The Political Effects of State Rescaling in Australia and Japan
A Comparative Analysis

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1 Introduction

Globalization and post-industrialization produce new social risks and yield new social problems, such as social exclusion, youth unemployment and shortage of care. To cope with these problems, advanced democracies introduced new policies and reformed their state apparatus. While workfare and activation policies were adopted to accomplish "re-commodification", family allowances and social care were expanded to advance "de-familialization". Previous studies focus on these changes and find new tendency in modern states. Some scholars called the new welfare state as "post-industrial welfare state"（Armingeon and Bonoli 2005） or "social investment welfare state"（Morel et al. 2012）. Other scholars insisted that these change show the rise of new state form such as "schumpeterian workfare post national regimes"（Jessop 2002） or "competitive state"（Cerny 1990）or "enabling state"（Gilbert and Gilbert 1989）or "managerial state"（Clarke and Newman 1997）. While these studies are highly significant to capture new policy trends in modern state, they don't pay attention to state rescaling which was happened along with those changes. In fact, central governments introduced the market mechanism or devolved some powers to local governments and civil society actors such as NPO and community in some policy areas. However, they re-centralized the powers in other policy areas. As result, the relationships between central and local governments and between states and other sectors were greatly changing. Therefore, we should clarify not only new policy trend, but also the change in them to understand the characteristics of contemporary state.

In this context, we explore the features of state rescaling in welfare state transformations. Especially, we focus on healthcare and education policy. While these policy areas were hugely changed to deal with social problems caused by socio-economic transformations, the changes in relationship between central and local governments was different. Moreover, this study analyzes the development of those policies in Australia and Japan. Although the state systems in both countries are structurally different, they implemented comparable rescaling measures. In other words, while Australia has a federal system and Japan has a unitary system, they adopted similar policies and introduced new governance mechanism to tackle with new social problems. So, the comparative analysis of those policies in both countries will give us some theoretical implications. Next section considers the relationship between welfare state transformations and state rescaling

analytically. While new social policies are needed to cope with new social problems, they have impact on the role of state and change relationship between central and local governments depending on policy areas. Then, we analyze the trends of two policy area and the features of state rescaling in them. While we find the importance of intermediate level coordination in healthcare policy, we discover the re-centralization of some powers in education policy. Finally, we consider the theoretical implication of above analysis.

2 Welfare State Transformations and State Rescaling[*2]

To understand the relationship between welfare state transformations and state rescaling, we first clarify the features of the post war welfare state and the role of state in them. Second, we analyze the impact of socio-economic transformations such as globalization and post-industrialization on welfare state and the role of state. Last, we consider the implication of those discussions.

We define the welfare state as a mechanism of social integration through public policy for social protections within particular socio-economic circumstances（Kato 2012）. This definition has some implications[*3]. Most importantly, the welfare state is depended on political decision and policy legacies within socio-economic context. Therefore, if socio-economic situations change, the welfare state also transforms. However, this does not mean that socio-economic circumstances determine the features of the welfare state; the welfare state is closely related to them and was created by political decisions under policy legacies. Thus, we consider the social, economic, and political bases of particular welfare states (Jessop 2002, C. Pierson 2008).

We turn to consider the critical junctures for the welfare state. Previous studies show that the welfare state changed radically and quickly in recent days. For example, Jessop (2002) claimed that the Keynesian welfare national state became a Schumpeterian workfare post-national regime. Armingeon and Bonoli (2005) revealed the shift from the industrial to the post-industrial welfare state. Morel et al. (2012) investigated the change from a Keynesian to a social investment welfare state. These findings imply globalization and post-industrialization as critical junctures; thus, we examine the socio-economic bases of the welfare state before and after these points in time.[*4]

