2018 English Research Paper – 25

Study on the Re-establishment of Sustainable Care Policy(I) : Assessment from a gender and family perspective and its policy implications

Eunji Kim
Soyoung Kim
Boyoung Sun
Kyung Sung
Nanjoo Yang
Sujeong Kim
Hyeyoung Kim

Korean Women's Development Institute

Study on the Re-establishment of Sustainable Care Policy (I): Assessment from a gender and family perspective and its policy implications

Korean Women's Development Institute
225 Jinheung-ro Eunpyeong-gu
Seoul 03367
Korea
www.kwdi.re.kr

Contents

Table

Study on the Re-establishment of Sustainable Care Policy (Ⅰ): Assessment from a gender and family perspective and its policy implications

Eun-ji Kim
So-young Kim
Bo-young Sun
Kyung Sung
Nan-joo Yang
Su-jeong Kim
Hye-young Kim

Abstract

South Korean care policy has continuously expanded over the past decade. While the “institutionalization” of care work could be considered a process of reducing women's caregiving burden in the family and acknowledging the value of care work, there are concerns it could open another low-paying occupational sector for women. This study examines the spectrum of child and elderly care policies based on the defamilialization of care location, care personnel, and care cost, and categorizes care policies according to this spectrum to analyze their developmental progress. The analysis shows that a universalistic approach has taken hold of South Korean care policy since 2010 with the implementation of “universal care/ education” and “long-term care

insurance.” However, it has focused on the defamilialization of care cost, which does not guarantee the sustainable provision of quality care services. There is a need to examine the basic core principles of care services that have been absent from the existing care services system, which is characterized by supply chains run by private facilities and cost-centric beneficiary support. A sustainable care system must be established by ensuring quality care service as well as the stability and security of care workers.

Ⅰ. Background and Problems

Care policy in South Korea has continuously expanded over the past decade, as exemplified by the implementation of “universal care” and “long-term care insurance.” While the “institutionalization” of care work might seem a welcome change that could reduce women’s caregiving burden in the family by acknowledging the value of care work, there are concerns it could create just another low-paid occupational sector that facilitates the exploitation of women. In fact, care policies have lost much of their identity and agenda in the process of assuming their own titles and domains. This study examines the spectrum of child and elderly care policies in the course of the defamilialization of care work, categorizes care policies based on the policy spectrum, analyzes their developmental progress, and suggests directions for improvement.

According to Daly(2002), the concept of care is rooted in the feminist discourse on the societal process in which women are forced to become caretakers by existing power relations in their families. Recent studies discuss care from the standpoint of an ethical and moral ideal that

constitutes family dynamics and the community at large. Last, it has been used to describe the regulation of supply and demand for care work by the welfare state as a social policy (Daly, 2002: 252-254). This study employs the third approach, discussing care from the standpoint of social policy. Herein, the term “social care” is used to avoid confusion (Daly & Lewis, 2000).

In their conceptualization of social care, Daly and Lewis point out that the notion of “care” is used in a fragmentary sense, hindering its conceptual consistency. In other words, divisions exist between formal and informal care, child and elderly care, and unpaid and paid care. They emphasize the need for a more comprehensive definition of care so that it can be addressed more thoroughly as a major policy sector in the welfare state. Many studies on care discuss child and elderly care as major policy areas within this conceptual framework (Daly, 2002; Anttonen & Sipila, 2005).

Analyzing the social redistribution of care from a socio-political standpoint has gender implications. The transference of care work from the informal realm where it is performed by women in the family to the formal realm outside familial bounds is a precondition for transcending the “male breadwinner model” (Anttonen & Sipila, 2005; Geissler & Pfau-Effinger, 2005: 11). The defamilialization or institutionalization of caregiving can be an important analytical framework if used as a prerequisite for obscuring familial boundaries and redefining women's societal role. In this study, defamilialization is defined as “the degree to which caregiving is provided from outside the family” (Leira, 2002: 41-42; Estévez-Abe & Naldini, 2016; Lewis & Giullari, 2005).”

Ⅱ. Care Policy Analytical Framework

An analytical framework was developed according to the degree of the defamilialization/ institutionalization of care policy and level of state responsibility. The first was categorized according to the space wherein caregiving is performed and manpower, and the second according to the level of state responsibility.

