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Policy Narratives of Cultural, Institutional, and Social Policies

**Title of the paper**

*Policy narratives of formation of comprehensive support system for parenting  
and child care in Japan*

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## **Abstract**

This research aims to analyze the distinctive features in the policy narratives by focusing on the formulation of the center of comprehensive support for child-rearing generations in Japan. There has been anticipation about the declined fertility rate and decreasing population, and the issues on parenting and child care are re-discovered as public policy agenda with high priority. In this connection, multi-layered policy narratives are analyzed including special attention to the Finnish system with consistent support from pregnancy to preschool age. It will be discussed how selective the policy narratives have been in focusing on some specific factors while skipping others in formulating the comprehensive system for parenting and child care in Japan.

Keywords: birth rate, parenting, childcare, Japan, Finland, policy narratives

## **Introduction**

Japan has reached the aged society with less children than ever. Though such demographic change itself is not too unique among industrialized countries, the decline of total fertility rate since the 1970s has not been noted as urgent policy agenda in Japan until recent years. In 1989 it was reported Japan's total fertility rate remained under 1.6 as "1.59 shock", and the Ministry of Health, Labour and Welfare (hereafter referred as MHLW) formulated "Angels Plan" in 1994 and "New Angels Plan" in 1999 in order to pull the brakes on decrease of children. These plans attempted to increase capacity of child day care services with emphasis on more day care for infants and children of preschool age, to promote reconciliation of work and family life by increasing use of child care leave and recommending shortened and flexible working hours for those with small children, and to reform the fixed gender divisions of labor at home and work. Such attempt could be valued in the sense that each of these factors was related to declined total fertility rate. However, these plans in the 1990s have remained paper tiger, not successfully making difference to level of total fertility rate. At present Japan is continuing to have less babies and experiencing the decrease of total population. According to the National Census of 2015, published in autumn 2016, Japan's total population, including non-Japanese nationals, was 127,094,745, which was decrease of 962,607 compared to the census of 2010. This meant that Japan's total population moved into decrease for the first time since 1920 when the national census was begun.

Nowadays in Japan the decline of total fertility rate has broadly been recognized. However, the decline has occurred not promptly but instead is a consequence in long term since the 1970s. These have been social discourses on various reasons of the decline and of limited policy impacts on this situation. It is not simple question how total fertility rate develops as different socioeconomic and political factors influence under the surface of statistics. In the following it is first explored what policy narratives have had impacts on formulation of policy response to sluggish total fertility rate. Secondly, the discussion will focus on what kind of reforms have currently been implemented along with legal amendments in June 2016 on public health services by population approach for maternal and child health and on child protection from abuse and advert childhood.

Regarding research methods, the relevant official documents and research literature will be reviewed. In analyzing policy narratives (see e.g. Jones, et al. 2014), attention is drawn not only to what have explicitly been addressed but also to what have not been included in storytelling in process of policy making. Moreover, author's participatory observation in the process of formulating the centers of comprehensive support for child-rearing generations will be made use of too. The latter refers to retrospective reflections on author's intended and unintended commitments to part of the process in decisions and policy making.

### **1. Policy narratives on declined total fertility rate in Japan**

The long-term decline in total fertility rate has been one of those social phenomena that most of policies and decisions makers have not taken seriously among many other policy agenda for years in Japan. The number of new born babies has been keep decreasing for decades despite some modest attempt of policy response as mentioned above. Only lower priority has been given to the changes in demography, mainly because to establish one's own family has been left in the private sphere with which public policy might have little to do. Whereas huge amount of national budgets was directed to construction work such as motor high ways, only small share has been available for infrastructure of care, especially day care for small children. The low-profile positioning of childcare and parenting in Japanese public policy is reflected on the structure of public expenditure too.

