At the Bottom: Migrant Workers in the South Korean Long-term Care Market

by

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A thesis submitted in conformity with the requirements for the degree of Doctor of Philosophy
Factor-Inwentash Faculty of Social Work
University of Toronto

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Abstract

This thesis explores Korean-Chinese migrant workers’ local experiences of the global phenomenon of international migration of care labour, focusing on how the care labour of migrant workers is being constructed through the intertwined social and political processes in South Korea’s shifting long-term care sector for the elderly. The thesis uses a qualitative case study method and relies on data collected through participant observation, interviews, and textual analysis during field research between November 2009 and May 2010. The analysis is based on a global economy of care framework, which understands care work as being made of products that are socially and politically constructed in the global processes. My study findings illuminate the roles and relations of the state, the employers, and the workers in producing a huge migrant workforce in South Korea’s segregated elder care labour market. The policy analysis at the intersection of elder care, labour market, and immigration policies shows that, over the last decade, the South Korean government has significantly reconstructed the boundaries of elder care work through the expansion of publicly-funded programmes for the elderly and the institutionalisation of care work in those programmes. In the institutionalisation process, the government’s ignorance about the care work performed in
the private care sector has resulted in different regulations and working conditions for care workers in the publicly-funded versus the private sector. My empirical findings highlight how employers’ search for ‘cheap’ and ‘flexible’ labour and older female migrants’ disadvantageous status in the labour market have placed these workers in the less regulated private sector and their pay and working conditions at the bottom of hierarchical elder care workforce. In advocating for migrant care workers’ labour rights, this thesis challenges the current discriminative employment practices and the government’s lack of protection and regulation of care work in the private sector.
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Chapter 1 Introduction

In the globalising care market, care provision for the elderly in richer countries is increasingly performed by women who cross national borders to take care jobs which are more remunerative than the jobs available in their home countries. Using the South Korean institutional elder care sector as a case study, and relying upon empirical research based on participant observation, interviews, and textual analysis, this study explores the local experiences of the growing phenomenon of the international migration of care labour. I examine how the care labour of migrant workers, and specifically of old-age Korean-Chinese temporary migrant workers, is being constructed through the intertwined social and political processes in South Korea’s shifting elder care sector. This introductory chapter begins with an overview of the international migration of care labour in the global and local contexts of East Asia and South Korea (Korea, hereafter). To provide background contexts for the international migration of care labour from China to Korea, I will present a migration history of Korean-Chinese between Korea and China over the last century. The chapter then introduces the three main research questions and objectives to be explored in the following chapters. The following section will introduce my conceptual framework – a global social and political economy of care framework – which guided my study throughout the data collection and analysis processes. Then, I present the methodological design of my research based on a qualitative case study, using various data collection methods. This chapter will conclude with a brief outline of the following four chapters.
1.1 Feminisation of International Migration and Growing International Migration of Care Labour: Global and Local Contexts

Women now comprise nearly half of the 214-million international migrants around the world (IMO, 2010). The share of female migrants in the total number of international migrants increased from 46.6% in 1960 to 49% in 2010 (UN, 2011). More important than the percentage increase in understanding the ‘feminisation of migration,’ however, is the shifting role of female migrants, which has qualitatively changed over the last few decades. Women, who once migrated as household “dependents” of their husbands or fathers or in the context of family reunification, are increasingly migrating autonomously as main economic providers and heads of households (Ramirez et al., 2005; Paiewonsky, 2007).

The increase in the number of female migrants as independent economic providers is a response to the changing global labour markets. Particularly, the greater demand for low-wage female workers in rich countries experiencing growing care gaps between the supply and the demand for care has facilitated the international movement of female migrants from poorer to richer regions. In many economically-developed countries, where more and more women participate in the productive labour market, the lack of redistribution mechanisms for the reproductive work traditionally done by women has resulted in a rising care gap which is now increasingly filled by female migrants. According to research findings from an international collaborative research project on *The Role of Migrant Care Workers in Ageing Societies* (Cangiano, 2009) conducted between 2007 and 2009, the migrant share of the social care workforce was over 20% in Canada and the US, over 25% in Ireland, and around 18% in the UK, and the reliance on migrant workers in these countries has been growing fast during recent years.
The North American and Western European experiences of growing dependency on migrant workers for the provision of care are increasingly shared by many industrialised Asian countries that are experiencing rising demands for low-wage care workers. Asia is now both a major destination for international migration of female labour and a source of female migrant labour for the world (Oishi, 2005). According to an International Organization for Migration report (IOM, 2010), the number of international migrants within Asia was estimated at 27.5 million in 2010, and almost a half (48%) of them were women. Within Asia, however, the sending and receiving countries of the migration flow are geographically divided: East Asia (Japan, Taiwan, and South Korea), a part of Southeast Asia (Hong Kong and Singapore), and West Asia (the oil-rich Gulf States) are major receiving countries, and South Asia and Southeast Asia (the Philippines, Indonesia, Sri Lanka, and Thailand) are major sending countries. The economic disparities among different regions of Asia, along with social and political forces at the national and international levels, have led women from poorer regions to migrate to take up positions in labour-starving sectors such as the care and domestic service industries in richer regions of Asia. The largest proportion of these women, most of whom are unskilled (including those who are documented as migrants and those who are not), continue to work in the narrow range of reproductive labour characteristically assigned to women, for example as live-in domestic workers, care workers, entertainers, sex workers, and other service employees (Asian and Pacific Migration Journal, cited in Yamanaka & Piper, 2005).

1 Some countries are, however, both major sending and receiving countries of international migration. For example, Malaysia hosted over 1.5 million international migrants while sending 1.7 million abroad in 2000 (IOM, 2010).
East Asian countries host nearly a quarter of all international migrants in the Asian region (nearly 6.5 million migrants as of 2010), and the share of female migrants has been growing fast over the last few years, from 52.9% in 2000 to 55% in 2010 (IOM, 2010). The feminisation of migration in East Asia has been more significant than in other regions of Asia. For example, in Southeast Asia, female migrants represented only 49.6% in 2010, increased from 49.1% in 2000, and in South-Central Asia, female share fell from 44.9% in 2000 to 44.6% in 2010 (IOM, 2010). Although the recruitment of foreign workers in East Asia began much later than in other Asian destination countries, such as Singapore which started as early as the late 1970s (Lan, 2006), the rapidly changing East Asian countries have led huge migration flows of women from poorer regions of Asia in recent years. With the region experiencing rapid demographic changes, growing care needs have pushed these ethnically homogeneous societies, historically closed to low-skilled migrant workers, to open their care service markets to migrant workers. Since Taiwan began recruiting in 1992, the number of migrant care workers increased significantly and reached approximately 180,000 by 2009. Migrant care workers now comprise almost half of the total number of international migrants in Taiwan, most of them women from the Philippines, Indonesia, and Vietnam (Liang, 2010).

Korea and Japan are latecomers in the Asian market of international migration of care labour. In 2003, Korea opened the job categories of personal care and domestic workers to a limited number of certain co-ethnic groups of foreign nationals, including ethnic Koreans.

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2 The IOM Report includes Hong Kong SAR, China, Japan, China, Republic of Korea, Macau, China, and Mongolia as East Asian countries.
from China and the former Soviet Union states. Although there is no official data tracking the number of migrant workers in different care sectors under the Korean immigration system, which does not have a specific visa for care work, studies have shown that a significant proportion of female migrants are working in the domestic/care sectors. According to Lee and his colleagues’ (2008) survey on Korean-Chinese migrants, 29.8% of surveyed female migrants (n=494) were working as domestic workers or care workers. Considering the large number of Korean-Chinese female migrants in Korea, namely 217,503 as of May 2011 (MOJ, 2011), it is estimated that tens of thousands of these female migrants are currently providing domestic and care services in the Korean labour market. More recently, Japan agreed to accept nurses and long-term care workers from the Philippines and Indonesia through the Economic Partnership Agreements of 2006 and 2007, respectively. Since August 2008, when for the first time in its history Japan received a group of 208 foreign workers who would provide institutional care for the elderly, it has been proposed that Japan would accept 1,000 nurses and care worker trainees from the Philippines and Indonesia within two years from the implementation of the respective agreements (Switek, 2011).

In the field of care for the elderly, the growing number of migrant care workers suggests that recent government efforts to expand public care services in the developing East Asian welfare states have not fully compensated for the insufficient supply of public and/or affordable private care services and the diminishing supply of unpaid informal care by female family members. In responding to the care deficit, as a consequence, the formal and

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3 Korean-Chinese comprise the majority (98%) of the migrants coming to Korea through the immigration programmes for low-skilled overseas Koreans (MOJ, 2010).
informal care workforces of the contemporary East Asian countries are gradually being filled by migrant workers, most of them women from less developed Asian countries.

1.2 ‘Korea Wave:’ Bringing Korean-Chinese Women to the Korean Care Market

Over the last decade, Korean-Chinese migrant women have become the backbone of the care workforce across various care sectors in Korea, including childcare, eldercare, and care for people with disabilities. Most of these women, in their 50s and 60s, are second-generation ethnic Koreans with Chinese citizenship whose parents left their homeland during the Japanese colonization period (1910-1945). The Korean government gradually relaxed immigration controls on low-skilled overseas Koreans as a way of receiving ethnic Koreans from less economically-developed regions while also relieving labour shortages in selected service sectors. As a consequence, more and more Korean-Chinese women have migrated to Korea, often independently from their spouses, to seek jobs in the Korea’s growing service sector. The international movement between China and Korea has become a regular practice for many Korean-Chinese women seeking ways to pay for their children’s education, family living expenses, and/or their old age life back in China. One of my interview participants, Ms. Song, who came to Korea while her husband and son stayed in China, explained her motivation to migrate to Korea by herself: “If you don’t go to Korea and stay in China, every aspect of your life would become so different from those who return from Korea. Your house decorations would be different, and your children grow up differently.” Song believed that

4 Pseudonyms are used throughout the paper in order to protect the research participants’ identities.
her migration to Korea would provide financial resources for her child’s better education. As she described it, the changing living standards of migrant returnees in Korean-Chinese communities in China and the growing gap between households in their communities have been fuelling the Korean wave continuously over the last two decades.

Korean emigration to Manchuria, the northeast region of China and the Russian Far East, started in the late 18th century with the objective of seeking security from the domestic political unrest under the Joseon Dynasty, the last dynasty before Japan’s colonization of Korea. Later, emigration increased as Manchuria became the base for the anti-Japanese resistance movements during the Japanese colonial period. By 1945 there were roughly four million Koreans residing in China, the Soviet Union, and Japan, accounting for 16% of the total Korean population, and only half of these migrants returned to Korea after Korea’s independence. Among those who were in China at the time, 700,000 returned to Korea while around one million stayed in China, and most of them acquired Chinese citizenship afterwards (Kim JK, 2003). Those who remained in China and their descendants, for a total of 2.3 million, account for over 30% of today’s 7.3 million overseas Koreans (Korean Net, 2011).^5^ Since the establishment of the government of People’s Republic of China in 1949, ethnic Koreans have formed strong ethnic communities in China as one of fifty-five ethnic

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^5^ According to Korean Net (2011), the majority of overseas Koreans in China were citizens of the People’s Republic of China (2.3 million citizens out of 2.7 million ethnic-Korean residents in China). Due to the large proportion of overseas Koreans in China with citizenship of their residing country, Chinese citizens of Korean ethnic background comprise over half of the total overseas Koreans with non-Korean-citizenship (4.4 million). Other large groups of overseas Koreans include those in the United States (2.2 million), Japan (904,806), member states of the Commonwealth of Independent States (533,899), and Canada (223,322).
minority groups recognised by the Chinese government. In China, Chaoxianzu (朝鮮族 in Chinese) or Joseonjok (조선족 in Korean) refers to people of Korean descent with Chinese citizenship. The majority of ethnic Koreans reside in the northeast region of China, the so-called Three Northeast Provinces of Heilongjiang, Jilin, and Liaoning, which are separated from North Korea by the Yalu and Tumen River (Figure 1). According to the 1990 Census, over 97% of ethnic Koreans in China resided in the Northeast region (Park, 2008). In this region, in accordance with the Chinese Constitution and the Law on Ethnic Regional Autonomy, ethnic Koreans have lived with considerable autonomy within their ethnic autonomous regions, keeping their Korean language and customs (Kim JK, 2005). The Yanbian Korean Autonomous Prefecture (★ in Figure 1) was established in 1955 and reached approximately 2,000 Joseonjok villages across the three Northeast Provinces in the 1990s. Over 800,000 ethnic Koreans live there today and the Korean language is co-official with Mandarin (Jeong, 1999, Kim, 1993, Kim, 1997; cited in Kim JK, 2003, p.58).  

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6 Ethnic minorities comprise 8.5%, while Han-Chinese comprise 91.5% of the total Chinese population (CIA, 2011).
The cross-border movement of ethnic Koreans between China and Korea did not start until the late 1980s due to the lack of official relations between the Korean and Chinese governments during the Cold War. Visits to Korea started only after the 1988 Seoul Olympic Games, as the relations between Korea and China improved through the two countries’ sports exchanges, under the program of ‘relative visit’ of overseas Koreans who had relatives in Korea and could send them an invitation. Over the last two decades, however, after the two governments established official diplomatic relations in 1992, there has been a huge
migration boom among ethnic Koreans in China travelling to pursue their ‘Korean Dream’ with the hope to take advantage of the vast wage differential between China and Korea.\(^7\)

The socio-economic changes for ethnic Koreans in China also fuelled the migration wave. Particularly since economic liberalisation in 1978, the economic decline of the landlocked Northeast region of China drove the migration wave of ethnic Koreans who looked for possible job opportunities at the same time as the door to the labour-starving Korean market opened through either legal or illegal ways. In the post-socialist China, characterized by the transition to a market economy and the promotion of development and self-responsibility, ethnic Koreans transformed themselves from traditional farmers who often stayed in their rural villages for their entire lives to migrant labourers travelling to larger cities of China or abroad. Using Chinese Census data and other statistical data from local governments, Park (2008) estimates that half of the total Korean-Chinese population in China moved from their hometown to another city or abroad over the last 15 years. According to the collected data of Yanbian Korean Autonomous Prefecture, the majority (85\%) of Korean-Chinese emigrants went to South Korea.\(^8\)

Based on their interviews with 56 Korean-Chinese women working in Korea, Lee and her colleagues (2006) point out two distinct waves of Korean-Chinese migration to Korea: the first migration wave, which they named the “medicine wave” (yak-baram), took place

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\(^7\) A newspaper article (Moon, 1994) reported that the average income of ethnic Koreans in the Northeast region was around 300 Yuan per month (equivalent to 30,000 Korean won) in the mid-1990s. The annual income of Korean-Chinese migrants in the Korean labour market, even in very low-paying jobs, was around 50,000 Yuan (equivalent to 5 million Korean won), over ten times the annual income in China.

\(^8\) Other destination countries included Russia (7\%), Japan (4\%), and North Korea (1\%), while others went to other Asian countries, Europe, Africa, and America. In total, the number of destination countries was 88 (cited in Park, 2008, p. 23).
between 1988 and 1993 when a relatively small number of people, most of them from Heilongjiang Province, visited their relatives in Korea. The number of visiting Korean-Chinese increased from 1,660 in 1988 to 36,135 in 1991. During this time, they brought herbal medicine as gifts for their relatives, which turned out to be very popular among Koreans and later led to an unexpected wave of Korean-Chinese coming to Korea to make money by selling herbal medicine. The success stories of returnees from Korea then led to the much larger second wave, the “Korea wave” (*Hankook-baram*), which has seen hundreds of thousands of Korean-Chinese, with or without known relatives in Korea, move back and forth between Korea and China over the last two decades. As of April 2011, 447,601 ethnic Koreans from China resided in Korea (KIS, 2011).

Over the last two decades there have been two significant changes in the migration pattern of Korean-Chinese, reflecting shifts in immigration policies: the legalisation of migration and the feminisation of migration. First, their immigration status in Korea shifted from relative-visitors who usually overstayed after their visa expired to temporary migrant workers with legal documents (Park, 2008). Throughout the 1990s, highly restrictive Korean immigration controls on ethnic Koreans from China produced a large number of undocumented Korean-Chinese. They normally came with a ‘relative-visit’ visa and overstayed in order to work in the Korean labour markets that were experiencing labour shortages, most commonly construction site jobs for men and restaurants and individual homes hiring domestic workers or nannies for women. Even though some Korean-Chinese came to Korea with a valid work permit through a legal employment pathway, under the Industrial Trainee System established in 1993 for the labour-starving manufacturing sector, many of them later moved to the employment-restricted service or construction sectors,
which offered them higher wages (Lee et al., 2006). During this time, due to the limited formal employment channels, Korean-Chinese migrants had to pay huge fees and use brokers who helped them migrate to Korea and find a job, often times with bogus immigration documents or through illegal entry by ferries. According to a newspaper article in 1994 (Moon, 1994), interviewed Korean-Chinese migrants had paid brokers around 30,000 to 35,000 Chinese Yuan, equivalent to a ten-year salary in China, to enter Korea. The high costs of coming to Korea consequently made them overstay in order to pay the debts incurred when entering Korea. For example, Mr. Shin, one of my research participants, had borrowed 10 million Korean won (CAD$9,126\textsuperscript{9}) from his broker at an interest rate of 300,000 Korean won per month when he first entered Korea with a bogus document in 2001. He finally repaid the total borrowed money with interest after three years of working in Korea without a legal status.