Studies have partially examined monetary compensation for family caretakers who perform care work at home, but there is less discussion on whether it is appropriate to compensate care work within the family as a substitute for the provision of care services. Whether this realm can provide sustainable long-term care needs to be assessed.

Next, financial assistance for in-home care by non-family members, meaning services provided by an on-call worker, can be linked to research on new job sectors. Following the 1990s, various studies have been conducted on “cash-for-care” (Ungerson, 2003; Behning, 2005). However, in South Korea, a detailed discussion on care services and caregiving by family members in terms of job creation is lacking. A demand for the expansion of this sector is likely to increase because of economic pressure, rendering the discussion of care providers' job security, quality of care, and degree of institutionalization imperative.

Finally, facility care by non-family members is the most advanced form of defamilialized and institutionalized care service. Among these, care services provided by national and public institutions known as “national and public care facilities” is the most formalized form of care work and the most desirable in terms of job security and social rights. However, there is a need to distinguish between those that have been contracted out to private entities and those operated directly by the

government. For example, only a small number of national and public care facilities are directly managed by the government, while the remainder is contracted out to the private sector. There is a need to thoroughly investigate policy diversity in this regard, as opposed to identifying vague and general objectives.

In practice, care services provided by privately owned facilities constitute the majority of South Korean care policies, and could be the most diverse. Many existing studies on social services have analyzed this realm. However, analyses encompassing both child and elderly care remain insufficient and must be performed using a similar analytical framework.

〈Table 1〉 Analytical framework of care policies according to degree of defamilialization

	in-home care by family (Defamilialization of cost)	in-home care by non-family (Defamilialization of cost and care provider)		facility care By non-family (Defamilialization of cost, care provider and care location)	
	A. Cash compensation for care work by family	B. Financial aid for care service cost (and qualification management)		C. Provision of care service in care facility	
	(in family) ---------- (outside family) (informal) ---------- (formal)				
	type of support	type of support	Service-providing agency	type of support	Service-providing agency
Child care	Child care allowance	Nanny Service →	(b) Nanny service center	Child care service * Part-time care service Early childhood education * After-school programs	(a) Private kindergarten; Private child-care center (b) Public child-care centers operated by private entity (c) Public kindergarten; Public child-care center operated by government
Elderly care	Long-term care insurance cash payment to family	Comprehensive elderly care service Basic elderly care service Long-term home care service (Home visit care, home visit bath, home visit nursing)	(a) For-profit home care service center; Non-profit corporate home care service center; Private home care service center (c) Public home care service center	Long-term facility care service * Daycare/ nightcare center service	(a) For-profit corporate long-term care facility; Non-profit corporate long-term care facility; Private long-term care facility (c) Public long-term care facility
	* Certified family care provider				

Source: Created by the researcher for the purposes of this study.

(a) Service provided by private facilities. State regulates the service provider(wage, conditions for market entry, etc.)

(b) Facility owned by the state, but privately commissioned

(c) Service provided directly by the state

* Types of service by hours of operation

Ⅲ. Development of Child Care Policy

Since the implementation of the Infant Care Act in 1991 and Infant Education Act in 2004, care policy for pre-school children has imparted more responsibility on the state. A transition from selectivist care that prioritizes children from low-income families to universalist care that considers all children occurred in 2004. By 2012, “universal care and education” included infants aged between zero and two and those aged five years, and by 2013, all infants aged zero to five years.

This process can be interpreted as the defamilialization of infant and toddler care in that it no longer belongs exclusively to the domain of family and women, but also to the domain of the state. South Korea has achieved considerable success in reducing dependency on family in terms of child care. The ratio of state-operated child care, which was 12.3 percent in 1997, surpassed 30 percent in 2005 (31.2 percent), and in 2012, more than half of all infants and toddlers received free child care services (52.1 percent). By 2016, all children and toddlers were receiving government assistance for care expenses including child care allowance beneficiaries and those in kindergarten. More than 70 percent of children aged 1 year and older are enrolled in facilities, and more than 90 percent of those aged 2 and older receive care in facilities. As such, child care and education policies have achieved compressive development in terms of reducing expenses (defamilialization of expenses) and increasing facility usage (institutionalization).

