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Summary of Research Papers-02



Research on Childcare Policy after Covid-19

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**Research on Childcare Policy after
Covid-19**



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Research on Childcare Policy after COVID-19

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I . Research Overview

1. Necessity and Purpose of the Research

South Korea has implemented its childcare policy by shifting the care entirely borne by the family toward expanding the support for public care based on the government's responsibilities. Accordingly, the Korean government has expanded the supply of care service through active implementation of the childcare policy. The government has also continually implemented the work-family reconciliation support system, including short and long-term leave and flexible work arrangements.

However, due to the outbreak of the COVID-19 pandemic, public care services came to be fully discontinued or limitedly operated. At the initial phase of the pandemic, the operation of daycare centers, kindergartens, schools of each level, and other care centers were completely stopped to prevent the spread of the virus. Due to their partial operation even afterwards, social care was not provided in a smooth manner. The discontinuation or unstable operation of social care left childcare in a

serious situation, and sharply increased the burden of childcare on the family, particularly on women. Therefore, the government prepared diverse measures in response to the situation, such as providing emergency care service at facilities, supporting cost for family care leave, and encouraging home-based work, or work from home. But as the pandemic was prolonged, these measures were neither sufficient nor fundamental for resolving the care problems.

The discontinuation or unstable operation of social care supply caused by the outbreak of COVID-19 returned the burden of care to women and the family. In spite of recent efforts to make care a social responsibility, it was clearly revealed that care still worked on the prerequisite of women and the family. Also, as the public care system paralyzed, we found that more groups became vulnerable in access to care and stratified by class depending on their family type and whether they had families or other resources to secure time for care, including the possibility of adjusting their work hours. The outbreak of COVID-19 was an opportunity to reveal the situation that already-implemented care policies could not fundamentally resolve the unequal gender structure of care and that there was insufficient consideration for those excluded from the care policy, including vulnerable groups to care (care-vulnerable groups, for short). In this situation, it is necessary to prepare a care policy to fundamentally resolve these issues.

Therefore, the purpose of this study is to review the existing care policy, reset goals for the future care policy, and to suggest policy agendas to fundamentally resolve the issues of care-vulnerable groups.

2. Research Content and Method

The main contents of this research included: First, we reviewed and evaluated the existing childcare policy. We divided the childcare policy into the policy to support ‘care’ and the policy to support the ‘time spent on care.’ We reviewed the current state of each policy and conducted assessment of its implementation progress.

Second, we reviewed domestic and overseas literatures on inequality of care and conducted focus group interview with care-vulnerable groups. Based on the results, we presented pan-governmental measures for care gaps and limitations.

Third, we identified changes in job during the COVID-19 period. Specifically, we examined whether the respondents continued their jobs, job characteristics by the type of job changes, work flexibility, childcare flexibility, adjustment or interruption of jobs due to childcare, and changes in work hours during the period.

Fourth, we looked into the actual situations of care during the COVID-19 period. Specifically, we examined changes in the way of care before and after the onset of COVID-19, changes in the time spent on care and the time children spent alone, perceptions of difficulties of childcare, the availability of emergency care helper, the experience of using flexible work arrangements, the degree of childcare help, and the experience of using family care leave during the period.

Fifth, we analyzed factors influencing vulnerability to care during the COVID-19 period. Due to the discontinuation or unstable operation of social care supply during the period, groups vulnerable to resolution of care issues adjusted their jobs, and their children spent more time alone than before. Considering this situation, we analyzed i) factors impacting

their job adjustments, including leaving or changing jobs, changing business types, quitting or closing business for reasons of care, and ii) factors influencing increase in the time children spent alone.

Sixth, we identified the experience of using the childcare policy during the COVID-19 period and needs for childcare policy. Specifically, we analyzed the respondents' experience of using the policy, perceptions of the policy's helpfulness for childcare, evaluation of social awareness of childcare, opinion about the way of childcare during emergency, and needs for childcare support during emergency.

Seventh and lastly, we identified and suggested care policy agendas after COVID-19. The policy agendas included: i) resolve gender inequality in care, ii) resolve the issue of exclusion from using the care time support system, and iii) establish a public care system in response to emergency, including the outbreak of pandemic, crisis, and disaster.

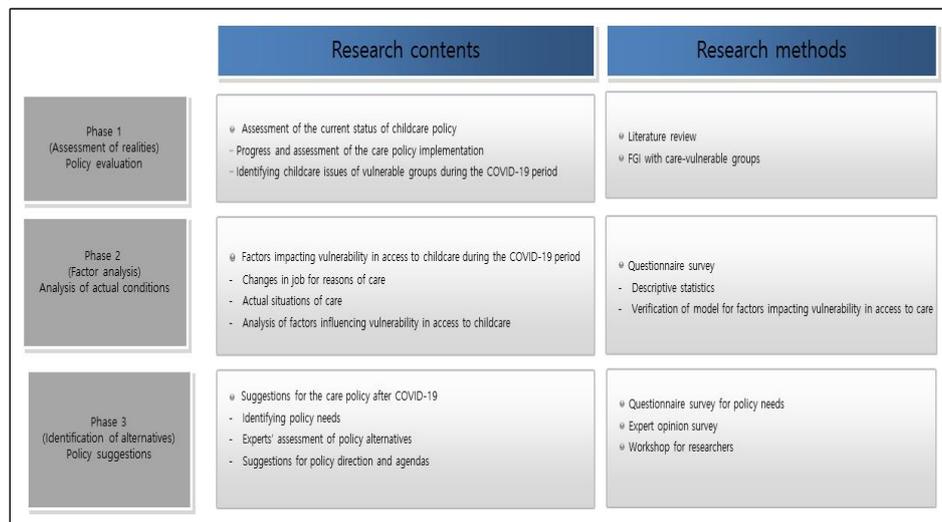
The main methods of the research included: First, we conducted a questionnaire survey. The objective of the survey was to identify those who were excluded from the existing care policy and to analyze factors impacting their vulnerability to care. The subjects of the survey included 3,000 male and female workers with children under elementary school age as of February 2020. Main contents of the survey encompassed changes in job during the COVID-19 period, characteristics of jobs, actual condition of care during the period, and needs for policy support. The survey method was an online questionnaire survey using an online panel list. The duration of the survey was from September 14, 2021 to October 8, 2021.