The national budgets for families with small children have considerably been underweighted in comparison with other industrialized countries. According to the OECD statistics, the family expenditure in Japan remained about one percent in GDP in early 2010s, whereas several industrialized countries spent more than three percent. Some domestic surveys

address the Japanese youth have felt rather hesitant to establish family and to have children because of strong anticipation about economic burden for those households financing school education for children. While the state has been withdrawing from financial commitment to care and education for children and youth by putting them into individual citizens and families as private matters, the micro level seems to react to such indifference through passive resistance. The declined total fertility rate can be regarded as unproductive consequence of a vicious circle of passive public policy.

Since the early 2010s the decline of total fertility rate has begun to gain broader public attention, and the wording on this phenomenon in official documents has been rephrased from “counterplan is necessary”, “problems”, and most recently of “crisis”. The strong concern expressed by the Japanese Government was about the negative effects of declined total fertility rate on Japan’s economic vitality, reflecting economy-centered framework of policy debates initiated by conservative cabinet parties like Liberal Democrats. In a sense, it is paradoxical that the Liberal Democrats who used to be least active in family policy came to take strong initiatives in tackling the crisis caused by decreasing children and population once the situation was identified as crisis to economy and the whole society.

Surrounding the declined total fertility rate, there are been told other stories concerning some obstacles to recovery of population growth such as the issues on reconciliation of work and family life among active generations and the demographic imbalance between large and small municipalities. On the one hand, younger population tend to move in urban larger cities for seeking education and jobs in Japan since the late 1950s. Most of the rural areas have kept sending out the youth to urban cities since the mid 20<sup>th</sup> century. This direction of human mobility is still the case nowadays too, even though the pace of inflow into metropolitan areas has already slowed. Recently, urban cities have attracted younger women who seek better opportunities for job-hunting than their home town. The contradiction is that urban cities are in short of child daycare services. On the other hand, the depopulation and ageing have advanced in less industrialized small-scaled municipalities, particularly in mountainous areas. Some opinion leaders have shown such estimation that by 2040 the number of municipalities will be reduced by half (*Nihon keizai shimbun* May 8, 2014). Several urban municipalities with large population have been facing the problem with insufficient provision of child daycare services, which ends up with a long queue of parents with small children in waiting list. Younger generations often move into larger cities for jobs, and when they hope to establish a family, it is hard to have proper access to child daycare services. In short, municipalities are in

substantially different situations in relation to the demand of child daycare services in their communities, even though the declined total fertility rate has become the story shared nationwide.

### ***Rephrasing problems as crisis: Taskforce for beating crisis of decreasing children***

The Prime Minister Abe Shinzô referred to “crisis-beating” cabinet when he took office as premier in December 2012 (Nakamoto 2012). Echoing this phrasing, in April 2013 the Cabinet Office established the taskforce for beating the crisis of decreasing children. One of cabinet ministers was in charge of this taskforce with about eighteen members, consisting of a few governors of prefectures (local governments), some COEs, medical experts, journalists, scholars, and so on, with aim to prepare for policy recommendation in order to recover total fertility rate. In their discussions, of which minutes have regularly been published on website both in documents and in videos (see e.g. Cabinet Office 2013), the low total fertility rate was recognized as crisis for Japanese society, no longer just a phenomenon or problem. The taskforce worked until August 2016, summing up a series of discussions, submitted the policy recommendation to the prime minister.

What was special with this taskforce as administrative aspect is that it was established by the initiatives of the Cabinet Office instead of MHLW. It shows politically increasing attention, including attention of prime minister on the decrease of young population. However, the Angels Plans in the 1990s had barely little impact on the decline of total fertility rate until today. The taskforce in the Cabinet Office between March 2013 and August 2014 manifests more explicit political initiative than before as the publicly loud story-teller, reflecting the increased awareness in the political arenas.

