japanese political and social discourse as well as acceptable policy alternatives for decades to come. In the short-term, however, this ideational changed meant that older persons obtained access to LTC provided by hospitals. This resulted in a ten-fold increase in the number of elderly Japanese continuously occupying hospital beds (1963 to 1993) and massive costs (Campbell and Ikegami 2000, 28; Tsutsumi 2014, 4) – in short negative policy feedback. While population ageing was identified early on as a policy problem in Japan and a policy solution was found,

in time this negative policy feedback demonstrated that existing LTC institutions were causing significant new problems, most importantly, increased financial pressure on the healthcare system.

*First window of opportunity: 1990 elections*

By the late 1980s, Japan's growing ageing population, changing family constellations and insufficient LTC had become political issues (Peng 2005, 82; Tsutsumi 2014, 5). The understanding of the issue changed, transforming from a demographic to a political concern. Consequently, the policy problem was reframed around family difficulties to cope with the situation (Williams 2010, 70; Olivares-Tirado and Tamiya 2014, 17). As concerns about Japan's ageing population began to receive widespread media coverage, thereby increasing societal attention towards population ageing, the ruling conservative Liberal Democratic Party (LDP) started to promote socializing LTC as a policy solution during the 1990 election campaign (Usui and Palley 1997, 372). It was particularly "Hashimoto Ryûtarô, the Finance Minister, a powerful leader of the Liberal Democratic Party (LDP), and also an ex-Minister of Health and Welfare, [who] committed his governing party to a new policy for the frail elderly" (Campbell et al. 2009, 66). Holding on to policy legacies, the LDP promoted a ten-year "Golden Plan" that would enlarge the existing means-tested LTC infrastructure as the optimal solution. The Japanese government thus opted for a path-dependent solution, in which policy change was based on the pre-existing government programmes. The Golden Plan would be funded by a new consumption tax which would socialize the costs and enable shifting care responsibilities from hospitals and nursing homes to community centres and in-home services (Ihara 1997, 2; Tsutsumi 2014, 5). The LDP thus used the 1990 election campaign as an opportunity to reframe the policy issue and introduce policy change. Given that the LDP had secured immense power over policy-making, and developed close

connection to powerful key ministries since the 1950s (Krauss and Pekkanen 2010, 8), it was able to enact these policy changes without difficulty.

*Continued problems, institutional blockage*

Shortly after the Golden Plan's enactment, however, Japan's bubble economy collapsed (Peng 2005, 83), resulting in politicians and the media calling for a reduction in welfare state spending (Campbell and Ikegami 2000, 27). Increasingly opposing arguments emerged, problematizing the Golden Plan's financial burden. Additionally, surveys showed that despite the Golden Plan most elderly remained excluded from LTC (Peng 2005, 83-84) due to stringent eligibility criteria stigmatizing users (Campbell et al. 2009, 71). The negative policy feedback of this tax-based policy solution thus continued. One of the main actors mobilizing against the LDP's Golden Plan was the progressive Democratic Party of Japan (DPJ), who attacked the Plan as "too little, too late and as not really relieving caregivers' burdens" (Campbell and Ikegami 2000, 29). The ruling LDP, however, did not embrace policy alternatives, instead working on a New Golden Plan (Tsutsumi 2014, 6-11) – again demonstrating the power of policy legacies. Although politicians from the opposition party (the DJP) and media outlets used the "trigger event" of Japanese economic decline as an opportunity to reframe the LTC policy problem and advocate for reform, their efforts did not lead to policy change due to the overwhelming institutional power the LDP had acquired over time.

*Second window of opportunity: Change of electoral rules*

Soon after, the Japanese political-institutional landscape underwent changes (Peng 2005, 83). The LDP, for the first time since 1955, lost the 1993 election. While in opposition, the Japanese electoral system was reformed, establishing a two-tier mixed system of single member districts and proportional representation which put more weight on urban voters and

created the need for parties to advocate more universal, in contrast to social group-oriented, reforms (Estévez-Abe and Kim 2013, 12). When the LDP returned to power in 1994 under a three-party coalition with the Social Democratic Party of Japan (SDPJ) and the New Party Sakigake (Estévez-Abe and Kim 2013, 12), its institutional power was reduced. In the mid-1990s political institutions and power relations thus changed significantly, paving the way for renewed mobilization for LTC policy change. Moreover, this change in political power thus triggered institutional change which enabled greater political competition and the introduction of policy alternatives which deviated from previous policy solutions.

Within the coalition government, the SDPJ enthusiastically promoted social insurance, while many LDP conservatives stressed the importance of traditional family-based care, favouring tax-based means-tested solutions. The two parties thus promoted alternative policy solutions. In public debates, however, LTC financing did not take centre stage. Instead, debates focused on issues of eligibility—e.g. what the eligibility criteria would be, who would be responsible for its oversight, and the process by which citizens could repeal eligibility decisions (Campbell 1997, 2-4). Given the long-lasting principle of universalism, the system would have to remain universal since, under the Golden Plan "many people were already receiving many services (…) which made a severe approach[3] to eligibility or benefits politically impossible" (Campbell et al. 2010, 92). While ideas around universalism continued to be strong over time, the negative policy feedback of tax-based LTC provision and changes in formal political institutions enabled greater political contestation (problem framing and mobilization) over future directions of policy change.

Although a revised "New Golden Plan" was adopted in 1994, the Minister of Health and Welfare, Keigo Ouchi, a SDPJ politician, used his power in office to establish several expert and advisory councils from 1993 to 1995 to devise a new long-term solution. Again, the

[3] By "severe approach", the authors mean more stringent eligibility criteria or large benefit cuts.

historical institutional development would shape this search for a policy solution. In the past "Japan had been undergoing two contradicting processes: towards universalism (health care for all), yet means-tested social security in other areas" (Campbell and Ikegami 2000, 29). Although the LDP had ruled Japan since the 1950s on the basis of their "productivist" approach to welfare, over time "sedimented layers of governance arrangements" were added to the Japanese welfare regime such as the notion of universalism which would slowly become increasingly important in Japanese welfare politics.

In their search for a solution, the Japanese government engaged in policy learning by studying European LTC models, notably the Scandinavian model and the German LTCI (Campbell et al. 2009, 71) – two welfare regimes which are not based on a "productivist logic". Japanese political actors could thus have learnt from either, German or Scandinavian, policy solutions. Yet, as mentioned above, the timing of ideas plays a key role. Ikegami et al. (2003), for instance, note that "the fragmentation of health and welfare services, a general anti-bureaucratic mood and a corresponding interest in consumerism and market-based solutions, brought a search for a different way" (2003, 218). As heavily-taxed based LTC provision such as in Scandinavia had been tried and produced negative feedback effects, the social insurance offered a potential policy alternative.