We move to the features of the welfare state before globalization and post-industrialization, during its golden age. The welfare state at that time was based on (1) embedded liberalism as international economy system (Ruggie 1982); (2) Fordism as growth regime (Boyoer 1990); (3) secure employment and stable family with the sexual division of labor as social base (Lewis 1992, Orloff 1993); and (4) a political consensus on economic growth and the redistribution of them as political base（Ono 2000）.（5）Given these conditions, each state has focus on "de-commodification" in social policy (C. Pierson 2008, Jessop 2002)[*5]. In other words, while the governments tried to provide more generous benefits for male breadwinners who had lost income from work, they didn't

develop social care program based on dependence on family welfare. (6) In this context, central governments played an important role in achieving and improving the "national standard" as indirect provider through regulations and resource allocations or direct provider which had responsibility for them. Therefore, although each states set different targets of "de-commodification" and provided different level of it[*6], central government was the most important player in the welfare state. In other words, central government managed and controlled local governments and market or civil society by direct or indirect measures.

Let's turn to the features of the welfare state after globalization and post-industrialization, during its silver age. To begin with, globalization and post-industrialization eroded the bases of the welfare state in golden age. While globalization meant the growth of flow in people, money, goods, and information（Steger 2017）, post-industrialization showed the changes caused by the maturation of the welfare state (P. Pierson 2001). So, the latter included the shift of industrial structure, the change in population structure, the maturation of welfare program, and the change in sexual division of labor. These socio-economic transformations made the welfare state in golden age difficult. For example, globalization highly enhanced the liquidity of capital and intensified foreign trade. These changes altered the power balance between the capitalist and the labor. Further, post-industrialization hugely fluidified the employment and facilitated the entry of women into the labor market. Moreover, it rapidly brought the aging of population and the birthrate decline. These produced the needs for new social policy such as care service and ALMP under financial difficulty. In short, the welfare state was changing under socio-economic transformations.

The welfare state in silver age was based on (1) de-embedded liberalism as international economy system (i.e., neoliberal globalization, Steger and Roy 2010, Campbell 2004); (2) post-Fordism as growth regime (Boyer 2011); (3) As social base, floating employment and diversification of the family which made the dependence on family welfare difficult (Bonoli and Morel 2012); and (4) a decline in the political consensus on redistribution as political base. (5) Given these conditions, the welfare state faced new social risks such as social exclusion, youth unemployment and shortage of care. Therefore, they tried to advance "re-commodification" and "de-familialization" in social policy (Tayler-Gooby 2004, Armingeon and Bonoli 2005, Gamble 2016). Important point is that each country had many choices to handle these problems. For example, there were many options for "re-commodification" from workfare in narrow sense to activation or social investment policy (Peck and Theodore 2000, Jensen and Saint-Martin 2003, Morel et al. 2012, Miyamoto 2013). As well, there were many options for "de-familialization" from the expansion of family allowance to the growth of social cares and facilities (Kato 2012, Lohmann and Zagel 2016). So, we found two directions of welfare state reform in the silver age: 1] the modernizing of the welfare state, including activation or social investment policies along with improvements in care services and facilities; and 2] The retrenchment of the welfare state, which implies workfare and the introduction of market mechanisms into social policy areas. (6) Therefore, these policy options implied the changing role and object of the state. In contrast to the golden age of the welfare state,

central government focused on providing the "national minimum" and "equality of opportunity" through diverse measures such as market mechanism, civil society, devolution to local governments and direct interventions. So, central government was just one of the important players in the welfare state and no longer controlled market or civil society.

What is the implication of comparison between the welfare state in golden age and it in silver age? First, along with the changing role and object of the state, the relationships between central and local government and between state and market or civil society were more and more complex. In nowadays, to attain the object, central government used market mechanism in some policy areas, collaborated with civil society in other policy areas, delegated powers to local governments in some aspects, and re-centralize authorities in some aspects. In other words, it was very difficult to generalize the tendency. Therefore, second, we should analyze the role and function of the state in specific policy area, and consider the implication of these analyses to understand the relationship between welfare state transformations and state rescaling. Therefore, let's turn to the comparative analysis of health care and education policy in Australia and Japan.

