

# CARE WORK AND THE ECONOMY

Advancing policy solutions with gender-aware macroeconomic models

## AN OVERVIEW OF CARE POLICIES AND THE STATUS OF CARE WORKERS IN SOUTH KOREA

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The Care Work and the Economy (CWE-GAM) Project strives to reduce gender gaps in economic outcomes and enhance gender equality by illuminating and properly valuing the broader economic and social contributions of caregivers and integrating care in macroeconomic policymaking toolkits. We work to provide policymakers, scholars, researchers and advocacy groups with gender-aware data, empirical evidence, and analytical tools needed to promote creative, gender-sensitive macroeconomic and social policy solutions. In this era of demographic shifts and economic change, innovative policy solutions to chronic public underinvestment in care provisioning and infrastructures and the constraints that care work places on women's life and employment choices are needed more than ever. Sustainable development requires gender-sensitive policy tools that integrate emerging understandings of care work and its connection with labor supply, and economic and welfare outcomes.

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## 1. INTRODUCTION

The last couple of decades have seen a dramatic transformation of the care infrastructure in South Korea, with successive government policies and programs designed to socialize care and address the issue of the work-family balance. These new policies and programs have resulted in a steady expansion of publicly funded and publicly or privately provided care services for children and the elderly, financial support for families with young children, and family support programs, such as maternity and parental leaves and family care leaves. In this report, we provide an overview of care policies in South Korea and their development since 2000 and discuss the status of care workers in the context of the current care infrastructure. We focus on paid child care and elder care, as much of the country's current care policies are directed towards these two sectors. The next section provides a broad overview of the country's care policies and systems, including data on the number of people affected and serviced, and suggests some of the immediate causes of the government's policy focus on care. Section 3 examines the status of care workers. Finally, the last section discusses the implications of South Korea's care infrastructure for gender equality and the care economy, highlighting knowledge gaps and indicating where research and data collection are needed.

## 2. OVERVIEW OF EXISTING CARE POLICIES AND SYSTEMS

### 2.1 EARLY CHILD EDUCATION AND CARE

As in many other countries, child care policies in Korea were traditionally divided into two streams: 1) early child education (ECE) focused on early education for preschool children, principally in the form of kindergartens, mainly serving children aged 3 to 6 from middle- and higher-income families and falling under the jurisdiction of the Ministry of Education; and 2) child care or daycare focused on the care of preschool children 0 to 5 years, mainly serving children from low-income and/or single-parent families with working mothers and falling under the jurisdiction of the Ministry of Health and Welfare. In recent years, however, these two streams have begun to merge, and with the 2013 free child care and early education policy, a common curriculum known as noori-curriculum or nuri-curriculum (KICCE 2013) has been adopted within both streams, while maintaining the two institutional jurisdictions.

The formal governmental policy for early child education in Korea dates back to the formulation of the Development of Early Childhood Education policy in 1981, instituting

early child education within the jurisdiction of the Ministry of Education (Na and Moon 2003). The introduction of the policy led to a sharp increase in the total number of kindergartens and kindergarten classes, particularly private kindergarten classes, across the country; this continued until the end of the 1990s (see Figures 1 and 2). The number of public kindergartens and kindergarten classes similarly increased until 1986 but plateaued throughout the 1990s and 2000s. The increase in the number of private kindergartens and kindergarten classes in the 1980s and 1990s was matched by an increase in number of children enrolled in these institutions, and the plateauing of the enrolment after 1999. In the case of public kindergartens, child enrolment rose from 1981 to 1987 and then declined to around 120,000 per year. The huge rise in the enrolment in private kindergarten in the 1980s and 1990s can be accounted for by parental preferences for private kindergartens. The subsequent plateauing of the public and the decline in the private kindergarten enrolment in the 2000s are largely attributed to, first, the decline in the total number of preschool age children due to low fertility, and second, a combination of increased maternal employment, a shift in parental preferences to full-day child care, and the government's pro-child care policies that make child care options more attractive and cost effective for working parents. For example, although the policy to provide free kindergarten to all 5-year olds was introduced in 1997 (implemented in 1999), this did not lead to a further increase in the number of children enrolled in either the private or public kindergartens until 2013. This is because the number of full-day kindergartens remained small from the 1990s to 2013, despite working parents' increasing need for full-day child care. With the introduction of the noori-curriculum merging kindergartens and child care centres into full-day child care/kindergartens and making them free for all preschool age children, the supply of full-day child care/kindergartens began to rise. The policies expanding child care/early child education since the early 2000s, the increased demand for full-day child care, and the availability of various types of child care facilities resulted in a sharp increase in the numbers of kindergartens and child care centres and the numbers of children enrolled therein.

The current national child care policy in Korea dates back to the 1991 Child Care Act which integrated the earlier disparate and woefully inadequate child care programs provided by different levels of governments and various social actors, such as religious and charity organizations, in a single national policy under the jurisdiction of the Ministry of Health and Welfare. The Child Care Act was a result of, on the one hand, a burgeoning demand for child care as married women's labour market participation began to rise, and on the other, increasing social and political mobilizations led by women's groups and NGOs calling for a national child care policy. The 1970s and 80s saw a rapid economic growth in Korea – averaging 10.1% per annum in the 1970s and 8.6% per annum in the 1980s. As the economy grew, it drew more women into the labour market (Bank of Korea n.d.). Married women's labour force participation rate rose from 41.0% in 1985 to 46.8% in 1990 (unmarried women's rates rose from 44.7% to 45.6%), and by 2000, the labour force

participation rate of married women had surpassed that of unmarried women, at 48.7% vs 47.0% (KWDI 2008).<sup>1</sup>