Moreover, it became increasingly clear that many non-state actors advocated a social insurance solution. Physicians' associations (Campbell et al. 2009, 71), the Women's Association for a Better Ageing Society, the "10,000 Citizens' Committee for Promoting Public-supported Long-term Care" and the Japanese Trade Union Confederation (RENGO) all favoured an LTCI (Tsutsumi 2014, 6). As Williams (2010) notes, "Women's organizations in Japan [in particular] took advantage of the political concern about an ageing society and a declining fertility by mobilizing for long-term care insurance for older people" (2010, 17). According to Campbell et al. (2010), they were particularly influential in

mobilizing against the provision of cash benefits, as this would only enhance household income and not reduce the burden of social care which is mostly carried by women (2010, 5-6). The increasing involvement of civil society in the public debate thus put pressure on the government to introduce an LTC social insurance (Peng 2005, 83) and shaped the design of potential policy alternatives.

*Ideational facilitators enable policy change*

As a result of the mobilization of the LTCI policy option, it received widespread support from the public, advocacy groups, and political parties such as the SDPJ. Moreover, the Advisory Council on Social Security, established under SDPJ rule, composed of members of the Diet, key ministries and non-state actor groups, published a report favouring a LTCI solution. Therefore, even after the 1996 election was won by the LDP, giving the conservative party more institutional power, there was little room for the LDP to promote alternative policy solutions. Times had changed: (1) in terms of institutional power of the ruling party; (2) in terms of ideational processes which involved the framing of the LTC along the lines of eligibility and universalism, discrediting the tax-funded Golden Plan, and (3) in terms of political contestation, which now involved a plurality of civic groups. Due to these reasons, Ryutaro Hashimoto, the new Prime Minister and former Finance Minister who had advocated the Golden Plan, had little choice but to support an LTCI (Tsutsumi 2014, 6-11). Ultimately, the LTCI, or "Long-Term Care Insurance Act", was adopted in 1997 and took effect in April 2000 (Campbell and Ikegami 2003).

The resulting Japanese LTCI resembles a mixture between the German and the Scandinavian model: 50% is financed through taxes (25% national, 12.5% prefectural and 12.5% municipal governments), and 50 % through insurance premiums. In this "single scheme area-based system" (Tsutusmi 2014, 28), the premiums of "primary insured" over 65-year-olds are

deducted from their pensions, while the "secondary insured" (40-64 years) contribute a percentage of their salary (Inamori 2017, 8). The insurance covers 90% of the costs yet includes a 10% co-payment (Olivares-Tirado and Tamiya 2014, 24). An important difference to previous systems is that LTC funding is centralized (Ikegami et al. 2003, 218). In line with the policy paradigm of universalism, everyone over the age of 65 is eligible for LTC benefits, regardless of family or income, while people aged 40 to 64 are only eligible for certain services (Shirasawa 2015, 232-233). The need for care is assessed by computer questionnaires and qualitative assignments by evaluators, who assigns a person to one of six categories (Olivares-Tirado and Tamiya 2014, 28). Municipal governments are in charge of administration, and their public committees evaluate the materials and approve (or reject) an application.

Depending on the care category, the insurance covers 500-3.600 USD of LTC services (limit at time of LTCI adoption in 2000), which are only provided in-kind (Ikegami et al. 2003, 218), and organized by a "care manger" who writes care plans (Campbell and Ikegami 2000, 34). Additional services can be purchased out-of-pocket. The Japanese government decided against using cash allowances due to feminist critique and as the policy was to reduce the caring burden on family members, particularly female care-givers (Ihara 1997, 20-21). The in-kind services comprise institutional care or community-based care (including in-home care) and are provided either by the state, non-profit sector (as in the previous decades) or private LTC providers – a novelty in Japan. Private provision was allowed to enhance quality of LTC provision as the insured can choose between services (Shimizutani 2013, 14-15). Table 1 depicts the Japanese LTCI scheme's basic features.

Table 1: The Japanese LTC Insurance System

| | |
|---|---|
| **Funding mix** | 50 % taxes (25% national, 12.5% prefectural and 12.5% municipal governments), and 50 % insurance premiums |
| **Premium collection** | "Primary insured" (65 years+) premiums are deducted from their pensions (premium level determined by local government)<br><br>"Secondary insured" (40- 64 years) pay payroll tax between 0.88% and 0.95% of the health insurance |
| **Expenses covered** | 90% of the costs; 10% co-payment |
| | Depending on care category, may spend 500-3.600 USD on monthly LTC services |
| **Care categories** | Seven categories (two preventive care, five long-term care) |
| **Eligibility** | Everyone 65+, 40-64 years old only in cases of old age illnesses |
| **Application process** | Care assessment via questionnaire and interview; final decision by municipal evaluation committee; care manager establishes "care plan" |
| **Service provision** | In-kind only, in form of institutional care, community-based care, or in-home care |
| | Mostly state and non-profit organization, slow development of private provision |
| **Administration** | Municipal governments |

(Source: Compiled by author)

All in all, ideational and institutional processes strongly influenced political competition over time: strategic framing processes by the opposition and civil society groups, as well as change in the electoral rules, and thus institutional change, paved the way for social policy change, albeit in a protracted manner. In addition, ideational and institutional processes had a significant influence on the resulting policy design. Firstly, the Japanese LTCI demonstrates the effects of policy learning. As it is 50 percent funded by taxes, and 50 percent funded by premiums[4], the funding mix resembles both, the Scandinavian and the German system.

[4] While elderly 65+ years pay a premium as determined by local governments which is deducted from their pension, LTC recipients 40 to 64 years-old pay a payroll tax which is split between the employer and employee.

Secondly, ideas centred on universalism and eligibility, which had been in the focus of framing processes, were incorporated by making the insurance eligible to all persons over 65 years-old (and 40 to 64-year-olds in case of old age-related illness), as well as the large amount of expenses covered (90 percent) – reducing the financial burden on low-income groups. Due to this strong emphasis on universalism, "the LTCI scheme shifts the principle of elderly care from a means-tested public welfare programme ('Gold Plan') to a rights-based social care system run on the principle of social insurance" (Peng 2005, 84). Framing strategies around the need to reduce family burdens by feminists, have resulted in in-kind only service provision. Secondly, Japan's negative policy feedback and developments within the institutional environment have equally shaped policy design. Due to previous negative policy feedback, "the new programme has both taken the principle of open access from the health sector and made more explicit the limitation of benefits according to eligibility from the social welfare sector" (Ikegami et al. 2003, 219). However, Japan's LTC insurance design also includes elements of the previous system of LTC provision. Similar to the Golden Plan, for instance, the administration of LTC rests with municipal governments, who evaluate LTC needs and assign a person to one out of seven care categories. In addition, due the historically strong role of the state and charity organizations in providing LTC, private service provision is only slowly developing.