As the number of Korean-Chinese over-stayers reached over 79,000 in 2002 (KIS, 2002), the Korean government made several moves to legalise undocumented migrants, which resulted in a gradual reduction in the number of undocumented Korean-Chinese over the last decade. In December 2002, the Korean government introduced the Employment Management System for low-skilled ethnic Koreans, which allowed ethnic Koreans from China and the former Soviet Union states to work in selected service sectors. The allowed employment sectors were gradually extended to construction in 2004 and manufacturing, farming, and fishery in 2005, while the length of visa was also extended to five years under the Visit and Employment System implemented in 2007. The number of undocumented

\textsuperscript{9} I convert Korean won to Canadian dollars throughout this paper, unless indicated otherwise. I use the currency exchange rate of 1 Canadian dollars = 1,096 Korean won as of June 27, 2011.
Korean-Chinese declined to 20,885 as of May 2011, or only 4.6% of the 452,337 Korean-Chinese residents in Korea (KIS, 2011).

Second, the migration of Korean-Chinese to Korea reflects the feminisation of migration as Korean-Chinese migrant women increasingly take on a significant role as autonomous migrants. As of 1992, there were around 33,000 Korean-Chinese women working in Korea without legal documents, which comprised only 38% of the overall undocumented Korean-Chinese migrants (Lee, 2004).  

As of 2011, the share of Korean-Chinese women (217,503 persons) of the total Korean-Chinese migrants in Korea increased to 48%, higher than the average female share (43.5%) of the foreign residents in Korea. Two factors are driving the feminisation of migration among Korean-Chinese migrants. The first one is the increase in marriages between Korean-Chinese women and Korean men who experience difficulties in finding a wife, especially in rural areas but not only. Throughout the 1990s and 2000s, marriages between Korean men and foreign women, mostly from Asian countries, have been promoted by some local governments concerned with a rural exodus and depopulation, and also by the emerging matchmaking industries (Lee, 2010). The

\[\text{In order to solve the problem of undocumented migrants in the 1990s, the Korean government encouraged undocumented migrants to report their residency and employment to the government between March and May 2002, promising re-entry to Korea for overseas ethnic Koreans in the following year under the Employment Management System. A total of 88,267 Korean-Chinese reported their residency.}\]

\[\text{Lee (2010) explains the increasing number of international marriages between foreign women and Korean men with multiple driving factors: 1) Korea’s traditional preference for sons, which has resulted in a serious sex ratio imbalance; 2) the higher status of women which leads them to postpone marriage or not to marry at all; 3) women’s changing attitudes towards elderly care, with fewer women being willing to take on the traditional daughter-in-law’s role of caretaker for elderly parents-in-law; and 4) the promotion by local governments and the emergence of matchmaking industries connecting Korean men and foreign women.}\]

\[\text{According to Statistics Korea (2011), the number of marriage migrants from China and Vietnam was the largest (9,623 each), followed by those from the Philippines (1,906), Japan (1,193), and Cambodia (1,205).}\]
number of Korean-Chinese marriage migrants increased from less than 400 in 1992 to 25,759 in 2009 (MOJ, 2009). For many Korean-Chinese, marriage migration has been utilised as a way of moving into the Korean labour market (Lee et al., 2006), especially in the 1990s when the government tightened the immigration controls on Korean-Chinese. According to a recent national survey on marriage migrants (Kim S et al., 2010), Korean-Chinese female marriage migrants (n=25,287) showed greater labour market participation rates compared to other groups of female marriage migrants: 44.7% were currently, and 29.1% were previously, in the Korean labour market, while the average rates for female marriage migrants overall were 33.6% and 22.2%, respectively. The survey also found that, although there was no employment restriction on these women, almost 40% of Korean-Chinese marriage migrants were employed in the low-wage service sector (with no further information on specific job categories). Furthermore, since marriage migrants are able to invite their parents to Korea, the number of old-age Korean-Chinese also increased as the number of international marriage increased (Lee, 2010). According to Yoo’s research (2002, cited in Lee, 2004, p.140), those who came to Korea through their married daughters’ invitations comprised a significant portion (37%) of surveyed Korean-Chinese live-in domestic/care workers.

The second factor driving the feminisation of migration among Korean-Chinese results from the growing employment opportunities in female-dominated service sectors in

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13 According to the survey results (Kim S et al., 2010), as of 2009, the average age of Korean-Chinese female marriage migrants was 39.5 years old, which was much higher than that of other groups of female marriage migrants (e.g., Vietnamese women 24.3 years old, Filipinas 31.7 years old, and Cambodian women 23.5 years old). In his field research, Park (2008) also found that the majority of Korean-Chinese women in the international marriage market are between 35-45 years old and have experienced difficulties in their previous marriage.
Korea, in which both the majority of marriage migrants and labour migrants find their jobs. Even before the legalisation of employment in selected service sectors in 2002, many undocumented Korean-Chinese migrant women already worked in the Korean service market mostly as restaurant helpers, domestic workers, and care workers. According to an unpublished report of the Ministry of Justice on the employment status of undocumented migrant women (cited in Lee, 2004), out of 33,642 undocumented Korean-Chinese migrant women, 27,654 were working in service sectors and among these 6,244 were working in the ‘home service’ (gasa-service) sector as domestic or care workers in individual homes. As the need for hiring low-paid workers in the service sector grew in Korea, Korean-Chinese women could easily find a job in the not-yet-officially open market, given their advantage as ethnic Koreans who shared the language, appearance, and culture with Korean-born Koreans. As the service market jobs became officially available for these women from 2002, the Korea wave has brought more and more Korean-Chinese women to the Korean care labour market. Nowadays, for the common Korean families, Korean-Chinese middle-aged women (commonly called “josunjok azumma” or “yanbian azumma” among Koreans) have become familiar faces who take care of housework and children and elderly parents in their home or other institutions.

1.3 Research Objectives and Significance of Study

In this research, I explore the impact of Korea’s shifting social and political contexts on the composition of the elder care workforce and the role and the employment status of migrant care workers in the Korean institutional long-term care (LTC) sector. This research proposes to address the following three interrelated questions, in order to explore how the care labour
of Korean-Chinese migrant elder care workers is being constructed in relation to coordinating processes of the broader social and political contexts:

1) How has the social and political economy of care shifted in the Korean family, market, and state? In Chapter 2, I explore the shifting dynamics of care in the Korean informal and formal economy by questioning how the gender dynamics in the family and the labour market have changed over the last few decades. I further aim to examine the role of social policies in the area of care, labour market, and immigration in articulating the dynamics of the responses to growing care needs.

2) How have the shifting institutional contexts changed the Korean elder care workforce? In Chapter 3, I examine the transforming elder care workforce by focusing first on the quantity and quality of care jobs across different care sectors, and second on the growing role of migrant care workers in the institutional elder care sector.

3) How have the coordinating processes of broader institutional contexts shaped the care labour of Korean-Chinese migrant workers, and to what extent are their experiences different from non-migrant care workers? In Chapter 4, I explore how social relations, gender, age, and immigration status shape the work experiences of migrant care workers within the broader social and political contexts. I particularly examine the role of the state regulatory framework, including employment regulations and enforcement mechanisms, on the construction of care labour of migrant and non-migrant workers.
In my use of the term ‘migrant worker’ I refer to those who possess a citizenship other than Korean, such as from the Republic of China for Korean-Chinese migrant workers, and participate in a remunerated activity in the Korean labour market. I use the term ‘undocumented’ to refer to the status of a migrant worker who does not have a valid work permit. The term ‘care workers’ refers to the staff who provide care services directly to persons in institutional care settings, such as hospitals and nursing homes, or in home care settings. Not included within ‘care workers’ are those in other professions, such as nurses, social workers, and occupational therapists. Unless otherwise stated, ‘care workers’ refers to those workers providing direct care services to older persons with health problems. My empirical research focuses on the ‘institutional care’ sector in which elder care workers provide care services to older persons in care facilities.

The Korean institutional elder care sector provides an important study site for care migration research, not only because of the lack of previous research on this area, but also due to a number of salient features of the Korean case which will contribute important information of interest to the academic, policy, and advocacy communities. First of all, given the dynamic features in the intersecting areas between care for the elderly and migration, the Korean case powerfully illustrates how the social relations of migrant workers are negotiated in the shifting social and political contexts and how their labour is constructed according to their location in the contested area of the Korean institutional LTC sector. The dramatic changes over the last few decades in all aspects of the country across demographic, economic, social, and political contexts make the Korean case interesting to observe as it presents the shifting roles of gender, family, society, and the state, and consequently the altered dynamics of care among different actors and institutions. Within these shifting care
dynamics, this research will highlight the intersections of gender, age, class, immigration status, and citizenship by investigating how they are articulated in shaping migrants’ experiences of their labour as newcomers in the newly created care labour market. Particularly, recent major policy reforms in the area of care and migration makes it an opportune time to explore the formation of labour conditions of care workers, both migrant and non-migrant, in the newly constructed LTC market.

Second, Korea is an important research field for the social policy scholarship, especially in the growing scholarship on the East Asian welfare regime. The dramatically shifting social policy development in the area of care and migration in Korea since the late-1990s, has attracted greater scholarly attention as it has been faced with issues resulting from demographic and socio-economic changes. The previously under-studied areas of care for the elderly and migration in this country will be an important research field in understanding how much the Korean welfare state moves from or sustains its traditional path, based on Confucian cultural values (Jones, 1993; Walker & Wong, 2008), and its developmental (Kwon, 2007) or productivist (Holliday, 2000) approaches in developing social policies as instruments for economic growth. Furthermore, this research will shed light on the significant role of state actions and inactions, through the development of social policies and regulatory frameworks, in constructing care structure and in setting the boundaries of care work for the elderly.

Third, this research can yield insights for the studies of international/transnational migration and ethnic relations, as it explores the uniqueness of the Korean migrant labour force, the majority of which is comprised of co-ethnic migrants from less economically-developed countries, such as China. In other receiving countries, migrant care workers have
different racial/ethnic background from the citizens, such as Filipina and Indonesian care workers in Japan, Taiwan, or North America and Eastern European care workers in Western Europe. This research will present an interesting case study where Korea’s co-ethnic preferential immigration policies, along with other social and political forces in Korea and China, have brought Korean-Chinese into the Korean labour market where they provide care services to Korean elderly people who share the same ethnic background. This case study of Korean-Chinese migrant care workers is important for two main reasons. To begin with, in responding to the growing care demands, the heavy reliance of care work on co-ethnic migrants shows a nation-building strategy of the Korean state through keeping the gate of the care sector strictly closed to “others” with different ethnic backgrounds. In addition, through the exploration of Korean-Chinese migrants’ experiences of their labour, this research will highlight how their social relations as temporary migrant workers in Korea performs in a discriminatory fashion, making the migrants’ labour conditions more vulnerable than for care workers who are Korean citizens.

Fourth, the research site of the Korean institutional elder care sector is important for studies of care migration because existing studies on international migration of care work have focused heavily on homecare associated with domestic and/or child care work within the private sphere of the employer’s home. Although growing attention has been given in the Western literature to migrants’ role in institutional care settings (for example, Doyle & Timenon, 2010), issues of care migration into the institutional care sectors are often discussed in the context of the significant role of immigrant care workers (for example, Browne & Braun, 2008; Redfoot & Houser, 2005), not temporary migrant workers. This research will use the Korean case to explore the under-studied area of international migration
of care labour of temporary migrant workers into the public sphere of the destination country. In this regard, the Korean institutional elder care sector provides an important setting for such research as a socially and politically contested area where migrants’ care labour is being constructed through multiple interactions with employers, care recipients, fellow care workers, and other staff members, and through the complexity of labour regulations on care workers and temporary migrant workers. Due to the lack of previous studies in this research area, the findings of this research will also be an important source for advocacy communities working to make changes to enhance migrants’ and care workers’ pay and working conditions.

1.4 Conceptualising International Migration of Care Labour

A global social and political economy of care framework (hereafter, the global economy of care) will guide my research. In her argument for a global framework in care studies (and social policy analysis more generally), Yeates (2005, p.232) points out that:

The treatment of ‘national’ care regimes as enclosed entities, decontextualised from the global political economy in which they are embedded is no longer justifiable, if it ever was. Unequal relations within households similarly have to be situated within an international division of reproductive labour that is structured by social class, ‘race’/ethnicity as well as by gender inequalities.

Given the now-extensive international market in care services, studying care within national boundaries is no longer useful in understanding the global processes of care provision. Sassen’s (2007) call for theoretical and empirical research within a global framework is also
in the same line with Yeates. Sassen explains that “the fact that a process or an entity is
located within the territory of a sovereign state does not necessarily mean it is national or of
the type traditionally authorized by the state,” and maintains that such process or entity might
be a “localization of the global” (2007, p. 4).

The global economy of care framework is developed based on two streams of
feminist theories: feminist theories of care and feminist theories of migration. First, feminist
studies focusing on care labour (reproductive labour, more broadly) and its relations with the
state and the productive labour market have challenged the mainstream theory focusing on
the state, the market, and the productive labour (Lewis, 1997; Orloff, 1993). In care studies,
feminist scholars have advanced the concept of care by conceptualising it as a product which
is socially and politically constructed (Daly & Lewis, 2000; Knijn & Kremer, 1997; Razavi
& Staab, 2008). Within the feminist discourse on care as labour, other key elements – class
and race – are further inserted to understand the division of care labour, which is gendered,
class-divided, and racialised (Nakano Glenn, 1992; Ramirez et al., 2005; Redfoot & Houser,
2005). Second, feminist theories on migration have broadened the scope of the social and
political economy of care from the national to the global. What stands out in the
globalisation and international migration of labour in relation to care is the feminisation of
international migration (Boyd & Grieco, 2003; Carling, 2005; Paiewonsky, 2007; Ramirez et
al., 2005). Feminist theories of migration provide understanding on how gender influences
differently women and men’s experiences of migration and labour in the destination
countries. Furthermore, women of colour migration studies have articulated the effects of
gender, class, ethnicity/race, and citizenship on the formation of the international division of
care (reproductive) labour (Parreñas, 2000 and 2005; Yeates, 2005).
Social and Political Economy of Care

Feminist scholars have challenged the mainstream gender-blind welfare state theory by incorporating gender into the framework for understanding social policies and welfare states. The analytical axis between the state and the market in welfare provision has been criticised due to the lack of consideration given to the family and women in the family as important welfare providers. As Orloff (1993) points out, the dimension of state-market relations as formulated in the mainstream male-centred theory ignores the tremendous amount of caring labour and housework provided by women within the family. What becomes visible within this feminist argument for the role of the family in welfare provision is women’s unpaid caring and home-making labour. Lewis (1992) emphasises the importance of valuing the unpaid work that is done primarily by women in understanding welfare states.

Since the late 1990s, feminist scholars have challenged the approach of the mainstream comparative study of welfare regimes by placing the concept of care as a central element in understanding welfare states. In the terrain of social policy, as Williams (2003, p.2) emphasises, the concept of ‘care’ occupies an important position because of “what its social organization reveals about changing social formations and changing welfare states, and about the possibilities and difficulties of political change.” Jenson (1997, p.184) signalled the importance of switching the theoretical and analytical lens to a care-centred one, as the primary focus of welfare programs is about care which is “designed to minimize the risks and burdens associated with dependency and the need for care.” Knijn and Kremer (1997) and Daly and Lewis (2000) advanced the concept of care by situating it within the political and social economy. Their framework emphasises the social and political structures that construct care within a welfare state. According to Knijn and Kremer, the boundaries of
care, provided by paid or unpaid care work on the basis of an agreement or voluntarily, and professionally or on the basis of moral obligation, are often arbitrary and politically determined, as the division of paid and unpaid care, for example, is “a consequence of political choices, shared cultural beliefs, and gender structures” (1997, p.330). Similarly, whether to regard care provision as a private responsibility or as a public responsibility is seen as the product of the decision which is socially and politically made.

In constructing care, Daly and Lewis (2000) further argued that the role of welfare states is significant in determining boundaries of care, in weakening or strengthening existing norms about care, and in determining the shared costs of care. For instance, states define who is to be cared for, who cares, who pays, the relationships through which care is organised, and the sites of care provision and the skills required (Kofman & Raghuram, 2009). The concepts of familialism and de:familialization, introduced by feminist scholars such as Lister (1994) and later adopted by Esping-Andersen (1999), also support this argument. Following Esping-Andersen’s explanation, a familialistic welfare state assumes – indeed insists – that households must carry the principal responsibility for their members’ welfare, whereas a de-familializing welfare state seeks to unburden the household and diminish individuals’ welfare dependence on kinship either via welfare state provision or market provision.

Furthermore, in an extension from the theories of gendered care, it has been claimed that class and race/ethnicity are acting as key additional interacting forces in the construction of care labour (Nakano Glenn, 1992; Parreñas, 2000; Ramirez et al., 2005; Redfoot & Houser, 2005; Yeates, 2009). In her formulation of the “racial division of reproductive labour,” Nakano Glenn (1992) argued that there is a hierarchical and interdependent relationship interlocking the race and class status of women, to whom reproductive labour
has historically been relegated, in the distribution of reproductive labour in the formal and informal labour markets. As a means of maintaining a gender, class, and racial division of reproductive labour in the United States, for example, she observed that class-privileged white women have historically freed themselves of reproductive labour by purchasing the low-wage services of women of colour, which has established a two-tier hierarchy between women.

In sum, the social and political economy of care framework suggests that categories of subjects who provide care for the elderly (e.g., male or female, native, racial-ethnic or migrant, family member or non-family member, private or public service provider) and the conditions of their care work (e.g., paid or unpaid, low paid or decent paid, regular or irregular; unionised or non-unionised) should be understood as products which are socially and politically constructed within a welfare state, in which the role of the state is significant. The perception of care in many societies, as articulated in feminist research, is that it is often undervalued, invisible, underpaid and penalized, and the consequence of such perception of care lies in highly stratified, paid caring activities relegated to those who lack economic, political and social power and status (Kofman & Raghuram, 2009; Nakano Glann, 2000).