3 Case of Healthcare Policy

While this section focuses on the development of healthcare policy in both countries briefly, next section explores the features of education policy in recent days. Each section shows the change in the object and function of state, and then analyze the development or features of both countries. Before moving to analysis, we should confirm the basic social structure and political institutions in both countries[*7]. Although both countries have different industrial structure（manufacturing centered economy in Japan, service sector and primary industry centered economy in Australia）, they are advanced capitalist state. Because of different scale of land and population, both are liberal democracy, but adopt the different political system. While Australia is a federal system, Japan is a unitary system. So, generally speaking, central government in Japan has an important role, state governments have an important role in Australia. However, their roles are different depending on policy areas, and changing along with passage of time.

According to Palier（2009）, there were four purposes of the healthcare policy. 1］the improvement of equality in access to healthcare service, 2］the progress of quality in healthcare service, 3］the secure of freedom of choice, and 4］the soundness of finance. In the golden age of the welfare state, the high level of economic growth and the big number of working-age population made these purposes compatible at the expense of freedom of choice partly. In other words, while economic growth produced the resource for good healthcare, the users for it were more limited. So, we could get the enough quantity and good quality of healthcare, but the search for diversity was overlooked. In other words, the achieving and improving the "national standard" was accomplished under uniformity. However, socio-economic transformations such as globalization and post-industrialization brought difficult situations. For example, the aging of population and the

innovation of technology raised the cost of healthcare under severe financial situations which were connected to neoliberal globalization. Meanwhile, the stagnation of economic growth and the decline of working-age population meant that these costs were not filled enough. Moreover, the diversification of needs or demands was produced by the success and failure of the welfare state in golden age. In this context, the success meant that the accomplishment of "national standard" in high level brought the people who wanted to choice own health care. The failure meant that the social divide such as social exclusion and poverty caused by the maturation of the welfare state had difficulty in equality in access. Each country could not attain above four purposes at the same time. In other words, while keeping certain standards, central governments had to fix the order of priority within them.

Let's move to the short history of the healthcare policy in Japan[*8]. At present, the healthcare system was mainly financed by the Statutory Health System which was composed of both employment-based health insurance for employers and employees, and residence-based health insurance for old people, self-employed, farmer, and student. Also this system was supplemented by the Public Assistance Program for the poor. The healthcare service was provided by the public and private providers. The central government had strong role in regulating them and financing. This framework were gone back to 1920's and established in 1961. In 1922, Health Insurance Act was introduced. This was the base of contemporary social insurance system which was separated along with occupation. This Act obligated the companies with more than 10 employees to provide health insurance, as the former voluntary insurance system was reworked. After 1934, this Act was expanded to the companies with more than 5 employees. Because of World War 2, the development of health care was disrupted. As the start of postwar recovery, the National Health Service was founded in 1961. This achieved the universal coverage through compulsory insurance with occupational divided plans. Although the level of benefits was relatively low at the beginning, economic growth would made it generous[*9]. For example, the user charge was curbed and had upper limit. Moreover, the access to healthcare service which meant citizens could choose the hospital by own taste was secured. In 1970's, the healthcare service for the elderly was free as the reaction of LDP government to political competition and the response to social problems such as poverty in the elderly. Originally, the free health service for the older people was introduced by local governments which were head by opposition party or independent. While this policy was very popular and the rises of opposition party become a threat to LDP, central government introduced it at national level. However, the stagnation of growth and the ageing of population brought the financial problems. In 1983, the Act was revised to re-introduce user charge for the elderly, and to introduce the cross-subsidize mechanism between social insurance funds. This change showed the shift from the expansion of healthcare to the repress of it. However, this did not mean the collapse of healthcare system, but the reform to keep it sustainable. After that, although the miner change such as the increase of user change and the growth of cross-subsidization were repeated, the maximum charge for high-level healthcare showed that the access to service were kept. In 2006, the medical care system for the elderly in the latter stage of life was introduced to keep sound