However, even after adoption of a new policy, it continues to be shaped by ideational, institutional and political processes occurring over time. Since its establishment in 2000, major problems led to its revision. As LTCI costs in 2013 were 2.61 times higher than in 2000 and are expected to rise, the system's financial sustainability is in jeopardy (Shirasawa 2015, 239-241). This is partly due to rising numbers of eligible claimers – the population coverage has increased from 6.9 percent in 2000 to 13.5 in 2008 (Olivares-Tirado and

According to Olivares-Tirado and Tamiya (2014), "The rate is 0.95 % of salary for government-managed health insurance and 0.88 % for association-managed health insurance" (2014, 25).

Tamiya 2014, 33). This is expected to lead to continuously rising premium levels, a co-payment of 20 percent for higher income groups and increasingly restricted admittance to institutionalized care to persons with more severe disabilities (Shirasawa 2015, 239-240). According to Inamori (2017), the Japanese LTC system is therefore beginning to show signs of its former means-tested design: differentiating burden ratios on the basis of income levels, adding means-tested supplementary benefits and moving in-home care services to community support centres, which leads to benefit cuts (2017, 18).

**The Case of South Korea: A Case of Policy Learning?**

*Past events*

Like Japan, South Korea is experiencing population ageing, changing traditional family structures (Kwon 2004, 2; Choi 2014, 7) and economic decline (Kim and Choi 2013, 872). Yet during the 1990s South Korea's population ageing was much less pronounced than in Japan. At this time the South Korean old-age dependency ratio was between 7 and 10 percent, compared to Japan's 17 to 24 percent and the average life expectancy was not as high (Choi 2014, 7; WB 2018). Moreover, in contrast to Japanese citizens, South Koreans only had access to limited, means-tested state or non-profit LTC facilities (Seok 2010, 186-188; Kim and Choi 2013, 878). Public debates on LTC financing and provision were largely absent (Hwang 2012, 191). At the time when Japan adopted an LTCI, South Korea had not yet begun to frame population ageing as a policy problem and had no comparable welfare programmes in place.

Undergoing democratization, during the 1990s the South Korean governments were more concerned with other areas of the South Korean welfare state. South Korea had established a universal healthcare insurance in 1988 (Campbell et al. 2009, 74) which was ridden with financial problems (Shin 2014, 70). Despite being universal, it only covered 60 percent of

healthcare expenditures. Additionally, high-cost medical services largely induced by the private sector (Seok 2010, 190) were creating a financial strain on the system (Kwon 2008, 128; Campbell et al. 2009, 75). When the South Korean government extended the pension system to the urban self-employed in 1998 after the Asian financial crisis (Campbell et al. 2009, 75), its welfare system needed IMF rescue loans (Kwon 2008, 128). Key policy concerns – and thus social and political debates of the time - were thus focused on the financial unsustainability of the healthcare and pension systems as well as the insufficiency of social security.

*Window of opportunity: Election of president Kim Dae-Jung*

The public and government's lack of attention to LTC changed during the late 1990s with a change in government. After winning the presidency in 1997, Kim Dae-Jung – a long-term advocate for social policy reform (Hwang 2012, 191) - started promoting greater social security in all areas, including LTC (Choi 2014, 8). The change in ruling party was thus a critical moment in time, enabling greater governmental attention towards the issue of LTC.

Studies acted as a trigger for public debate and political action as they indicated a dire need for LTC (Kwon 2008, 121). South Korea was witnessing a stark decline in fertility rate from 1.47 in 2000 to a very low 1.08 in 2005 (Choi 2014, 7) and a high elderly poverty rate of 45 percent in the 2000s (Kim and Choi 2013, 879). With decreasing family sizes and few financial resources among elderly, it would be difficult to provide LTC in the future. As in Japan, the Kim administration began framing the policy problem along the lines of rapid societal and demographic changes (Campbell et al. 2009, 75). The public discourse was overwhelmed with diverse perspectives and images about South Korea's population ageing since the 1990s (Park 2013, 298). In public debates, however, the issue of LTC was soon linked to the Asian financial crisis and the public's concern with increasing social safety nets

(Fiori and Kim 2012, 70) as well as to discourses about family norms[5] and filial piety (Park 2013, 297-298). In contrast to Japan, social and political debates did not focus on the negative feedback of previous government policies, but on the need to expand the Korean welfare regime due to its inability to support the public in times of crisis. As Korean debates around LTC provision occurred after the Asian financial crisis, against the backdrop of a comparatively under-developed welfare state, social and political debates took a very different form than in Japan.

Searching for a policy solution, Kim established a Planning Committee for Long-Term Care for Older Persons in 2000. As South Korea's healthcare and pensions systems were both social insurance systems, the institutional environment was conducive to LTCI adoption (Kwon 2008, 127-128; Chon 2014, 708). The Korea Institute of Health and Social Affairs soon commenced studies of LTCIs in Germany and Japan, producing proposals for government consideration (Campbell et al. 2009, 75). In this search for a policy solution, civil society had been rather passive (Choi 2014, 8). Non-state actors such as trade unions, civil society or interest groups had not engaged much with this government-led LTC debate (Seok 2010, 187; Kim and Choi 2013, 880). While active in public debate, feminist organizations did not advocate a particular LTCI design (Kwon 2008, 131; Seok 2010, 194). The Korean Medical Association was less concerned about the LTCI itself and more interested in securing a prominent role in assessing elderly for benefits (Kwon 2008, 132). While the ruling party was thus pushing the policy problem of LTC provision to enhance their position in upcoming elections (Kwon 2008, 130), the public was at first less interested in discussing policy alternatives.

*Institutional facilitation: Ministerial and presidential power*

[5] Moreover, feminist organizations advocated for more state support in providing care (Williams 2010, 20).