Second, we conducted a focus group Interview. The objective of the interview was to identify care-vulnerable groups' experience of care and

job adjustments. Participants in the interview included a total of 28 persons in five groups, including four female groups and one male working-couple group. Specifically, they were non-wage workers, including employers and the self-employed; non-typical workers, including platform workers and freelancers; workers in the women-intensive type of occupation, including service, sales, non-regular workers; and essential workers, including care workers and health and medical workers.

Third, we conducted an expert opinion survey. The survey subjects included experts on care policy. The objective of the survey was to collect opinions from the experts regarding the direction for the care policy, policy areas, and policy agendas by area after COVID-19. The survey method was an online questionnaire survey, with 32 experts participating in the survey.

Research contents and methods are presented by phase in [Figure 1].



[Figure 1] Research Flow Chart

II . Assessment of the Current Status of Childcare Policy

1. Current Status of Childcare Policy

This study divided childcare policy into the category of a policy to support ‘care’ and that of a policy to support the ‘time spent on care (or care time, for short),’ then encompassed both policy categories.

The policy to support ‘care’ was then divided into the service policy and the allowance policy according to the type of benefits provided. The service policy directly provided services for children, such as providing childcare and education services at care centers for infant children, including daycare centers and kindergartens, as well as supplying care services at care centers for elementary school children, including elementary school children care classroom, care-together centers, local children centers, and after-school academies. Also, as a home-based service, childcare service was provided. On the other hand, the allowance policy, including childcare allowance and child benefits, provided cash in the form of universal benefits regardless of the recipient’s income.

As an example of the policy to support ‘care time,’ the work-life balance policy enabled workers with children to use flexible work hours and places of work and to use the leave system. Though the direct goal of this policy was not to support child care, the policy eventually brought the effect of supporting childcare. The flexible work arrangements included flextime, flexible work schedule, work from home, distance work, and shorter work hours during childrearing. The leave system related to childcare included maternity leave, paternity leave, and family care leave. The long-term leave system included long-term leave for

childcare and family care.

2. Progress and Assessment of the Childcare Policy Implementation

It is a worldwide phenomenon that the outbreak of COVID-19 has placed additional burden of care on women and the family. Regarding this phenomenon, a predominant opinion is that this crisis was not triggered by COVID-19 but already-existing social structural contradictions were revealed by the pandemic. In this background, this study aims to examine how the childcare policy-for infant care, elementary school children care, childcare leave, shorter work hours during childrearing, and family care leave-resolved the crisis of care in Korean society and to assess the still remaining limitations of the policy by period.

Korea began to introduce social childcare between 1987 and 2002, but declaratory legislation and meager budget inputs on social care exposed its limitations. After the legislation of the Child Care Act in 1991, the number of childcare facilities increased in the late 1990s and so did the number of children using daycare centers. However, the government promoted the expansion of private facilities without taking responsibilities for their care services or expenses. In the case of the work-life balance policy to support childcare for workers, the Equal Employment Act, including the provision on childcare leave, was established. Despite its formulation of the policy bill, however, the government did not support expenses for employers or workers. In 2001, the Equal Employment Act was fully amended and the Labor Standards Act and the Employment Insurance Act were partially amended. Through the amendments, it was stipulated that childcare leave allowance should

be paid from the employment insurance fund. But the childcare leave allowance was a flat rate of a mere 200,000 won. Also, only a very small number of workers were eligible for the childcare leave allowance from the employment insurance fund.

To solve the low fertility issue, Korea expanded targets for taking social responsibilities for care from 2003 to 2012, but still used a one-person bread-winner model. In January 2004, the nation expanded the targets for childcare to all infant children through the full amendment of the Child Care Act. Also, support for childcare expenses was expanded in phase through the differential childcare fee system for low-income households. Amid the phased expansion of support for childcare fees, the Ministry of Gender Equality and Family provided part-time childcare service to support home-based childrearing. Compared to childcare for infant children, care for elementary school children was not perceived as an important policy from the perspective of care. Care for the children from low-income households was provided at local children centers and after-school academies for youth. In 2008, the targets for differential childcare fee support were expanded and childcare allowance was introduced for children who did not use care facilities. During the same period, the childcare leave system was expanded to include all age groups of children for whom childcare leave was available, and the childcare allowance was increased. In 2008, the shorter work-hour system during childrearing was introduced, but a very small number of workers used the system. To raise the rate of people using childcare leave, the childcare allowance was restructured in 2011 from the existing flat-amount payment to fixed-rate payment, that is, 40% of ordinary wage. As a result, the number of using childcare leave slightly went up, but still a very low proportion of men used the leave.

When we examined changes in childcare support system from 2013 up to the present, ‘free childcare’ began in 2013 with childcare expenses fully supported for all age groups of infant children from all income classes. Along with the free childcare, childcare allowance was paid for all children under six years old who did not use childcare facilities. Through the free childcare policy, childcare was socialized to the full extent, but the lack of public nature of the childcare service supply system still limited the use of childcare service. Care services for elementary school children were still lacking. This limitation of using the services resulted in stratification of care gaps by class and gender imbalance of responsibilities for undertaking care. In 2018, Korea introduced child benefits with a goal to relieve the financial burden of raising children and to contribute to promoting children’s basic rights and welfare.

Since 2013, the Korean government has continually improved the childcare leave system by increasing the rate of childcare leave allowance to substitute ordinary wage and by providing bonuses for men’s childcare. As a result, the number of using childcare leave has steadily risen, but the use rate of low-income workers is still low. In addition, gender imbalance persists, and there also appears the effect of stratification of gender imbalance by class. As such, it is necessary to take innovative measures for expanding the targets for applying childcare leave rather than raising the allowance or improving the system.

The care policy has been implemented with two big axes, namely, supply of care services and support for work-family balance. Despite some achievements, the care policy could not resolve gender imbalance in care burden and stratification of care gaps arising from the areas excluded from the policy. In the unprecedented situation of COVID-19,

such policy limitations came to the surface in the form of care burden that was returned onto women and care vulnerability of groups who were excluded from using the care support system, including non-wage and non-typical workers.