In 2012 the total fertility rate slightly rose to 1.41, increase of 0.02 points, compared to the previous year, a return to the same score of 1996. From 2012 to 2015 the rate has increased with 0.01 annually, reaching 1.45 in 2015 and 2016 (MHLW 2016), which means only slow recovery if not drop. It is hard to predict whether or not this demographic crisis would be overcome in the near future. The taskforce pointed out that the potential total fertility rate could be around 1.75 only if all the wishes on marriage and child birth of citizens were realized according to the estimation of demographic trends shown by the MHLW in 2007 (Taskforce of beating crisis of decreasing children 2013). This has been an “if” narrative for a long time in Japan, and it has taken much time before the narrative has shifted from just “if” to the goals of public policy.

A summary report of the taskforce in May 2014 mentions the significance of employers' understanding on reconciliation of work and family by pointing to the research that addresses the more husbands share the tasks of housekeeping and childcare the more likely their households would have the second child. The taskforce takes the view that to have a child or not relies on decisions of individuals, and that individual citizens should not be forced to convey the responsibility on decline of total fertility rate in demographic development of the macro level. (Taskforce of beating crisis of decreasing children 2014a) This statement does not explicitly refer to gender roles but still is meaningful in Japanese social context, because it is women who have shouldered the responsibility for reproduction and childcare. The taskforce takes the view that to reform ways of working is an important issue in order to make sense of the policy recommendations for promoting reconciliation of work and family life. In point of fact, however, the business world appears less cooperative in notably reducing working hours. With initiative of the central government the charter for promoting the balance between work and life was made in December 2007 (Cabinet Office 2007), which has regrettably remained policy slogan without real effect.

The taskforce (2014a) focuses on the three points: 1) policies should properly respond to various situations of local communities that differ among municipalities with different population sizes, socioeconomic structure and conditions and geographic locations; 2) budgets need be ensured for implementing the policies for beating the crisis of decreasing children; and 3) state funding should be maintained for municipalities to develop the contiguous support services for families with small children. "Various situations among municipalities" means a reminder about the relations between central and local governments, thus a matter of administrative governance, as well as actual difference of ca. 1700 municipalities (in March 2015) in terms of demographic structure and size and of socioeconomic situations such as local economy and communal ties among local residents.

In regards to the issues of funding the policy implementation, in August 2014 the taskforce submitted the urgent proposal on budgets and tax reforms to the minister in charge, underlining the importance of securing financial resources in order to refrain from a setback in policy implementation (Taskforce of beating crisis of decreasing children 2014b). Background of this proposal on financing was the on-going tax reforms that have been had a rough passage. Originally it was expected to finance the implementation of policies for beating the crisis of decreased children by applying the increase of national revenue on the basis of increasing consumption tax rate from eight to ten percent as scheduled in October 2015. However, the tax

increase has been postponed twice according to the decisions by prime minister. The consumption tax rate was scheduled to rise to ten percent in April 2017, but in May 2016 the Abe Cabinet rescheduled to October 2019 (*Asahi shimbun* 2016). Due to strong hesitance of politicians to rise the unpopular consumption tax rate, the policy implementation has been financed by other sources, very likely including additional national loan.

## **2. Multi-layered encounters of actors and their interactions**

It is sometimes coincidental than predictable that contacts and encounters of actors in different positions (individuals, groups and organization) occur, and that the encounter of strangers with different expertise creates new situations through multi-layered interactions. Considering backward how the author has happened to be involved since 2013 spring, it was a process of becoming one of the insiders in process of making public policy. The author was provided with opportunities of having a glimpse into at least some part of various phases of policy reform concerning childcare. In the following it is described when, why and how the author came to be committed to part of the policy process.

In May 2013 a female journalist contacted the author on phone asking my briefing about the Finnish system of comprehensive support and care for families with small children. In Finnish it is called *neuvola* (meaning ‘place of advice’), and soon later Japanized as *neubora* in Japanese discourse. The journalist is a section chief on social security in one of the major daily qualities, and at the same time has been in several committees of various ministries in the central government. This conversation on phone led to an unofficial small meeting in June 2013 in Tokyo where the author talked with about six officials from the Cabinet Office and from the MHLW as well as two others, the journalist herself and a representative of association of pediatricians. The author was asked to explain what the Finnish system was like, and exchanged views and opinions with attendants.