Once the Ministry of Health and Welfare (MHW) published its policy draft many political actors, interest groups and care providers became interested in the issue and advocated for developing an LTCI (Kim and Choi 2013, 882). After LTCI adoption was on the public agenda, ministerial support became a key facilitator. Powerful ministries such as the MHW, the National Health Insurance Cooperation (NHIC) as well as the Ministry of Finance and Economy (MFE) all favoured a social insurance. The MHW promoted the LTCI because, like health insurance, it would be under its control, enlarging its power and capacity (Kwon 2008, 127; Kim and Choi 2013, 881). Similarly, the NHIC supported the LTCI, seeing it "as an opportunity to extend its own operation and mitigate against the pressure of downsizing/employment adjustment within its own organization" (Kwon 2009, 28). Being wary of introducing new taxes, the MFE was worried that the additional financial burden "will have a negative effect on the economy facing fierce global competition" (Kwon 2008, 133) and favoured an LTCI (Kwon 2008, 127; Kim and Choi 2013, 881; Chon 2014, 707). In 2001, the MHW publicly recommended an LTCI (Kwon 2009, 28). Powerful institutional players in favour of LTCI introduction thus facilitated the institutional process of policy change. Moreover, as the LTCI solution became widely discussed, a "possible reason for the lack of resistance was that the proposals were so well received by the general public that it could be politically risky to oppose them" (Campbell et al. 2009, 76). Given the institutional fits of LTCIs, public support and the powerful backing of the ruling party and bureaucracy, by 2002, Kim made it an electoral commitment to introduce a new LTCI (Choi 2014, 8).

While the debate about a LTCI was gaining momentum, the Kim administration faced a critical moment in time: the next elections. Yet, when the 2003 elections brought Roh Mu-Hyun, a member of Kim's party (Campbell et al. 2009, 75) to office, Roh – now holding the strong institutional power of the Korean presidency - continued Kim's plans for a LTCI. He announced the launch of South Korea's LTCI by 2007 (Kwon 2009, 28) and set up a task

force within the MHW, consisting of civil servants and representatives of the public. Like Kim, Roh had a strong incentive to launch an LTCI as soon as possible as the vote of the elderly would be of vital importance in the next elections (Kwon 2008, 130). In April 2007, shortly before the end of the Roh presidency, the National Assembly passed the "Act on Long-Term Care Insurance for Senior Citizens" (Seok 2010, 186-187).

In comparison to Japan, the South Korean policy design reflects a different mix of funding, operational and administrative features. South Korea's LTCI policy covers every 65+ year-old, who suffers from LTC-related illnesses - although disabilities are not covered (Duk 2012, 51). Insurance premiums finance 60%, co-payments 20% and taxes 20% (Chon 2014, 708). The social insurance premium is deducted as a percentage of the healthcare insurance premium (4.05%) from monthly payrolls (Kwon 2009, 29). All LTC benefits are covered up to a benefit ceiling which depends on the level of care a person is assigned to[6] (Chon 2014, 708). There is means-tested LTC for the poor while 50% of the costs are waived for users in the "second-poorest class" (Seok 2010, 194).

Turning to service provision, most benefits are provided in-kind in form of institutional or community care, whereas cash allowances are available in exceptional cases. The focus on in-kind services is less based on a feminist critique, as in Japan, but more on the governmental objective to relieve women from LTC burdens (Kwon 2008, 131) – a potential move to increase fertility. Benefits are provided up to certain ceilings[7], which are calculated by taking into account the care level and type of benefit (Kang et al. 2012, 43). In comparison to Japan, benefit levels are much less generous (Campbell et al. 2009, 77). Services are largely provided by the private sector (Duk 2012, 55), which has created an oversupply of

[6] However, the insured has to make a 20% co-payment in case of institutional care, and 15% when receiving home-based care (Chon 2014, 708).
[7] While monthly costs for community care are capped between 784 and 1,196 USD, costs for institutional care are limited between 1,359 and 1,768 USD (1,000 Won = 1 USD) (NHIS 2017).

LTC services (Seok 2010, 2000). In contrast to Japan, local governments do not engage in LTC provision or financing. Instead the NHIC is in charge of administering LTC financing and assigning the insured to one of six benefit levels (Choi 2014, 14). To determine eligibility for benefits after an application has been filed, a team of the local NHIC branch assigns an individual to a care level according to a questionnaire and an interview (Kang et al. 2012, 42). Finally, in 2013, the system covered 6.1% of the population aged 65+ (Choi 2014, 9). Table 2 depicts the South Korean LTC Insurance Scheme's basic features.

Table 2: The South Korean LTC Insurance System

| | |
|---|---|
| **Funding mix** | 60% insurance premiums, 20% co-payments and 20% taxes |
| **Premium collection** | Insurance premium is deducted as a part (4.05%) of the health insurance payroll tax |
| **Expenses covered** | 80-85% of the costs are covered; 20% (institutional care) and 15% (home-based care) co-payment; additional means-tested and subsidized LTC provision |
| | Depending on care category, may spend 784 and 1,196 USD on monthly LTC services |
| **Care categories** | Six benefit levels |
| **Eligibility** | Everyone 65+, as well as younger citizens who are suffering from old age illnesses |
| **Application process** | Care assessment via questionnaire and interview by NHIC |
| **Service provision** | Mostly in-kind, cash allowance in exceptional cases; in form of institutional care, community-based care, or in-home care |
| | Mostly provided by private services |
| **Administration** | National Health Insurance Corporation |

(Source: Compiled by author)

Ultimately, as Kim and Choi (2013) remark, "it was the government that began to raise the LTC issue as a policy agenda item, that dominated the legislation process, and that implemented the program as scheduled, whereas media and even interest groups were not

much interested in the LTCI" (2013, 881). The combined effort of two presidents who framed LTC as a policy problem and promoted LTCI as a policy solution facilitated policy change, pointing to the strong power concentration in the South Korean presidential system (Estévez-Abe and Kim 2013, 15-16). Ideational processes supported president Kim in legitimising policy change as he was able to link the "threat" of rapid population ageing (Campbell et al. 2009, 78) with the existing financial unsustainability of the health and pension system and the need to set up a more comprehensive safety net[8]. The consent of key actors within formal political institutions, such as powerful politicians and bureaucrats, facilitated the adoption of the government supported LTCI. Moreover, the policy solution of an LTCI suited the existing institutional landscape which was already based on social insurances. Given that the public was also in favour of the Kim's LTCI framing and mobilization campaign, the LTCI was adopted in a rapid manner.

Ideational and institutional processes moreover influenced the resulting policy design. Firstly, Policy learning did play a role since the resulting LTC financing scheme includes both Japanese and German features: While South Korea's benefit scheme (care categories, eligibility rules) resembles the Japanese LTCI, its operational model mirrors the German model (Seok 2010, 194). Secondly, the pre-existing institutional landscape shaped the ways in which the South Korean LTCI operates: It is managed by the National Health Insurance Corporation, and given the underdeveloped service provision, services are largely provided by the private sector.