III. Childcare Issue and Deepened Inequality during the COVID-19 Period

Almost all families experienced difficulties of childcare during the COVID-19 period due to the complete suspension of public care, insufficient and unstable operation of emergency care, and online elementary school education.

However, we assumed that workers in particular types of occupation might have had a relatively higher difficulty of work and care during the period. Such workers included the self-employed, special-type workers, and workers in essential areas of work who could not use childcare-related support systems, and workers in service and sales who could not work from home or arrange flexible time to work. Focusing on these groups of workers, we conducted focus group interviews and examined changes in job caused by care issues using the cases of the interview participants.

According to the results of the interview, the group of non-wage workers, including the self-employed, hired substitute workers to directly take care of their children in some cases, or almost closed their business in other cases, because they could not do offline business for reasons of care. In still other cases, they considered changing their jobs to other type of business that enabled online business.

In the case of non-typical workers, including freelancers, they either reduced their work days or total work hours to take care of their children or changed their work hours to nighttime. In some cases, they changed their jobs to special-type workers during the COVID-19 period in search of the type of occupation where they could flexibly use time. However, the reality was that they could not use the current leave system, including leave for care and shorter work hours, because most of them were self-employed.

For workers in the occupation type of service and sales, it was difficult to use flexible work arrangements, including work from home and flexible work schedule. Because there were many restrictions on the business operation of restaurants or coffee shops according to the coronavirus prevention rules during the pandemic period, business owners in this occupation type encountered a relatively higher difficulty managing their business. Also, workers in this occupation type suffered severe job insecurity. A case in point was a cafe manager: as the pandemic prolonged, she had to quit her job, but then could work again when her husband could fully work from home. This case testifies to the reality that service and sales workers with difficulty of smart work had no other option than to quit their jobs for care when care facilities stopped their operation or when their children had online education.

Essential work has a character that the work must be indispensably provided without a break even in the COVID-19 circumstances. As such, it was difficult for female workers in this area to adjust their work arrangements for reasons of care. We found that workers in essential work or essential workers reconciliated their work and care by sharing the care burden with their spouses or using support from their family, or by adjusting their work with shorter work hours. In other words,

essential workers were highly likely to quit their jobs if they could not use family resources or if they had difficulty negotiating with their employers to adjust their work hours.

These results of the FGIs empirically show that vulnerability to availability of care worsens according to job characteristics. They also imply that deepened care inequality gap may have a negative impact largely on women's work.

IV. Analysis of Childcare Vulnerability Factors during the COVID-19 Period: Focusing on Gender and Job Characteristics

1. Changes in Job and Care after COVID-19

In this survey, we examined whether the respondents continued their jobs, job characteristics by the type of job changes, work flexibility, childcare flexibility, job adjustment or interruption due to childcare, and changes in work hours after COVID-19.

When we analyzed whether the respondent groups continued their jobs, the highest proportion of men and women alike continued to work in the same job after COVID-19, with men accounting for 86.2%, higher than that of women 70.9%. A low proportion of the groups discontinued their jobs, with men making up 10.0% and women 13.6%. A still lower proportion changed their jobs by quitting their jobs but then working in new jobs, with men occupying 3.8% and women 15.5%. Of the groups who worked as of February 1, 2020, a higher proportion of women than men discontinued their jobs or changed their jobs to new jobs after

COVID-19.

We defined the group who continued their jobs as ‘continued-job group,’ the group who discontinued their jobs as ‘discontinued-job group,’ the group who changed jobs as ‘quit-job group’ for the previous jobs and ‘new-job group’ for new jobs. We then examined job characteristics, including the status of workers, income, the size and type of workplace as well as work flexibility and childcare-related climate. By the status of workers among the job characteristics, a high proportion of both men and women were regular workers in the ‘continued-job group.’ Unlike the continued-job group, the ‘discontinued-job group’ had a relatively low proportion, or 47.6%, of regular workers, with men accounting for 56.7% and women 46.3%. On the other hand, this group had a relatively high proportion of temporary or daily workers. In the case of women, the proportion of temporary workers to ‘discontinued jobs’ was 19.1%, and that of special-type workers 10.0%. Compared to the ‘continued-job group,’ the ‘discontinued-job group’ had a high proportion of temporary or special-type workers.

When examined by income among the job characteristics, men’s income from the ‘continued jobs’ of the continued-job group amounted to 4.33 million won on monthly average, relatively higher than the income from the ‘discontinued jobs’ of the discontinued-job group, amounting to approximately 3.74 million on monthly average. Like men’s income, women’s income from the continued jobs of the continued-job group amounted to approximately 2.87 million won on average, higher than the income from the ‘discontinued jobs’ of the discontinued-job group, amounting to approximately 2.04 million won. Because both men and women in discontinued jobs had lower income than those in continued jobs, it can be inferred that there were relations

between the income from jobs and the decision to discontinue jobs.

When we examined the size and type of workplace, a high proportion of discontinued-job and quit-job groups worked in small-sized business places. Of the discontinued-job and quit-job group, 28.8% and 23.9% respectively worked in businesses with 1 to 4 employees, and 21.9% and 21.5% respectively worked in enterprises with 5 to 9 employees. On the other hand, a relatively low proportion of these groups worked in large-sized business places compared to the continued-job group. Both men and women had the same tendency in that regard. Depending on the private or public sector, the public sector had a relatively high proportion of 18.8% in continued jobs, with men making up 16.7% and women 20.2%.