finance. Moreover, social insurance for small and medium companies by took charge of central government were moved to the prefecture level［i.e. intermediate level］. Also, to coordinate between insurance funds and keep the system sustainable, the management and control of National Health Care plans was shifted from the local government［i.e. municipal level］to intermediate level in 2015. In short, Japan accomplished relatively generous universal coverage which guaranteed the access and quality of healthcare in the golden age of the welfare state. Because of economic growth and low rate of the older, the financial problems were not actualized. However, facing the ageing of population and low growth, some measures of retrenchment such as user charge and cross-subsidization were introduced to keep the system sustainable. Along with these reforms, center government shifted the authorities from municipal to intermediate level.

Next, we turn to the short history of healthcare policy in Australia[*10]. Although federal government in Australia was established, it didn't have authorities for healthcare. In other words, the authorities for healthcare were reserved to each state. In fact, each state provided the limited service. In 1930's, the government at that time tried to introduce the compulsory health insurance. However, they faced the refusal of the professional and the unconstitutionality decision, and finally gave up it. After World War 2, the Federal Constitution was revised. In 1946, the authorities for healthcare were shared with federal and state level. After that, although the introduction of healthcare policy was begun, it was limited to enhance the joint in the voluntary insurance, and expand the support for the poor. Therefore, many of people depended on private insurance provided by employers or bought by them, or depended on family support. However, the lack of compulsory healthcare, and the limit of residual and selective healthcare produced social problems such as inequality of access and high cost. In 1974, ALP government introduced the compulsory healthcare system called as "Medibank" in national level. But, after change in the government, the Coalition government eroded this system and finally abandoned it in 1978. In 1983, ALP returned to the power and re-introduced the healthcare system called as "Medicare", which was based on agreement on social benefits and control of wages between government and labor union. This was the base of contemporary healthcare system. This system was financed by Medicare tax and general tax at federal level. So, contrast to social insurance in Japan, Australia adopted tax-based system. Although people could access to public service in free, there were some problems such as the waiting list and low level of quality. So, many people had the private insurance to get better and quick service. In other words, because of late introduction of public healthcare system, the private insurance kept the presence. Generally speaking, federal government had strong role in healthcare. It made decision on the master plan of healthcare policy, and controlled the finance of Medicare. Each state government had the direct responsibilities for providing the service. Also, the actual and detail aspects were decided in the council of Australian Governments which was the coordinate mechanism between federal and state government. After 2000s, the Coalition governments began to undermine Medicare and tried to enhance the use of private insurance through financial incentives. However, they could not abandon it. In other words, Medicare was one of the most important systems in healthcare in Australia. Moreover, there was the diversity of providing health

service in state level. Many state governments appointed the council which governed the public health service providers. In other words, state governments adopted indirect governance. In the recent days, while some states such as NSW adopted direct governance to accomplish good management and cost containment, other states such as VIC kept coping with those problems through indirect governance. However, the better access to and quality of public healthcare remained problems in Australia. In short, because of political institutions, the national healthcare system was introduced lately. Meanwhile, people used the private insurance to handle with healthcare risks. After the introduction of Medicare, because of bad access and quality of it, this trend was keeping. However, contrast to 1970's, governments didn't abolish it. In other words, people used it along with private insurance. If we focus on the providing health service, we find that there were the diversity and some states re-centralized the authorities.

What is the implication of above comparative analysis of healthcare policy? First, despite of very different starting points, both countries faced difficult problems and adopted similar reform to cope with them. While the finance mechanism（e.g. social insurance in Japan and tax-based system in Australia）, the timing of introduction（e.g. 1960's in Japan and 1980's in Australia）, and the role of state（e.g. more direct control by central government in Japan, and coordination with federal and state government within federal system in Australia）were dissimilar, both countries tried to improve the access to and quality of service, and to contain the medical cost. In this context, both countries interestingly strengthen the power at intermediate level. This implied that some aspects such as cost containment and fairly distribution of burden were suitable for intermediate level, other aspects such as improvement of access and quality were suitable for local level. Moreover, central governments should provide the frameworks and finance resource of healthcare system to cope with the diverse needs under severe financial situations.