Finally, looking at the crucial role of time, it is clear that the this policy change was facilitated by, firstly, the change in government which was able to hold on to power over time, and secondly, by the Asian financial crisis, which made the lack of social security a more

[8] Despite South Korea's rather inclusive and unified social welfare system, the labour market is highly segregated resulting in a decoupled dualization (Cho and Choi 2017).

pressing issue in public debate. Thirdly, it is noteworthy that after LTCI adoption the subsequent ruling party under Lee did not attempt to revise or undermine the LTCI. Instead, as Fleckenstein and Lee (2017, 47) note, political competition has led the conservatives in South Korea to embrace welfare expansion as a way of winning over voters, which in turn has resulted in parties attempting to outbid each other in welfare-related electoral promises. Over time, social and public debates on enhancing social security and sustainable welfare funding have strongly shaped political competition, and thus enabled greater welfare state provision. Finally, in comparison to Japan, time has increased the amount of policy designs (and their positive or negative policy feedback) to learn from, enhancing the pool of ideas Korean decision-makers can draw from. These changes over time, added distinctive layers to the Korean welfare regime, which have the potential to shift the regime away from the "productivist" welfare state logic.

**The Case of Taiwan: Taking a Different Route**

*Past events*

As in Japan and South Korea, during the 1990s the Taiwanese government became increasingly aware that a declining fertility rate, increasing female labour market participation and longer life expectancy were leading to a growing ageing population in need of LTC (Chiu 2002, 217; Lin 2010, 148, Wang and Tsay 2012, 466). In 1993, Taiwan's population of 65+ year-olds reached seven percent of the population – the marker according to which the UN classifies a population as "aged" (Chiu 2002, 217), which seemed to have functioned as a "trigger event" (Lin 2010, 148), raising attention towards the issue of population ageing.

Similar to South Korea, Taiwan faced challenges in financing and providing LTC due to its authoritarian history. However, the Taiwanese situation differed to South Korea in that its

welfare system was segmented and decentralized. The National Health Insurance (NHI), for instance, was segmented according to occupational groups, covering only 51 percent of the population (Lue 2014, 278). LTC provision showed similar segmentation: While the Ministry of Civil Affairs largely provided means-tested, community-based and in-home care services as part of its social assistance program (Chiu 2002, 221-222), the Ministry of Health and Welfare (MHW) covered certain in-home and institutional LTC services as part of the NHI (Chiu 2002, 225-226). Both forms of LTC provision exist until today and are public. In contrast, the Veterans Association provides LTC for former military staff (Chiu 2002, 226). Although private care institutions exist, until recently they were not allowed to make profits or advertise their services aggressively (Wang 2011, 171-172; Executive Yuan 2013).

As Taiwan's welfare institutions are segmented, many families have not been covered by public services. As a result, Taiwanese unable to afford private care, have hired foreign care workers or used non-registered (quasi illegal) nursing homes providing LTC at lower costs (Chiu 2002, 224). Although the Taiwanese government(s) started to universalize many realms of the welfare state during the 1990s democratization process, growing financial difficulties have hampered this development (Lue 2014, 282). Existing LTC provision thus produced negative policy feedback and resulted in the creation of complementary informal institutions.

*First window of opportunity: 1996 elections*

With democratization underway and first presidential elections in 1996 (Hermanns 2009, 221), social security became subject of party competition. After Lee Tenghui of the conservative KTM party was elected president in 1996, the government started framing LTC as a policy problem. As in Japan and South Korea, the problem framing focused on Taiwan's rapid demographic change and the need to prepare for the future by establishing an LTC

financing and provision system. In this framing frequent reference was made to other countries, such as Japan and Germany, and their experiences with policy solutions (Wang 2008, 89-92).

Moving forward, in 1998, the KMT government issued a Plan for Improving Caregiving to the Elderly and a Three-Year Project for Long-term Care for the Elderly which was developed by the MHW (Lin 2010, 153-153). The Three-Year Plan sought to consolidate the fragmented LTC provision, encourage LTC personnel training, raise awareness and enhance LTC service quality. Yet the Plan did not resolve the limited financial resources and continuing systemic segmentation, but instead further strengthened competition between governmental agencies, resulting in reduced LTC accessibility and effectiveness (Chiu 2002, 227). As in the case of the "Golden Plan" in Japan, the KMT reform initiative thus demonstrated continued negative feedback effects, providing an opportunity for others to strategically promote alternative policy frames and solutions.

*Second window of opportunity in 2000: Change in ruling party*

When the main opposition party, the Democratic Progressive Party (DPP) under Chen Suibian, won the subsequent elections in 2000, they used this opportunity to reform the welfare state. Among the many social policy areas in need of welfare extension, the DPP identified population ageing as the most important (Wang 2008, 82-83). After setting up a pilot program in 2000, the DPP created a plan for developing LTC services in 2002, commissioned an LTC Task Force in 2005 and, most importantly, issued a Ten-Year Plan for LTC in 2007 (Lin 2010, 153-154). In devising its policy alternative, the DDP clearly used policy ideas developed in Japan, while also learning from Germany and the UK (Nadash and Shih 2013, 2). Like the Golden Plan, the Ten-Year Plan foresaw universal LTC provision at the community-level provided by LTC management centres in every city (Wang 2011, 173;

Wang and Tsay 2012, 466). The DDP's plans and policies for the first time introduced the prospect of universal LTC in Taiwan - a key ideational shift in Taiwanese welfare politics. As Estévez-Abe and Kim (2013) note, the DPP's mobilization for a universal LTC could be due to a change in electoral rules in 2005. While the system was based on a combined single non-transferable vote and multi-member district, incentivizing policy-making catered to sub-groups within local electorates, as in Japan, the electoral reform introduced a two-tier mixed system of single member districts and proportional representation (Estévez-Abe and Kim 2013, 17). As in Japan, electoral reform could thus have functioned as a trigger in facilitating policy change.

*Institutional blockade and third window of opportunity*

After the KMT resumed office in 2008, it quickly halted the Ten-Year Plan's implementation and declared "that the Long-Term Care Insurance (LTCI) would supplant the Ten-year Plan for Long-Term Care in 2010 because of financial load-shedding and business opportunities" (Lin 2010, 157). The election thus enabled the KMT to use its institutional power to block the DPP's policy solution. The KMT attempted to outplay the DPP's plan by taking over its framing of "universal LTC", yet proposing an alternative policy solution, the LTCI. The idea of "universal LTC" thus marks a key moment in time, after which parties needed to frame their policy alternatives along these lines. The universalist framing of LTCI was highly successful as public opinion supported a universal LTCI. In general, however, Taiwanese pressure groups have had limited impact on LTC policy reform (Nadash and Shih 2013, 3-6). Although the KMT was framing LTCI as a socialization of LTC to relieve family burdens, both parties (KMT and DPP) regarded LTC as an opportunity to enhance economic development (Wang 2008, 87; Wang and Tsay 2012, 466) as an increase in LTC provision by the market might result in the growth of the elderly care or "silver" industry. Soon a think

tank associated with the executive branch, the Council for Economic Planning and Development, drafted a LTCI policy proposal.