The 1991 Child Care Act was followed by a massive public investment of ₩1.3 trillion (US \$1 billion) from 1995 to 1997. Most of this was aimed at increasing the number of child care centres (Na and Moon 2003). The number of child care centres and the total number of children enrolled in them expanded rapidly (Figures 3 and 4). The former increased by about 170% between 1995 and 1997, from 9,085 to 15,375, while the latter rose by nearly 180%, from 293,747 to 520,959 (KICCE n.d.). These numbers continued to climb throughout the 2000s to around 2013, when the free child care and the noori-curriculum policies were introduced. The merger of child care and kindergarten services in the form of child care/kindergarten and the noori-curriculum led to more options for parents to choose child care centres and services and kindergartens for their children. It should be noted that, as in the case of kindergartens, many of the increases were concentrated in privately operated child care and home-based day care sectors (KICCE n.d.; Rhee 2007). By 2017, a total 1,450,243 preschool aged children were in child care, more than twice the total number enrolled in kindergartens and kindergarten classes (694,631). About 51% of children enrolled in child care centres were in private facilities, and another 22% were in private home-based facilities (Ministry of Health and Welfare 2019).

Although the 1991 Child Care Act and the initial public investment in child care was an important start, the child care expansions after 2000 made Korea an exemplary case of social care expansion amongst OECD countries. By the early 2000s, like many other medium- and high-income countries in East Asia (such as Japan, Taiwan, and Singapore), Korea was experiencing rapid population ageing and very low fertility. Following the best policy practices of other OECD countries, the Korean government began to implement active family-work balance policies, primarily aimed to stimulate women's employment and total fertility (Peng 2011, 2014; Estévez-Abe and Kim 2014). These included better maternity and parental leaves and expanded public child care. The left of centre government led by President Rho Moo-hyun (2003-2008) made a significant push to socialize care, for example, by introducing the Child Care Subsidy and the Infant Basic Subsidy in 2006 to subsidize the cost of child care. The former was a child care subsidy for children aged 3-6; the latter was for infants aged 0-2. The subsidy covered the difference between the standard child care cost and the out of pocket parental cost. For instance, the subsidy for the care of a child 0-years old in 2006 was ₩370,000 per month, slightly higher than the standard parental cost of ₩350,000 per month (see Appendix for more information). Child care expansion policies initiated by the Rho Moo-hyun government were emulated and taken further by the following conservative governments of Presidents Lee Myung-bak (2008-2013) and Park Geun-hye (2013-2017). The Child Care Subsidy and the Infant Basic Subsidy were initially available only to families with an income at or less than half the

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<sup>1</sup> Unfortunately, there are no data on women's economic participation rate before 1985. The labour force participation rates of both married and unmarried women continue to rise; by 2016, 51.0% of married women and 55.3% of unmarried women were in the labour force (KWDI 2017).



average urban household income, but as the demand for public child care continued to rise, and as social care expansion policies proved to be politically highly rewarding, they expanded the support in 2010 to include families with an income within the bottom 70% and finally in 2013 to include all families regardless of income or maternal employment status. Since 2013, all families with children aged 0 to 5 receive child care subsidies, in the form of either a monthly child care voucher to cover the cost of child care services in the market or a monthly child care allowance if the child is not enrolled in a child care facility (Tables 1a and 1b; Ministry of Health and Welfare 2019; see also Appendix 1 for a list of family and child care support policies and programs).

## 2.2 ELDER CARE

Korea's social care expansion since the beginning of the 2000s has not been limited to child care. In 2008, the Korean government introduced universal Long-Term Care Insurance (LTCI), socializing much of elder care through a compulsory national social insurance scheme. Before the introduction of LTCI, care of the elderly was considered a family responsibility, and the state provision of care was strictly limited to the recipients of the Basic Livelihood Protection (a basic social welfare program for families living in poverty) as stipulated in the 1981 Welfare of the Aged Act. Indeed, the expectation that the family would care for its elderly members was so high that in 1980, 80.5% of people aged 65 and over were living with their adult children. Even in 1990, the co-residency rate of adult children and elderly parents was 68.0% (Peng and Yeandle 2017; see Table 2). The Korean LTCI was motivated by a combination of sweeping changes in the country's social, cultural, and demographic contexts, rising public demand for elder care as married women's employment rose, and an emerging trend amongst other ageing societies, such as Germany and Japan, to adopt LTCI to address the current and future long-term care needs of their elderly populations. By 2000, the Korean government was seriously concerned about its ageing population (Figure 5), a demographic made worse by a steady decline in the adult child-elderly parent co-residence since the 1980s<sup>2</sup> and a growing call for the government to establish a more comprehensive public elder care system. In 1995, Germany introduced universal LTCI; it served as a model for Japan's LTCI, implemented in 2000. With these two LTCI models as templates, the pro-welfare administration under President Roh Moo-hyun began developing a Korean version in 2003.

The Korean LTCI is financed by compulsory insurance premiums (50%), general tax subsidies (20%), and co-payments (30%). The program covers the LTC needs of people over the age of 65 and the age-related care needs (such as dementia) of those under 65. The individual care needs are assessed by standard procedures, and the amount of care funded by LTCI is

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<sup>2</sup> By 2017, the majority of elderly persons were not living with their adult children: only 29.5% of persons aged 65 to 69, 24.8% of those aged 70 to 79, and 31.4% of those over the age of 80 were living with their adult children, and the majority were doing so because they could not live on their own (KOSIS n.d.).

determined by the degree of disability. The LTCI scheme also covers a range of institutional, community, and home-based care services. LTCI clients can access care from any registered service provider, and this provider is subsequently reimbursed by the National Health Insurance Corporation. Long-term care service providers can be publicly or privately run by for-profit or not-for-profit organizations. Although the insurance was initially targeted to cover only 3.1% of the elderly population – most of whom are elderly persons in low-income households – within a year of implementation, the beneficiary rate rose to 5.4% and by 2017, 8.0% of the elderly population were approved for LTC services (NHIS 2019). The government expenditures on LTCI made similar leaps after its implementation in 2008, more than doubling from ₩1,737 billion in 2009 to ₩5,148 billion in 2017 (NHIS 2019) and burgeoning from 0.3% of GDP in 2008 to 0.9% in 2017 (OECD n.d.; see also Table 3).