We analyzed work flexibility of jobs and subjective perceptions of care-friendly culture and care-considerate climate during the COVID-19 period. Work flexibility is a concept that includes autonomous control of work and flexibility of time and place to work. When work flexibility is low, it is highly likely that workers cannot respond flexibly to emergent childcare. In this respect, low work flexibility can have impact on work adjustments for reasons of care or on vulnerability to care. According to the results of the analysis, the level of flexibility, in general, tended to be low in the discontinued jobs of the discontinued-job group and the quit jobs of the changed-job group. Men and women had the same tendency. For example, the highest proportion of the respondents in the continued jobs (men 72.2% and women 65.8%) agreed to the statement “I can use leave when I want.” Compared to ‘new jobs’ (men 62.0% and women 56.5%), a relatively low proportion of the respondents in the ‘discontinued jobs’ (men 48.6% and women 48.7%) and in the ‘quit jobs’ (men 48.6% and women 53.0%) agreed to the

statement. Where a high proportion of respondents agreed to the statement “I cannot adjust work schedule in my job (duty),” this means that the level of flexibility was low. In this regard, a high proportion of the respondents in the ‘discontinued jobs’ and in the ‘quit jobs’ agreed to the statement, meaning their work flexibility was low. On the other hand, where the respondents had good conditions for continuing their jobs in spite of care issues because their job quality was high, or where they had good conditions for reconciling work and care because their work flexibility was high, they were highly likely to continue their jobs despite difficulties of care during the COVID-19 period. The continued-job group was less burdened with taking leave, leaving work early, or adjusting their work on the ground of caring issues during the period. In all the cases of job groups, the proportion of agreement was higher with women than men. This shows that women felt more burdened when taking leave, leaving work early, or adjusting their work for childcare due to COVID-19.

We analyzed the experience of adjusting work, discontinuing jobs, and changes in work hours for reasons of care. For the survey, we divided the experience of adjusting work into reducing total work hours, changing time slots for work, using annual leave, taking unpaid leave, taking long-term leave and closing business temporarily, and changing jobs or business types. According to the results of the analysis, the highest proportion of respondents who had the experience used annual leave, followed by those who reduced total work hours, changed time slots for work, took unpaid leave, took long-term leave, and closed business temporarily in that order. We found from these results that when it was necessary for the respondents to adjust their work for reasons of care, first of all, they used up annual leave. Then when it was

insufficient, they adjusted the amount of working hours and time slots, then chose unpaid leave or long-term leave, or closed business temporarily, then finally tended to change their jobs or business types.

In all items, the proportion of women's experience was higher than men's. Also, there was a big gender gap in the proportion of the experience as follows: 10.5 percentage-point difference in using paid leave between men 21.3% and 31.8%, 8.2 percentage-point difference in taking long-term leave or closing business temporarily between men 14.7% and women 22.9%, and 7.1 percentage-point (%p) difference in reducing total work hours between men 30.5% and women 37.6%. This confirms that work adjustments for reasons of childcare during the pandemic were also concentrated on women. When the respondents discontinued their jobs, 41.0% of men and 59.7% of women answered that the break was related to their difficulties of care. The proportion of women was 18.7 percentage point higher than that of men. To the question whether they thought of discontinuing their jobs due to difficulties of childcare after the onset of COVID-19, 32.8% of men and 63.2% answered they often or sometimes did so. In other words, 6 out of 10 women thought of quitting their jobs because of difficulties of care. When examined by changes in work hours after the onset of the pandemic, the highest proportion of both men and women did not experience changes in work hours, with men accounting for 65.8% and women 58.9%. However, if they reduced their work hours, the proportion of women was higher than that of men, with 24.6% of men and 32.8% of women shortening their work hours. A higher proportion of women (72.0%) than that of men (51.2%) answered that their shortening work hours was related to childcare.

2. Actual Conditions of Childcare after COVID-19

We examined actual conditions of childcare after the onset of COVID-19, focusing on changes in the main way of childcare before and after the pandemic, the time children spent alone, changes in the couple's time spent on childcare and satisfaction with sharing childcare, and the current state of human and institutional resources for childcare.

Regarding the main way of the survey participants' childcare, the mostly used way before and after the pandemic was public care, followed by parents' care, other family member's care, the use of private institutes and other private education centers, children left alone, and the employment of baby sitters or childcare helpers in that order. There was no change in the pattern of using the main way of care before and after the pandemic. However, there was a slight change in the proportion of using specific ways of care. That is to say, the proportion of people using public care and private institutes decreased to 31.6%, down 5.1%p, and to 11.6%, down 0.6%p, respectively after the pandemic. On the other hand, the proportion of parents' care increased to 31.3%, up 1.9%p after the pandemic; that of other family member's care rose to 15.5%, up 1.2%p; that of hiring childcare helpers 2.5%, up 0.4%p; and that of the time children spent alone to 7.4%, up 2.3%p.

These changes in the way of care varied depending on their children's age. Where the respondents had preschool children with a remarkably high proportion of using public care before the outbreak of the pandemic, the proportion of their using public and private facility care dropped after the pandemic. Instead, the proportion of parents' or family's care rose. On the other hand, where the respondents had elementary school children with a high proportion of parents' care, the proportion of children staying

alone relatively increased. That is, the proportion of higher grade children staying alone increased to 17.4%, up 5.5%p, compared to that of preschoolers to 1.4%, up 0.9%p, and lower grade children to 9.0%, up 2.2%p. Also, 54.4% of the interview participants responded that their preschool or elementary school children spent their time alone or with siblings without any guardian or adult for one or more hours after the onset of the pandemic. This proportion differed depending on the children's age, those with preschoolers making up 34.4%, lower grade schoolers 69.0% and higher grade schoolers 77.8%. The time children spent alone increased from 2.4 days on weekly average prior to the pandemic to 3.07 days, up 0.67 days, posterior to the pandemic. On daily average, the time increased from 2.36 hours to 3.42 hours, up 1.06 hours. Specifically, preschoolers spent their time alone for 0.98 hour longer, lower grade schoolers 1.04 hours longer, and higher grade schoolers 1.15 hours longer than they had done before the pandemic.