*Use of institutions to impede policy change*

Although both parties promoted similar rhetorical frames and advocated LTCI adoption, political struggles have deferred LTCI implementation. As Lin (2010) notes, the "undecided policy due to the rotating power of different parties is a large reason for the deferred development of this national long-term care system" (2010, 158). Although the KMT started to draft an LTCI bill after gaining power in 2008, it was discussed in parliament for seven years before a draft law was adopted on June 4th 2015 (at the time to be implemented by 2018) (Cheng 2016; Zeldin 2015). A major reason for the delay is that the Legislative Yuan (parliament) is commonly used by the opposition to block or delay policy reforms (Nadash and Shih 2013, 3). Furthermore, the KMT and DPP disagreed over how to fund the service provision, ultimately agreeing on a new tobacco tax (Nadash and Shih 2013, 7). Finally, the KMT government first wanted to improve the LTC infrastructure by implementing an LTC Service Law (adopted in May 2015) (Cheng 2016; Zeldin 2015).

While the DPP initially supported the LTCI (Taipei Times 2015), after coming to power in 2016, the DPP formally aborted the implementation of the LTCI in 2017 and instead made efforts to undermine the LTCI by promoting an LTC Ten-Year Plan 2.0. (Yeh 2019, 4). According to Fu (2018, 92),

> However, details of the plan are under construction. Many scholars and senior civil servants who worked for the former government for the long-term insurance plan still have doubts about the new government's decision on abandoning the proposal. The U-turn of policy direction means the schedule for implementation will be postponed again. In addition, it remains a question whether the public would accept the idea of raising taxes to fund the long-term care system, as proposed by the new government.

Since the mobilization of an LTCI has gathered public support, it thus might be that the adoption of a tax-based LTC Plan will trigger opposition within the public. Or in other words, due to the mobilization of an idea over time, the power of this idea may overcome institutional powers in due time. Moreover, the Taiwanese example demonstrates that even if a new policy is adopted, over time new governing coalitions may block or undermine its implementation, thereby impeding policy change.

The LTCI draft law is based on a PAYG system, which is co-funded by the employer (40%), the employee (30%) and the state (30%). Employees pay a premium of 1.19% which is subject to increase every three years (MHW 2015a; CNA 2015). The insurance will cover LTC costs up to a certain ceiling; however, the insured pay a 10% co-payment and any costs associated with lodging and food in institutional care arrangements (MHW 2015b, Nadash and Shih 2013, 6-7). In principle everyone is eligible to receive LTC if he or she has been in continuous LTC need due to physical or mental health. A questionnaire then assigns the applicant to one of four benefit levels, while the final decision lies with an LTC Committee. Services are provided in cash and in-kind according to an LTC care plan (MHW 2015a, b). Although Taiwan is said to have a strong feminist movement and many femocrats in government (Estévez-Abe and Kim 2016, 16-17), the provision of cash allowances could be based on the strong reliance on foreign care workers in Taiwan (Estévez-Abe and Kim 2016, 17). Finally, whereas the administration is led by central and local governments, provision is mostly private (Nadash and Shih 2013, 3).

The Taiwanese LTCI thus resembles a specific mix of features, which differ from LTCIs in Japan and South Korea. While the application process mirrors the Japanese system, the centralized administration by the Ministry of the Interior and MHW and LTC service provision by the private sector is similar to the South Korean LTCI. However, its funding mix is based on a tripartite distribution of the costs between the employer, the employee and

the state, which is in line with the German LTCI. The resulting system therefore reflects a mixture of Japanese, South Korean and German LTCI features, which points to policy learning effects in the drafting of the Taiwanese LTCI (Nadash and Shih 2013, 2). Ideational processes moreover played a role in the framing and mobilization of the need for a policy solution to improve LTC service provision. While LTC service provision was largely framed along the lines of rapid population ageing. After the DPP raised the issue of universalism, this idea entered the public discourse and was supported by both the KMT and DPP. In addition, institutional processes have influenced policy design: due to the historical development of Taiwan's institutions, in contrast to Japan and South Korea, services can be provided in-kind and via cash benefits.

Ideational and institutional processes have both influenced political competition over time. Firstly, politicians within both parties have employed discourses on universalism to mobilize support among the public. Secondly, actors within formal institutions have thus been used as veto-points to delay the adoption and ultimately impede the implementation of the proposed LTCI. As Lue (2014) notes, that Taiwan's social policy development "(…) is characterized by political conflict between two dominant parties rather than consensus building. Political competition pushes social demands to the centre of the political agenda, forcing the two dominant parties to respond" (2014, 282). Parties thus employ institutional power to block political rivals from implementing policy change. In the Taiwanese case, one could thus speak of a failed or impeded attempt of policy change. Table 3 depicts the Taiwanese LTC Insurance Scheme, as developed in the 2015 Draft Law.

Table 3: The Taiwanese LTC Insurance System

| | |
|---|---|
| **Funding mix** | 40 % employer, 30% employee and 30% taxes |
| **Premium collection** | Premium is collected as a payroll tax (1.19%) |
| **Expenses covered** | Covers 90% of the costs up to a ceiling, does not cover "dormitory costs" and "food costs" in institutional care arrangements (Depending on care category) |
| | 10% Co-payment |
| **Care categories** | Four categories |
| **Eligibility** | Everyone who has been in continuous need of care due to physical or mental health (at least 6 months or longer) is eligible (Art. 5) |
| **Application process** | Questionnaire; final decision by LTC committee comprising insured, employers, LTC administrators and experts |
| **Service provision** | In-kind as well as cash allowances, in form of institutional care, community-based care, or in-home care; service provision according to care plan |
| | Mostly private provision |
| **Administration** | Ministry of the Interior and MHW (central government), Department of Social Affairs (local government) |

(Source: Compiled by author)

**Comparing Patterns of LTC Policy Change**

Analysing LTCI adoption in Japan, South Korea and Taiwan demonstrates how both ideational and institutional processes interact and jointly impact political competition and policy design. In all three cases, the financing and provision of LTC services was placed on the public agenda by framing processes – and thus ideas - which emphasized rapid population ageing and the need to act. East Asian framing around the policy issue of long-term care has thus developed very much along the lines of what Robertson's (1990) has termed "apocalyptic demography" – a narrative of alarm which depicts an apocalyptic scenario in the future. Since this is a highly common problem framing across countries, the framing

processes indicates that, in addition to country-specific policy designs, in all cases domestic actors were influenced or at least aware of international problem framings. In addition, problem framing and the discussion of policy alternatives was influenced by policy paradigms. Depending on the case under analysis, notions such as universalism (Japan, Taiwan) or the need for a safety net (South Korea) influenced how social and political debates progressed. These notions represent policy paradigms which were introduced in the past and have influenced the debates ever since.