The main reason why the author was meeting of strangers in one of office buildings of the Central Government was that she happens to be one of a very small number of Japanese researchers with Finnish proficiency and knowledge on Finnish social policy, especially family policy. The journalist who earlier read one of the author’s publications entitled *Finland – a children- and family-friendly society* (Takahashi, et al. 2009) connected the author to the arena of policy makers. It seemed that journalist added the author in a long list of human resource. While writing and editing newspaper articles, the journalist has been networking a variety of connections and channels of communication at different levels of politicians ranging from

ministers to members of parliament, bureaucrats, experts and activists. She was often attending the Taskforce above mentioned as one of the observers in invited group of media journalists. Her connection with the minister in charge of the Taskforce provided for me with an opportunity to give an expert briefing on the essence of Finnish '*neuvola*' comprehensive support system at a meeting of Taskforce in July 2014. In accordance with the policy recommendation of the Taskforce, in the fiscal year 2015 the Japanese Government began to offer to municipalities the state funding with 100% coverage for local projects to increase birth rate.

The Taskforce, similarly to many other government's committees, regularly invited a few external experts for each meeting session of which record in documents and videos are open to the public on web. However, the short presentation less than twenty minutes itself cannot be so influential over policy narratives. Instead, the role assigned to the author at this stage was to endorse the opinion of the minister in front of committee members and other participants in the point that to make proper investment to develop a system for comprehensively and consistently supporting maternity, parenthood and childcare.

### ***Outside the public sector – exploring 'community'***

Besides, during the first half of 2014, coincidentally the author was offered opportunities of publishing an essay and two journal articles on more details of the Finnish *neuvola* (maternity and baby clinics (Takahashi 2014a, 2014b, 2014c). In this system public health nurses in municipal service regularly meet each family waiting for baby or taking care of small child until preschool (age of six). Though *neuvola* is usually translated into English with the word of clinics, it is not medical service (obstetrics and pediatrics) but public health in collaboration with other experts including local hospitals, psychologists, therapists of speaking and listening, social welfare sector (child protection), staff of ECEC (early childhood education and care), and so on. The *neuvola* for maternity and childcare has achieved nearly 100% coverage of all the expected mothers and families with small children.

For Finns it is taken granted for to attend regular check-up and consultation sessions in the office of public health nurse in local communities once pregnancy is confirmed. The *neuvola* has roots in non-formal public health promotion in local communities since the early 1920s, and in 1944 it was nationwide institutionalized by making it mandatory for municipalities to run *neuvola*. The chart 1 in appendix shows the comparison in maternal and early childhood care services in Finland and Japan.



The author wrote a small essay on the Finnish family policy in early 2014 for a minor magazine that has discontinued by now. However, to contribute to this magazine was an important encounter with the editor, which led to my commitment to discussions on childcare support as part of community building in the population rich ward in Tokyo. It turns out that the editor of this small magazine and the journalist live in the same ward of which mayor has background of journalist and former member of the House of Representative at the Diet. The population size of this ward is large with 898,262 residents in June 2017, typically receiving the inflow of younger generations from other municipalities and in short of child daycare services.

The above mentioned editor has also been engaged with community voluntary work and has been running a small-sized ‘mothers support group’ for parents with babies. It is a peer group whose activities have developed in an old traditional Japanese-style house with a large *tatami* (woven rush) floored room. From late April 2014 a series of study meetings were held with sixty or more participants, including the mayor of the ward in June 2014. Sitting on the flat floor, participants of different age groups, gender and work careers could easily have horizontal eye contact, which helped nurturing positive interaction and inclusive communication with mutual respect. Most importantly, this space was special in freeing participants from concern about hierarchy, and the informal peer group had such skills of relaxing the atmosphere by serving home-made snacks.