The demand for and public expectations of social care for the elderly has risen as well. The number of LTCI recipients grew from 230,000 in 2008 to 713,377 in 2017 (NHIS 2019). The 2016 Korea Social Survey found only 30.8% of Koreans over the age of 13 believed the family should take care of their elderly parents, while 45.5% believed they should be cared for by “family, government, and society”, 5.1% believed “government and society” should care for them, and 18.6% believed they should be taking care of themselves (KOSIS n.d.). This is a significant cultural/ideational turnaround within a generation. Less than 20 years previously, in 1998, a huge 90% of respondents thought children should care for their elderly parents (National Statistics Office 2013). This does not mean, however, that the family’s elder care responsibility has been totally replaced by LTCI; rather, LTCI has helped reduce the total amount of elder care families must provide. With this ongoing assistance in mind, the government has expanded the care leave policy within the basic employment legislation to include family care leave; it currently entitles workers to up to 90 days of leave per year, and these days can be used in different time periods.

The Korean government admittedly faces some serious challenges as it tries to institutionalize and regulate its LTCI system. Unlike other countries, such as Japan, where the elder care system has been developing since the 1980s, Korea’s LTCI was established with almost no pre-existing community-based care system or institutional infrastructure. The combination of limited supplies of LTC institutions and care providers, and political concerns about the resultant surge in expenditure as a public elder care system infrastructure was established, led the government to open up LTCI service delivery to private sector care providers. This resulted in a significant relaxation of regulations for service provision and a rapid expansion of private eldercare services, and this, in turn, has compromised the quality assurance of the LTCI system (Chon 2013; Rhee et al. 2015; Jeon and Kwon 2017). As shown in Table 4a, the number of LTC institutions increased from 2,629 to 5,304 between 2009 and 2017, while the number of home-based care agencies grew from about 12,000 to 15,000. There has been a significant increase in the number of people working within the LTC sector as well. In particular, the number of elder care workers nearly doubled from 176,560 to 301,709 between 2009 and 2015 (Table 4b). The number of nurse aides rose from 4,218 to 9,779 and the number of social workers went from 5,234

to 14,074 over this same six-year period (Jeon and Kwon 2017). The total number of people working in the LTC sector had reached 439,166 in 2017 (NHIS 2019).

Instead of perceiving LTCL's relatively loose regulation as a potential concern for the quality of care, the Korean government has been unequivocal in its view of private sector domination in the LTC market as a win-win social and economic proposition. Of the 20,377 LTCL providers (5,304 institutions and 15,073 home-based care agencies; see Table 4a) in 2017, 16,457 (80.8%) were private individually owned enterprises; another 3,713 (18.2%) were owned by private enterprises, while public national or local government operated services made up only 207 (1%) (NHIS 2019). Indeed, successive governments in Korea have seen investments in LTCL (as in the child care expansions) not just as a strategic social policy to address public and political demands for care, but also as an important employment generator at a time of slower economic growth (Peng 2011, 2014). Accordingly, as the 2019 NHIS report, *National Health Insurance & Long-term Care Insurance System in Republic of Korea*, points out, "Long-term Care Insurance for the Elderly has become a catalyst for promoting the development of new industries and revitalizing other related industries such as the 'silver' industry" (NHIS 2019: 145). The sharp increase in the numbers of LTC facilities and para-professional care workers and the fact that nearly 99% of LTC is provided by the private sector have raised concerns about the quality of care under the LTCL system. It has been pointed out that the privatization and marketization of long-term care services has put downward pressure on the wages of frontline workers. Although care workers (yoyangbahosa) must be certified to work in the LTCL system, the combination of low-wage and low-status attributed to care workers and lax regulation for LTCL has allowed the certification requirement to be more lenient than in other countries, such as Japan. In rural and remote areas where formal elder care services are limited, the government now allows a cash payment option for the care of the elderly.

In short, Korea's LTCL is by and large a publicly funded and privately delivered system. Although the government regulates the quantity and quality of care through care assessment and the training, certification, and licensing of care workers and service delivery agencies, the relaxation of state regulation of the care market and the more lenient care worker certification system, combined with the use of the cash payment option, inevitably trigger questions about the quality of care that is provided to the elderly and the state's capacity to effectively regulate and police the large number of private sector service providers (Michel and Peng 2012; Peng 2017).

Despite its expansion, the care services provided through the LTCL are inadequate. In 2019, the monthly limit for home-based care services ranged from ₩51,800 (US\$ 465) for light cognitive assistance to ₩1,456,400 (US\$1,229) for the most severe level 1 disability. Those opting for a cash allowance instead of services receive a monthly flat rate of ₩150,000 (US\$ 133) (NHIS 2019). For those receiving services, the co-payment rate of approximately 30% has been a barrier keeping many low- and middle-income elderly individuals and their families from fully accessing the scheme or limiting their use of its services. Private for-profit LTC institutions often employ low-wage nursing aides (gambyoin

– unlicensed care workers) to provide supplementary elder care outside the LTCL system. By the same token, families use the cash allowance to purchase private services – frequently provided by female migrant co-ethnic Korean Chinese (Joseonjok) – at a lower price. Korea’s large informal market and the availability of co-ethnic migrant workers willing to provide care services at a low wage supports the secondary care market (Peng 2017),<sup>3</sup> creating strong incentives to use these migrant workers (Peng 2017).<sup>4</sup> Based on its institutional arrangements and financing structures, Korea’s long-term care regime – characterized by the combination of service provisions, a cash allowance option, and the prominent role of the private for-profit sector – has resulted in what Simonazzi (2009) calls a “dualistic market”.