Framing processes were equally influenced by negative policy feedback of previous policies and welfare state institutions. In Japan, for instance, framing was related to the notion of eligibility tests, whereas in South Korea the financial unsustainability of existing institutions put the need for a more comprehensive safety net in the centre of the public discourse. Thus, ideational and institutional processes played a role in the framing processes across cases.

In addition to framing, ideational and institutional processes significant impact which policy alternatives are discussed. In all three cases, international policy learning influenced policy design. Whereas Japan "learnt" from Scandinavia and Germany, South Korea was influenced by these two and the Japanese policy model. Taiwan in turn, has been drawing from all of these LTCI policy designs, demonstrating how policy learning over time unfolds in form of a "cascade". Over time, there are more policy designs to emulate, due to which newly emerging policy drafts resemble an increasingly diverse mix of international policy designs. The timing and sequence of policy adoption is thus significant as there are more policy designs to learn from. Nevertheless, the policy design was equally influenced by policy legacies and the pre-existing institutional landscape. While the Japanese LTCI's strong reliance on taxes as a source of funding and use of municipal governments for administration can be traced back to its policy legacy, in South Korea and Taiwan the lack of LTC service

provision is reflected in the centralized management within existing government bodies (NHIC or ministries) and the comparatively strong role of the private sector in service provision.

While ideational and institutional processes influenced the framing of policy problems or policy alternatives, it is the mobilization of these problem framing and policy alternatives by state and non-state actors which make them influential. In each case, these ideas were mobilized by different actor groups in a different manner. Whereas in Japan the opposition party SDJ in conjunction with civil society groups were able to mobilize their ideas against alternative policy solutions by the LDP, in South Korea the ruling party engaged in a top-down mobilization campaign. In contrast, in Taiwan framing processes were a result of party competition in which the KMT adopted the notion of universalism after the DPP had attached it to the LTC issue. Mobilization occurred typically during periods of electoral campaigning, in which actors sought to draw on ideas, policy paradigms and negative feedback effects to be successful in political competition, ultimately facilitating policy change.

However, while electoral campaigns provided the platform to mobilize for certain problem framings and policy alternatives, the degree to which these mobilization efforts were the result of party competition differed from case to case. In Japan, mobilization of LTC policies was marked by a competition between the LDP and the opposition. Due to the LDP's institutional veto powers, it took several elections and "windows of opportunities" until the mobilization by non-state actors and the opposition pushed the LDP to embrace an LTC insurance policy ('protracted policy change'). In contrast, in South Korea the issue of LTC was a rather unimportant issue in party competition. Rather, the Kim and Roh administration took up the issue of LTC in the absence of strong competition on this policy issue by the opposition, enabling a top-down mobilization campaign for social policy change by the ruling

party (‘unimpeded policy change’). The strong institutional powers of the Korean presidents supported this swift policy change. In Taiwan, the stark competition between the KMT and DPP resulted in the two parties adopting each other’s problem framing yet promoting alternative policy solutions. Here party competition not only resulted in the mobilization for different policy alternatives, but also to consecutively use veto-powers to block the policy solution of the opposing party (‘impeded policy change’). Whereas scholars (Choi 2012, 275; Mehta 2013, 191) arguing that LTCI adoption was a result of party competition are thus correct, the various dynamics underlying this party competition need to be highlighted, as well as the different significance it played in each case.

The role of veto-players points to the role of institutions, particularly whether actors were able to use veto points to facilitate or impede policy change. In Japan, the ruling LDP at first used their institutional power to impede the adoption of an LTC insurance. Yet after an institutional change (the change in electoral rules), it became imperative for the LDP to adhere to public opinion and implement an LTCI – although it favoured a tax-based Golden Plan. In Taiwan the same change in electoral rules has not had the same effect. Despite a similar institutional change, in Taiwan the recurring inability to settle for and implement one policy solution is due to the parties’ use of veto points, particularly the Legislative Yuan. South Korea, in turn, institutional power of the ruling party has facilitated swift policy adoption and implementation. The LTCI system of each examined case is compared in Table 4 below.

Table 4: Comparing East Asian LTC Insurance Schemes

| | Japan | South Korea | Taiwan |
|---|---|---|---|
| **Time of introduction** | 1997 (2000) | 2007 (2008) | 2015 (2018) (before draft law) |
| **Funding mix** | 45% taxed-based, 45% contribution, 10% co-payment | 20% taxed-based, 60% contributions, 20% co-payments | 40% employer, 30% employee, 30% tax-based |
| **Premium collection** | Payroll tax or deducted from pensions | 4.05 of health care payroll tax | 1.19 Payroll tax |
| **Expenses covered** | 90% of all costs | 80-85% of the costs are covered | 90% of all costs |
| | generous benefit ceilings (up to 3,600 USD) | all costs (except food), less generous benefit ceilings (up to 1,196 USD) | least generous benefit ceilings (no cover of lodging and food) |
| **Care categories** | Seven categories | Six categories | Four categories |
| **Eligibility** | 65+, to less extent 40-64 years | 65+ | Everyone |
| **Application Process** | Questionnaire, final decision made by non-state committee | Questionnaire, final decision made by NHIC committee | Questionnaire, final decision made by state and non-state committee |
| **Service Provision** | In-kind (care plan) | Mostly in-kind (some cash) | In-kind and in cash (care plan) |
| | Mostly state and non-profit, slow development of private sector | Mostly private | Mostly private |
| **Administration** | Local governments | National Health Insurance Corporation | Central and local governments |

(Source: Compiled by author)

## Conclusion

This paper has shown the ways in which ideational and institutional processes shape the political competition over change in policy. Firstly, ideational (the framing of policy problems and policy alternatives; policy learning) and institutional processes (negative policy feedback, existing formal institutions) shape the ways in which state and non-state actors mobilize for policy change and which policy solutions they promote. Secondly, institutional processes may impede or facilitate whether the advocated policy alternative is in fact adopted. Ideational and institutional processes moreover interact with each other. After ideational processes may open up windows of opportunities for actors to reframe a problem and/or engage in policy learning, the mobilization of these ideas may either be impeded by institutional veto points (Taiwan) or may overcome institutional constraints (Japan). In other cases, ideational processes do not appear to have been the most important driving force behind policy change. Instead it is the institutional power of a ruling party and relative lack of interest by the opposition and general public which enables a very swift policy change (South Korea).