This was a fortunate debut for the author to community activities in grass-root level, despite non-resident member: the author’s residential municipal is 408 miles (656 km) away from the ward. The communal environment in the old house that was built some 150 years ago prevented the author from being left as outsider and provided much inspiration about dialogical interaction that is significant essence for the comprehensive support and care for parenting and childcare. Some infants were regularly present together with their parents in these meetings where the agenda was about care of babies.

Based on these community meetings, a symposium in this ward was carried out in early September 2014 in collaboration of several organizations, groups and individuals: a private university in the ward, the culture and press section of the Embassy of Finland, some renamed scholars, the mothers support group and volunteer speakers (parents of small children living in the ward). The venue was no long the old Japanese house, but the horizontal interaction between presenters and floor was maintained.

### ***Collaboration with various organizations, experts' associations, municipalities and other researchers***

In 2015 the Japanese word *neubora* got increasing attention in public, and the author worked with several collaborators for organizing symposia on the issues of parenting and childcare as the main theme. With small research grant from Japan Promotion of Science the author planned to invite an expert of *neuvola* from Finland as guest speaker. The symposia in Osaka and Tokyo involved various organizations and collaborative researchers, and strong support in logistics was provided by the Council for Maternal and Child Health Promotion (CMCHP) that is closely connected with the central government, MHLW. Because the state government cannot increase permanent staff due to the ideological restriction based on a belief in small government over the last two decades, substantial amount of tasks has been outsourced to semi-formal organizations. The CMCHP has had a nationwide network of municipalities and community volunteers contributing to maternal and child health. It was a researcher of other university who contacted and introduced the author to other relevant research project on maternal health since December 2014. This researcher who used to be public health nurse learned about the Finnish system in September from a newspaper article written by the journalist who first contacted me. This researcher and her project team wished to arrange a research trip to Finland in June 2015, and the author assisted them by introducing them to local contacts in Finland. The project team included representative of CMCHP and the public health doctor with tight connection with MHLW, especially Division of maternal health.

It is hard to measure what impacts can be expected from symposia with about 200 participants at a time. Most of the participants were those municipal officials in charge of maternal and child health or childcare, and others included those from experts' association like Japanese Nursing Association (Department of Public Health Policies) and also from non-formal groups of supporting parenting and childcare in local communities. Since the guest speaker from Finland had to postpone her visit to Japan for health reason, the scheduled symposia were carried out with modification of speakers in late November and early December 2015. The Finnish expert arrived in Japan in March 2016, the two symposia could be realized as originally planned. The symposia were held four times, unexpectedly doubled in total.

To be invited to a guest lecture about the Finnish *neuvola* system at a closed meeting in May 2015 with around thirty officials of the MHLW and the Cabinet Office, to organize symposia and by publishing a book for general audience (Takahashi 2015) are like throwing

pebbles into ocean. There are thousands of symposia held and millions of books published in society, and it is unpredictable which of the thrown pebbles hit some relevant spot. There is a limit of expertise too, because the author's main field is social policies but not public health. However, it seems to some degree meaningful for the author to provide with the basic information on the Finnish system together with several collaborators for those who may really be 'plot writers' in policy narratives and for those who are in charge of municipal policy implementation.

The legal amendment is in the hand of government officers, and outsiders including the author cannot know how the amendment is prepared for in concrete. Despite such unclearness, in June 2016 partial amendment was made to the Law on Maternal and Child Health, which has given legal foundation for establishing municipal centers for maternal and child health. The center is given a general name of 'centers of comprehensive support for child-rearing generations'. It was not made mandatory for municipalities to establish this center, but at least first time made explicit as obligation to make effort for municipalities. The amendment of the Law on Maternal and Child Health took place without any sensation in public, and implementation of the center has explicitly been recommended for municipalities.