### 3. A STATUS OF CARE WORKERS

Although there has been a significant amount of research on child and elder care policies in Korea, less attention has been paid to the status of care workers. This is unfortunate, as social care expansion in Korea has been one of the most important drivers of employment growth in the country for the last decade and a half. Between 2004 and 2019, a total of 1.58 million jobs were created in the human health/social services sector, making it the largest employment creation sector in the Korean economy (KOSIS n.d.). Indeed, data suggest that between 2004 and 2012, the “human health/social services sector accounted for as much as 38.1% of the total net [employment] gain”, and contributed to 77.5% of the growth in women’s jobs (Keum 2013: 3). Keum’s (2013) analysis of human health/social services jobs shows that: 1) women make up over 80% of human health/social services workers; 2) human health/social services workers tend to be younger than workers in other industries; 3) these workers work fewer hours per week than those in other industries; 4) a higher proportion of human health/social services workers are non-regular employees than in other industries; 5) these workers tend to have a lower unionization rate; and 6) there is a significant gender wage gap (51%) in the human health/social services sector. The wage gap is explained by the bipolar nature of the sector, with highly professional and high wage workers, such as doctors, most of them men, at one end of the spectrum, and a large number of women conducting low wage care work at the other end. Tellingly, studies suggest the low wage care service subsector of the human health/social services sector has shown the largest employment growth of all subsectors since the beginning of the 2000s (Jeon and Kwon 2017).

Studies of child care and elder care workers in Korea show that, in general, they face precarious employment, low wages, low occupational status, and a high level of work-related stress. Not surprisingly, the turn-over rate amongst care workers – especially elder

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<sup>3</sup> The OECD (2009) estimates that informal employment makes up approximately 28% of non-agricultural employment in Korea.

<sup>4</sup> Estimates say there are over 700,000 Joseonjok living in Korea.

care workers – is very high. The National Health Insurance Service’s 2011 survey of long-term care workers and directors of long-term care facilities reported an annual turnover rate of 41% (Park et al 2017). Out of over 1.5 million trained and certified elder care workers in Korea, only 364,391 (24%) were working in long-term care in 2017 (NHIS 2019). Park et al.’s (2017) survey of long-term care workers also found a strong positive correlation between work-related stress and workers’ intention to leave the job, thus pointing to the need to develop policies and programs to ameliorate care workers’ occupational stress within the LTCI system. Chon’s (2015) in-depth interview study of relationships between older people and home care workers in Korea found that while families and elder care recipients thought they had generally positive relationships with their home care workers, many of these workers actually felt negatively about their relationships with their clients and their families, citing excessive demands and sexual and verbal harassment. In an earlier study of child care and elder care workers in Korea, Peng (2010) found both groups felt themselves to be under-paid and looked down on when they compared themselves to similar others; she found child care workers frequently compared themselves to kindergarten teachers, while elder care workers compared themselves to nursing assistants or social workers. Peng also reported that whereas child care workers tended to be younger (in their 20s and 30s), better educated, and slightly better paid, elder care workers were older (in their 40s and 50s), with less education. In both cases, most were employed as non-regular workers. In their study of paid family-care workers providing care for people with dementia, Kim et al. (2018) observed that these workers were often over-worked, and their “workloads created physical, emotional, social and financial burdens” (2018: 34) resulting in a high level of “distress and caregiver burden.” They pointed to the importance of providing positive support, such as educational training in dementia care, better remuneration, and a respite program for care workers to help keep them from burn out. In the UNESCAP report, *Long-term Care of Older Persons in the Republic of Korea*, the authors summarize the working conditions of care workers as follows:

The care workers are poorly paid when compared with average full-time workers whose monthly wage was about \$3000 in 2012 (KOSIS 2015). The working conditions are reported as generally poor, with long working hours and low wages, even with some cases of abuse. Their work at home-based care facilities is paid on hourly basis and this leads to further deterioration of their situation as the supply of home-based care provision exceeds the care demands. With care workers not able to secure sufficient service hours, they seem to earn little income (Lee and Kim, 2013). Therefore, people tend to avoid working as care workers even after obtaining a care worker certificate. (UNESCAP-SDD 2015:31-32)

Overall, the situation of care workers in Korea reflects a highly opportunistic and instrumental approach to social and economic policies, one that supports employment creation while bypassing more fundamental and much-needed labour market reforms, such as creating a stronger foundation for the human health/social services sector economy or addressing the deep labour market segmentation and gender wage and employment gaps. Some researchers have pointed to the negative impacts of the Korean government’s push

for the rapid expansion of LTCI through marketization on the quality of care workers' training, care workers' wages and employment conditions, and, ultimately, the quality of care services provided (Chon 2013; Jeon and Kwon 2017; Peng 2010, 2017). A similar desire for Korea to develop "better and more widespread social protection, labour market inclusion and job quality" was highlighted by the OECD in its recent policy report (OECD 2018).

#### 4. CONCLUSION: KNOWLEDGE GAPS AND RESEARCH AGENDA

This report has discussed the current social care infrastructure in South Korea, focusing on child care and elder care. The Korean government has made significant strides in expanding social care since the beginning of the 2000s. It has been gradually expanding women- and family-friendly social policies since the 1980s, partly in response to the imperatives of social, political, and economic change, but change has been more rapid in the last two decades. The main driver of the pro-social care expansion policies in the 2000s has been the dramatic demographic transformation marked by rapid population ageing and very low fertility. Today, Korea ranks amongst the top 10 OECD countries in terms of public investment in child care and education: over 53% of children aged 0-2 and over 93% of children aged 3-5 are enrolled in child care and early education services (OECD n.d.). In the area of elder care, Korea has exceeded global expectations in socializing care by implementing a mandatory universal LTCI program in 2008. The recent developments in Korea's care policies thus illustrate a path of progressive and successful socialization of care that has significantly generated employment, particularly for women.