Globalization, Transnationalism, and International Migration of Care Labour

No production system operates without a reproduction system and it should not be surprising that the globalization of production is accompanied by its intimate “other” i.e. reproduction. (Truong, 1996, p.47)
As Parreñas (2000) points out, the globalisation of the market economy has extended the social and political economy of care into the international level. The globalisation of reproduction labour has become a dynamic field of enquiry bringing together diverse interests within global(isation), gender, migration, and welfare state studies. The important dimension of a global framework in understanding care labour – the relationship between globalisation and social production – has flourished within feminist scholarship since the 1990s (Yeates, 2009), and this stream of scholarship has challenged the implicit nationalist framework of care studies by emphasising the contexts of global inequalities and transnational processes (Zimmerman et al., 2006).

In linking the concept of globalisation with that of reproductive labour, Yeates (2009) introduces the concept of new international division of reproductive labour (NIDRL) which she adapted from the new international division of labour (NIDL) thesis. The NIDL thesis highlighted a global division of labour, a product of the relocation of production processes, moving away from unionised and protected labour forces in “core” urban areas towards weakly organised and cheaper labour forces in “peripheral” communities in developing countries. In a similar vein, the NIDRL thesis explains that the reproductive labour previously provided by women in core countries is now provided by lower-wage women from peripheral countries who have migrated to the core countries to undertake this labour. The consequence of this process is the division of reproductive labour between non-migrant and migrant women. Parreñas (2000) named this division of labour as the “international division of reproductive labour,” and explained that this transnational division of labour is “shaped simultaneously by global capitalism, gender inequality in the sending country, and gender inequality in the receiving country” (p.569).
Within recent theory-building processes of migration of reproductive labour, some feminist scholars have developed important concepts describing transnational care provision, such as “international transfer of caretaking” (Parreñas, 2000) and “global care chain” (Hochschild, 2000). Both refer to a form of the international division of care labour in which a series of personal links is formed between women across the globe based on their paid and/or unpaid care work. Hochschild described a global care chain as typically entailing “an older daughter from a poor family who cares for her siblings while her mother works as a nanny caring for the children of a migrating nanny who in turn cares for the child of a family in a rich country” (2000, p.131). While Nakano Glenn’s (1992) discussion of the “racial division of reproductive labor” includes the two-tier hierarchy between white class-privileged and less-privileged women of colour situated within the national boundary, the concepts of transnational care refer to the three-tier transfer of reproductive labour among women in sending and receiving countries of migration in an international terrain (Parreñas, 2000). Building on Nakano Glenn’s “racial division of reproductive labor” in the international division of care labour, (nation-based) citizenship is considered a key factor formulating a structural relationship of inequality among actors in transnational care, in addition to class, race, and gender (Lutz, 2002; Parreñas, 2000).

Within the vast migration scholarship, traditional approaches, including economic and demographic analyses, tend to explain the formation of international migration with macro-level push-pull factors based solely on economics: poverty and unemployment as leading push factors and the possibilities of employment and better pay as leading pull factors (Sassen, 2007). Beyond such push-pull explanations, however, what Sassen (2007) argues for is a more complex understanding of the rationality of emigration which includes a
micro-level understanding of the subjectivity of emigrants and a macro-level understanding of the globalisation effects on the formation and reproduction of migration flows. In the area of international migration of care labour, a number of feminist scholars have developed important conceptual links between micro and macro levels, by incorporating gender at the centre of the framework, in attempts to explain the international migration of care (reproductive) labour.

At the micro level, when considering motives for migration, feminist scholars have argued that the causes and meaning of migration are different between men and women due to their different positions in the family and labour market (Oishi, 2005; Parreñas, 2000). The different gender roles and gender stratifications within the family and the society differentiate the rationales of migration for men and women. At the macro level, there are three main factors of social divisions and inequalities often discussed as contributing to the international migration of care labour: social division of gender in both receiving and sending countries (Boyd & Grieco, 2003; Carling, 2005; Paiewonsky, 2007; Ramirez et al., 2005); economic inequities between the global north and the global south; and racial/ethnic hierarchies (Parreñas, 2000, 2005; Ramirez et al., 2005; Yeates, 2009). At the meso level, the role of the states in both sending and receiving countries is also emphasised in the formulation of migration of care labour (Oishi, 2005; Yeates, 2009). Immigration policies and regulations of the flow of labour migration in receiving countries perform a significant gate-keeping role. In more recent years, the impact of emigration policies of the sending countries in formulating the migration of labour has also been articulated (Gonzalez, 1998; Lim & Oishi, 1996; Oishi, 2005). Beside the immigration and emigration policies which influence the migration flow and the construction of labour more directly, the labour market
situations and the levels of social policies, such as childcare and eldercare, health care and education, in both sending and receiving countries also have impact on constructing the motives for migration as well as the forms and conditions of migrant care workers (Boyd & Grieco, 2003; Oishi, 2005).

During the past few years, migrant care workers’ role and status in the hierarchical transnational care chains have drawn much scholarly attention within the expanding care migration scholarship. Many have documented the significant role of migrant workers in care and domestic labour provision in the private sphere of the destination countries. To name just a few, Polish care workers in Germany (Lutz & Palenga-Möllenbeck, 2010), Filipina workers in Canada (Hodge, 2006), US, and Italy (Parreñas, 2001), Filipina and Indonesian workers in Taiwan (Lan, 2006), and Korean-Chinese workers in Korea (Lee, 2005; Lee et al., 2006) have become the backbone of the informal care workforce providing home-based care for the elderly, children, or people with disabilities, often as live-in care workers. Lamura (2010) noted that in Italy, the proportion of homecare workers with foreign nationality was estimated to reach over 90% (700,000 workers) in 2007, versus only 16.5% of the overall homecare workforce in 1991.

With regard to the status of migrant workers in care migration research, one of the most common questions is whether women migrants are empowered or exploited through their migration and employment experience. The higher wage level in developed countries, which provides enhanced monetary value for their labour compared to the country of origin, offers the possibility of autonomy and empowerment for migrant workers. However, rather than economic security and empowerment, the international division of reproductive labour more often locates these workers in harsh and marginalised conditions in receiving countries.
The economic and emotional exploitation and precarious financial and legal status of migrant care workers have been well documented in many studies: poor pay and precarious working conditions (Anderson & Phizacklea, 1997; Chang, 2000; Onuki, 2009; Sassen, 2002), class and occupational downward mobility when moving from middle class in their homeland to lower status abroad (Parreñas, 2000 and 2001; Rajzman et al., 2003; Lan, 2003; Onuki, 2009), emotional hardship from family separation and transnational mothering (Hondagneu-Soelo & Avila, 1997; Parreñas, 2000; Wong, 1994), and continuous surveillance and fear of deportation (Chang, 2000; Cheng, 2003; Rajzman et al., 2003).

1.5 Research Design and Methods
My study employs a qualitative case study research method. Creswell (1998) defines a case study as an exploration of a “bounded system” (Smith, 1978) or a case (or multiple cases) over time through detailed, in-depth data collection involving multiple sources of information rich in context. According to Yin (2003, p.13), a case study is an empirical inquiry which “investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident.” A case study can be either quantitative or qualitative; I conduct a qualitative case study which provides what Stake (1995, p.40) has called an “experiential understanding” of the work experiences of Korean-Chinese migrant care workers within the Korean elder care market. Compared to other qualitative methods such as ethnography and grounded theory methods, Yin (2003) argues that the role of the theory in research design, prior to data collection and analysis, is particularly significant in case studies, as the case study inquiry benefits from the
prior development of theoretical propositions to guide data collection and analysis. In my research, the rich theoretical framework of the global economy of care guided my case study research throughout the data collection and analysis processes.

For this case study, I set the boundaries of the context by location, i.e. the institutional LTC sector in Korea, and by time, i.e. the period between November 2009 and May 2010, a couple of years after the major reforms in LTC for the elderly and immigration policies took place. The reason for excluding home-care, the other half of the LTC system for the elderly, is not because of its lesser significance in elder care provision, but because of the strategic purposes of this research. First, under the current policy environment, the institutional care sector is the most contested area regarding the employment of migrant care workers. Employment regulations for Korean-Chinese migrant workers in care service sector have continuously changed and have remained in flux since the Korean government first opened the personal care job market to Korean-Chinese temporary migrants in 2002, while regulations of the newly established Long-term Care Insurance system further complicate the employment availability of Korean-Chinese migrant care workers in the LTC sector. In addition, during my research assistantship with Professor Ito Peng’s project on The Social and Political Economy of Care: South Korea (United Nations Research Institute for Social Development), I observed that, while home-care providers had closer interactions with their client and client’s family, care workers in institutional settings experienced more dynamic and hierarchical interactions with various groups of people through their work, including patients, patients’ family, other care workers, nurses, doctors, employment agency staff, and administrative staff. Therefore, through exploration of experiences of Korean-Chinese migrants in the institutional elder care sector, this research will show how migrants’ care
labour is being constructed in the hierarchical care structure through interactions with many others in their workplace. In this regard, this research explores the institutional elder care sector which has not received scholarly attention in spite of the significantly growing role of these workers in care provision in the current Korean institutional elder care sector.

My field work consisted of a series of field research trips to Korea in the summers of 2008 and 2009, and the main field research, which I carried out from November 2009 to May 2010. In the research trips of 2008 and 2009, I conducted initial field research by visiting a number of LTC institutions, local welfare agencies, and public and private care service centres. In 2009, as a research assistant for Professor Ito Peng’s research project, I conducted interviews with directors of care service centres, employers/managers of home-care and institutional care facilities, and care workers (all of them Korean nationals) on care practices and the working conditions of elderly care workers, which were the focus of her project. Since the timing of the interviews was immediately before and after the implementation of the Long-term Care Insurance system in Korea, my involvement in data collection for Professor Ito Peng’s research project provided me with fresh insights into the shifting field of long term care, which later played a key role in the formulation of research questions for my thesis.

My research relied upon the data collection methods of textual analysis, participant observation, and interviews. At the early stage of my field research, through reviews of policy documents on care and migrant labour policies and newspaper articles, and through interviews with personnel from the government, advocacy organisations for migrant workers, and migrant workers’ employment agencies, I mapped out the broad picture of social and political contexts in which the actors, involved in the process of constructing migrant care
labour, are located in the institutional elder care sector. In Chapter 2, I present the results of the analysis of such institutional contexts, focusing on the family, the market, and social policies. In order to understand the current practices of employment and care labour, I also collected data through participant observation as a volunteer at a community organisation for migrant workers and in-depth individual interviews with employers/managers of LTC hospitals and migrant care workers. In total, I interviewed seven employers/managers of LTC hospitals and twenty Korean-Chinese migrant care workers. The empirical findings from data gathered through observation and interviews are presented throughout Chapters 3 and 4. In order to help readers engage deeper with the empirical findings, I placed a more detailed description of related data collection methods and research participants at the beginning of Chapter 3.

1.6 Organization of Chapters

The next chapter (Chapter 2: *Transformation of Family, Labour Market, and Social Policies*) explores the shifting dynamics of care in the informal and formal economy and the role of social policies in articulating the dynamics of the response to the growing care need in the Korean society. It first focuses on the care dynamics within the family and describes how the changing Korean traditional family ideology, based on gender and generational relationships within the family, is reflected in the care provision of the contemporary Korean family. It further explores the transforming Korean labour market, which has experienced the growing polarisation between regular and irregular employees and the feminisation of irregular employment since the late 1990s. Then, in the last section, this chapter describes how the
social policies in the intersecting areas of care for the elderly, labour market, and immigration have changed in the last few decades.

Chapter 3 (Transformation of Elder Care Workforce and the Growing Role of Migrant Care Workers) explores the transforming elder care workforce by focusing first on the quantity and quality of care jobs across different care sectors, and second on the growing role and the composition of migrant care workers in the institutional elder care sector. The chapter begins with a detailed description of how I collected the data during my field research and an introduction to the migrant care workers who participated in my research. The following section provides an overview of the composition of the current elder care workforce in both formal and informal care sectors. Based on a review of recent surveys of care workers, I highlight how, as a consequence of policy changes, the institutional elder care workforce is re-classified into three groups of elder care workers including Korean voyangbohosa (those with a government-recognised certificate), Korean ganbyeongin (without the certificate), and Korean-Chinese ganbyeongin, and point out hierarchical features of the restructured elder care workforce. Then, this chapter further explores the role and composition of the Korean-Chinese migrant care workers, who now have become the backbone of the Korean care sectors in the institutional elder care setting. Through the lens of my empirical data, this chapter presents the process of how the disadvantaged status of Korean-Chinese in the Korean labour market, such as their gender, old age, immigration status, and language and cultural differences, locates them at the bottom of the hierarchical elder care workforce.

Chapter 4 (“Unskilled, Semi-Compliant, and Unprotected:” Migrants’ Care Labour in the Korean Elder Care Market) explores how Korean-Chinese migrants’ care labour is
organised through sequences of institutional processes and practices which construct multiple boundaries of labour in care workers’ workplaces. Relying upon the empirical investigation, this chapter focuses on the three boundaries which I found most visible and contested in constructing the conditions of migrants’ care labour: skilled/unskilled, legal/illegal, and formal/informal boundaries. First, I describe how, in the process of promoting the LTC workforce in the newly introduced public care system, the state policies created arbitrary and politically-drawn boundaries between the care labour of certified-care workers (yoyangbohosa) as skilled and that of non-certified workers (ganbyeongin) as unskilled. My interview data highlights how migrants’ immigration status as “unskilled” migrant workers defines their labour as “unskilled” while restricting their employment opportunities in the “skilled” LTC market. Second, I explore the boundaries of legal and illegal employment of migrant care workers, which are constructed by the complexity of state regulations on care workers and migrant workers and the discrepancies between the state regulations and the labour market practices. Third, I examine the boundaries between formal and informal employment which are linked to a discussion of protected and unprotected care labour, followed by a review of the government’s recent efforts towards the formalisation of care jobs. This chapter explores the consequences of this formalisation process, i.e. constructing a protected and regulated labour market in the public LTC system while leaving the unregulated and unprotected labour practices unchanged in the care market outside of the system. I highlight my empirical findings which present how “unskilled” migrant workers are forced to practice their care labour in the informal employment sector where their labour is unprotected by labour laws, which are now applied to those workers practicing similar care work in the public LTC system.
Chapter 5 (*Conclusion*) outlines the key research findings with research limitations. It also proposes policy changes for better recognition and coordination of care work, particularly migrant care work, and better enforcement mechanisms to regulate and protect care work across different care sectors. The last section of this chapter discusses the implications of maintaining the status quo in the poorly-regulated elder care sector, and proposes strategies for the advocacy movement to challenge more effectively the current discriminatory practices.
Chapter 2
Transformation of Family, Labour Market, and Social Policies

Over the last few decades, Korea has witnessed dramatic changes in all dimensions of the nation state as a consequence of industrialisation and modernisation, which Kyung-sup Chang (1999, 2001a) describes as “compressed modernity.” As Chang explains, Korea has experienced economic development and social transformations within a very compressed time frame – only three or four decades – compared to Western countries, which took two or three centuries to undergo such changes. For example, during the last four decades, Korea’s economic indices have skyrocketed: its Gross Domestic Product (GDP) increased from 25.6 billion US dollars in 1970 to 1,321 billion dollars in 2009 and its GDP per capita increased from 803 dollars in 1970 to 27,100 dollars in 2009 (current prices, OECD, 2011).

In terms of the demographic change, Korea shows an extreme case of population ageing. The proportion of population aged 65 or over increased at a very rapid rate, from below 4% in 1980 to 7% in 2000 and 11% in 2010. At the same time, the total fertility rate dramatically decreased from 4.53 in 1970 to 2.83 in 1980, dropped below the replacement level of 2.1 births per female in the mid-1980s, and continuously decreased to 1.47 in 2000 and 1.22 in 2010. The proportion of elderly population is expected to increase rapidly in the next few decades: up to 16% by 2020 and 24% by 2030 (Statistics Korea, 2010a), which will move Korea from an ageing society to an aged society within 18 years, outpacing any other
country in the world.\textsuperscript{14} Chang points out “compressed ageing” (2001b) as an important dimension of Korean society’s compressed modernity. In this compressed ageing process, of particular concern has been the widening gap between the need for elder care and the capacity of the existing elder care system to fulfil that need. The rapidly transforming Korean society has challenged the traditional elder care arrangement provided by women’s unpaid full-time care and domestic labour within families. In contemporary Korean society, social changes like the increased female labour market participation and the shifting family structure parallel a growing demand for paid care provision in the public sphere outside of the family.

In this chapter, I aim to explore the shifting dynamics of gender, care, and migration in the informal and formal economy. I also aim to examine the role of social policies in articulating the dynamics of the response to the growing care need. The first section focuses on the care dynamics within the family. I describe the Korean traditional family ideology, which forms the basis of the gender and generational relationships within the family, and examine how gender and generational dynamics have changed in the transforming Korean family and how they are reflected in the care provision of the contemporary Korean family. The second section explores the transforming Korean labour market, with a particular focus on the status of women in that market. I first explain the labour market change during the dramatic economic development up to the mid-1990s, and then the economic restructuring process after the financial crisis of 1997. I highlight the growing polarisation of the Korean

\textsuperscript{14} The ageing society and aged society refer to a society in which elderly people comprise 7% and 14% of the total population, respectively. Transformation from an ageing to an aged society took much longer in other countries: 115 years in France, 65 years in Canada, and 26 years in Japan (UN, 2011).
labour market in the later period as a consequence of an increase in non-regular employment practices and the growing gap in pay and working conditions between regular and non-regular employment.\textsuperscript{15} Based on my gender analysis, I further highlight the feminisation of non-regular employment in the Korean labour market by showing how female workers are affected more significantly by discriminatory labour practices in the increasingly polarised Korean labour market. In the last section, I explore changing social policies in the area of care for the elderly. As Daly (2011) reminds us, the policies regarding care are not developed as one set of coherent policies addressing the issues of care; rather, the policies of providing, subsidising, and regulating care provisions for different groups of citizens are found in various regulations which are managed and implemented by different governmental bodies. Accordingly, in the Korean context, I identify the three major policy areas that develop policies and programmes regarding care provision, namely elder care, labour market, and immigration policies, and I examine how different government bodies have developed policies on elder care provision at the intersection of elder care, labour market, and immigration policies.