As the public and private facility care decreased after the onset of COVID-19, not only parents' time spent on care but also their burden and difficulties of childcare increased. When it comes to the time spent on childcare, women's care time sharply rose from 5.74 hours to 6.96 hours by 1.22 hours per day. Compared to this, men's care time slightly went up from 3.17 hours to 3.83 by 0.66 hour. Of all the respondents, 60.3% answered that their childcare burden slightly or greatly increased compared to the pre-pandemic. Regarding the childcare burden as well, a higher portion of women (65.9%) felt the burden than men (50.5%). As for difficulties of childcare after the pandemic, the highest point on a five-point scale given to the difficulties was 'greater stress from childcare' scoring 2.74 points, followed by 'greater time pressure due to childcare' 2.64 points, 'difficulty due to no place to leave children

under care' 2.51 points, 'greater job stress from childcare' 2.49 points, 'worse health due to childcare' 2.38 points, and 'conflict with spouse due to childcare' 2.30 points in that order. Regarding the difficulties of childcare as well, more women felt the difficulties than men did. In other words, there was a gender gap in perceiving the difficulties as follows: to 'time pressure due to childcare,' men gave 2.41 points and women 2.77 points; to 'worse physical health' men 2.21 points and women 2.49 points; to 'stress from childcare,' men 2.55 points and women 2.85 points; to 'job stress from childcare' men 2.32 points and women 2.59 points; to 'difficulty due to no place to leave children under care,' men 2.39 points and women 2.58 points; and to 'deeper conflict with spouse due to childcare' men 2.22 points and women 2.34 points in that order.

Though the burden of childcare on parents increased after the pandemic, family resources were not sufficiently available for them. In this survey, the respondents were asked about whether they had anyone-except for paid helpers including childcare helpers and baby sitters-to help with their childcare in a situation when urgent support for childcare was needed after the onset of the pandemic. Of all the respondents, 52.1% (men 48.7%, women 54.0%) answered in the affirmative. The number of such helpers was 1.67 persons on average. The largest number of emergency care helpers was children's grandparents making up 80.9%, followed by the siblings of the respondents or of their spouses 21.4%, spouses 13.1%, and relatives and in-laws 7.3%. A relatively small help came from their acquaintances or friends, neighbors, and village care communities.

After the onset of the pandemic, not many respondents had the experience of using flexible work arrangements, including shorter work hours, flextime, flexible work schedule, flexible work, work from home,

and remote work. Specifically, the largest number of the respondents worked from home, accounting for 7.3%, followed by shorter work hours 21.1%, flexible work 20.5%, flexible work schedule 17.2%, flextime 17.1%, and remote work 16.8%. Except for work from home (women 42.6%, men 40.7%) and shorter work hours (women 22.8%, men 18.2%), a higher proportion of men used all the flexible work arrangements than women did.

When asked about family care leave that was expanded to support family care after COVID-19, a mere 17.9% of all the respondents used the leave. When they used the leave, they did so for 4.13 days on average. A higher proportion of women used the family care leave than men, with 18.7% for women and 16.4% for men. Also, women used more days for the leave than men, with women using 4.30 days and men 3.82 days on average.

3. Analysis of Factors Impacting Vulnerability to Care during the COVID-19 Period

Based on the above-mentioned changes in job and actual conditions of childcare, we analyzed factors impacting vulnerability to care. For the analysis, we made a hypothesis that groups with vulnerable access to care during the COVID-19 period would adjust their jobs or leave their children alone at home. Under this hypothesis, we conducted a logistic regression analysis of i) whether they experienced job adjustments, using ii) children's spending more time alone as a dependent variable.

When examined by the economic activity status in the job adjustment model, temporary daily workers, special-type workers, and low-income workers were highly likely to adjust their jobs. By the characteristic of

care, the fewer they had care helpers, the longer their weekly average work hours, the lower the level of their work flexibility, the lower their childcare flexibility, the higher their stress from childcare, the higher their job stress from childcare, the more they took family-centered attitude toward care, and the less they used family care leave, the higher they were likely to adjust their jobs. For women, their economic activity status, income level, the youngest child's age, availability of emergency care helpers, weekly average work hours, work flexibility, childcare flexibility, job stress from childcare, preference for family-centered care, and use of family care leave were statistically significant factors. On the other hand, for men, only objective job characteristics, including their economic activity status and income level were statistically significant.

We also found this gender difference in the experience of job adjustments for reasons of childcare during the COVID-19 period. Women were affected not only by their job conditions, including their work status and income, but also by care-related factors, including their youngest child's age, subjective attitude toward childcare, and emergency care support resources. In the final analysis, this finding implies that men focused on the quality of job in selecting or deciding their jobs, but women adjusted their jobs, comprehensively considering job characteristics for work-care reconciliation, such as work flexibility, and the availability of care support resources.

We analyzed factors influencing the time children spent alone. According to the results of the analysis, significant factors for women included household characteristics (such as single-parent household, double-earner couple household, and single-earner couple household), stress from childcare, and women-centered care attitude. For men, significant factors included their age, economic activity status, the

availability of emergency care supporters, weekly average work hours, stress from childcare, and the use of flexible work arrangements. In the case of women, where they had single-parent households or working couple households regarding the household characteristics, and where they used flexible work arrangements regarding the experience of using the system, their children spent time alone longer than their counterparts. In the case of men, the higher their age, the shorter their children spent time alone. When analyzed by men's economic activity status, if they were employers or self-employed, their children spent less time alone compared to regular workers' children. If men had emergency care helpers, their children spent less time alone compared to their counterparts. On the other hand, the longer their weekly average work hours were and the more they felt stressed up from childcare, the longer their children spent time alone after the onset of the pandemic.

4. Implications of the Results of Analyzing Changes in Care and Job and Vulnerable Factors

To put all the above-mentioned analyses together, we found that restrictions on public and private facility care due to COVID-19 led to an increase in the care burden on parents or other family members as care givers and the time children spent alone. In spite of the expansion of the existing care support policy, the childcare burden returned mostly onto women. With the restrictions on using public and private facility care, the social network that could support parents' care indicated the family in a narrow sense, including grandparents. This was because there were not enough systems for them to use to reconcile work and childcare. Not only that, the existing systems were available for some type of workers, like wage workers only. As agents of care, men or

children's fathers revealed that their presence was as insignificant as before.

As a consequence, those who adjusted or discontinued their jobs for reasons of care during the COVID-19 period were largely women. Compared to continued jobs, discontinued jobs due to care during the period had a relatively low job security and income level. The discontinued jobs were also characterized by low work or childcare flexibility. For men and women as well, these job conditions and characteristics raised the possibility of their job adjustments. Men adjusted their jobs according to their job characteristics, including job security and income. Unlike men, however, women adjusted their jobs considering not only these factors but also other care-related factors, including their children's age, the availability of emergency care supporters, and work flexibility. This finding shows that vulnerability to care and job adjustments were unequally experienced by gender and class according to job characteristics during the pandemic period.