Despite the impressive social care expansion, however, evidence show the working conditions and status of care workers in Korea are not very positive: both child care and long-term care sectors are heavily dominated by women, and these care workers are largely poorly paid, over-worked, and precariously employed. Care work is also accorded low social and occupational status, and many care workers experience significant social and emotional stress. One reason for care workers' low wage and poor working conditions is the government's over-reliance on the private market for service delivery; this has resulted in lax regulation and inadequate training and support for care workers. Moreover, government transfers for care services (e.g., child care vouchers and subsidies for LTC services) are low, allowing private sector care providers to keep the wages of care workers similarly low. Another reason for care workers' low wage and poor working conditions may be the lack of serious commitment on the government's part to invest in social care. Although the Korean government has made an important step towards social care expansion, its fiscal outlay is feeble and, at the core, it sees social care expansion as a token of the state's political support for the family and a surefire vote-getter, not a serious investment in the wellbeing or the future its citizens or in the care economy. It therefore continues to see care work as an

extension of women's unpaid care work and social care expenditure as something that need to be tightly controlled. A better understanding on the part of policymakers about the importance of care and the role of care work and the care economy in generating employment and positive economic growth and supporting a healthy productive economy is therefore necessary.

Limited research on care work and care workers in Korea also makes it difficult to draw a definitive conclusion on the overall status of care workers. To better understand the nature of care work, the status and situation of care workers, and Korea's care infrastructure, the following research and data are needed.

1) A more comprehensive measure of care work: To date, no comprehensive survey and/or research probes the working conditions of care workers in Korea. A comprehensive survey is necessary to gain a better understanding of the status and situations of these workers.

2) An investigation of paid and unpaid and formal and informal care work: Despite the expansion of social care in Korea, a significant amount of care – both child care and elder care – is provided by the family and within the community, often in an unpaid and informal format. Studies of care and care work in Korea tend to focus on care provided in the formal sector by paid care workers. Little is known about how much care is provided in an unpaid and/or informal manner, aside from the Time Use Surveys (TUS), and TUS provides only a rough picture of how men and women spend their time in various activities, including care. We know little about how people organize and coordinate their time for care, the intensity of effort they put into the process of care provision, how caregivers experience care as unpaid and/or informal caregivers, or how care receivers experience the care received. A detailed survey and in-depth investigation of paid/unpaid and formal/informal care work, caregiving and care receiving would yield a fuller picture of Korea's care infrastructure.

3) An in-depth time-use analysis of care workers: The Korean government has conducted four waves of Time Use Surveys (TUS) (1999, 2004, 2009, 2014). These surveys have given us important information on how much time and in what format men and women provide care. With each wave, the TUS has become more fine-grained and nuanced in measuring how people utilize and organize their time in care provision. However, because the TUS surveys the population over the age of 15, it does not contain in-depth information on how much time care workers spend doing care work and how they do so. A detailed TUS of care workers would clarify the working and personal life situations of care workers.