\textsuperscript{15} In Korea and also in Japan, the term of “non-regular” employment (\textit{bijeongkyujik} in Korean) is a term commonly used to describe the various non-traditional employment patterns, such as those of temporary and agency workers, that emerged in the economic restructuring process. In other countries, although there is no single definition that could represent these new arrangements, terms such as atypical, casual, non-standard or non-permanent forms of employment are widely used (Grubb, Lee, & Tergeist, 2007). For the analysis of the Korean labour market, I use the term “regular workers” to refer to employees who are full-time, permanent, and employed directly by their employer. One the other hand, the term “non-regular workers” refers to those who do not fall into the categories of “regular workers,” including those on fixed-term contracts, part-time workers, daily workers, and those who are in indirectly-employed employment such as dispatched and temporary agency workers.
2.1. Transformation of Gender and Family

Family – and the women in the family – has been the centre of the welfare and care provision in the Korean welfare regime. Korea’s familialistic male-breadwinner welfare regime is displayed in the state’s extensive reliance on the family for individual welfare and personal care (Peng, 2009). Scholars on East Asian welfare regimes have shown how the cultural traditions of Confucianism have had the most dominant influence in forming and maintaining welfare provision in the Korean family and the families of other East Asian countries (see Jones, 1993). For understanding the care dynamics within the Korean family, there are two key components of the family ideology of Confucian norms and traditions which construct the moral hierarchy and support relationships among family members: ‘gender’ and ‘generation’ (Chang, 2003). The ideology of Confucian familism or familialism has informed the “intergenerational obligations and interdependencies that are gender and generation specific” (Peng, 2009, p.4) and which are well represented in the relationships between parents and children and between husband and wife in the Korean family.

With regard to elder care provision, the cultural tradition of filial piety has been understood as central to intergenerational relationships between parents and children (see Lan, 2001 for the context of ethnic Chinese families). Filial piety consists in the practice of filial respect and provision of good care to elderly parents, which has been a normative duty and obligation of adult children, especially of the eldest son who succeeds in the family line

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16 According to Goodman and Peng (1996), Confucianism includes important notions such as: respect for seniors, filial piety, paternal benevolence, the group before the individual, conflict avoidance, loyalty, dutifulness, lack of complacency, striving for learning, entrepreneurship, and meritocracy. Diligence and hard work are given particularly high social status. Much emphasis is placed on ‘familial’ ideas of solidarity, inside/outside distinctions, patriarchal authority, strict gender role separation and female subordination, long-termism and family continuity, and fear of bringing shame.
(Sung, 1998). In practice, this means that a married eldest son typically cohabits with his parents in a three-generation household and provides care, including financial, physical, and emotional care, to his elderly parents. The generational care responsibilities, however, are further divided by gender within the family: the gender dynamics between husband and wife redistribute the responsibility of economic support to the husband, the male as breadwinner, and the responsibility of daily full-time filial care to the wife as an agent for her husband. Lan (2001, p.2) refers to such processes as “gender transfer of filial piety.” Palley (1992) points out that the informal care given by daughters-in-law in the three-generation family has been the basis of Korean social policies regarding elder care. The key role of daughters-in-law in elder care provision has to be understood in the context of patriarchal Korean family structure, in which a woman is repositioned from the family of her father to the family of her husband upon her marriage, and is made more responsible for caring for her parents-in-law than for her own parents. This explains the Korean family care arrangement that is quite different from Western countries where partners and daughters are the main informal caregivers for the elderly (Sung, 2003).

Over the last few decades, however, the traditional elder care arrangement in Korean society, heavily based on the daughter-in-law’s unpaid care work within the family, has been challenged by social changes such as increased female labour market participation, changing family structures, and shifts in norms and values. First, the women’s increased labour market participation, from 39.3% in 1970 to 49.4% in 2010, questions the continuity of traditional informal care provision. Almost half of Korean women are now unable to provide full-time care for their elderly parents(-in-law). Second, the significant change in the Korean family structure suggests that there are fewer elderly people who live with, and receive full-time
care from, their children. Over the last few decades, the proportion of three-generation Korean families has decreased from 17.4% in 1970 to 5.7% in 2005, while the proportion of nuclear families has increased from 71.5% in 1970 to 82.7% in 2005 (Statistics Korea, 2005). The three-generation household, composed of grandparents, parents, and children, is no longer a typical household type for the elderly. Table 1 shows the shrinking household size for the elderly: whereas over 54% of elderly people lived with their child(ren) in 1994, only 27.6% of elderly people lived with their child(ren) in 2008. Meanwhile, the proportions of elderly people living with their partners or alone significantly increased over the last decade. According to 2005-2030 Population Perspectives (Statistics Korea, 2007), the numbers of two-person and one-person elderly households are expected to triple by 2030 (from 822,000 two-person households in 2005 to 2,230,000 in 2030; and from 777,000 one-person households in 2005 to 2,338,000 in 2030).

Table 1 Distribution of the elderly (aged 60+ for 1994 & 2008, aged 65+ for 1998 & 2004) by household type (%)

<table>
<thead>
<tr>
<th></th>
<th>Single Household</th>
<th>Elderly Couple Household</th>
<th>Co-residing with Child</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994</td>
<td>13.6</td>
<td>26.8</td>
<td>54.7</td>
<td>4.9</td>
</tr>
<tr>
<td>1998</td>
<td>17.9</td>
<td>27.9</td>
<td>48.6</td>
<td>5.5</td>
</tr>
<tr>
<td>2004</td>
<td>20.6</td>
<td>34.4</td>
<td>38.6</td>
<td>6.4</td>
</tr>
<tr>
<td>2008</td>
<td>19.7</td>
<td>47.0</td>
<td>27.6</td>
<td>5.6</td>
</tr>
</tbody>
</table>

Source: KIHASA (each year). The National Survey on the Living Profile of Older Persons.

The Statistics Korea’s Social Survey provides useful resources for understanding the Koreans’ changing attitudes toward care for elderly parents. The survey asked who Koreans think has responsibility for their parents’ old age and how their attitudes have changed over the last decade. In 1998, the majority (89.9%) believed that the family has full responsibility
for their elderly parents, 8.1% thought parents should take care of themselves, and 1.9% thought the government and society should take the responsibility for the elderly. In 2008, however, more than 43% of Koreans emphasized the collective responsibility of family, government and society for the elderly, while 40.7% thought the family should take full responsibility for the elderly and 11.9% thought parents should take care of themselves. Survey results suggest that, within a decade, public opinion about the responsibility for the elderly has changed significantly from sole responsibility of the family to the collective responsibility of the family, the government, and the society. The Social Survey’s question about the desired living arrangement for the elderly (aged 60 or over) also reflects changing attitudes of the elderly. Compared to five-years earlier, more elders prefer not to cohabit with their children (60% in 2007 vs. 45.8% in 2002) and more elders are willing to reside in LTC facilities, either free (9.8% in 2007 vs. 2.8% in 2002) or fee-paying (4.8% in 2007 vs. 1.6% in 2002). Although there are still many elders who want to live with their children, the overall trend is moving from family-centred elder care based on co-residency with children towards self-care or spousal care based on independent living from children, with the preference for care within a residential facility growing.

In the changing Korean society, where the number of challenges to traditional family care arrangements is growing, two important questions arise about the continuity and discontinuity of family care: 1) how gender and generational dynamics in elder care provision have changed in the transforming Korean family; and 2) to what extent the social changes have driven the shifts in elder care arrangement based on familial and non-familial care.
With regard to the question of “who cares for the elderly within the family,” *The National Survey on the Living Profile of Older Persons*, conducted by the Korea Institute of Population and Health (KIPH) in 1985 and the Korea Institute of Health and Social Affairs (KIHASA) in 1994, 1998, and 2004, provides valuable longitudinal data on the profile of the primary caregiver for the elderly. In terms of the care arrangement and provision within the family, the 1985 Survey limited its sample of primary caregivers to “married women who reside with elderly parents within an extended family,” based on the assumption that women provided care for co-residing elderly parents(-in-law). According to the 1985 Survey, the majority of 1,694 caregivers were daughters-in-law (93.8%), while married daughters comprised only 5% (and others 1.2%). This clearly shows how the traditional care responsibility in Korean family fell upon daughters-in-law rather than daughters. The reasons given for women’s care for their elderly parents(-in-law), according to the 1985 Survey, also supported the eldest son’s and his wife’s primary care responsibility for elderly parents. The majority (72.3%) of daughter-in-law caregivers answered that they cared for their parents(-in-law) because they were the wives of the eldest sons.

The series of National Surveys conducted by KIHASA (1994, 1998, 2004, and 2008) provides more consistent and useful data on elder care arrangements. Over time, two changes are most noticeable in the care arrangements (Figure 2). First, the proportion of care provided by the son and his wife declined, while the proportion of care provided by the elderly person’s spouse increased. While 39.7% of elderly people were cared for by son and daughter-in-law in 1994, that changed to 30.9% in 2008. At the same time, the proportion of spousal care increased from 26.5% in 1994 to 48.1% in 2008. The decreased parental care provision suggests the weakening norms of the intergenerational obligation towards care for
elderly parents in contemporary Korean society.

Second, the survey results also show that there has been a significant increase in the use of non-family paid care workers. The proportion of paid care workers increased from 0.3% in 1994 to 0.8% in 1998, 2.4% in 2004, and 9.1% in 2008. This suggests that elder care provision is rapidly being shifted from informal care based on unpaid care provision to formal care based on paid care work. The huge gap between 2004 and 2008 can be partly explained by the introduction of the Long-term Care Insurance for the Elderly system in July 2008 (the data for 2008 Survey was collected between August 2008 and January 2009), which provides home-based care services to elderly persons who have difficulties in performing daily living tasks. As of December 2008, 214,000 elderly people received home-care or institutional care services, which comprised 3.9% of all Korean elderly people.

Figure 2 Main care providers to elderly persons, by relationship to elderly person

Source: Lee YG et al. (2010). Chart 4-12.
In the shifting elder care dynamics of the Korean family, what remains unchanged in the survey findings is the gender ratio of family elder care providers: women are providing most care to elderly persons. Both the 1998 and 2004 Surveys found that most primary caregivers in the family (78.6% in 1998 and 80% in 2004) were women. Other research findings (79% in Yoon et al., 1999, cited in Yoon [2000] and Chang et al., 2006) also reflect the strong gender division of the Korean family care provision to the elderly.

The unchanged strong gender division of care work within the family is not limited to elder care, but is also displayed in overall unpaid care work performed in the households. The increased participation of women in the labour market has not been accompanied by the increased role of men in performing care work in dual-earner households. In a broader concept, ‘unpaid care work’ includes all non-remunerated work activities such as housework, cooking, and caring for children, old people, and those who are sick and frail\(^{17}\) (Razavi, 2007). Time Use Surveys, which are now conducted in various countries in order to provide better information on both paid and unpaid work performed by different categories of people (male and female, in particular), shed light on the unpaid activities which are generally not reflected in key economic indicators such as GDP (Budlender, 2007). The Time Use Surveys are particularly helpful to understand the gender dynamics in performing unpaid care work within households.

Statistics Korea has produced a Korean Time Use Survey (KTUS) every five years since 1999. The KTUS collects information on how people spend their time during a 24-hour

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17 Strictly speaking, housework such as preparing meals, cleaning clothes, and shopping does not constitute direct care of persons, but they are necessary activities that provide the preconditions for personal care giving (Razavi, 2007).
period in 10-minute slots for two designated days. The gender analysis of KTUS shows a strong gender division of paid and unpaid care work within the family. According to An’s (2008) analysis of the 1999 and 2004 KTUS, there were significant differences in men’s and women’s time use on paid and unpaid work. Men aged 15 to 64 spent 26% of the day in 1999 and 25% in 2004 on paid work, whereas women in the same age group spent 15% in 1999 and 14% in 2004 on paid work. On the contrary, men spent only 2% of their time on unpaid care work (1% on housework and 1% on personal care work in both years), while women spent 15% of their time on unpaid care work (12% on housework and 3% on personal care work in 1999, and 11% on housework and 4% on personal care work in 2004). These data suggest that there has been no significant change in the total time used for both paid and unpaid work for men and women between 1999 and 2004, with a significant gender gap remaining in the time used on both paid and unpaid work.

Furthermore, recent KTUS data shows a slightly changed but persistent gender division in the time spent on unpaid care work in both single-earner and dual-earner families. When comparing the Survey data of 2009 with that of 2004, three noticeable trends can be observed (Table 2). First, the gender gap in time-use on unpaid care work narrowed in both single and dual-earner families. Men in both dual-earner family and single-earner family spent more time on unpaid caring and housework in 2009 than five years earlier. The total time spent on caring and housework increased by 5 minutes per day for men in dual-earner families and by 8 minutes for men in single-earner families. At the same time, the total time used on caring and housework decreased by 8 minutes for women in dual-earner families and by 7 minutes for women in single-earner families.
Table 2 Gender division of time-use on unpaid caring and housework

<table>
<thead>
<tr>
<th></th>
<th>Dual-Earner Family</th>
<th>Single-Earner Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Wife</td>
<td>Husband</td>
</tr>
<tr>
<td>2004</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caring</td>
<td>0:41</td>
<td>0:12</td>
</tr>
<tr>
<td>Housework</td>
<td>2:47</td>
<td>0:20</td>
</tr>
<tr>
<td>Total</td>
<td>3:28</td>
<td>0:32</td>
</tr>
<tr>
<td>2009</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caring</td>
<td>0:42</td>
<td>0:13</td>
</tr>
<tr>
<td>Housework</td>
<td>2:38</td>
<td>0:24</td>
</tr>
<tr>
<td>Total</td>
<td>3:20</td>
<td>0:37</td>
</tr>
</tbody>
</table>


Second, despite the slight increase in men’s participation, women still spent significantly longer hours on housework and caring work compared to their husbands, regardless of their labour market participation. As of 2009, working women were spending 3 hours and 20 minutes per day on unpaid care work while their male spouses were doing such work for only 37 minutes. Third, the labour market participation influenced women’s time-use on unpaid care work significantly but it had little influence on men. Employed women spent significantly less time on unpaid caring and housework compared to non-working women in both years: working women spent 3 hours and 28 minutes in 2004 and 3 hours and 20 minutes in 2009, and non-working women spent 6 hours and 25 minutes in 2004 and 6 hours and 18 minutes per day in 2009. However, in both years, men who had working wives did not show much difference in the amount of time spent on unpaid care work compared to those who had non-working wives. The KTUS findings suggest a slightly changed but still wide gender gap in time-use on unpaid care work. The heavy reliance on women’s domestic and care work, regardless of their labour market participation, raises the question of how family caregivers manage balancing their unpaid care work and paid work in contemporary Korean society where more women are in the labour market. In this regard, Chang and her
colleagues’ (2006) research findings on the significant time used on elder care by employed and not-employed family caregivers suggest women’s heavy burden of unpaid care work. In their survey, they found that the majority of primary caregivers were not in the labour market (81.5%). Among those who were not employed (326 persons), however, 213 caregivers had previous paid work experience, and more than 60% (132) of these previously employed caregivers answered that they had quit their job due to elder care provision. On the other hand, more than half of employed caregivers changed their employment arrangement due to elder care. In addition, 18 employed caregivers (out of 74) had considered quitting their jobs due to elder care.

Other research findings present more detailed findings on working women’s conflicting roles of caregiver for their parents(-in-law) and paid worker in their workplace. According to Song and Kim’s (2003) research on the elder care burden, although less than 10% of respondents answered that their eldercare burden negatively affected their regular working hours, more than 30% of respondents responded that their eldercare burden hindered them from participating in work-related educational and training programmes or other work-related activities, and made it difficult for them to work over-time, which might have negatively influenced their career and promotion opportunities. Kim M and Joo’s (2003) analysis of the Korean Women’s Development Institution’s survey on women’s employment

18 The higher rate of unemployed family caregivers in Chang et al.’s (2006) study compared to other family caregiver studies is understandable given its sample of family caregivers who care for dependent elderly persons. For example, Kim M & Joo’s (2003) study on female family caregivers who care for persons over 65 years old (regardless of their dependency level) found that 53.3% of caregivers who resided with their parents(-in-law) were unemployed.

19 For their sample, Song & Kim (2003) used the Seoul City and District Government employees’ wives who cared for 65+ aged parents(-in-law). Therefore, Song & Kim’s study is limited in representing female family caregivers overall, as their sample showed higher level of income, education, and employment rate.
status also revealed the influence of elder care burden on women’s working hours. From a sample of 634 women aged 15-65 who cared for the elderly, a significant proportion of working women who resided with their elderly parents(-in-law) (20% of women aged 15-44 and 26.7% of women aged 45-64) answered that they could not work longer than 36 hours per week because of their eldercare responsibilities.

The existing research findings shed light on the heavy elder care burden carried by family caregivers – most of whom are women – and especially by those who are in the labour market. Women’s increased labour market participation in fact doubled their work burden in the context where women still remained as primary caregivers regardless of their employment status. Thus, given the unbalanced distribution of unpaid care work between men and women, the current status of Korean women is very far from helping them achieve autonomy from their family care burdens, which in turn discourages them from fully participating in the labour market.

According to the Ministry of Employment and Labor’s survey on female employment trends in March 2010, 67.2% of economically-not-active women pointed to their unpaid care work responsibilities (e.g., childcare and domestic work) as the major reason for not participating in the labour market (Hankyung, 2010). The strong gender roles and gender division of unpaid care work in the Korean family is reflected in the Korean male and female labour force participation rates by age group (Figure 3). Men’s labour market participation rates show an inverted U-shaped curve pattern, continuously rising in their 20s and the early 30s and falling in their 50s and 60s as they retire from the labour market. However, women’s labour market participation rates present an M-shaped pattern, peaked at mid- and late 20s, falling in the early 30s due to marriage and childbirth, and rising again slightly in the mid-
30s and the 40s when women are relatively free from unpaid care work (such as childcare).