The defamilialization of cost developed with the introduction of the child care subsidy under the Roh administration, which expanded public aid service to include both low and middle-income families. The child care subsidy continued to expand in scope and benefits under the Lee

and Park administrations, culminating in an institutional breakthrough toward the era of state-operated child care in 2013. This process was accompanied by the institutionalization of caretaking personnel and care facilities (location). Eligibility criteria were not set for child care workers until the 1980s, but were subsequently enforced and augmented through the enactment of the Child Care Act in 1991. Furthermore, the care and education curriculum was standardized. In 2016, 90.1 percent of children aged between 3 and 5 years and 65.1 percent of those between 0 to 2 years were enrolled in facilities following the Nuri curriculum (daycare centers + kindergarten), indicating a high level of dependence on care facilities (Ministry of Health and Welfare, Childcare Statistics, 2016).

Despite improvements in care for preschool children such as reduced parental burden on expenses, stricter eligibility criteria for care workers, and the increased use of care facilities, South Korean care policy remains riddled with problems pertaining to sustainability.

First, there have been limits on ensuring "publicness" in quality control for care, as child care policy has focused on providing care expenses to beneficiaries and relied on the private sector to provide services. Unlike cash payment, the government's role in service provision cannot be restricted to financial aid, but must encompass quality control aspects for the service such as child safety, health, and development. Private child care facilities were expanded amid the absence of government regulations on assessment and certification, resulting in quality complaints and distrust in the services. In the case of private kindergartens, cost-control tools were not readily accepted, and while attempts have been made to institutionalize cost regulation by adjusting the increase rate of fees, transparency in audits has yet to be achieved.

Second is the use of vouchers, a key policy tool responsible for

organizing the delivery of child care services. Vouchers were introduced to increase service supply, ensure consumers' right to choice, and enhance service quality by promoting competition between service providers. An existing form of financial assistance that reduced parental burden became irrelevant with the introduction of vouchers, which integrated support related to facilities into financial assistance for individual beneficiaries, weakening the basis for the management and supervision of private facilities. Within the trilateral relationship between the state, parents, and private facilities, vouchers have become a political tool to strengthen the relationship between parents and private facilities while invalidating the public regulatory power of the state. Measures are needed to remedy the shortcomings of vouchers to ensure the publicness of services through the efficient regulation of private facilities.

Third, the number of care workers, the core labor in child care service delivery, has increased, although their working conditions have not improved. In the case of nursery teachers, many experience problems of job insecurity, insufficient pay, and excessively long working hours, despite a five-fold increase in their number from 47,000 in 2001 to 230,000 in 2015. “Dolbomi” (nanny service provider) suffer even worse working conditions, and often face legal disputes because of their lack of legal standing as laborers. They are seldom compensated aside from their minimum wage pay, and have trouble securing a stable income, as most are employed part-time. This demonstrates that although care work has been institutionalized, the level of social recognition remains sub-par. This hinders their professionalism and career building, reducing the quality of services. The institutionalization of care brought about recognition of what was once a moral obligation for female members of male breadwinner families as a legitimate form of labor. However,

the current level of institutionalization has yet to ensure sound working conditions as well as the legal protection and recognition of care workers. Incomplete institutionalization exposes women to labor with poor working conditions similar to informal labor (Jensen, Pfau-Effinger, & Flaquer, 2009).

Fourth, problems with the incomplete institutionalization and defamilialization of child care services were exacerbated with the partial implementation of the child care allowance in 2009 and extensive inclusion of children aged between zero and five years in 2013. In 2016, there were 970,000 recipients of the child care allowance, accounting for 30 percent of all children aged from 0 to 5 years and 1.2 trillion won of the state budget. Originally intended to cover the partial cost of child care and compensate care work within families, the child care allowance has instead exacerbated the patriarchal allocation of labor in male breadwinner families and undermined the legitimacy of universal care across all economic classes by excluding from candidacy those enrolled in government-supported facilities. While child care policy must develop alongside the closure of gender and class gaps, it has proven retrogressive in terms of female defamilialization and the equal provision of child care benefits, indicating either a need for change or its abolition.