4 Case of Education Policy

In common with healthcare policy, education policy had diverse purposes. For example, education contributed to nation building through language and cultural learning. Moreover, education cultivated the character of people through citizenship studies. Education produced the equality among citizens through uniform curriculum and infrastructure. Also, education created the labor which was suit for particular economic context. However, education as public service was connected with cost. Therefore, if we want to the features of education policy, we go back to the main purpose of it at that time. Let's turn to the change in features of education policy（especially, elementary and secondary education）and the changing role of state[*11].

In the golden age of the welfare state, the main purpose was the achieving and improving the "national standard" which contributed to produce the cheap and plentiful, but competent labor who had the ability to work in the manufacture industry. Thanks to economic growth, the cost is not an important matter. In this context, central government established the framework and standard of

education policy. While governments at intermediate level had the responsibility for supervision of the public service, local governments functioned as the provider of education under control of intermediate level. Government at intermediate level guaranteed the "equality of results in specific administrative district" through supervision of many local governments. This division of roles aimed at not only securing the quality of service, but also taking consideration of local diversity.

However, globalization and post-industrialization changed the purpose of education policy and the role of state. Post-industrialization included the shift from manufacture centered economy to the knowledge based economy. Therefore, the ability which the labor had to acquire was changing. In nowadays, the labor needs to be possessed of the "excellence" which could cope with difficult situations as active subject. Moreover, neoliberal globalization spread the discourse of "marketization". This discourse insisted that while the providing standardized service by public sectors was inefficient and bad quality, the introduction of market mechanism produced better quality and more efficient. In this context, the purpose of education policy and the role of state were hugely changing. The new purpose was to acquire the ability which had multiple uses such as "excellence". Central government set the "national minimum", and produced the situations which enhanced the competition between schools. This brought the loss of authority in intermediate level and yielded the room of action in local level. The functions of standardization by supervision of intermediate level were jettisoned. Rather, the promotion of diversity was advanced to enhance competition. This meant that the unit of providing service was minimized to each school level within national frameworks. Japan and Australia introduced the private actors such as NPO and company to diversify the service provider, and facilitate the contest between public and private provider. However, the diversification and competition did not always produce the good result. So, central government managed the outcome by setting the criteria. In other words, central government re-centralized the power about standards. For example, we find the reinforcement of national curriculum in Australia and the introduction of national test in Japan and Australia. To secure national minimum and acquire good performance, central government punished（or forced to exit）the service provider which didn't satisfy the criteria, and contracted the new provider. Why did this radical change happen? To understand this change, we focus on "the politicization of public service". The deregulation of public service （and devolution）increased the discretion of the head of local governments. While the head tried to introduce the principle of competition to get political support, the citizen participated in this process as service user and evaluator. This turned the citizen's attention to service provider. If the improvement of public service realized, the head got the appreciation of success. However, if the quality of public service was worse, the head and central government shifted the responsibility of it onto service provider. In other words, this division of roles allowed the head of local government and central government to avoid blame, and to get public support, although they kept having some responsibility.

What is the implication of above analysis of education policy? First, despite of different polity, both countries changed the purpose of policy and reconsidered the division of roles to cope with

socio-economic transformations. In the golden age of the welfare state, central government set frameworks to guarantee quality of public service and take consideration of local diversity. While local governments worked the direct service provider, intermediate governments had the responsibility for controlling local governments. So, compare to healthcare policy, the role of intermediate level was important at that time. However, in the silver age of the welfare state, central governments re-centralized the power about frameworks and criteria to secure national minimum. In line with the "politicization of public service", intermediate level had the loss of power and the diversity of service provider was producing at local level. This implied that the background of state rescaling was socio-economic transformations which brought the change in policy object, and political decision which tried to utilize the opportunity for own political interests. Moreover, the appropriate scale was depending on the objects of policy. If we want to improve the quality of service through competition, the powers should be devolved to local level. If we want to secure the quality and the diversity of locality, intermediate level should have the powers.