Figure 3 Labour force participation rate, by gender and age, 2009


The M-shaped pattern of female labour market participation is unusual for most OECD countries except Japan and Korea, although M-shaped curves were common 50 years ago in OECD countries (Durand, 1975, cited in Melkas & Anker, 2003). In the Korean labour market, it has been documented that women’s re-entry into the labour market, after career interruption due to marriage and childbirth, often pushes these women to take up low-paying and unstable jobs in the informal sector (Eun, 2007; Kim JS et al., 2007). In the following

Hyundai Research Institute (HRI, 2010) found that, although the proportion of male workers in temporary
section, I will discuss further the gender dynamics in the transforming Korean labour market.

2.2. Transformation of the Labour Market: Gender and Employment

The Korean labour market has transformed significantly in the last four decades, first in the process of rapid economic growth from the 1960s to the mid-1990s and second in the process of economic restructuring after the financial crisis of 1997. This section examines such changes with a particular focus on the gender dimension of the Korean labour market. I first describe the context of the economic development in the first three decades and the economic restructuring in the aftermath of the financial crisis, which will highlight the transformation of the Korean labour market from protective to flexible labour market. Looking at the transformed Korean labour market, I explore its strengthened polarisation by employment status and gender, whereby female workers are often excluded from the core sector\(^2\) which offers stable jobs with higher pay and more secure employment benefits.

The dramatic growth of the Korean economy from the early 1960 to the mid-1990s became known as “the Miracle on the Han River” and grouped the country with her counterparts in East Asia into the four so-called Asian Tigers (along with Hong Kong, Taiwan, and Singapore). The economic development of Korea until the mid-90s was

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\(^2\) The ‘core’ sector consists of regular, full-time workers that are permanent or are expected to continue employment, and are often entitled to company benefits and social security system. On the other hand, the ‘periphery’ sector consists of non-regular workers including part-time, daily, temporary, atypical, and non-wage workers, and is often characterised by low wage and precarious working conditions.
achieved under strong state control and guidance. Since the early 1960s, the broad contours of the Korean economy had been controlled by the authoritarian government, guiding and regulating markets to achieve the state-set economic development goals (Yun, 2009). The cooperation between government and chaebol\textsuperscript{22} (large family-owned conglomerates) is the key to understanding the dramatic economic growth in this region. In the industrialisation process, transforming from a predominantly agrarian to an industrialised economy, the Korean government encouraged the growth of large conglomerates by nationalising all commercial banks, which enabled the Park Chung-hee regime to channel financial resources to chaebols under the directive of the government. The chaebols, in return, took a leading role in implementing the government’s export-oriented, heavy and chemical industries drive, while they significantly expanded their size and influence in the Korean economy. For example, the top 30 chaebols’ contribution to the country’s GDP increased from 9.8% in 1973 to 29.6% by 1989, and by 1997, they accounted for half of the total assets, debts, sales and net profits of the corporate sector in the Korean economy (Thomas White International, 2010). Such alliance between the government and chaebols fuelled rapid economic growth over the three decades: from 1961 through 1996, when Korean GDP growth averaged 8% a year and real wages grew by 7% a year. The Korean labour market was near full employment status, with the unemployment rate at less than 3%.

\textsuperscript{22} Most of the Korean large enterprises assumed a chaebol form, characterised by a closed and concentrated, most often family-centered ownership structure and a highly diversified business structure (Thomas White International, 2010). As of 2004, the four largest chaebols based on sales were Samsung, LG, Hyundai Motor, and SK. Samsung consists of 63 companies, LG consists of 46 companies, Hyundai Motor has 28, and the SK group has 59 companies (Park et al., 2008).
The economic growth driven by the close relationship between the state and chaebols, however, was challenged in the decade preceding 1997, and the troubled relationship triggered the financial crisis in late 1997. Under external pressure from international communities, such as G7 governments, and internal pressure from chaebols and wealthy individuals, the Korean government loosened control over domestic financial and corporate sectors through economic liberalisation, which led to a surge in corporate debt and caused serious financial difficulties and eventually the bankruptcies of a number of mid-sized chaebols (see Crotty & Lee, 2001 for detailed description of the causes of the financial crisis). As the external debt burden worsened in the financial and corporate sectors, the Korean government received a $58 billion bailout package from the International Monetary Fund (IMF) in December 1997.

In the process of recovering from the financial crisis, and following IMF recommendations, President-elect Kim Dae-Jung undertook massive macroeconomic adjustment and structural reforms including labour market and corporate restructurings. The justification for economic restructuring, however, had been recognised even before the financial crisis, as consensus grew about the need for reform towards a more flexible labour market in order to strengthen international competitiveness (Cho & Keum, 2009). For instance, in 1996 and 1997, the business sector challenged the strong legal protection of job security by demanding the introduction of so-called “three systems (sam-je)” of

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23 The strong employment protection was one of the key features of Korean labour market policies prior to the financial crisis. The labour laws restricted employers from hiring non-regular workers and laying off workers. Korean labour laws provided *de facto* lifetime employment for male workers in standard full-time employment, which was the political trade off for the highly repressive and anti-labour side that denied workers the right to form independent unions and to engage in political activities (Woo, 2007, cited in Peng, 2009).
redundancy: layoffs (jeongri-haego-je), temporary dispatch work (pagyeon-je), and variable work hours (byeon-hyeong-geunro-je). The financial crisis in fact provided an opportunity to transform the Korean labour market into a more flexible one through the major reform of labour laws. The amended Labour Standard Act of 1998 allowed firms for the first time in modern Korean history to fire as many workers as they wanted in cases declared to be of “urgent managerial need” (Article 31, Dismissals for Managerial Reasons). It also legalised temporary dispatch work, which allowed firms to hire temporary agency workers to reduce labour costs, and variable work hours, granting employers flexibility to utilise their workers to work over the legal working hours limit.

The outcome of this economic and labour market restructuring was the increasing employment insecurity and strengthened polarisation of the Korean labour market (Chun, 2008; Peng, 2009 & forthcoming; Yun, 2009). In the process of corporate restructuring, Korean firms were able to take advantage of the new labour law in their attempt at structural downsizing by replacing large numbers of regular workers with non-regular workers, most of whom were cheaper, non-unionised, and temporary workers (Crotty & Lee, 2002; Jang G, 2009). Employment adjustment policies newly implemented by large enterprises (mostly chaebols), such as dismissal and early retirement, moved a large number of laid-off and early-retired workers from the core sector, which consisted of stable forms of regular workers.

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24 After the legalisation of mass lay-offs in 1998, employers fired regular workers and re-hired them as non-regular workers for less pay, no job security, and no benefits. For example, Hyundai Motors decided to formally dismiss 277 workers, 144 of whom were women working in the company cafeteria, and then re-employed dismissed cafeteria workers as subcontracted workers under the management of their own union. Chun (2009) explains that the shift from direct to indirect employment meant that dismissed workers not only lost their permanent jobs with a full range of benefits, but they were also re-employed doing the exact same work under lower paid, less secure conditions as indirect employees of an external subcontractor.
employment, to the peripheral sector, consisting of various unstable forms of irregular employment. As a result, temporary and daily employment rose sharply from the late 1990s on, accounting for about 90% of the increase in wage contracts between 1998 and 2002 (Cho & Keum, 2009). In 1999, the share of non-regular wage workers, defined by job tenure and entitlement to fringe benefits surpassed the share of regular workers for the first time, and the proportion of regular workers to the total waged workers in the Korean labour market declined from 54.6% in 1997 to 48.3% in 2000, and gradually recovered to 54.3% in 2009 (Statistics Korea, 2009).

The growth of non-regular employment has strengthened the polarisation between regular and non-regular employment in the Korean labour market, as new forms of non-regular employment offer significantly lower pay and little benefits compared to regular employment. As of 2009, non-regular workers earned only 56.8% (1,232,000 won; CAD$1,124) of the average monthly wage of regular workers (2,167,000 won; $1,977). For workers in non-standard or atypical forms of employment, such as temporary agency workers, the monthly wage was as low as 1,130,000 won ($1,031). The non-regular workers’ unionisation rate (3.1%) was significantly lower than regular workers’ rate (16.3%) (Statistics Korea, 2010b). Social insurance coverage and fringe benefits are also significantly lower for non-regular workers: according to Kim (cited in Jang G, 2009), as of March 2009, while over 98%, 99%, and 82% of regular workers were covered by national pension, health insurance, and employment insurance programmes, respectively, only 34% - 38% of non-regular workers were covered by those programmes. The coverage rates of other employment benefits, such as retirement, bonus, and extra-hour allowances, were
significantly lower in non-regular workers’ employment compared to regular workers’ employment (Figure 4).

In the deregulated labour market, the changed management strategy of many employers, who began hiring non-regular workers over regular workers at half the labour costs, has strengthened the polarisation of the labour market between stable and protected regular workers and unstable and unprotected non-regular workers. A 2004 newspaper article in the Korea Central Daily (cited in Chun, 2009, p.541) highlighted the dual labour market by stating: “They [non-regular workers] do the same job during the same hours as regular workers, but for far less pay. Legally, it’s not discriminatory because these employees are classified as non-regular, meaning they have been hired on a temporary basis or on contract. In the efforts to cut costs, companies are free to adopt a two-tier wage system.”

Figure 4 Proportion of workers covered by social insurance and other employment benefits by regular and irregular employment

Source: Kim (cited in Jang G, 2009, p.27, Figure 4-1).
A closer look into the structure of the Korean labour market reveals a strong gender division between the core and peripheral sectors. Although the proportion of regular wage workers among all wage workers (66.6%) was larger than the proportion of non-regular wage workers as of 2010, the gender analysis finds that non-regular employment is still a predominant form of employment for female wage workers. According to the 2010 figures, as shown in Table 3, male workers comprised a significant proportion (62.8%) of regular wage workers, while female workers comprised larger shares of different types of non-regular wage workers, especially part-time workers (73.6%), special-type workers (67.3%), and home-based workers (92.9%). Table 3 also presents another significant gender division in non-wage employment: among non-wage workers, women comprised the majority of unpaid family workers (85.5%), while men comprised the majority of the self-employed (71.3%).

As Chun (2009) explains, while low-paid and insecure forms of non-regular employment have been and continue to be the dominant pattern of employment for women in wage employment, the legalisation of flexible and precarious employment arrangements during the financial crisis has imposed more serious consequences on female workers who predominate the non-regular employment sector, as “irregular employment has become synonymous with discriminatory labour practices” (p.539). Given the pervasive wage disparities between regular and non-regular workers, the predominance of male workers in the core sector and that of female workers in the peripheral sector are directly linked to the significant gender pay gap in the Korean labour market. Although the gender pay gap has gradually narrowed, female workers’ average monthly income was still only 62% of male workers’ average monthly income (1,422,000 won; $1,297 for female and 2,284,000 won;
$2,084 for male workers) as of 2009. Among OECD countries, the gender pay gap was the largest in Korea (38%), followed by Japan (33%). Although women in OECD countries earned 17.6% on average less than men, Korean women earned 38% less than their male counterparts (OECD, 2010).

Table 3 Distribution of workers, by employment status and gender

<table>
<thead>
<tr>
<th>2010</th>
<th>Total number</th>
<th>Male (%)</th>
<th>Female (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular wage workers</td>
<td>11,362,000</td>
<td>62.8</td>
<td>37.2</td>
</tr>
<tr>
<td>Non-regular wage workers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fixed-term workers</td>
<td>3,281,000</td>
<td>48.0</td>
<td>52.0</td>
</tr>
<tr>
<td>Part-time workers</td>
<td>1,620,000</td>
<td>26.4</td>
<td>73.6</td>
</tr>
<tr>
<td>Atypical workers (Total)</td>
<td>2,289,000</td>
<td>53.1</td>
<td>46.9</td>
</tr>
<tr>
<td>a) Daily/on-call workers</td>
<td>870,000</td>
<td>69.7</td>
<td>30.3</td>
</tr>
<tr>
<td>b) Dispatched workers¹</td>
<td>211,000</td>
<td>49.3</td>
<td>50.7</td>
</tr>
<tr>
<td>c) Agency workers²</td>
<td>608,000</td>
<td>54.9</td>
<td>45.1</td>
</tr>
<tr>
<td>d) Special-type workers³</td>
<td>590,000</td>
<td>32.7</td>
<td>67.3</td>
</tr>
<tr>
<td>e) Home-based workers</td>
<td>70,000</td>
<td>7.1</td>
<td>92.9</td>
</tr>
<tr>
<td>Non-wage workers</td>
<td>6,781,000</td>
<td>60.5</td>
<td>39.5</td>
</tr>
<tr>
<td>Self-employed</td>
<td>5,592,000</td>
<td>71.3</td>
<td>28.7</td>
</tr>
<tr>
<td>Unpaid family workers</td>
<td>1,266,000</td>
<td>14.5</td>
<td>85.5</td>
</tr>
</tbody>
</table>

Notes: ¹ Dispatched (pagyeon) workers are employed and paid by a temporary work agency but provide their labour at a dispatched workplace under the supervision within the workplace. Dispatched employment is subject to the Dispatched Workers Law, and as of 2011, such employment practice is allowed in 32 job categories.
² Agency (yongyeok) workers are employed and supervised by a work agency, and provide their labour at a workplace connected to the agency.
³ Special-type (teuksoohyeongtae) workers are those who are in an employment status between the self-employed and employees. Although they are economically dependent on their employer, special-type workers provide products or services (e.g., insurance sales, delivery, transportation) independently, based on one’s decision about the method of service delivery and working hours.
Source: Statistics Korea (2011b).

The huge gender pay gap in the Korean labour market, as well as the gendered distribution of workers in regular and non-regular employment, must be understood in conjunction with the different gender distribution across different sized workplaces. The traditional Korean industrial structure, with its severe industrial imbalance between large
enterprises (LEs; mostly chaebols) and small- and medium-sized enterprises (SMEs; joongso-giup), has been a key factor facilitating the gender polarization of the labour market.\textsuperscript{25} As Yun (2009) explains, the imbalanced development between LEs and SMEs in the era of rapid economic development resulted in a severe industrial imbalance between LEs and SMEs which continued in the 1990s and 2000s, as the LEs had more opportunities to continue developing their technology and exports, while the labour-intensive SMEs lost competitiveness in the markets with their increasingly outdated technologies. This imbalance is reflected in the huge disparities in wage and labour conditions among workers in different workplaces, which have been exacerbated by the financial crisis. For example, Table 4 presents the changes in the distribution of total workforce and wage increase in various-sized enterprises between two time periods, before the financial crisis (1990-1996) and after (2000-2004). It is clear that, in the corporate restructuring process in the late 1990s and early 2000s, LEs (500+) reduced the size of their workforce: the proportion of workers in LEs decreased from 25.4\% in 1990-1996 to 18.3\% in 2000-2004. However, after the financial crisis, the reduced workforce of LEs took more from the total wage increase in the Korean labour market: the share of the total wage increase among workers in LEs increased from 22\% in 90-96 to 26.5\% in 2000-2004. At the same time, the proportion of workers in small enterprises (10-29 employees) increased significantly from 19.9\% in 1990-1996 to 29.1\% in 2000-2004, while their share of the total wage increase did not change much (from 25.2\% to 25.9\%).

\textsuperscript{25} Cho (cited in Lim, 2010) pointed out the size of workplaces as the most important variable needed to understand the wage gap between regular/non-regular, female/male, age, and educational level.
Table 5 (based on 2006 figures) reflects the significant wage disparities between LEs and SMEs. Overall, workers in smaller firms earned significantly less than workers in larger firms: the monthly wage of workers in workplaces with 5-9 employees was 54% of the wage of workers in workplaces with 500 employees or more, although the workers in small enterprises worked longer than those in large enterprises (196 hours versus 188.7 hours). In addition to the wage imbalance, Table 5 also shows more stable and preferable working conditions for the workers in LEs, who stayed longer with the same workplace and were more likely to be members of labour unions, compared to workers in SMEs.

Table 4 Distribution of workforce and wage increase by size of enterprises (number of employees) and time periods (1990-1996 and 2000-2004)

<table>
<thead>
<tr>
<th>Size</th>
<th>10-29</th>
<th>30-99</th>
<th>100-299</th>
<th>300-499</th>
<th>500+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time period</td>
<td>90-96</td>
<td>00-04</td>
<td>90-96</td>
<td>00-04</td>
<td>90-96</td>
</tr>
<tr>
<td>Workforce (%)</td>
<td>19.9</td>
<td>29.1</td>
<td>27</td>
<td>27.1</td>
<td>20.5</td>
</tr>
<tr>
<td>Wage Increase (%)</td>
<td>25.2</td>
<td>25.9</td>
<td>26.1</td>
<td>22.7</td>
<td>19.3</td>
</tr>
</tbody>
</table>

Source: Korea Employers Federation (KEF, 2005).