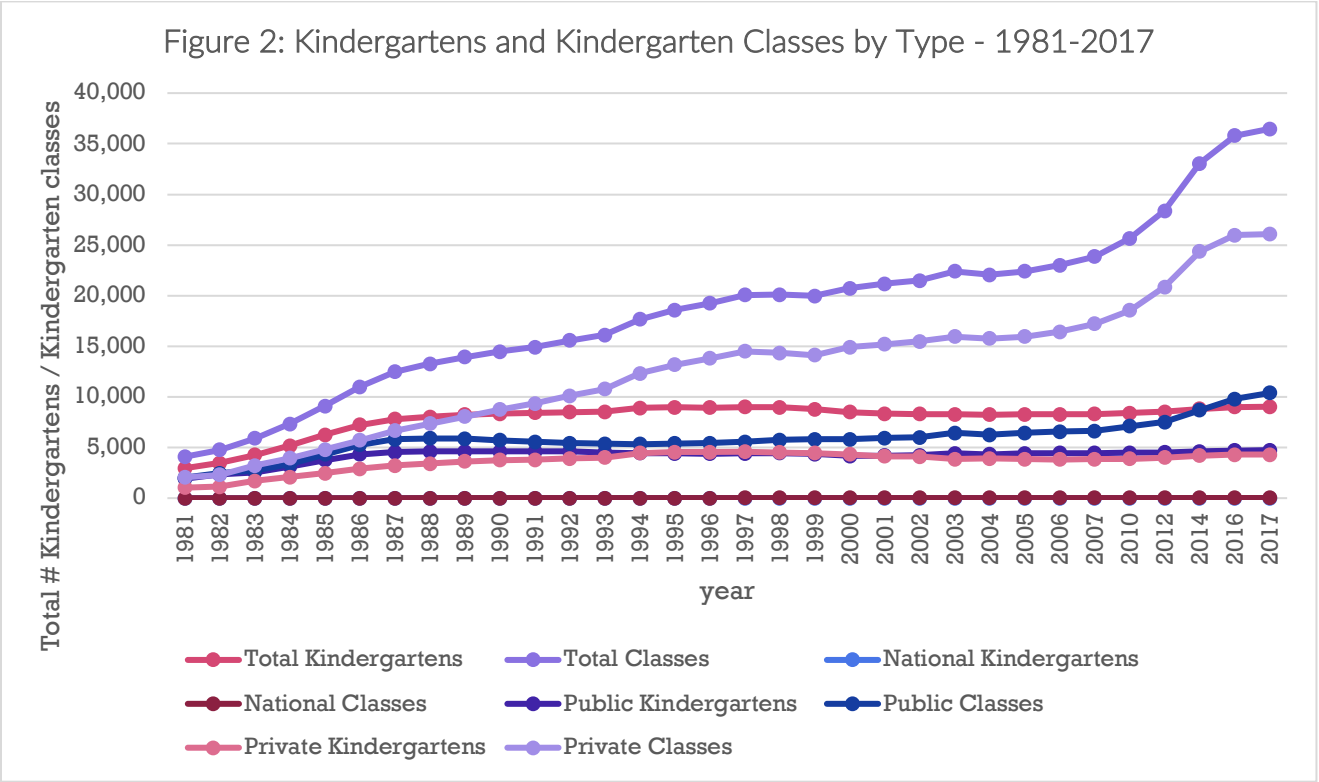
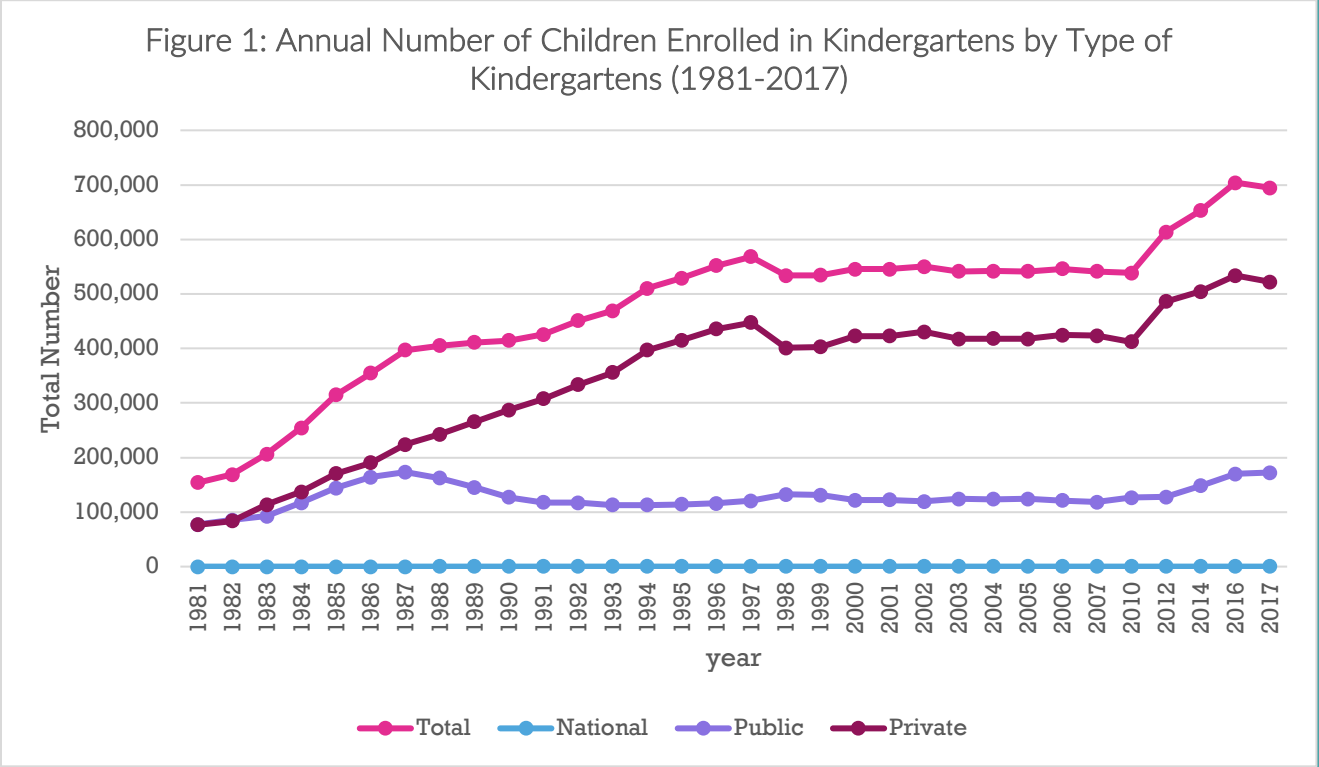




Figure 3: Total Number of Child Care Centres by Type (1990-2018)