Ⅳ. Development of Elderly Care Policy

South Korea's elderly care policy began with the residual institutionalization of seniors from vulnerable social classes. The 1990s witnessed a growth in home-help services for low-income seniors or those living alone. This was followed in 2008 by the implementation of long-term care insurance, which expanded facility and home-help services. Long-term care insurance facilitated the inclusion of the elderly from low-income families and those in need. Care services provided by government-supported private nonprofit organizations were standardized in their content, amount, and method, and long-term care workers were formally recognized.

The implementation of long-term care insurance marked the turning point for the defamilialization and institutionalization of elderly care. It ensured the provision of care facilities and rehab services for not only elderly seniors from low-income families without care obligators, but also middle-income families. Furthermore, the government is now in direct charge of receiving applications and rating applicants' need and eligibility, unlike in the past, when such decisions were entrusted to social welfare organizations and private non-profit entities receiving government subsidies. This indicates the transition of social care into a social right. Care provided by external labor outside the family, which was once provided in a discretionary manner usually by volunteers, has become standardized in its type and fees. This should be viewed as a step toward the formalization of care work as a form of labor.

The number of elderly care service beneficiaries has increased to approximately 520,000 over the past decade. This constitutes approximately 7 percent of the entire elderly population, a scale

incomparable with the number of beneficiaries before long-term care insurance was introduced. This demonstrates the extent to which elderly care has been socialized. The number of applicants for long-term care service is increasing at an annual rate of 9 percent, totaling 142 percent compared to the first year it was introduced.

"Marketization" was one tactic used to rapidly expand long-term care insurance services. The government focuses on system design, the distribution of benefits, and financial support for services, meaning it can decide on the scale of demand and provide services through demand management. "Long-term care recipients" determined eligible for government aid can sign a contract with their preferred service provider and submit their share of the co-payment in exchange for services.

The long-term care market has expanded rapidly, targeting these long-term care recipients. The number of service providers has grown by 300 percent over the past decade. Furthermore, the number of facilities has increased from approximately 1,000 in 2008 to more than 3,000, and the number of in-home services facilities from 5,000 to 14,000. To facilitate their market entry, the government has significantly lowered the criteria for service providers. In addition, small facilities that can accommodate five to nine people, known as "elderly care communal homes," were created. More than 2,000 small elderly care communal homes have emerged as an option for socially vulnerable seniors. Consequently, private entities own 1,835 of 3,137 care facilities and 1,825 of 2,050 elderly care communal homes. Furthermore, private businesses account for 11,741 of the existing 14,211 home care facilities. Currently, there are 19,398 suppliers in the long-term care market across all facility types, of which 15,401 are privately run, approximately 79 percent of the total. Self-employed individuals manage these long-term

care services, in which nearly 5 trillion of public funds is invested. Endless controversy surrounding the quality of care and ever-increasing fraudulent claims indicate a lack of trust in care providers and their services.

The emergence of certified family care providers in the field of home visit care indicates that an institutionalized form of family care has been created within the socialized provision of care. Certified family care providers, who legally provide services but receive little compensation in line with governmental guidelines, can be considered a hybrid engendered in the process of defamilialization. The scale thereof is decreasing, as the government has lowered the amount of compensation. For this third type of care to gain institutional legitimacy, a policy should be sought to address the special cash payment reserved for informal family care.

Ⅴ. Summary and Policy Suggestions

The analysis above is summarized according to the policy analytical framework for child and elderly care as follows. Child and elderly care policies have pursued the path of defamilialization and institutionalization since the 1990s. The introduction of universal care and education and long-term care insurance in 2010 gave rise to a universalist approach to care, a concept previously foreign in South Korean society. However, thus far, universalism has been limited to the defamilialization of care costs, which is not enough to warrant the sustainable provision of high-quality services.

Facility care by non-family members, namely in nursery, kindergarten, and long-term care facilities, constitute the most important realm in the defamilialization of care. While expanding the reach of care policy, the use of formal institutions for children and the elderly was standardized and increased significantly. However, this rapid increase in demand for facilities lead to a compromise in the quality of public services. As such, the growth of commercially driven institutions and small facilities has hindered the sustainable provision of quality care services.