While the existing care policy concentrated on expanding the public care system and service, the policy-makers could not imagine a situation where the public system did not work properly. More fundamentally, this resulted from their failure to prepare a universal support system, which can promote gender equal sharing of care in the family, expand social care going beyond the family, and support work-family reconciliation for all.

Therefore, future care policy should not merely outsource the family's care to external facilities or simply solve difficulties of particular families, such as working-couple or single-parent families. The existing care policy should also be re-examined and expanded in the direction of securing childcare for all parents regardless of the type of work or

the availability of family resources for care. In other words, it is necessary to make a comprehensive care policy, ranging from establishing an emergency care system in response to a situation where the public care infrastructure or service does not work, to preparing a childcare support system that encompasses diverse working parents, and to making proactive policy intervention to promote gender equal sharing of care in the family.

V. Childcare Policy Needs and Policy Direction after COVID-19

1. Results of Surveying the Experience of Using the COVID-19 Response Policy and Needs for Childcare Policy

First of all, the highest proportion, or 84.6%, of the survey respondents had the experience of receiving disaster relief support from the government as part of the COVID-19 response policy. The second highest proportion was to experience the enforcement of emergency care at daycare centers, preschools, and schools of each level, accounting for 40.1%. This was followed by the provision of meal vouchers 33.6%, additional payment of child benefits 33.0%, recommendation for flexible work arrangements and work from home 28.3%, support for emergency living expense 12.8%, expansion of the government's support for childcare service 11.5%, job security subsidy support for low-income workers on unpaid leave 7.5%, and support for family care leave expenses 5.3% in that order. There was a clear difference in the experience of using the policies according to the respondent's gender and changes in their economic activity status. In the case of the policy that

was closely related to childcare, women had more experience of using the policy in all the items than men did. Specifically, 44.3% of women and 32.6% of men used emergency care, 35.8% of women and 29.7% of men were provided with meal vouchers, 5.7% of women and 4.7% of men received support for family care leave expenses, 29.1% of women and 26.9% of men were recommended to use flexible work arrangements and work from home. According to changes in the respondents' economic activity status during the COVID-19 period, those who continued their wage-worker status had a clearly more experience of using the policy in all the 9 items than those who did not. Those whose status changed to unemployed had the least experience of using the policy. There was also a wide gap in the experience between the groups. In particular, there was a clear difference in the items closely related to childcare: in support for family care expenses, 83.1% of those who continued their wage-worker status but a mere 5.1% of those whose status changed to unemployed had the experience, with the difference of 78.0%p; in flexible work arrangements and work from home, 69.1% of the former group but 8.8% of the latter group had the experience, with the difference of 60.3%p; in the enforcement of emergency care, 67.0% of the former group but 9.2% of the latter group had the experience, with the difference of 57.8%p.

Second, the respondents thought that the most helpful government policy for childcare during the COVID-19 period, whether they used the policy or not, was disaster relief support, giving 3.31 points. The second most helpful policies given the same 3.08 points for each were the enforcement of emergency care at daycare centers, kindergartens and each level of schools, and the additional payment of child benefits. In general, the respondents showed a high preference for financial support,

provision of emergency care, and flexible work arrangements. Specifically, a relatively higher proportion of men responded that financial support was of help, including the additional payment of child benefits (3.06 points, women 3.09 points), support for family care expenses (2.91 points, women 2.87 points), and the expansion of the government support for childcare service or support for childcare fees (2.91 points, women 2.87 points). On the other hand, a relatively higher proportion of women answered that support for service and time was helpful, including the enforcement of emergency care (3.12 points, men 3.00 points), recommendation for flexible work arrangements and work from home (3.00 points, men 2.91 points), and the provision of meal vouchers (2.93 points, men 2.83 points). Where the respondents had preschoolers compared to all and other age-group children, a clearly higher proportion of them said the enforcement of emergency care (3.24 points) and the additional payment of child benefits (3.19 points) were helpful. On the other hand, where they had elementary school children compared to all and preschool children, a high proportion of them responded that the provision of meal vouchers was helpful. Where the respondents were employers or self-employed, a large number of them said that support for emergency living expense was helpful, giving 3.06 points. On the other hand, where they were regular workers, a relatively large number of them answered that the enforcement of emergency care (3.12 points) and recommendation for flexible work arrangements and work from home (3.02 points) were of help. If they were temporary, daily, or special-type workers, a relatively large number of them said that support for expenses, including support for emergency living expenses and the additional payment of child benefits, plus the provision of meal vouchers were helpful.

Third, we found that regarding the perceptions of care in Korean society, there still remained disadvantages when using the care support system as well as negative perceptions of men's participation in care. The respondents strongly agreed to the statement "there is a disadvantage in performance evaluation and promotion when using short or long-term leave," giving 3.04 points. They also strongly agreed to the statement "I feel negative about men using short- or long-term leave for childcare," giving 3.03 points. Compared to men, women had a higher degree of agreement to the statements about the disadvantages or negative perceptions when using care-related systems. To the statement "there is a disadvantage in performance evaluation and promotion when using short or long-term leave," the total level of agreement was 3.04 points, but men's was 2.87 points and women's 3.13 points. To the statement "I feel negative about men using short- or long-term leave for childcare," there was a clear gender gap in their perceptions, with the total being 3.03 points but men 2.93 points and women 3.08 points. According to the respondents' status of worker, there was a difference in their response about disadvantages or negative perceptions when using care-related systems. To the statement "there is a disadvantage in performance evaluation and promotion when using short or long-term leave," temporary and special-type workers strongly agreed, giving 3.03 points and 3.04 points, respectively. To the statement "I feel negative about men using short- or long-term leave for childcare," special-type workers had the highest level of agreement, giving 3.15 points. Compared to the job-continued group of the respondents, the job-changed group felt greater disadvantages and negative perceptions when using care-related systems. In four items, the level of agreement was highest with those whose status changed to unemployed, followed by those who changed

jobs, who continued their wage-worker status, and those who continued their non-wage-worker status in that order.