Table 5 Salary and working conditions, by size of workplaces, 2006 figures

<table>
<thead>
<tr>
<th>Size</th>
<th>Monthly Wage (won)</th>
<th>Work Hour</th>
<th>Continuous Work Year</th>
<th>Union Membership</th>
<th>Male Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-9</td>
<td>1,874,000 (54%)</td>
<td>196.0</td>
<td>4.1</td>
<td>7.0</td>
<td>62.3</td>
</tr>
<tr>
<td>10-29</td>
<td>2,223,000 (65%)</td>
<td>198.9</td>
<td>4.5</td>
<td>13.9</td>
<td>68.4</td>
</tr>
<tr>
<td>30-99</td>
<td>2,364,000 (69%)</td>
<td>202.3</td>
<td>5.4</td>
<td>22.8</td>
<td>69.9</td>
</tr>
<tr>
<td>100-299</td>
<td>2,612,000 (76%)</td>
<td>201.5</td>
<td>6.8</td>
<td>50.2</td>
<td>71.2</td>
</tr>
<tr>
<td>300-499</td>
<td>2,932,000 (85%)</td>
<td>194.3</td>
<td>7.8</td>
<td>64.6</td>
<td>70.3</td>
</tr>
<tr>
<td>500+</td>
<td>3,445,000 (100%)</td>
<td>188.7</td>
<td>9.1</td>
<td>69.0</td>
<td>71.6</td>
</tr>
<tr>
<td>Total</td>
<td>2,476,000</td>
<td>198.0</td>
<td>5.8</td>
<td>31.2</td>
<td>68.8</td>
</tr>
</tbody>
</table>

Source: Korea Labor Institute (KLI, 2008). Table II-3.
In terms of the gender pay gap, based on the findings that workers in larger workplaces received better pay and benefits, the gender ratios in LEs and SMEs presented in Figure 5 suggest that women tended to work in smaller firms which offered poorer pay and working conditions. Keum and Yoon’s study (2011) provides detailed information on the gender composition of LEs and SMEs workforces. Between 2000 and 2009, nearly half (47%) of male workers worked in workplaces with 30 and more employees: 15% of male workers worked in large workplaces (300 employees or more), 12% in medium-size workplaces (100-299 employees), and 20% in small-medium size enterprises (30-99 employees). On the other hand, only one-third of female workers were in workplaces with 30 and more employees, while two-thirds of female workers (66%) worked in small workplaces with less than 30 employees: 27% in workplaces with 1-4 employees, 18% in workplaces with 5-9 employees, and 21% in workplaces with 10-29 employees.

Figure 5 Proportion of workers in workplaces in various sizes by gender (based on the average of data between 2000 and 2009, excluding farm workers)

The predominance of female workers in smaller workplaces and in non-regular employment suggests that women are more likely to be paid poorly, to receive less employment benefits, and to work under precarious conditions in the labour market. Furthermore, as women predominate in jobs in the peripheral sector, female workers are more significantly affected by discriminatory labour practices in the increasingly polarised Korean labour market.

2.3. Transforming Social Policies: at the Intersection of Elder Care, Labour Market, and Immigration Policies

Since the 1990s, the Korean government has undertaken serious restructuring in the terrain of elder care, labour market, and immigration policies in order to expand the care workforce for the elderly, by stimulating job creation through various elder care programmes on the one hand, and by facilitating the importation of migrant workers into the care market on the other. Overall, in responding to the growing demands for eldercare services, the Korean government’s path in the 1990s and 2000s reflected the government’s strong belief in the marketisation of elder care provision. This section examines the path followed by the Korean government in producing and expanding the elder care workforce over the last two decades, at the intersection of elder care, labour market, and immigration policies, and discusses how the government’s marketisation strategy has led the changes of the Korean elder care sector.
2.3.1. Elder Care Policy Change: Expanding Formal Care Programmes for the Elderly

Until recently, the Korean government’s approach to eldercare provision was heavily based on familial care, emphasizing the cultural traditions of filial piety and respect for the elderly. Within the traditional Korean family, as discussed earlier, the first daughter-in-law takes care of her elderly parents-in-law who reside in the same household, following Confucian traditions. With the strong emphasis on family responsibility, the government’s limited funding for social care services targeted only those without family (Sung, 2003). In the process of expanding public home-help services for the elderly in the early 1990s, the government maintained its principles of targeting the poor elderly with no family and of using unpaid volunteer service providers who were organised by not-for-profit organizations. In this period, public institutional care programmes targeted only those on social assistance who had no family members to take care of them.

Since the mid-1990s, the government’s approach to elder care provision has gradually shifted from a focus on the sole responsibility of the family towards more mixed care by encouraging the participation of non-governmental sectors, both for-profit and not-for-profit, and limiting government’s role to a funder and regulator, rather than a direct provider of eldercare services. In responding to the growing eldercare needs, the government tackled the lack of for-profit eldercare facilities (full-price, higher quality) which would serve the needs of the elderly who could afford higher fees for care services. Since the

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26 Prior to the introduction of the LTCIE system, residential care facilities for the elderly were classified into three categories. Free facilities were for those on social assistance, low-price facilities were for poor elderly people (but not on social assistance), and full-price facilities were for those who could afford full price fees. The classification of free, low-price, and full-price residential facilities was removed when they were integrated into one category of residential (institutional) facilities under the LTCIE system.
government encouraged for-profit care providers to participate in eldercare provision by providing mortgages beginning in the mid-1990s, the number of full-price facilities increased to 15 by 1997 (Moon & Kim, 1997).

Since the early 2000s, while continuously promoting the participation of the non-governmental sector in elder care provision, the Korean government became more directly involved in the expansion of publicly-funded elder care services, though still not as a direct provider, through establishing various social service programmes for low-income households and implementing the first national LTC system for the elderly in 2008. First, the Korean government introduced a number of publicly funded care programmes for low-income elderly throughout the 2000s. In 2001, the Ministry of Health and Welfare developed the bokji-ganbyeong (welfare-care) programme as a part of workfare programmes in which social assistance recipients, upon receipt of social assistance allowance, have to provide free care services to low-income elderly people in hospitals. In 2004, the Ministry, using the Lotto Lottery Fund, implemented an additional elder care programme, gasa-ganbyeong (housework-care), for low-income elderly people along with other disadvantaged groups, to help them with domestic and caring work within the home. In 2007 the Ministry adopted the Social Service Voucher as a new system governing various social service programmes, and the previous supply-side subsidy was transformed into a demand-side subsidy in the process of marketisation of social services. By providing subsidies to service recipients, the government aims to expand the social service market through increasing the participation of private service providers, which consequently would create jobs in the newly expanded social service market.
Through the development of social service programmes, the Korean government has carried out its marketisation strategy in the government-led social service market expansion project. The Social Service Voucher system clearly presents the Korean government’s marketisation strategy by emphasizing two explicit purposes for introducing the Voucher system – “to secure consumer’s right to choose” and “to improve the quality of social services through market competition” (MOHW, 2011a). On the official website of the Ministry of Health and Welfare’s Social Service Voucher system (www.socialservice.or.kr), it is clearly stated that the first goal of the Voucher system is:

To strengthen service users’ right to choose services for themselves, and to transform service users from passive welfare recipient to active service purchaser through the payment of their contribution to use the services.

For the demand side, the introduction of the Voucher system resulted in changes from free care services to fee-paying services which had to be purchased directly by care recipients with their government-issued voucher and a certain rate of co-payment (from 0% to 15% of service fees) according to the care recipient’s income level. The objectives of charging co-payment fees to service users, as stated on the official website, are to “enhance consumers’ acknowledgement of their right” and to “impose minimum responsibility of oneself for using services.” Furthermore, as expressed in the policy document, the Social Service Voucher system is based on the assumption that the quality of social services is best improved through market competition among diverse care service providers, including for-profit and not-for-profit providers. In the Korean context, where the rapid expansion of social services was the foremost concern of the government due to the scarce existing services, Nam (2008) argues
that the Social Service Voucher system was implemented as a means of increasing the supply of social services. Accordingly, the Korean government encouraged the participation of the private sector into the elder care market by easing the minimum requirements of establishing and operating elder care facilities.

Currently, the Ministry of Health and Welfare runs two main elder care programmes, one of which is under the Social Service Voucher system. The first programme, not under the Voucher system, is the *Elder Care Basic Service* programme which provides free welfare services to elderly people living alone who do not need LTC services. The services provided include home visits, safety checks, living support, and other service referrals. The second programme is the *Elder Care Comprehensive Service* programme under the Social Service Voucher system, which provides domestic and care services to elderly people in low- and middle-class households who need LTC services but do not qualify for the services of the Long-term Care Insurance system. Under the Elder Care Comprehensive Service programme, a qualifying elderly person receives a Social Service Voucher from a local government, which then can be used when purchasing housework and personal help services.27

In addition to expanding publicly funded care programmes for the elderly, the Korean government implemented the Long-term Care Insurance for the Elderly (LTCIE) in July

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27 Service users can purchase care services at a participating care facility by co-paying a maximum of 36,000 won ($32) for 27-hour-per-month housework and personal help services (or 9-day-per-month day-time care services) or maximum 48,000 won ($43) for 36-hour-per-month housework and personal help services (or 12-day-per-month day-time care services). There is no need for co-payment by social assistance recipients.
2008, as the fifth national social insurance scheme.\textsuperscript{28} It came seven years after the former president Kim Dae-Jung suggested a plan for introducing a national elder care system in response to the ageing population and social changes. Unlike other public care programmes targeting low-income elderly people, the LTCIE system is the first national LTC system for the frail elderly which covers all elderly persons with LTC needs, regardless of their income level. As of May 2010, the LTCIE system covered 270,000 elderly people with serious limitations in performing activities of daily living (ADLs), or 5.5\% of elderly Koreans (MOHW, 2010a). The LTCIE system operates with its own financing system separate from the National Health Insurance system, and collects contributions at a fixed percentage (6.55\%) of the Health Insurance contribution. Although largely based on social insurance contributions, the LTCIE system has adopted a mixed financing model rather than a pure social insurance model, as it relies on a government’s subsidy of 20\% and the service users’ co-payment of 20\% (for institutional care) or 15\% (for home-based care). The LTCIE system covers LTC facilities including institutional and home-based LTC service providers, as separated from the Health Insurance system which covers medical acute-care in hospitals. However, in the Korean case, deciding which care facility would be defined as LTC facility or medical facility was a political rather than technical decision. Unlike other acute-care hospitals, LTC hospitals (\textit{yoyang-byeongwon}) – medical hospitals (where medical doctors are present) specialised in LTC service provision – were at the centre of debates on whether to place them within the LTCIE system or in the Health Insurance system. The Ministry of

\textsuperscript{28} Kwon (2009) explains that contribution-based social insurance financing, rather than tax-based financing, has been adopted because the Korean welfare state is based on social insurance such as health insurance, pension, unemployment insurance, and workplace injury compensation. Therefore, the LTCIE system could save administrative costs by using the existing administrative structure of the health insurer, the National Health Insurance Corporation.
Health and Welfare initially planned to include LTC hospitals in the LTCIE system, as they provided LTC services rather than acute-care services, but later announced that it decided to exclude LTC hospitals from the LTCIE-covered facilities due to the limited budget of the LTCIE system. Accordingly, LTC hospitals, along with other types of medical hospitals, are covered by the National Health Insurance and regulated under the Medical Act, while non-medical LTC facilities, including LTC homes, group homes, home-visit facilities, day-care and short-term care facilities, are covered by the LTCIE and regulated under the LTCIE Act. In order to receive LTC services, individuals need to obtain prior approval through an official assessment of functional limitations.  

In the same line with the development of social service programmes, the LTCIE system was also developed as part of the government’s social service marketisation process. The Korean government, whose biggest concern was the lack of available LTC service facilities to serve the growing ageing population, fast-tracked the expansion of a number of LTC facilities and LTC workers by easing regulations on the supply side. The government lowered the minimum requirements for establishing and operating LTC facilities and LTC-worker (yoyangbohosa) training facilities in order to encourage the participation of the private sector. The government changed the previous ‘permission’-based system to a ‘report’-based system for the registration of a new facility, and allowed ‘anyone’ to establish and run a LTC facility when the minimum requirements were met (Jegal, 2009). Furthermore, when the government implemented the first national certificate for LTC workers (yoyangbohosa) who would provide care services to elderly people using LTCIE

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29 Upon application, a team visit from the local branch office of the National Health Insurance Corporation and assesses the applicant’s ability to perform activities of daily living.
programmes, it established no minimum entry level requirement (e.g., age and education level) and a relatively easy LTC-worker training programme (six-week education and training without an exam), in order to increase participation. As the government intended, the result of relaxing minimum requirements on the supply side was a rapid increase in the number of LTC facilities and LTC workers: the number of LTC facilities increased from 1,271 in 2008 to 3,443 in 2010, and the number of persons with LTC-certificate reached over 900,000 in 2010 (Kim RH, 2010). However, as the eased regulations on the supply-side focused more on expanding the quantity of care services, they continuously caused a number of problems related to the decreasing quality of care services, such as poor operation of training facilities which produced unqualified care workers. For example, according to the Ministry of Health and Welfare’s report on the 2009 Yoyangbohosa Training Facilities, among 797 visited facilities, over 40% (322 facilities) violated one or more regulations, including a false attendance check (30.3%), under- or over-charging training fees (17.7%), and violation of regulations on facility or staff management (Jang B, 2009). Jegal (2009) points out that the inappropriate management of many for-profit training facilities lowered the quality of the LTC workforce as, in their profit-making efforts, they produced a large care workforce without adequate training. Furthermore, there is growing concern about the market competition among private care service providers as it puts pressures on for-profit and not-for-profit care providers to lower operation costs, which results in lower pay and poorer working conditions of the care workers (Kim JH, 2008; Ji, 2009).

The Korean government’s role as a direct elder care provider has been small, as it relied instead on the quasi-market approach toward elder care provision. As of 2009, only 59 out of 1,900 (3.1%) authorized LTC facilities were operated by local governments, while the
rest were run by either for-profit or not-for-profit individuals or organisations (Park, 2009). The heavy reliance on the private sector has long been the basis of the general welfare delivery system in Korea and it continues to be the basis of the newly developed elder care programmes. As Nam (2008, p.16) explains, in the Korean model there is “the state as a financial provider and supervisor and the private organizations as subordinated agents, providing welfare services.”

In the elder care programme development process, the Korean government has performed two strong roles as financial provider and regulator. First, with regard to the role of financial provider, since the government has expanded its elder care programmes throughout the 1990s and 2000s, the spending on welfare programmes for the elderly skyrocketed from 702 million won ($640,510) in 1982, one year after the Welfare Act for the Elderly was established, to 907 billion won ($827.5 million) in 2011, less than three years after the LTCIE was implemented. The government’s spending has increased especially since the early 1990s as a result of new budgets for additional elder care programmes, such as the budget for the residential care of needy elderly since 1991 and the budget for home help services since 1996. Since the early 2000s, the government has further increased its spending in order to introduce and maintain various social care programmes and the LTCIE system. According to the Ministry’s 2011 Guide: Health and Welfare Programmes for the Elderly (MOHW, 2011b), the Ministry allocated 101 billion won ($92 million) to the Elder Care Basic and Comprehensive Service programmes. According to the Ten-Year Long-term Care Facility Expansion Plan for the Elderly, which aimed to expand LTC facilities by 2011, the government promised to establish more than 100 additional facilities every year. Between 2007 and 2009, the government spent 376 billion won ($343 million) on the expansion and
improvement of LTC facilities. According to the Ministry of Health and Welfare’s 2011 budget, more than a half of the overall budget was allocated to the LTCIE system (460 billion won; $420 million), with a budget of 58 billion won ($53 million) for the expansion and improvement of LTC facilities.

Second, the Korean government has performed a strong regulator role as it sets the boundaries of elder care programmes by establishing rules on the type of care services, eligible care recipients, and qualification and employment regulations of care workers. In Table 6 I compare and contrast the government’s regulations on the three publicly-funded elder care programmes. Overall, the established credentials and employment regulations of care workers reflect the formalised elder care work included in public care programmes. First, elder care workers in the three programmes are required to participate in standardised education and training programmes and to acquire the yoyangbohosa certificate to provide care services in the Elder Care Comprehensive Service and the LTCIE programmes. The yoyangbohosa certificate programme is a new qualification programme which was introduced in preparation for the LTCIE system, in order to increase the supply of qualified care workers. LTC facilities in the Elder Care Comprehensive Service and the LTCIE programmes are mandated to hire only those with a yoyangbohosa certificate. Since the qualification system was introduced, the previously varied titles of elder care workers were all officially changed into yoyangbohosa in home-care and institutional-care facilities under the LTCIE system. \(^{30}\) Under the current policy, yoyangbohosa certificates can be obtained by

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\(^{30}\) Previously, care workers in institutional care facilities had various titles and certificates, such as social workers, life-support workers (saenghwaljidowon), care-welfare workers with carebokjisa certificate, and personal care workers (ganbyeongin) with or without a certificate. On the other hand, home care workers
any Korean citizen and member of selected migrant groups, regardless of age, gender, education level, and previous care work experience.

In addition to the introduction of the qualification programme for elder care workers, a number of employment regulations were implemented for care workers participating in the three elder care programmes. Overall, the Ministry of Health and Welfare requires all elder care facilities to hire care workers based on an employment contract clearly stating detailed labour conditions, including the length of employment, pay, social insurance coverage, retirement allowance, working hours, and paid leave. In terms of detailed pay and working conditions, the government set the working hours (5 hours a day for five days a week) and the monthly wage (620,000 won) for care workers in the Elder Care Basic Services programme. On the other hand, for workers in the other two programmes, the government let the employers and workers decide workers’ pay and working hours based on their employment contract in the elder care labour market, within the boundaries of the Labour Standard Act.

(gajungbongsawon) were usually trained in government-funded home-help training institutions, although many eldercare workers in the informal sector, such as live-in caregivers, still provided care without a standardised qualification guideline.