Next, in-home care by non-family members, namely babysitting and elderly home care is an area in need of policy related to job security. Child home care has been offered only in an ancillary sense, because of the relatively slow defamilialization thereof, and has not experienced dramatic expansion in related policy. Consequently, the service provider role has been entrusted to public facilities, leaving little room for the issue of commerciality. However, the problem regarding the position of child caretakers as laborers is constantly raised. In terms of elderly care, for whom de-institutionalization is important, this area of care is deemed especially important, and the rapid expansion of related policy has raised the issue of service quality, for example of services provided in long-term care facilities. Overall, this area has undergone a process institutionalizing a service once regarded as akin to volunteer work. Thus, a new model of publicness to ensure the sustainability thereof is required. The sector's care service labor is an area in which the recently discussed experiment of the Korea Social Services Authority should be considered first.

Last, in-home care provided by family members exemplifies the most incomplete form of the defamilialization of care in South Korea. Here, care provided by the family is most likely to manifest within the scope

of care services. The child care allowance premised on exemption from services and certified family care providers are prime examples of this type. This approach should be regarded a compromise in the implementation of care policy in the South Korean context, which is characterized by a low-income guarantee, insufficient care infrastructure, and cost universalism. This type of service is likely to result in the isolation of care responsibilities and exhaustion of care providers, which can lead to negative gender and class dynamics. This policy experiment requires rethinking in terms of the sustainability thereof.

The results of our analysis indicate a need for the following policies. First is the expansion of state responsibility in the operation of care facilities and strengthening their publicness. This is the most fundamental and important policy alternative required for the provision of reliable services as well as the stability and security of service providers. This includes promoting the establishment of national and publicly managed facilities, encouraging the transition of private facilities into national and public entities, and putting private agencies under direct government management if too many public care facilities have been contracted out.

Second, stronger regulation on quality control in the case of privately owned care facilities is needed. This does not provide service users or suppliers with options as good as the first alternative, but should nevertheless be promoted when considering the scale of the privately owned care service market in South Korea. It is necessary to enforce restrictions against the establishment of care facilities such as by limiting the debt ratio to raise the entry barrier and excluding profit-driven entities or individuals from the onset. Small facilities, which are likely to pursue excessive profit because of operational difficulties, should be encouraged to gradually exit the industry. Furthermore, the government needs to

manage and evaluate care facilities with more vigilance through audits and financial assessments, and eliminate the improper use of national finance.

Third, an increase in wages is needed for care workers in care institutions and facilities and the labor cost calculation must be enhanced. Care workers employed in facilities outside the home have better prospects in terms of employment status than part-time on-call care workers, but face a constant problem regarding labor cost. It is difficult to account for the career length of care workers, because manpower support is allocated according to the number of care recipients. Not only does this stunt any wage increase, it also produces the effect of laying off an accumulated workforce. As Waerness pointed out in 1984, skills in the care sector are not based on the amount of accumulated knowledge, but on experience and career length. The current structure, which forces experienced care workers out of the industry, will inevitably lower the quality of care.

Fourth, stable employment should be sought for on-call care workers working at home under part-time employment. Not only is the wage itself low, but it is difficult to make a steady living from part-time employment on an hourly basis. Nanny service and home care services for the elderly are prone to such problems. Thus, a wage reform is necessary to ensure that part-time workers earn an income above a certain level.

Fifth, monetary assistance in cash for family care work in connection with the utilization of care services should be reduced, as this has deprived users of access to services. Recipient families can seldom break away from the primary care role, even when using a care service, which can be a means of defamilializing such care roles. Monetary aid runs counter to defamilialization and will likely lead to the disproportionate

allocation of work for care workers as well as their social isolation and exhaustion, hindering the sustainable provision of care.

Sixth, sufficient and stable care services should be provided for groups that are less needy. Child care for preschoolers and nursing care for senior citizens or long-term care have a long legacy of related policies and are well established in their identity. Meanwhile, various providers tend to groups with fewer care-related needs such as elementary schoolchildren and senior citizens living in small communities, which calls for a new policy area that integrates and organizes these services.