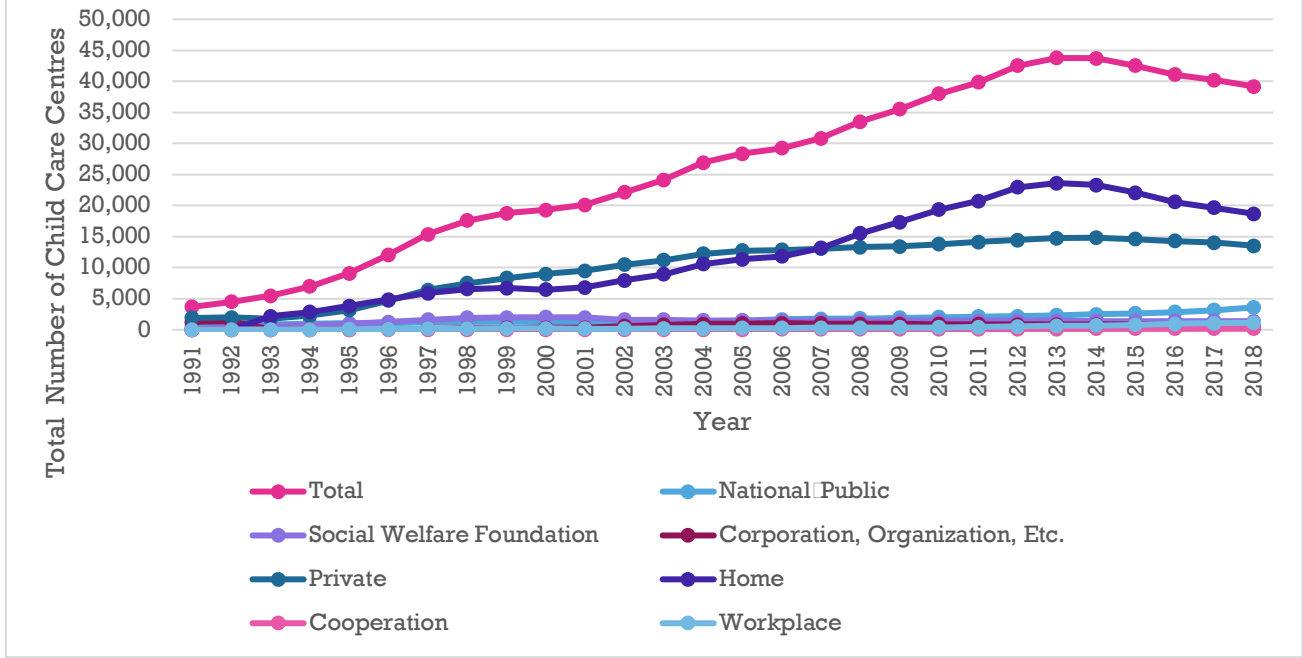
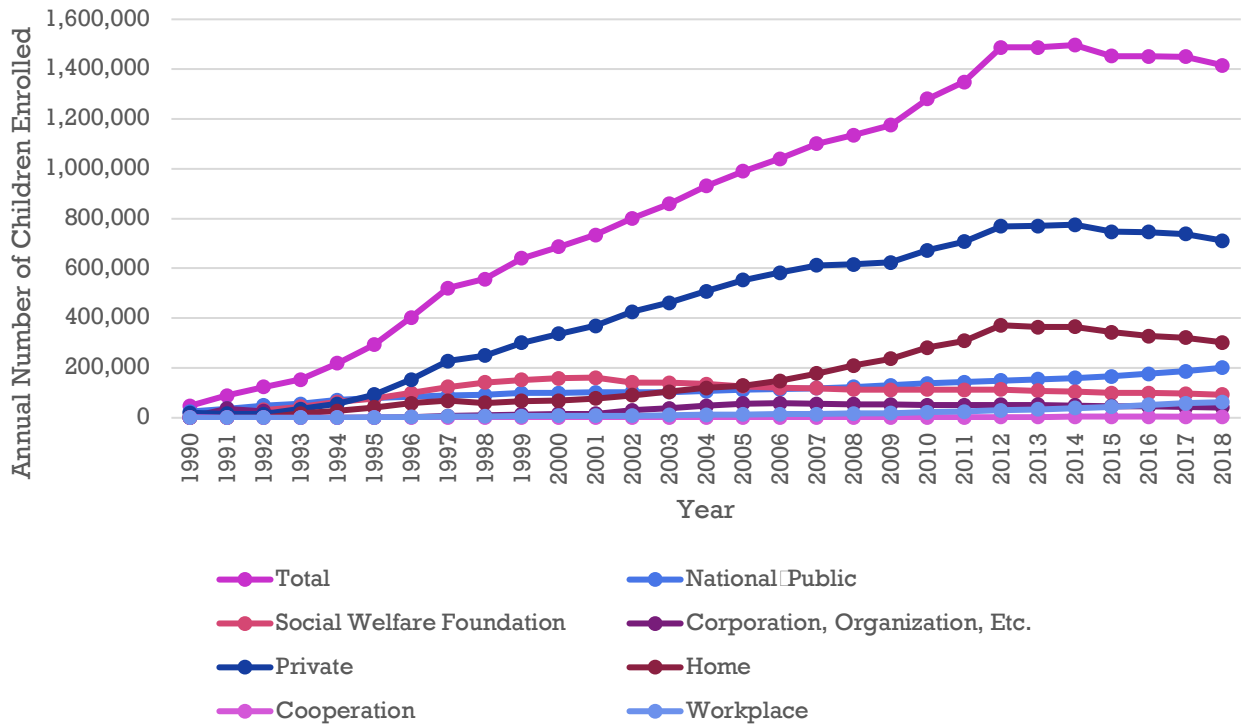
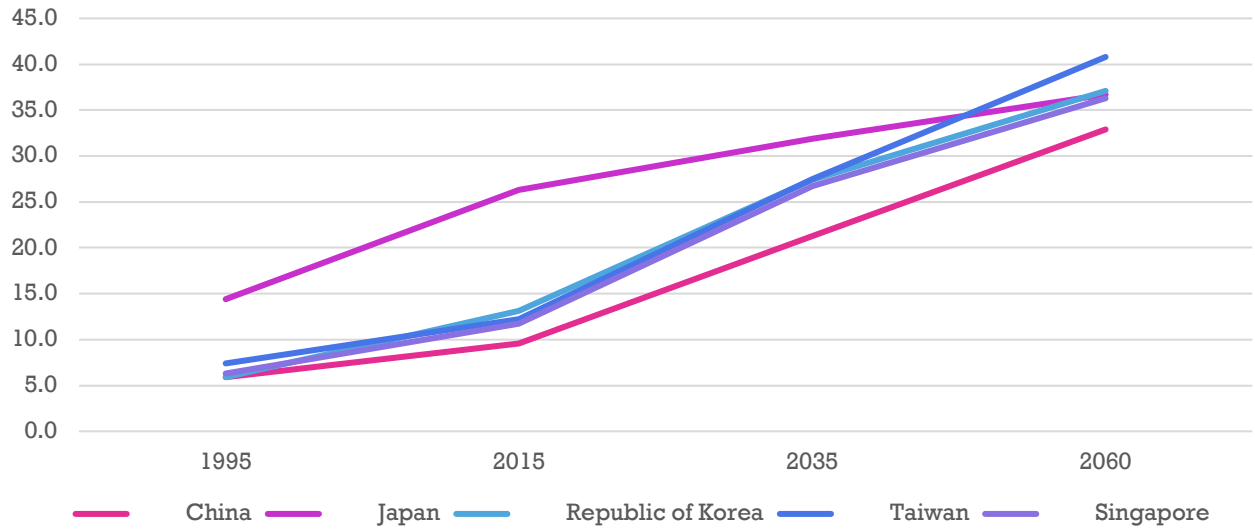