### ***Participation in the study committee meetings on the center guideline***

Following the amendment of the Law on Maternal and Child Health, the MHLW advanced to the next step forward by outsourcing to a think tank the preparation for a proposal of guideline on centers of comprehensive support for child-rearing generations in autumn 2016. In September 2016 an officer emailed to the author for asking participation in the study committee on the guideline that a think tank will organize with research grant of the MHLW. It was one of the large think tanks affiliated to a major city bank that undertook the project proposed by the MHLW. To attend the meetings of study committee, which were held five times in a rent room, not government building, nearby Tokyo railway station, was a unique opportunity to observe how policy implementation advance and to listen to voices of stakeholders.

Because of nondisclosure agreement between the committee members and the think tank, the details of the discussions in meetings cannot be reported here. The study committee had less than ten members; those from municipal public health division, some researchers, representatives of relevant organizations. A few officers from MHLW were regularly attending as observers who were ready to mainly explain legal factors related to the guideline and center. Moreover, there was a relatively large group of so-called advisors representing experts'

organizations as stakeholders with interest in this project. The interest in this case refers to not only professional interest but also socioeconomic interest, as more than ten advisors were invited from each organizations ranging from medical, public health, dental health, social welfare, nutrition and so on. These distinguished advisors attended the meetings as well as joined the discussions with committee members.

According to a decision made in backstage, the author was assigned to chair the meetings, which meant that absence was not allowed. Drafts of guideline were frequently revised before and after the meetings, reflecting some part of the discussions. The think tank staff were quite competent in managing practical logistics and in conducting nationwide surveys on the situations of municipalities: some municipalities already launched the centers on basis of model project in 2014, others remained slower or indifference. It is however noteworthy that public opinion surveys were not referred to nor conducted. Voices from daily life perspective was not central in this committee work of which framework was fixed from the beginning: the main concern was about the administrative viewpoint of how to run, manage and evaluate the center at the municipal level.

Under time constraint of tight schedule given for this committee, the think tank submitted to the MHLW the proposal of guideline with length of about fifty pages in the end of March 2017, just before closing of the Japanese fiscal year. The proposed guideline was not yet official one, and the MHLW promptly placed the proposal on its homepage on line as calls for ‘public comments’ in April 2017. By now in June 2017 no news has not reached to the author regarding the final version of the guideline, but the MHLW is advancing by outsourcing the expert seminars to the Japan Family Planning Association. It is aimed to enhance the understanding on the guideline for the center of comprehensive support for child-rearing generations by holding seminar meetings for those in charge of municipal public health in six major cities from September to November 2017. The author is involved as one of the two lecturers, and therefore the journey with guideline and center appears to continue for a while.

### **3. Discussions**

In regards to formulation of the center of comprehensive support for child-rearing generations, the implementation in municipalities will much differ, because the volume and structure of local economy and demography greatly differ as admitted in the proposal of guideline. The larger the population is, the harder the coordination competence of municipal administration will be challenged in managing the functions of the center for monitoring all the households with

expected mother or small children in local communities. Without registering basic information on the family with small children for constantly monitoring their well-being – not only health condition in medical sense, parents and children tend to be left alone even when necessary to seek advice and help.

For the Japanese public health nurses, the population approach is a challenge, because for the long time the focus has been on identifying risk cases. Often mothers are not given any opportunities of talking in person to public health nurses. The current professional education does not prepare such public health nurses with sufficient skills of listening to clients instead of one-sidedly giving information. On the other hand, the ratio of number of public health nurses in municipalities has not been standardized nationwide. It has been left on the decision of each municipality how many full-timer or par-timer public health nurses are to be employed.