According to the most recent guideline of the yoyangbohosa system (MOHW, 2011c), in addition to Korean citizens, four groups of non-Korean citizens are eligible to obtain a yoyangbohosa certificate, including spouses of Korean citizens with F-2 residential visa, overseas Korean visa holders (F-4), permanent residents (F-5), and Visit and Employment visa holders (H-2). Due to the recent policy change, however, it is not yet known how many H-2 visa holders have obtained the certificate and how many of them have been employed in yoyangbohosa positions.
Table 6 Regulations of elder care programmes under the Ministry of Health and Welfare

<table>
<thead>
<tr>
<th>Type of services</th>
<th>Elder Care Basic Services</th>
<th>Elder Care Comprehensive Services</th>
<th>Long-term Care Services (LTCIE system)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive services (home visit, safety check, living support, referrals)</td>
<td>Long-term care services (homecare &amp; day-time institutional care services)</td>
<td>Long-term care services (homecare &amp; institutional care services)</td>
<td></td>
</tr>
<tr>
<td>Eligibility of service recipients</td>
<td>Elderly people living alone in poor living conditions; and those who do not need long-term care</td>
<td>Elderly people in households with less than 150% of the average household income; and those who need long-term care (but do not qualify for LTCIE services)</td>
<td>Elderly people who need long-term care services (6 months or longer), based on assessment</td>
</tr>
<tr>
<td>Title of service providers</td>
<td>Noin-Dolbomi</td>
<td>Noin-Dolbomi</td>
<td>Yoyangbohosa</td>
</tr>
<tr>
<td>Eligibility of service providers</td>
<td>Yoyangbohosa certificate NOT required; Employment priority groups including low-income, long-term unemployed, female sole-breadwinner, older persons</td>
<td>Yoyangbohosa certificate; Priority groups for employment are same as Elder Care Basic Services</td>
<td>Yoyangbohosa certificate; Priority groups NOT specified</td>
</tr>
<tr>
<td>Education &amp; training program</td>
<td>25 hours of education and 25 hours of practical training</td>
<td>Up to 240 hours (80 hours of education, 80 hours of practical training, and 80 hours of practicum course)</td>
<td>Same as Elder Care Comprehensive Services</td>
</tr>
<tr>
<td>Employment regulations of service providers</td>
<td>Labour Standard Act; 5 hours/day (Mon.-Fri.); 620,000 won/month; Full coverage of social insurance</td>
<td>Labour Standard Act; Working hours and wage based on employment contract between employers and workers (min. 6900won/hr); Full coverage of social insurance</td>
<td>Same as Elder Care Comprehensive Services</td>
</tr>
</tbody>
</table>
2.3.2 Labour Market Policy Change: Investing in Social Service Jobs for Women

As discussed earlier, the financial crisis of 1997 dramatically transformed the Korean economy and labour market. During the crisis, the increasing risks in the labour market were reflected in the record-high unemployment rate of 7% in 1998 (along with the GDP growth rate of -6.9%) and the triple number of unemployed from 568,000 in 1997 to 1,490,000 in 1998 and 1,374,000 in 1999. Furthermore, in the economic restructuring process after the crisis, Korean workers experienced increasing employment insecurity and strengthened polarisation of the labour market.

To compensate for the rising economic insecurity in the Korean labour market, the governments of President-elect Kim Dae-Jung and of his successor, Roh Moo-Hyun, introduced various labour market policies, along with social welfare expansion policies, in the late 1990s and throughout 2000s. The major labour market policies introduced after the financial crisis included the expansion of Employment Insurance System and the Job Creation programmes. First, the Employment Insurance system, implemented in 1995 (under the Kim Young-Sam government), was expanded throughout the tenures of both Kim and Roh governments. In 1998, the Kim government mandated that all enterprises (with one or more employees) provide compulsory employment insurance coverage regardless of their size. Previously, only workers in workplaces with 30 or more employees were covered by the employment insurance programme. The Roh administration further expanded the coverage in

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32 Other social insurance coverage was also extended to non-regular workers, including irregular wage workers, self-employed, and unpaid family workers. The coverage of National Pension Insurance was extended to everyone in 1999, and since 2004, all enterprises were mandated to provide national pension insurance to their employees. The Occupational Accidental Insurance was also extended to workers in all enterprises in 2000.
2004 by specifically targeting sailors, low-skilled foreign workers, and daily workers in the fishing and agriculture sectors; daily workers in the construction sector in 2005; and finally small self-employed businesses in 2006 (Yun, 2009). These changes resulted in a dramatic increase of the total expenditure of the Employment Insurance System (including the Unemployment Benefits, the Employment Stabilization and Job Training Programmes) in late 1990s and throughout 2000s, from 169 billion won in 1997 to 1,697 billion won in 1999 and 6,725 billion won in 2009. In the same period, the number of unemployment benefit recipients also increased dramatically from 412,000 in 1998 to 1,301,000 in 2009 (MOEL, 2009a).

In addition to strengthening the Employment Insurance System, the Kim and Roh governments developed various active labour market policies, including training, employment subsidies targeting particular groups, and direct job creation. Since the beginning of the 2000s, the Ministry of Employment and Labor and other related government bodies, such as the Ministry of Health and Welfare, have been directly involved in job creation programmes, while also expanding social welfare programmes for the unemployed and low-income households through the Public Work and Self-Support Programmes under the Kim government and the Social Service Job Creation programme under the Roh government. For both governments, the principle of welfare programme development was to

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Nevertheless, as Figure 4 in the previous section shows, huge disparities exist between the established social insurance criteria and mandates and the actual coverage rates. For example, 65% of non-regular workers were not covered by employment insurance. Cho (2004) found that many eligible workers were not covered by social insurance due to employers’ ignorance about and avoidance of insurance contributions, and also due to workers’ lack of knowledge about their eligibility. Bang (2008, cited in Jang, 2009, p.27) also found that some of the daily workers registered in employment insurance were not qualified for unemployment benefits since they did not meet the eligibility criteria for unemployment benefits (daily workers must have worked less than 10 days in the month prior to their application). Another eligibility condition – that workers must have worked for more than 180 days at the previous workplace – disqualifies many other workers.
pursue an integrated balance of ‘economic growth’ and ‘welfare development,’ aiming for “enhancing welfare through employment” (Joo, 2009, p.162). This was reflected in the slogan of the Kim government’s “productive welfare” (Saengsanjeok Bokji). One of Kim’s productive welfare policy strategies was to support citizens to be out of poverty through employment, and this was reflected in the Self-Support Programme for able-bodied social assistance recipients, which systemised the previous temporary-based Public Work programme for the unemployed into the new social assistance system (National Basic Livelihood Support). Under the National Basic Livelihood Support system, upon their receipt of financial assistance, able-bodied social assistance recipients must participate in the labour market through various Self-Support Programmes. As the Self-Support programmes were developed in the publicly funded care service expansion process, the care service sector has been targeted as an important area to create jobs for low-skilled female participants of the Self-Support programmes. As of 2006, the Gasa-Ganbyeong (translated into housework and care) programme, one of five major standardised Self-Support programmes, provided domestic and care jobs to 6,263 persons or over 36% of the total participants of Self-Support Communities (Jawhal Webzine, 2006).

The Roh Moo-Hyun government further developed the active labour market policy by adopting “Job Creation in the Social Service Sector” as one of the main objectives of its labour market policies in 2006. The expansion of social service jobs has been eagerly promoted as part of the government’s ambitious dual targets of “enhancing welfare” and “economic growth” (MOEL, 2006). Given the small proportion of social service jobs in the

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34 There are five standardised Self-Support Programmes, including Care, House Repair, Cleaning, Resource Recycling, and Food Recycling Programmes.
Korean labour market as of 2005 (11% in Korea, compared to the 23.3% OECD average), the increased employment through social service job creation was expected to ease the problems of unemployment and poverty. By targeting housewives and middle-aged women and moving economically-not-active women into the social service labour market, the government aimed at “killing two birds with one stone” as described in its own report (MOEL, 2006) – to increase the rate of female labour market participation while expanding the supply of social services into under-developed areas. For its first four-year plan between 2007 and 2010, the Ministry of Employment and Labor and related ministries, including the Ministry of Gender Equality and the Ministry of Health and Welfare, announced the creation of 800,000 new jobs in the social service sector, such as after-school teachers, care workers for children, the elderly, and people with disabilities, and cultural and environmental facility workers. The expansion of social service jobs under the publicly funded care programmes, including the Social Service Voucher system and the LTCIE system, was also part of the Korean government’s recent efforts to expand social service jobs to increase women’s labour market participation. Care-related jobs comprised 64% of the total jobs created under the social service job creation policy in 2007 and 2008 (Moon, 2008). As of 2009, a total of 40,231 workers were providing social services in the Voucher system (Park et al., 2009). In the government-led job creation process, the expanding social service market continues to be an important workplace for socially disadvantaged groups. Self-Support programme participants, who already had experiences in public care work, became an important source of service providers under the Social Service Voucher system. According to the 2007 survey,

35 Programmes currently available under the Social Service Voucher system include care and assistance programs for children, elderly people, women after birth, children, and adults with disabilities.
33% of service providers of the Voucher system were social assistance recipients or those in low-income households. In addition to the Voucher system, the LTCIE system has made a significant contribution to the expansion of social service jobs. According to the 2010 data provided by the Ministry of Health and Welfare (MOHW, 2010b), 241,553 LTC workers (yoyangbohosa) were providing care services to LTCIE beneficiaries.36

As evidenced by the target group – middle-aged women – of its job creation agenda, the Korean government’s labour market policy over the last decade has emphasised the utilisation of not-employed potential female labour force, most of whom had career interruptions due to marriage and childbirth. The growing demand for jobs for women, including housewives, due to worsened household economies after the financial crisis also pushed the government to develop strategies to produce ‘women-friendly jobs’ (yeoseong chinhwajeok iljari) (Kim K, 2009), and the under-developed social service sector led the government to invest in social service job creation for women. According to the Dynamic Women Korea 2010, the government’s five-year female labour force development plan (2006-2010), the Korean government officially defines the care jobs produced under the Job Creation policy as women’s jobs. In the government’s formalisation process of care work, the traditional gender role assigning care work as women’s work in the family has been re-inserted into care service jobs, such as domestic work and care work for the elderly and children, in the labour market (Moon, 2008). As of 2008, women comprised 84% of the total participants (182,279) in social service jobs produced by the Job Creation policy (MOGEF, 2009).

36 As of 2010, the number of people with yoyangbohosa certificate (over 900,000) was more than three times higher than the number of care workers with yoyangbohosa who were currently employed in LTC facilities.
2.3.3 Immigration Policy Change: Triggering the Flows of Female Migrants into the Care Market

In the area of foreign labour and immigration policies for ‘unskilled’ (*bee-jeonmooniiik*) migrant workers, the Korean government has shifted its approach from a highly restrictive to a more inclusive one (Lee, 2008), in order to relieve the growing labour shortage in low-paying jobs in the Korean labour market, especially in farming, fishery, manufacturing, and service industries.

Although the Korean society has experienced increasing flows of foreign labour workers since the end of 1980s, it was not until 1993 that the Korean government accepted foreign labour through the formal immigration channel. In 1993, the government introduced the Industrial and Technical Training Program (ITTP), the first immigration policy for low-skilled foreign workers, in order to fulfill growing labour shortages in manufacturing small- and medium-sized enterprises. Driven by the government’s highly restrictive approach towards low-skilled foreign workers, the ITTP managed the foreign labour workforce based on their legal status as “trainees,” while denying their legal rights as “workers” (Shin, 2009).

Because it produced highly discriminative practices towards foreign workers, the ITTP’s restrictive policy received strong criticism from many domestic and international communities. At the same time, the increasing number of foreign workers without valid visa

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37 The inflows of foreign workers began in the late 1980s when Korean-Chinese started visiting Korea for family visits, in the improving political environment between the Korean and Chinese governments. During their visit to Korea, they could get employment opportunities in labour-starving construction industries. In addition, the Southeast Asians’ desire to migrate to Japan, which started in the mid-80s, drove some of these foreign workers, including those from the Philippines and Bangladeshi, to come to Korea (Lee, 1994 and 1997, cited in Lee, 2008: 114).
in many parts of the Korean labour market pushed the government to reform the immigration policy for the low-skilled foreign labour force.\footnote{As of 2003, 80\% of 367,158 foreign workers were in Korea without valid visa (Kim MK, 2004).}

In 2004, after continuous negotiations and a series of attempts at immigration policy reform, the ITTP was replaced by the Employment Permit System (EPS) under the Employment of Foreign Workers Act (Lee, 2008; Shin, 2009). Each year, the Foreign Workforce Policy Committee under the Ministry of Employment and Labor decides on the type of industries, the size of the workforce inflow, and the nationalities of foreign workers who are permitted to work under the EPS. Currently, the Korean government has signed Memoranda of Understanding regarding workforce with fifteen countries,\footnote{The countries are Vietnam, Mongolia, Thailand, China, Sri Lanka, Philippine, Indonesia, Uzbekistan, Pakistan, Cambodia, Nepal, Bangladesh, Myanmar, Kyrgyz, and East Timor.} mostly from South and Southeast Asia. The EPS permits employers in selected industries\footnote{Under the EPS, foreign workers are restricted to work in five industries, including manufacturing, agriculture and stockbreeding, construction, fishery (farming and inshore fisheries), and services (collecting and selling reproducible materials and refrigerated warehousing) (MOEL, 2009b).} who have been unable to hire Korean workers to employ a certain number of foreign workers. Under the EPS, foreign workers are allowed to work up to three years and are entitled to the same legal status as Korean workers as stipulated in labour-related laws (i.e., Labour Standards Act, Minimum Wage Act, and Industrial Safety and Health Act). However, foreign workers under this program are permitted to work for designated companies only, and have no right to transfer freely to another workplace.

One special feature of the Korean foreign labour policy is that Korean immigration policies for low-skilled labour forces have become more ethnicised over the last decade (Kim...
Ethnic Koreans from overseas are treated as a separate category, where they receive preferential treatment over other foreign workers. Ethnic Koreans in the low-skilled immigration category include ethnic Koreans with Chinese citizenship (often-called *Josunjok*) and ethnic Koreans with citizenship from post-Soviet Union states (often-called *Goryoin*), descendants of refugees and migrants from Korea to Manchuria (Northeast China) and *Yonhaeju* (the Maritime Provinces of the Russian Far East), respectively. The majority of ethnic Koreans working in Korea under this category are Korean-Chinese, who comprised 99% of all workers under the immigration system for low-skilled ethnic Koreans. Apart from the general immigration system for low-skilled foreign workers (EPS), a number of immigration policies have been developed for ethnic Koreans exclusively, as part of the government’s effort to embrace overseas Koreans from China and the former Soviet Union states who have not been treated equally to overseas Koreans from developed countries (KIB, 2007).

Compared to non-ethnic Koreans under the EPS, ethnic Koreans under the current Visit and Employment System (VES), which replaced the previous system in 2007, are allowed to reside in Korea up to five years and freely choose their workplace and transfer from one to another in selected job categories. In addition, since the initial programme for low-skilled ethnic Koreans (Employment Management System) opened selected service sector job categories (e.g., restaurant helper, travel business assistant, cleaner, personal care worker, and domestic worker) exclusively to ethnic Koreans in 2002, ethnic Koreans have

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41 Previously, most ethnic Koreans who lived in China and the former Soviet Union states did not qualify for the F-4 visa under the Overseas Koreans Act which allowed overseas Koreans to visit and work in Korea, because the original version of the Overseas Koreans Act limited F-4 visa eligibility to ethnic Koreans who at one point held Korean citizenship and their descendents. The Korean citizenship in this context meant citizenship since the establishment of the Republic of Korea in 1948 after WWII. However, many emigrants who live in less-developed countries, such as China and the former Soviet Union states, left Korea before the Republic of Korea was established, and therefore are not eligible for F-4 visas under the Act (Kim NHJ, 2008).
had more employment opportunities than other foreign workers in the Korean labour market. Excluded from the service sector employment, most non-ethnic-Korean migrant workers under the EPS are employed in the manufacturing sector (KEIS, 2011).

Although employment in the service sector, such as domestic and care services, was not allowed for foreign workers including ethnic Koreans until 2002, a large number of foreign workers who resided in Korea without a proper working visa were already informally employed in the social service sector. Among 260,000 foreign residents without a proper document in Korea who reported their residency between March and May 2002, 21% (54,000) were employed in the service sector and 80% (43,000) of them were female. Female workers in the service sector comprised about half of 90,000 reported female residents without a proper document, and about 10,000 of these women were working as domestic workers (Lee, 2004). Under the Employment Management System implemented in 2002, for the first time the Korean government opened formal channels for foreign workers to be employed in the service sector. In the selected service industries (32 job categories), the Ministry of Employment and Labor requires eligible employers who were unable to hire Korean workers to apply for an Employment Permit at Job Centers. In the care service sector, under the current employment regulations, ‘individuals’ who need care services for themselves or their family member are allowed to hire ethnic-Korean migrant workers with valid working visa for the care work which is provided usually within home, but also at institutional care facilities. Once they obtain the Employment Permit from Job Centers, the employer is required to sign a Standard Labour Contract with their care worker.

Since the Korean government first opened the ‘personal care service’ (gaein ganbyeong) job market to selected ethnic-Korean migrants in 2002, the role of female
migrant care workers in various care sectors has grown significantly. In the years after the initial programme for ethnic-Korean migrant groups was first implemented in 2002, eased residency and employment regulations that became more favourable to these groups under the newly introduced Visit and Employment System resulted in huge female migration flows into the service industries. According to the Korea Employment Information Service (KEIS, 2011), the number of ethnic-Korean migrants under the VES has increased dramatically from 93,774 in June 2007 to 334,297 in 2010, and female migrants comprise nearly half of these ethnic Korean migrants (45% of Visit and Employment visa holders were female, according to 2008 data in Yoo & Lee, 2009).

Although there is no official data on the number of migrant workers in the care service sector, existing survey data suggest that a significant number of female workers are employed in the care service sector. Based on a survey on 991 ethnic Korean migrants, Lee et al. (2008) found that most male workers were in construction (54%) and manufacturing (24%) sectors, and most women were in service industries, including 48.1% in restaurants, 20.7% as domestic workers, and 9% as personal care workers. In recent years, the topic of Korean-Chinese domestic and care workers in Korean society has often appeared in Korean newspaper articles. As a newspaper article reports, in the urban areas where young dual-earner families are concentrated, it is very common to find Korean-Chinese women who take care of children or sick persons and provide housework services as live-in care workers (Han, 2009). Over the last decade, hiring Korean-Chinese nannies, domestic workers, or elder care workers has become a common practice for many Korean households.