The timing and sequence of the search for a policy solution has meant that each government has had varying sources of policy options. Whereas Japan sought inspiration from German and Scandinavian models, South Korea was able to also include Japanese experiences. Taiwan in turn could draw from a multitude of options (including Japanese and South Korean LTCI). For this reason, one could speak of a "cascade of policy learning", in which each subsequent adopter has a larger range of policy alternatives to choose from. In addition, as assumed in the beginning, domestic and international ideas were domestically 'filtered' by pre-existing policy legacies, policy paradigms, and institutional developments. Here, pre-existing ideas and policies narrow down the policy options available. In Japan, for instance,

new policy ideas only gained currency after the means-tested, tax-based LTC provision created negative policy feedback. While the influx of new ideas and policies widen the 'toolbox' of potential problem frames and policy options, institutional factors may constrain the number of viable policy solutions.

All LTCI policy designs were thus influenced by historical policy legacies and paradigms as well as international policy learning. The argument that LTCI adoption in Japan and South Korea was a result of international policy learning (Campbell et al. 2009) is supported by the evidence, as all three LTCI policy designs include a mixture of approaches to funding, administration and the like. Yet arguing that the most important factor in East Asian LTCI adoption is policy learning glosses over the significance of party competition, and the ways in which timing and sequence of policy learning influenced policy outcome.

In fact, as this paper has shown, time is an important variable which heavily influences ideational, institutional and political processes. Firstly, as shown above, the ideas and policy solutions vary over time. Due to the "cascade of policy learning", there is a growing number of experiences actors can learn from in their mobilization of policy change. Secondly, as assumed in the historical institutionalist literature, policy paradigms, negative policy feedback and the timing and sequence of events have had a significant impact on the mobilization of policy change. In all three cases the introduction of certain ideas, as "universalism" in Japan and Taiwan, or concerns about a "social security net" as in South Korea, proved to be moments in time which shifted welfare politics for decades to come. While there did not seem to be a change in these policy paradigms, ideas concerning policy alternatives did change over time due to negative policy feedback or new policy experiences to learn from. In addition, as seen in Japan and Taiwan, institutional arrangements may change over time, thereby altering the playing field of political competition. Finally, time is a key factor in political processes as parties only have a certain amount of time in office to

mobilize for policy change before the next election. While in Japan, for instance, the opposition used the time in office to change electoral rules and thereby increase the chances for policy change, in Korea the introduction of an LTCI was possible because the political left was able to stay in office for two consecutive periods. However, while time influences whether a new policy is introduced or not, time is also an important factor in the implementation and future revision of the policy. While in Japan the LTCI has been revised over time due to the financial unsustainability – thereby returning to more "productivist" logics – in Taiwan over time political actors have used formal institutions to block policy implementation even after a policy draft was adopted.

Although the scholarly literature suggests that LTCI adoption appears to be simply a recurrence of the "flying geese pattern" in which South Korea and Taiwan follow the Japanese example (Furuoka 2005) resulting in institutional isomorphism[9], a deeper look into the policy design tells a different story. While all countries adopted an LTCI, the underlying funding mechanism, operational procedures, administration and service provision differ across cases. LTCI adoption in East Asia thus appears not to be a story of convergence per se, but rather an act of institutional bricolage. Following De Jong (2013) this process is "nothing like a blind following of universal 'best practices' happening in either case, but rather an eclectic tampering with these original ideas making the adoption process as well as final institutional outcome resemble a piece of 'bricolage' cobbled together from a variety of sources, foreign as well as domestic" (2013, 95). Over time, differences in local circumstances, social and political debates, party politics or institutional designs may thus result in distinctive "sedimented layers of governance arrangements" in each case, potentially undermining the pre-existing "productivist" logic of the welfare state in question.

[9] The notion of institutional isomorphism argues that "once organizational models are institutionalized, they become diffused, which causes organizational structures to grow more and more alike" (Beckert 2010, 151).

This paper thus confirms studies in the field of policy diffusion in Asia which highlight how the synthesis of disparate normative ideas, policy designs and institutions creates a diverse set of policy instruments across time. As Leisering et al. (2017) note in relation to the case of the Chinese model of social assistance, governments often re-interpret external ideas, and combine ideas from two or more external sources with domestic traditions to create a unique new social policy solution which suits domestic conditions and needs. This finding is in line with the literature arguing that voluntary policy learning is mostly associated with hybridization and inspirational forms of learning (Evans 2010, 17), which involves "creative agents" translating ideas for domestic adoption (Leisering et al. 2017, 321). Actors not only learn from current domestic or international policies but also from experiences across time and their negative side effects. Leisering et al. (2017) therefore emphasize the "temporal dimension" within policy learning (2017, 322), in addition to where policy ideas originate (spatial), what is learnt (content) and how (processes). Explaining East Asian welfare state development thus necessitates focusing on time and space.

While countries are more prone to learn from each other when located in geographical proximity (Weyland 2005), as Fleckenstein and Lee (2017) note, historical experiences such as democratization and post-industrialization over time drive welfare state development in different ways, undermining the "productivist" logic within East Asian welfare regimes. Whether this has resulted in a complete departure from this logic, however, is still open to debate (Kim and Choi 2013; Fleckenstein and Lee 2017) and only time can tell. As this paper and others (see e.g. De Jong 2013 for the case of China) have shown however, East Asian welfare state development is marked by a gradual change in which decisions over time result in an eclectic mix of "sedimented layers of governance arrangements".

While historical institutionalism, agenda-setting and policy learning approaches present different perspectives, they all provide a piece towards explaining this empirical puzzle. The

difficulty lies in disentangling and individually evaluating the effect of different factors. By examining the interaction of ideational, political and institutional processes in social policy adoption, this study has shown that it is necessary to examine each case in greater detail. Only an in-depth qualitative analysis can provide answers to how institutional and ideational processes impact political competition, how they interact and how these processes are influenced by time. The impact of ideational, political and institutional forces depends on their given strength at a particular moment in time. It is their individual power that determines whether, at a given time, they are able to foster or impede policy change. While ideational and institutional forces may act in concert, facilitating social policy change, their individual power is most decisive when working against each other, providing obstacles for policy change. However, as ideational, institutional and political forces may change over time, it is the sequence of events and developments over time which explain the shifting dynamics and significance of each force.

While this study has shed light on the dynamic interplay of ideational, political and institutional forces and their effects, more research is needed to retrace how these processes influence actor behavior or policy design. A more detailed case study could, for instance, retrace when and how new ideas were introduced, by whom and with what effect or how actors use their power to broker a compromise or block policy change. In short, a more detailed analysis of individual actors is needed to assess how and why ideational and institutional forces obtain their respective power at a particular moment in time. A limitation of this study has been the lack of qualitative interviews, which could provide greater insight into internal decision-making processes. Despite this caveat, the study has demonstrated that it is not only possible but necessary to bridge theoretical approaches to more comprehensively understand how policy change unfolds and why.

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