Meanwhile, some medical doctors seem ambivalent with the center: pediatricians mostly welcome the center in their local communities, whereas obstetricians tend to be skeptical or reluctant to increase collaboration with public health and social welfare sectors. Certainly the Finnish style of supporting expected mothers and their families may astonish many of Japanese obstetricians, since it is public health nurses who play the main role in basic medical check-up and listening to concerns and questions not only about pregnancy itself but also about living conditions of the family in question. By having dialogical interaction regularly, the public health nurse assigned to individual client carefully but friendly monitor any sign of risk. The long-term and consistent check-ups for all mothers, children and their family are aimed at risk prevention. In Finland expected mothers meet obstetricians twice or three times generally. Still, obstetricians do have important functions as medical experts who are able to collaborate with experts of other sectors.

Preventive approach and risk prevention need be improved in Japan where child abuse and domestic violence are serious problems. In other words, the center that has just been established officially with legal amendment in Japan is expected to have multiple functions; not only beating the crisis of decreased children but also ultimately making safer living environment for parenting and childcare through preventive approach. In fact, in Japanese policy discourses the gender relations or gender equality are being skipped in the recent years. Though there are lot of scientific evidence concerning advert childhood such as parenting under direct and indirect influence of domestic violence, there is little room for referring to gender in current Japanese political climate.

#### 4. Concluding remarks

It is not necessarily plain to explain the reasons why some issues do not gain as much attention in public policy narratives as other issues. Repositioning of certain phenomenon as an issue and the selectiveness and prioritization in adding specific issues into policy agenda are not always accompanied with scientific evidence or ground. For instance, much have been spoken and written about childcare, family and reconciliation of work and family issues by media, critiques, scholars and citizens for decades. However, much time has passed before public policy has begun to seriously attempt to make response. Despite substantial public attention some issues are not immediately meant to be major agenda for public policy as others. Implicit or explicit priority or selectiveness in making policy agendas of some specific issues do matter in daily life level.

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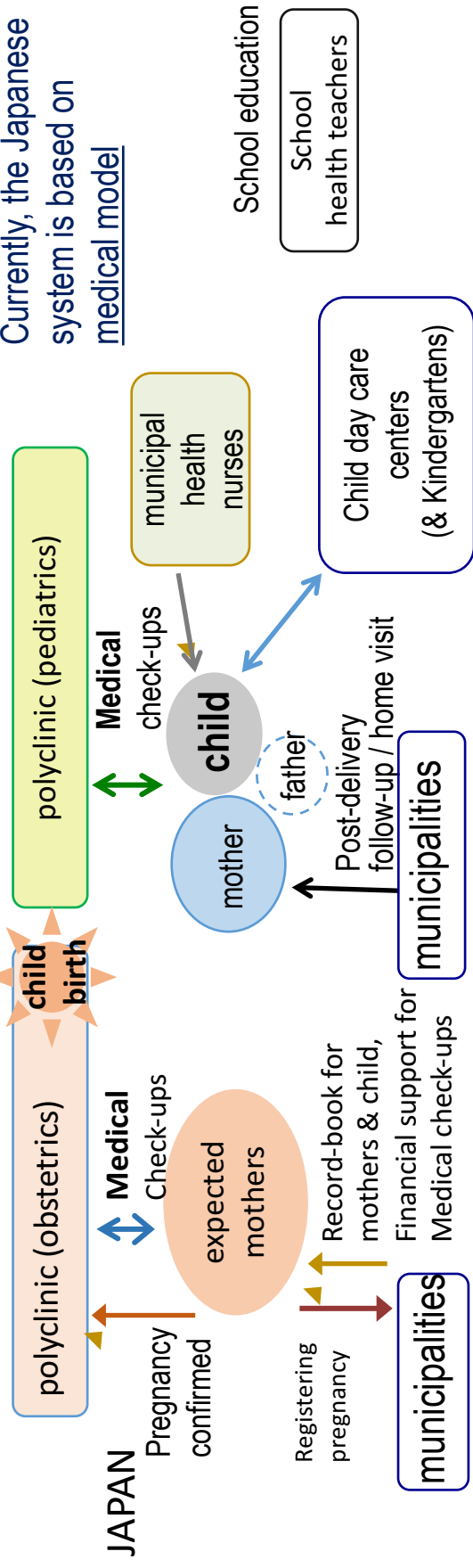
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([http://www8.cao.go.jp/shoushi/shoushika/meeting/taskforce/k\\_4/pdf/teian.pdf](http://www8.cao.go.jp/shoushi/shoushika/meeting/taskforce/k_4/pdf/teian.pdf), access 9 May 2017)