5 Discussion

This paper considers the relationship between welfare state transformations and state rescaling. Previous comparative welfare studies mainly focus on the policy change along with socio-economic transformations such as globalization and post-industrialization. While they had very important insights for welfare state change, they didn't provide the implication about state rescaling which happened with it. This paper analyzed the development of healthcare policy and the changing features of education policy in Japan and Australia.

First, we find that despite of different starting points, both countries adopted similar policy options to cope with social problems caused by socio-economic transformations. As for healthcare policy, the intermediate level gets more powers to contain cost of healthcare and distribute burden fairly. While central governments kept having responsibility for the frameworks and finance, local governments share the responsibility for access and quality. As for education policy, central governments re-centralized the power about criteria to guarantee the national minimum through curriculum and national test. While intermediate government lost the role of supervisor for local level, local governments advanced the diversity of service provider. And we pointed out that the background of this changing role of state was the socio-economic transformations and political decision. The former stimulated governments to change in policy objects. The latter showed the state rescaling was connected with political incentives.

Second, despite of above similarity, we also find the difference between healthcare and education policy. In healthcare policy, intermediate governments had important role to contain cost and distribute burden fairly. In education policy, while intermediate governments lost the power to supervise local level, central government had the power about criteria, and local government

advanced used discretion. This divergence was come from the difference in the object and political incentives. To contain cost of public service and distribute burden fairly, we need the broader scale. If the scale is small and the difference between them is high, the result was very inequality in quantity and quality of service. However if we want to guarantee through competition between providers, we should devolve the powers to local level in which many actors could participate in easily. As you know, because market mechanism makes sometimes failure, central governments keep controlling them by criteria and revision of contract.

	the werlfare state in golden age	the welfare state in silver age
the bases	(1)embedded liberalism, (2)Fordism as growth regime, (3)secure employment and stable family with the sexual division of labor, (4)a political consensus on economic growth and the redistribution of them	(1)de-embedded liberalism, (2)post-Fordism, (3)Floating employment and diversification of family, (4)a decline in the political cosensus on redistribution
general object	de-commodification, achieving and improving the "national standard"	re-commodification and de-familiarization, providing the "national minimum" and "equality of opportunity"
the role of state	the most important player as not only setting the frameworks and collecting finance but also direct or indirect provider of service →relatively simple, similirity between policy areas ＝importance of analyzing the difference of each countries used by the concepiton of welfare regime	one of important player which shared resopnsiblity with local government and private actors While Re-centralizing some powers(education policy), shifting some powers to intermediate level(healthcare policy), enhancing the competition in local level(education policy) →the growth of complexity and diffrence between policy areas(however, central governments had the power about the setting framework and criterion) ＝importance of understanding the features of particular policy area and its changes ＝importance of consideration of these implications and building new theory of modern state based on them

What is the implication of this paper on the theory of the welfare state and state rescaling? As for contribution to the theory of the welfare state, this analysis showed that despite of the difference in policy legacy and official political institutions, each country faced the similar problems and coped with them through similar measures. This doesn't mean the convergence of the welfare state. Rather, they look like each other within particular policy revel, and they have different features concerning the each policy areas. In other words, we could find the resemblance in each policy level beyond the welfare regime typology. Therefore, this may have doubts the research used by the concept of "welfare regime". This concept implied that each country had the common features in diverse social policy areas. Although the difference of starting point was important now, this paper showed the similarity of policy level and the divergence between policy areas. So, we should move the focus from national divergence such as welfare regime to divergence between policy areas. In this context, this paper implied the divergence of rescaling was connected with the policy object and political context. While cost containment and distribution of burden were very technical, it was not treated as political issue. However, the competition in service provider was very controversial, and sometimes produced the failure. While they produced the diversity at local level,

central government re-centralized some powers.