Fourth, the respondents preferred care at home to care at facilities when an emergency broke out. Regarding the care at home, they had a preference for equally sharing the burden of care. Specifically, the highest level of agreement was to the statement “father as well should take care of child/ren at home by reducing work hours or taking short- or long-term leave” (3.14 points). The second highest was to the statement “children should be taken care of at home rather than sent to care facilities” (3.00 points), followed by the statement “mother herself should take care of children” (2.56 points). However, there was a relatively wide gender gap in their perceptions about the statement “father as well should take care of child/ren at home by reducing work hours or taking short- or long-term leave,” with men giving 3.04 points and women 3.19 points. On the other hand, there was almost no gender difference in their response to the statement “children should be taken care of at home rather than sent to care facilities.” According to changes in the respondents’ economic activity status before and after COVID-19, their responses were slightly different. The group of respondents whose status changed to unemployed had a clearly high level of agreement to “care at home preferred when an emergency broke out” (3.11 points), and ‘father as well should actively participate in childcare’ (3.23 points).

Fifth, the most needed support policy for childcare upon the outbreak of emergency like COVID-19 was ‘a system to prevent disadvantages in employment when using the childcare support system (3.36 points). This was followed by policies ‘to expand flexible work arrangements, including work from home, flex time, flexible work schedule’ (3.31 points), ‘to prepare a system and form a consensus to promote men’s

participation in care' (3.30 points), 'to reinforce financial support, including child benefits and job security subsidies' (3.28 points), 'to operate care facilities without interruption' (3.27 points), 'to improve the operation of emergency care' (3.25 points), 'to raise the quality of distance learning' (3.22 points), 'to expand the period of family care leave' (3.21 points), 'to prepare a compensation system for reduced income and wage due to shorter work hours for childcare' (3.19 points), 'to prepare a claim system for shorter work hours without reducing income and wage'(3.19 points), 'to shift to paid short-term leave for family care'(3.18 points), 'to shift to paid long-term leave for family care'(3.15 points), 'to expand support for home-based care service' (3.06 points), and 'to expand care communities to share care with neighbors'(2.96 points). Men agreed more strongly to the statement that it was necessary to increase financial support' (3.23 points) and to prepare a system and form a consensus to promote men's participation in care (3.23 points). Compared to men, women agreed more strongly to the statement that it was necessary to expand flexible work arrangements' (3.37 points) and 'to improve the operation of emergency care (3.33 points). Where the respondents had preschoolers, they agreed to the statement that it was necessary to expand men's participation in care, to support men's participation in care (3.35 points) and to operate care facilities without interruption (3.34 points), to expand flexible work arrangements (3.34 points), to improve the operation of emergency care (3.32 points) in that order. On the other hand, where they had lower grade school children, they agreed to the statement that it was necessary to expand flexible work arrangements (3.31 points), to support men's participation in care (3.28 points), to reinforce financial support (3.25 points), and to raise the quality of distance learning (3.25 points) in that

order. In comparison, where they had higher grade school children, they agreed to the statement that it was necessary to expand flexible work arrangements (3.26 points), to reinforce financial support (3.25 points), to raise the quality of distance learning (3.24 points), and to support men's participation in care (3.22 points) in that order. Where the respondents were employers/self-employed, special-type workers, and daily workers, they answered that it was most necessary to strengthen financial support (3.27, 3.42, and 3.38 points, respectively). On the other hand, regular and temporary workers said the most necessary policy was to establish a system to prevent disadvantages in employment when using the childcare support system (3.36 and 3.33 points, respectively). Unpaid family workers responded that the most necessary policy was to improve the operation of emergency care (3.25 points). According to changes in the respondents' economic activity status before and after COVID-19, overall, the unemployed group and the changed-job group felt greater needs for each item. Compared to all and other groups, the changed-job group had a relatively higher responses to the policy needs to improve the operation of emergency care (3.32 points), to raise the quality of distance learning (3.30 points), and to shift to paid long-term leave for family care (3.19 points).

2. Results of the Expert Survey on the Direction for Childcare Policy after COVID-19

Based on the results of the survey on actual conditions of childcare, we set the direction for care policy and policy agenda after COVID-19. We then conducted an opinion survey of care policy experts regarding the appropriateness of the policy direction and the priority of policy agendas by area. The policy direction we formulated for the expert

survey was to ‘ensure rights to care without discrimination for reasons of gender, family type, and work type.’ The policy agendas included: 1) shift to a universal caregiver model with both men and women as agents of work and care, 2) reinforce support for care time, and 3) improve the social care system.

We asked the experts whether they agreed to the direction for care policy to ‘ensure rights to care without discrimination for reasons of gender, family type, and work type.’ Of the 32 respondents to the expert survey, 29 experts answered in the affirmative. According to the results of the survey on the priority of policy agendas by area, the experts gave a high priority to the task to ‘practically reduce work hours and reinforce management of the hours’ among the five tasks regarding the policy agenda in the area of shifting to a universal caregiver model. When we examined multiple responses to the first and the second priority, the experts gave a high priority to tasks to ‘practically reduce work hours and reinforce management of the work hours’ and to ‘strengthen corporate accountabilities for supporting both men and women as caregivers.’ Regarding the policy agenda in the area of reinforcing support for care time, a high proportion of responses to the first priority was to implement tasks to ‘expand the short- or long-term leave system to enable workers to use the system for care regardless of the type of work’ and to ‘expand flexible work arrangements, including work from home, distance work, flextime, and flexible work schedule. The results of the multiple responses to the first and the second priority were the same as this. The policy agenda in the area of improving the social care system consisted of tasks to improve the social care system, including care service, in response to the outbreak of emergency, like the outbreak of the pandemic. According to the results of the expert survey, the

highest proportion of responses to the first priority was the task to ‘operate care facilities, including daycare centers, kindergartens, and schools, without interruption.’ The first and second priorities were the tasks to ‘operate care facilities, including daycare centers, kindergartens, and schools, without interruption’ and to ‘strengthen emergency care service in the community.’