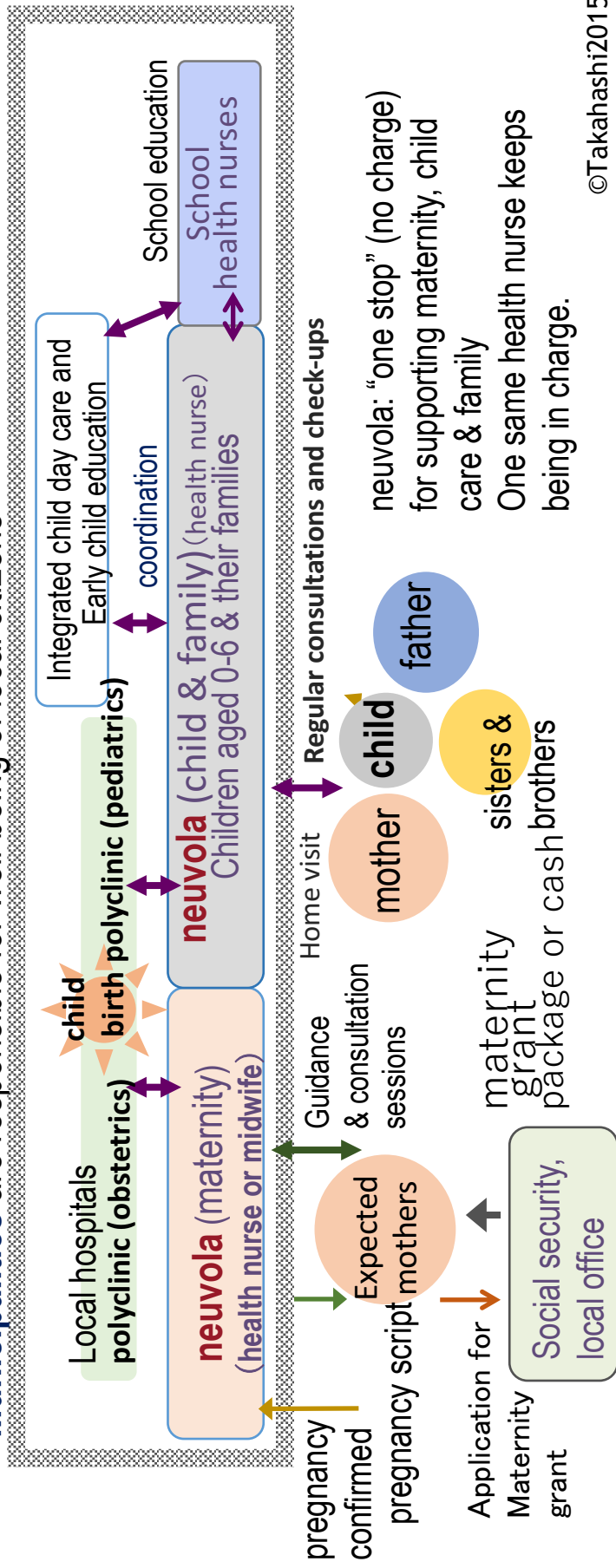
Figure 1.

Contrasting the Japanese and Finnish systems supporting pregnancy and early childhood

Currently, the Japanese system is based on medical model



FINLAND **Municipalities** are responsible for well-being of local citizens



neuvola: "one stop" (no charge) for supporting maternity, child care & family  
 One same health nurse keeps being in charge.