However, the differences between child and senior care should be considered. As children grow older, the desire and need for care decreases, while the opposite is true for older adults. The length and intensity of the care required for children gradually decreases over time, raising the issue of organizing an intensive care system for infants and toddlers. On the other hand, seniors require only partial care and assistance following retirement, but feel an increasing need for care over time. For them, a critical issue is whether they will be spending the last days of their lives in isolation behind facility walls. Care for children with fewer needs should center on schools, while care for the elderly should consider de-institutionalization centered on the regional health care system.

Seventh, policy for sustainable care requires considerable funding. To this end, protocols guiding the use of funds should be clarified by accurately identifying recipients' need for care services and ensuring that beneficiaries are held liable for a share of these fees according to their income level. The needs for "service-cost aid" and "longer service use" should be distinguished, and those for "care service" and "housing service" differentiated. For child care, systems such as child care

subsidies must be re-examined. Regarding elderly care in 24-hour facilities, the costs of living and care should be separated, and a long-term care budget allocated to the latter.

Eighth, enhancing the sustainability of care requires changes in the care policy itself and a reform of working hours to ensure work-life balance or work-family balance. Labor policy premised on laborers not participating in care work no longer holds. The realignment of social time is necessary based on the premise that citizens engage in both work and care work. Only by ensuring the coexistence of family, work, and life will quality care at a reasonable price be guaranteed.

In sum, there is a need to re-examine the basic core principles of care services absent from the existing system, which has revolved around private suppliers and cost-centric beneficiary support. Poor-quality care services should not be tolerated, as quality matters. A sustainable care system must be established by ensuring quality care services as well as stability and security for care workers.

References

Anttonen, A., & Sipila, J.(2005), 'Comparative approaches to social care: diversity in care production modes', in: Pfau-Effinger, B. & Geissler, B. (eds.), Care Arrangements and Social Integration in Europe, Bristol, Policy Press, pp. 115-134.

Behning, U.(2005), Changing long-term care regimes: a six-country comparison of directions and effects, in: Pfau-Effinger, B. & Geissler, B.(eds.), Care Arrangements and Social Integration in Europe, Bristol, Policy Press, pp. 73-91.

Daly, M.(2002), Care as a good for social policy, Journal of Social Policy, 31(2): 251-270.

Daly, M., & Lewis, J.(2000), The concept of social care and the analysis of contemporary welfare states, The British journal of sociology, 51(2): 281-298.

Estévez-Abe, M., & Naldini, M.(2016), Politics of defamilialization: A comparison of Italy, Japan, Korea and Spain, Journal of European Social Policy, 26(4): 327-343.

Geissler, B., & Pfau-Effinger, B.(2005), Change in European care arrangements, in: Pfau-Effinger, B. & Geissler, B. (eds.), Care Arrangements and Social Integration in Europe, Bristol, Policy Press, pp. 3-21.

Jensen, P.H., Pfau-Effinger, B. & Flaquer, L.(2009), The Development of Informal Work in the Work-Welfare Arrangements of European Societies, in: Pfau-Effinger, B, Lluis Flaquer, Per H.Jenson, Formal and Informal Work: the Hidden Work Regime in Europe, Routledge.

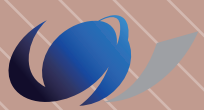
Leira, A.(2002), Working parents and the welfare state: Family change and policy reform in Scandinavia, Cambridge University Press

Lewis, J., & Giullari, S.(2005), The adult worker model family, gender equality and care: the search for new policy principles and the possibilities and problems of a capabilities approach, Economy and society, 34(1): 76-104.

Ministry of health and Welfare(2016), Childcare Statistics.

Ungerson, C.(2003), Commodified care work in European labour markets, European Societies, 5(4): 377-396.

Waerness, K.(1984), The rationality of caring, Economic and industrial democracy, 5(2): 185-211.



KWDI

Korean Women's Development Institute

225 Jinheung-ro, Eun pyeong-gu
(1-363, Bulgwang-dong) Seoul, 03367, Korea
TEL 02.3156.7000 FAX 02.3156.7007
http://www.kwdi.re.kr