VI. Suggestions for Care Policy after COVID-19

1. Policy Direction: Ensure Rights to Care without Discrimination for Reasons of Gender, Family Type, and Work Type

Discussion on re-setting the direction for care policy was needed during the COVID-19 period for the following reasons: First, there was an awareness that the supply of social care, the key to care policy, could be interrupted at any time. Second, when care service does not work, workers’ vulnerability to care was related to job characteristics or work flexibility of women, in particular. Also, family types, including single-parent family, and the availability of emergency care support resources worked as factors impacting vulnerability to care. Therefore, it is necessary to resolve the care burden concentrated on women and to establish a gender equal care culture. Through this study, we found that vulnerability to care differed according to family types, including single-parent and working couple families. To respond to this issue, it is necessary to redesign the care policy, giving first and foremost consideration to providing care support for families who are highly vulnerable in access to care. It is also necessary to take policy measures for groups relatively vulnerable in access to care according to their job

characteristics.

It is necessary to expressly state as the direction for care policy that non-discriminatory childcare be ensured in order to resolve the issue of unequal care by gender, family type, or work type. Securing ‘non-discriminatory’ childcare by gender means that rights and obligations of both women and men as caregivers should be acknowledged. Securing non-discriminatory childcare by family type means that single parents or grandparents-grandchildren families, and working-couple or non-working couple families should not be excluded from the policy according to their family situations. Securing ‘non-discriminatory’ childcare by work type means that childcare should be guaranteed without exclusion according to various ways of work or culture, including status of workers, income, work flexibility or care friendliness of jobs, and also without job interruptions or adjustments for reasons of care. In this policy direction, we suggest the following as core policy agendas: I) resolve gender inequality in care, II) resolve the issue of exclusion from using the care time support system, III) establish a public care system in response to emergency, including the outbreak of pandemic, crisis, and disaster.

2. Policy Agenda (I): Resolve Gender Inequality in Care

First of all, we suggest that gender inequality in care be resolved. The reason for suggesting this as a key policy agenda is that gender inequality in care is not fundamentally resolved yet. Because mostly women undertake a child caregiver role, high is the proportion of women to all users of the care support system, including the short- or long-term leave system. According to the results of this study, mostly women

discontinued or adjusted their jobs for reasons of care. Though there had been the issue of gender inequality in care prior to the COVID-19 period, the issue had remained hidden without surfacing to the full extent because care facilities were operated in a smooth manner. However, because an emergency such as the outbreak of the pandemic can arise at any time, gender inequality in care needs to be fundamentally resolved. Moreover, the issue of gender inequality in care does not merely lead to discrimination against women but also to men. Due to negative perceptions of men as caregivers, the issue may block men's participation in care. Therefore, it is necessary to establish and disseminate a universal caregiver model that recognizes both women and men as agents of childcare. To this end, we suggest five tasks as follows: as the priority task among the five tasks, we propose reviewing practical reduction of work hours, reinforcement of management of work hours, and shortening of statutory work hours. This is because it is necessary to practically reduce work hours to secure time for care. It is also necessary to reinforce management of observing the current statutory work hours and to positively review reducing work hours to shorter than 40 hours per week.

- ① Review practical reduction of work hours, reinforcement of management of work hours, and shortening of statutory work hours.
- ② Make and monitor management indicators to establish gender equal care.
- ③ Strengthen corporate accountabilities for supporting both men and women as caregivers.
- ④ Remove social prejudices against men as caregivers
- ⑤ Support men's empowerment as caregivers and spread their role model.

3. Policy Agenda (II): Resolve the Issue of Exclusion from Using the Care Time Support System

According to the analysis of factors impacting vulnerability in access to care, jobs with relatively low employment security and income were vulnerable to care. This is because the existing care support system, including the leave system, was centered on workers who subscribed to employment insurance. Also, even if they were legally entitled to use the system as subscribers to employment insurance, there were restrictions on their actual use of the system, in some cases, because they were workers for small and medium-sized enterprises or due to their corporate climate. In other words, the work-life balance system to support care time had the issue of excluding workers from actually using the system even though they were legally entitled to use the system. This issue had always been pointed out even before the pandemic. However, as care supply came to a full stop during the COVID-19 period, the use of short- or long-term leave and flexible work arrangements hiked. Accordingly, the government prepared measures for supporting cost for family care leave and for promoting working from home. In spite of these efforts, it was impossible for self-employed or special-type workers, including freelancers, to use the support system. Workers who had restrictions on the place of work or who could not adjust their work schedules could not use flexible work arrangements, either.

When the issue of exclusion from the care time support system is resolved, it is possible to ensure childcare without discrimination for reasons of the type of work. For this reason, we set the resolution of the issue as a policy agenda, and suggest five tasks for implementing the agenda as follows: as the priority task among the five tasks, we propose that a compensation system be prepared for the reduced income

when work hours are shortened for care.

- ① Prepare a compensation system for the reduced income when work hours are shortened for care.
- ② Expand the short- or long-term leave system in such a way to enable workers to use the system for care regardless of the type of work.
- ③ Expand flexible work arrangements, including work from home, remote work, flextime, flexible work, and flexible work schedule.
- ④ Support expenses for using the leave system for care regardless of the type of work
- ⑤ Establish a system to reinforce the management and supervision of preventing disadvantages in employment when using the care support system, including short- or long-term leave.

4. Policy Agenda (III): Establish a Public Care System in Response to Emergency, including the Outbreak of Pandemic, Crisis, and Disaster

Third and lastly, we propose that a public care system be established in response to an emergency, including the outbreak of pandemic, crisis, and disaster. Prior to the outbreak of the COVID-19 pandemic, childcare had been stably provided chiefly thanks to care facilities. In the future environment for care, however, various emergency situations, including the outbreak of pandemic and disaster, can occur at any time. As such, it is urgently required to prepare a system to flexibly respond to such situations. It is also very important to establish principles for operating care facilities without interruption in case of emergency in the future, including the outbreak of pandemic and disaster. It is also necessary to plan a community-based care and to establish an integrated care in preparation of future demand for care. Therefore, we suggest the following five tasks, and of the five, we set the operation of care facilities without interruption as the priority task because of its utmost importance.

- ① Operate care facilities, including daycare centers, kindergartens, and schools, without interruption.
- ② Strengthen emergency care service in the community.
- ③ Reinforce pandemic-related safety management standards and support for care facilities.
- ④ Establish a community-based emergency care system in preparation of emergency.
- ⑤ Expand support for home-based care services, including childcare service.

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