As for contribution to the theory of state rescaling, this analysis showed that there was not the only path. Rather, they showed the similarity in particular area, but also the divergence between policy areas. So, we should abandon the focus on shift from the centrality of state to governance, and understand the complex of state role and the political background of it. This paper implied the importance of focus on the object of policy and the role played by each level government. While we had to continue to explore other policy areas, this could draw the features and political backgrounds of state rescaling at that time.

This paper had also the problems such as the need of more detail empirical studies. However, it gave us some theoretical implications on the theory of the welfare state and state rescaling. The aim of this paper was accomplished.

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*2As for detail discussion for this section, see Kato 2012.

*3As for other implications, this definition shows that the government takes diverse measures to provide citizens with social protections. Thus, we focus not only on social policy in a narrow sense, but also its functional equivalents (e.g., employment security through policy initiatives, corporate and family welfare with policy inductions). This is very important to consider the features of welfare state in Australia and Japan (For Australia, see Castles 1985, 1988, 1996. For Japan, see Miyamoto 2008, Estévez-Abe 2008, Miura 2012). Moreover, the above definition suggests that we should take political factors seriously. The welfare state development has been viewed as a political project. Political actors, with their own interests, have made decisions on welfare state development within the context of specific institutions. However, political ideas have also deeply influenced them through the formation of interests, coalition building, and obtaining support (Blyth 2002, Hay 2002, Campbell 2004, Beland 2005). In other words, we should focus on the interactions among interests, institutions and ideas.

*4 Ferrera called the period before globalization and post-industrialization the golden age of the welfare state. Moreover, he called the era after socio-economic transformations the silver age of the welfare state (cf. Ferrera 2008).

*5 This doesn't mean that there was the only model in the welfare state. Rather, there were the diverse type of the welfare state in the golden age（cf. Esping-Andersen's typology, 1990, 1999）. Important point is that they are the diverse type on the precondition of above common points.

*6 As you know, Esping-Andersen（1990, 1999）classified the welfare state into three type（1］social democratic regime, 2］conservative regime, and 3］liberal regime）.

*7 As for Australia in 2017, population is 24 million, the gross area is 7.6 million km2, GDP per

capita is 54,000 USD, the ageing rate is 15.5%, the birthrate is 1.81. As for Japan in 2017, population is 130 million, the gross area is 0.38 million km2, GDP per capita is 38,000 USD, the ageing rate is 27.0%, the birthrate is 1.44. While Australia actively accepted the inflow of immigrants and foreign workers, Japan firmly refused until recently. Therefore, while Australia is famous as multi cultural society, Japan is famous as homogeneity.

*8 As for the welfare state development in Japan, see Estevez-abe 2008, Kasza 2006, Miura 2012, Shinkawa 1993, 2005, Miyamoto 2008, and Kitayama 20011. This section was the based on the discussion with Prof. Matsuda and Prof. Shizume who are professor in Ritsumeikan University. Thank you very much for their advices.

*9 The expansion of social policy in Tanaka government at 1972 was famous as "Hukushi Gannen"（See also note 8）.

*10 As for the welfare state development in Australia, see Castles 1985, 1988, Bell 1998, Mendes 2003, 2008, McClleland and Smith 2006, Kato 2012, 2015, Komatsu and Shionoya 1999, Nakamura and Ichibangase 2000. Especially, as for finance of healthcare, see Yagihara 2010, 2017. As for governance of healthcare, see Matsuyama 2010.

*11 As for educational policy in Japan, see Tokuhisa 2008, Kariya 1995, 2009. As for educational policy in Australia, see Aoki 2009, Matsuda 2009, McClleland and Smith 2006.

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