Figure 4: Annual Number of Children Enrolled in Child Care Centres (1990-2018)



Source: Korea Statistical Information Services (KOSIS), <https://kosis.kr/eng/>

Figure 5: Percentage Total Population of 65+



Source: UNDESA

Table 1a: Child Care Service Voucher (2018)

Child age (years)	Monthly childcare service voucher
0-1	KRW 825,000 (USD 750)
1-2	KRW 569,000 (USD 517)
2-3	KRW 438,000 (USD 398)
3-5	KRW 220,000 (USD 200)

Table 1b: Home Care Allowance (2018)

Child age (months)	Monthly home care allowance
0-11	KRW 200,000(USD 182)
12-23	KRW 150,000 (USD 136)
24-83	KRW 100,000 (USD 91)

Source: Ministry of Health and Welfare, 2019. Care Policies, [http://www.mohw.go.kr/eng/pl/pl0102.jsp?PAR\\_MENU\\_ID=1003&MENU\\_ID=100325](http://www.mohw.go.kr/eng/pl/pl0102.jsp?PAR_MENU_ID=1003&MENU_ID=100325)

Table 2: Percentage of People 65+ Living with Adult Children

	1980	1990	2000	2008	2010	2014
Japan	69	59.7	49.1	44.1	42.2	40.6
Korea	80.5	68	49.1	29.8	27.3 (2011)	N/A
Taiwan	82	61.88	58.05	N/A	52.06	N/A
China	N/A	68.7	59.9	N/A	N/A	N/A
Singapore	N/A	N/A	66.8	N/A	61.3	55.4

Sources: Japan, Cabinet Office, [http://www8.cao.go.jp/kourei/whitepaper/w2016/html/zenbun/s1\\_2\\_1.html](http://www8.cao.go.jp/kourei/whitepaper/w2016/html/zenbun/s1_2_1.html); Korea, data for 2010 and 2011 based on Korean Statistical Information Services, National Survey on Korean Older Persons ([http://kosis.kr/eng/statisticsList/statisticsList\\_01List.jsp?vwcd=MT\\_ETITLE&parmTabId=M\\_01\\_01#SubCont](http://kosis.kr/eng/statisticsList/statisticsList_01List.jsp?vwcd=MT_ETITLE&parmTabId=M_01_01#SubCont)) where indicator is %65+ living with children; data for 1980 and 2000 based on Kim 2008 where indicator is % 60+ living with children; Taiwan, Ministry of Interior, Accounting and Statistics Department. Data include those who are co-residing with son(daughter)-in-law and adopted children; Singapore, MOSFD 2015;

Table 3: Long-term Care Insurance Expenditure by Service Type, Korea (2009–2015)<sup>a</sup>

	2009	2010	2011	2012	2013	2014	2015
Total LTCI expenditure	1,737	2,402	2,588	2,718	3,083	3,498	3,982
(billion Korean won, %) <sup>b</sup>	100	100	100	100	100	100	100
Institutional care (%)	43.3	42.8	47.1	51.1	51.8	52.1	51.3
Home-based care (%)	56.7	57.2	52.9	48.9	48.2	47.9	48.7
Within home-based care							
Home visit care (%)	74.4	82.2	83.3	80.6	79	78.3	76.4
Home visit bathing (%)	4.1	5	5.2	5.3	4.9	4.2	3.7
Home visit nursing (%)	0.6	0.4	0.4	0.5	0.5	0.5	0.5
Day and night care (%)	6.3	5.3	6.1	7.2	8.6	10.4	13.2
Short-term care (%)	8.6	2.3	0.5	0.7	1	1	0.8
Assistive devices (%)	6	4.6	4.5	5.7	6	5.6	5.4

<sup>a</sup>Total LTCI expenditure indicates long-term care insurance expenditure by National Health Insurance Service for covered services. <sup>b</sup>1 USD approximately ₩1,100. Data adapted from National Health Insurance Service. Source: Jeon and Kwon (2017)

Table 4a: Number of Long-term Care Institutions and Home-based Care Agencies, Korea (2009–2017)<sup>a</sup>

Year	LTC institutions	Home-based care agencies
2009	2629	11931
2010	3751	11228
2011	4061	10857
2012	4326	10730
2013	4648	11056
2014	4871	11672
2015	5085	12917
2017	5304	15073

<sup>a</sup>Data adapted from Jeon and Kwon (2017) and National Health Insurance Service.

Table 4b: Number of Long-term Care Providers and Professionals, Korea (2009–2017)<sup>b</sup>

Column1	2009	2010	2011	2012	2013	2014	2015	2017
Care workers	176,560	232,590	236,686	238,064	258,420	272,430	301,709	364,391
Registered nurses	3,429	3,135	2,964	2,862	2,760	2,788	2,813	2,856
Nurse aides	4,218	5,480	6,275	6,973	8,028	8,825	9,779	10,587
Doctors	954	1,025	1,100	1,175	1,277	1,382	1,481	N/A
Social workers	5,234	6,060	6,283	6,886	7,637	11,440	14,074	18,590
Physical and occupational therapist	1,363	1,481	1,596	1,693	1,806	1,893	2,052	2,127

<sup>b</sup>Number of doctors includes part-time visiting doctors

Source: Jeon and Kwon (2017); National Health Insurance Service, n.d.

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