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42 The proportion of female workers in other visa categories is much lower. For example, female migrants comprised only 14% of unskilled non-Korean-ethnic migrant workers (E-9 visa) as of May 2008 (Yoo & Lee, 2009).
2.4. Conclusion

This chapter explored the shifting elder care dynamics within the private and public spheres in the transforming Korean family, labour market, and social policies. The strong gender division of unpaid care work has weakened slightly but is still present in the Korean family, and the heavy reliance on women for unpaid care work within the family is reflected in Korean women’s low labour market participation rate, especially when such care responsibility is higher. The heavy burden on care work has negatively influenced women’s labour market participation, which is also reflected in their predominance in various forms of non-regular employment. The exclusion of female workers from the core sector, which offers higher-paying and more secure jobs, has placed many female workers in precarious jobs in the polarised Korean labour market.

The analysis of three policy areas found that different government bodies have introduced various policies in their recent efforts to address the issues of growing demand for care for the elderly in Korean society. In the aftermath of the financial crisis, the Korean government’s new slogan of “productive welfare” presents the government’s engagement in developing welfare programmes in association with labour market programmes, in order to pursue an integrated balance of ‘economic growth’ and ‘welfare development,’ aiming for “enhancing welfare through employment.” Accordingly, welfare programmes implemented throughout the 2000s, especially social service programmes for low-income households, were developed in close relation with the development of labour market programmes. In the area of elder care provision, the Ministry of Health and Welfare has expanded various publicly-funded programmes for the elderly since the early 2000s, including elder care
programmes for low-income elderly people and the LTCIE universal programmes. Over the last few years, more than 300,000 elder care positions were created, such as *voyangbohosa* and *noin-dolbomi*, while targeting low-skilled middle-aged women as potential care providers. The review of immigration policy changes also found that, in the area outside of the publicly funded elder care programmes, the Korean government has facilitated migration of care labour into the private elder care market by formally opening the care labour market to low-skilled ethnic Koreans from China and the former Soviet Union states, in order to meet the needs of elderly people who are located outside of the publicly funded elder care system. As a consequence, the recent immigration policy change has triggered the inflows of Korean-Chinese female migrant workers into the privately-arranged care service market.

While looking at the commodification of care work in the Korean labour market, this chapter presented the two main approaches of the Korean government in developing social service programmes: first, the marketisation of the care service sector and second, the feminisation of care jobs. First, throughout the social service expansion process in the 2000s, the Korean government has shown its strong marketisation policy in developing various social service programmes. For the demand side, the government has emphasised the “right to choose” and the “responsibility” of the service users in using publicly-funded programmes by transforming the previous supply-side subsidy to the demand-side subsidy under the Social Service Voucher system and by introducing the co-payment rates for service users to pay when purchasing services. For the supply side, the government has encouraged the participation of for-profit service providers in the publicly-funded care programmes while emphasising “market competition” among various service providers, claiming that this would increase the quality of services while lowering the costs. While setting the increase in the
number of LTC providers as its main target, the government’s low minimum requirements for establishing and operating LTC facilities and care-worker training facilities have increased the number of the facilities and the care workforce within a few years. However, within the policy environment of promoting greater market competition and less government regulations, the newly introduced certification programme for LTC workers and the employment regulations on care workers have not tackled effectively the issues of securing the quality of care services. The government’s negligence of the quality of care services, as a consequence, has caused growing concerns about the low quality of care services and workers’ poor pay/working conditions. More detailed employment practices of LTC workers including pervasive violations of employment regulations will be presented in the following chapters.

In addition, the new care jobs produced are feminised within both publicly- and privately-arranged care service sectors. The Korean government recognised the potential of the social service sector as a “growth engine for economic development” (Lee, cited in Peng, 2009, p.11) through utilisation of previous economically-inactive women in the labour market, and has developed various job creation programmes in the social service sector while defining the care job as ‘women’s job.’ Women, who previously undertook the responsibility of unpaid care work within the home, are now strategically promoted to take the lead role in the paid care service sector while their burden of unpaid care work for their family is not much reduced. Women comprise more than 80% of the entire social service workforce under the Job Creation programmes and the Visit and Employment System. As the expanding care service sector is directly linked with women’s employment, it is important to explore further not only the quantity but also the quality of the elder care jobs created in this sector and to
find out whether the new elder care jobs provide decent employment opportunities for women in the social service marketisation process. In the next chapter, I will examine how the Korean elder care workforce has been restructured in the transforming Korean society as a consequence of policy changes over the last few years, with close attention to the quantity and quality of care work in different categories of elder care jobs.
Chapter 3
Transformation of Elder Care Workforce and the Growing Role of Migrant Care Workers

Demographic and social changes, accompanied by significant policy changes, have continuously transformed the paid care workforce in the Korean elder care sector. The new regulations on qualification and employment practices, introduced in the government’s formalisation process of care work, have created a huge care job market that provides more regulated and protected jobs for women with the care-worker certificate. In addition, since the Korean government adopted the more inclusive immigration policy for low-skilled ethnic-Korean migrants, Korean-Chinese migrant workers are increasingly filling the care vacancies that are created by the growing care demands in the expanding elder care sector on the one hand, and by the insufficient supply of local care workers on the other.

This chapter explores the transforming elder care workforce by focusing first on the quantity and quality of care jobs across different care sectors, and second on the growing role of migrant care workers and their demographic composition compared with that of non-migrant care workers in elder care sectors. To begin with, I present a detailed description of my data collection methods, i.e. participant observation and interviews, and introduce twenty migrant care workers who participated in my interviews. The following section provides an overview of the composition of the current elder care workforce in both institutional and home care sectors, highlighting the emergence of two new groups of elder care workers, *yoyangbohosa* (those with the LTC certificate) and Korean-Chinese migrant care workers.

Based on a thorough review of recent large-sample surveys on different groups of care
workers, I suggest that the institutional elder care workforce is being re-classified into three groups of elder care workers including Korean *yoyangbohosa*, Korean *ganbyeongin*, and Korean-Chinese *ganbyeongin*, and point out the hierarchical features of the restructured elder care workforce. I further explore the role and demographics of Korean-Chinese migrant care workers, who are now the backbone of the Korean care sectors in the institutional elder care setting. Drawing information from my own empirical data, I aim to provide a better understanding of the growing role and current status of Korean-Chinese migrant workers in the Korean elder care market.

3.1. Field Research in Korea and Research Participants

During my field research in Korea, conducted between November 2009 and May 2010, I utilised two main data collection methods: participant observation and in-depth individual interviews. First, the main field site for my participant observation was the *Sarang Shelter* for Korean-Chinese migrant workers and the *Sarang Centre for im/migrant women*, operated by one of the church-based organisations for migrants in Seoul. Working as a volunteer at this organization provided me with valuable opportunities to work closely with migrant women, and to observe and hear about current practices and the women’s everyday experiences of international migration in their own voice. I could also participate as a volunteer staff member in various government-funded activities for migrant women, such as cooking class and family picnic. While participating in the centre’s activities, migrant

43 The original name was changed to protect the confidentiality of the organisation and all the persons involved.
women shared their stories of migration, family separation, and living in their home country and in Korea, and they shared their laughs and tears with me.

I started volunteering at this church-based organization in February 2010, and I was given two main duties: the first one was to assist a social worker at a centre for female im/migrants and the other one was to maintain a daily attendance check of shelter users at the Sarang Shelter. The two places, the centre for female im/migrants and the shelter, serve very different groups of female migrants in Korea, illustrating the two major categories of Korean immigration policy and practices – marriage migrants and low-skilled labour migrants. First, the centre for female im/migrants offered counselling services, referral services, and cultural and social programmes for female migrants. Most service users were young foreign brides who had come to Korea through international marriages in their late teens or early 20s; this is one of the significant features of international female migration to Korea. On a typical day, these young women would gather at the centre before or after their Korean language class, which was also offered by the Church, and they chatted with the friends they had made at the centre about their husbands, children, and lives in Korea and their home countries. Most of them were from China (some were Han-Chinese and others Korean-Chinese), Vietnam, and Cambodia, the major sending countries of international marriage migration to Korea.

The service users of the Women’s Sarang Shelter, on the other hand, are older Korean-Chinese women, between 40s and 60s, most of whom came to Korea with H-2 visa (under the VES), which allowed them to work in selected low-skilled job categories up to three-years within five-years from the first entry date (the H-2 visa is multi-entry). The

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44 The Shelter provides separate accommodation spaces for women and men.
Sarang Shelter provides free meals and accommodation to around a hundred Korean-Chinese labour migrants. Given its religious affiliation to the Sarang Church, most shelter users whom I met at the shelter practiced their religion regularly. When they were at the shelter on their off-days, they attended several services scheduled during weekdays and a large Mass on the weekends. The Sunday Mass was a religious as well as social gathering attended by hundreds of Korean-Chinese. For some, religion was the reason to come and stay at that shelter, and for others, their residency at the shelter led their way into Christianity. On a typical afternoon inside the women’s room, twenty to thirty women would watch television, talk, or take a nap. Since most of the shelter users were either working or looking for jobs, the shelter became an important place to share information on the current job market.

In addition to participant observation, the other main part of my data was collected through in-depth interviews with employers and employees of LTC hospitals for the elderly. First, I began my interviews with employers/managers of seven LTC institutions in Seoul and Gyeonggi province (the area surrounding Seoul). The purpose of interviewing employers/managers of LTC institutions was to understand the current hiring practices of migrant care workers and the share of migrant care workers in the LTC workforce, which has not been documented anywhere except in a couple of recent articles in a Korean-Chinese community newspaper (Korean-Chinese Town Newspaper [KCTN], 2009 and 2010). In order to obtain their cooperation in my research, I approached a number of care facility associations by sending a letter indicating my research objectives and the assistance I needed to recruit participating institutions, with a special request on recommending LTC institutions of varying sizes and locations. Finally, one of the associations contacted provided a list of seven member institutions that agreed to participate in my research with the condition that I
protected their confidentiality. In March 2010, I visited all seven institutions and interviewed employers or managers who were in charge of recruiting and managing LTC workers. Each interview lasted from forty-five minutes to one hour, based on open-ended interview questions about their facility, the size of their LTC workforce, the proportion of non-migrant and migrant care workers, recruiting and hiring practices, the reasons why they hired or did not hire migrant care workers, and their opinions about current LTC policies and practices.

For the interviews with migrant care workers, I collected a non-systematic sample of research participants by using chain and snowball referrals through recruiting flyers, employers and managers of LTC institutions, social workers, and previous interview participants. In total, twenty migrant workers who had care work experiences of more than a month in the Korean institutional care sector were interviewed. Only one participant (#9 in Table 7) was recruited through recruiting flyers, eight participants were referred from staff members of the visited LTC facilities (#1-8), and eleven participants were either referred by their social worker or by their friends at the Sarang shelter (#10-20).

For the shelter participants, on the first day of my volunteering at the shelter, a social worker introduced me as a volunteer and a researcher who is interested in meeting with those who had care work experience in Korea. She introduced my research topic and asked them to approach me if they were interested in my research. In the first few weeks, only a small number of women showed an interest in participating in my research. Then, in the following weeks, through referrals from former interview participants, more women approached me to participate in my interviews. Since my job there was to record the attendance of shelter users, which required me to ask each user's name, nationality, and length and reason of stay, I had the chance to meet migrant women at the shelter face-to-face. When I approached them for
the attendance check, a few people who knew about my research through the social worker asked me about myself and my research (most common questions were who I am, where I come from, whether I am Korean-Chinese or Korean-born Korean, and why I am doing this research on Korean-Chinese as a Korean-born Korean). Many people asked me whether I was a news reporter or journalist who would talk or write about their stories on television or print. Some of them requested that I report their stories to a “powerful” media channel. They wanted their stories to be heard.

Of the twenty participants, all but three were female. I included male migrant care workers as I was interested in their experiences of care work in this female-dominated care sector. Table 7 presents some of socio-demographic characteristics (age, gender, migration status and history, and family status) of the twenty migrant care workers who participated in the interviews. The age of the participating migrant workers ranged from 37 to 70, but most participants were in their 50s or 60s. Most participants had one or two adult children over 20 years old. Only two participants (#5 and #8), who were in their late-30s, had teenage children who lived in China with their extended families, and one participant (#15) had no children. Many participants had a transnational family, whose family members resided in different countries, due to their migration to Korea. Nearly a half of the participants had migrated to Korea with their spouse, while their adult child(ren) were studying or working in China. Among the nine participants who migrated to Korea independently from their families, one was a marriage migrant (#15), three were widows (#12, 13, 16), and four (#9, 10, 17, 18) came alone as their spouse or child had health problems. The other one participant (#5) came independently while looking for an opportunity for her husband to join her later.
Most participants had one of three H-2 visa types under the VES: i) *H-2 Invitation Visa* applies to those who have a relative in Korea; ii) *H-2 Exam Visa* applies to those who have passed the Korean language exam, which is a pre-requisite to applying for the H-2 visa for those who have no relative in Korea; and iii) *H-2 Old-age Visa* refers to visas issued in 2007 and 2008 to older Korean-Chinese who were born before October 1, 1949. Although most participants came to Korea for the first time after the five-year multi-entry H-2 visa programme was implemented in 2007, four participants (#1, 2, 9, 12) reported their first entry to Korea prior to 2007, and three of them reported work experiences in prohibited employment areas as undocumented workers.

For those participants who did not reside at the shelter, most of the interviews took place in their workplaces but after their shifts and outside of the work zone where they practiced their care work, such as at a cafeteria or in an empty office. Interviews with shelter users took place in a quiet shelter room or an empty church, according to participant’s preference. The length of interviews varied between forty minutes to over two hours. All interviews were conducted in Korean, as all participating Korean-Chinese migrants were fluent in Korean, although most of them spoke Korean with a strong accent (called *Yanbian* dialect in Korea). Since some words and terms are used differently between Korean-Chinese and Korean-born Koreans, I tried to use a simple Korean language and explained certain terms when they were not clear. Each time I requested the participant’s permission to record the interview, and I could record only half of the twenty interviews due to the other half’s unwillingness to use the recorder during interviews. In the case where I could not record, I took extensive notes during the interview and field notes right after the interview.
Table 7 Socio-demographic characteristics of participating migrant care workers

<table>
<thead>
<tr>
<th>#</th>
<th>Age</th>
<th>Gender</th>
<th>Migration status and history</th>
<th>Family status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>57</td>
<td>Male</td>
<td>H-2 visa, first entry in 1993</td>
<td>Wife (#2) in the same workplace, son in China, and daughter in Japan</td>
</tr>
<tr>
<td>2</td>
<td>53</td>
<td>Female</td>
<td>H-2 visa, first entry in 2004</td>
<td>Husband (#1) in the same workplace, son in China, and daughter in Japan</td>
</tr>
<tr>
<td>3</td>
<td>58</td>
<td>Female</td>
<td>H-2 visa (exam), 2007</td>
<td>Husband in Korea (different region), children in China</td>
</tr>
<tr>
<td>4</td>
<td>57</td>
<td>Male</td>
<td>H-2 visa (invitation: sister), 2007</td>
<td>Wife (#7) in the same workplace, children in China</td>
</tr>
<tr>
<td>5</td>
<td>37</td>
<td>Female</td>
<td>H-2 visa (exam), 2007</td>
<td>Husband and 12-year-old son in China, living with parents-in-law</td>
</tr>
<tr>
<td>6</td>
<td>58</td>
<td>Female</td>
<td>H-2 visa (invitation: son), 2008</td>
<td>Husband and son in the same region in Korea, daughter in China</td>
</tr>
<tr>
<td>7</td>
<td>54</td>
<td>Female</td>
<td>H-2 visa (invitation: sister-in-law), 2007</td>
<td>Husband (#4) in the same workplace, children in China</td>
</tr>
<tr>
<td>8</td>
<td>38</td>
<td>Female</td>
<td>H-2 visa (exam), 2007</td>
<td>Husband in the same region in Korea, 13-year-old son in China living with #8’s mother</td>
</tr>
<tr>
<td>9</td>
<td>59</td>
<td>Male</td>
<td>H-2 visa, first entry in 2001</td>
<td>Wife (sick) and children in China</td>
</tr>
<tr>
<td>10</td>
<td>65</td>
<td>Female</td>
<td>H-2 visa (old-age), 2007</td>
<td>Husband (sick) in China, children in Korea</td>
</tr>
<tr>
<td>11</td>
<td>56</td>
<td>Female</td>
<td>H-2 visa (invitation: sister), 2007</td>
<td>Husband in Korea (different region), daughters in Russia and China</td>
</tr>
<tr>
<td>12</td>
<td>70</td>
<td>Female</td>
<td>H-2 visa (old-age), 2007</td>
<td>Widowed, son in China</td>
</tr>
<tr>
<td>13</td>
<td>61</td>
<td>Female</td>
<td>H-2 visa, first entry in 2005 (invitation: aunt)</td>
<td>Widowed, sons in China</td>
</tr>
<tr>
<td>14</td>
<td>57</td>
<td>Female</td>
<td>H-2 visa (exam), 2009</td>
<td>Husband in Korea (different region), children in China</td>
</tr>
<tr>
<td>15</td>
<td>50</td>
<td>Female</td>
<td>Marriage migrant, 2007 (applied for Korean citizenship)</td>
<td>Divorced, no child</td>
</tr>
<tr>
<td>16</td>
<td>62</td>
<td>Female</td>
<td>H-2 visa (exam), 2008</td>
<td>Widowed, son in China</td>
</tr>
<tr>
<td>17</td>
<td>63</td>
<td>Female</td>
<td>H-2 visa (old-age) (invitation: sister), 2008</td>
<td>Husband and children in China, daughter had health problems</td>
</tr>
<tr>
<td>18</td>
<td>53</td>
<td>Female</td>
<td>H-2 visa (exam), 2009</td>
<td>Husband in Korea (different region), a child in China</td>
</tr>
<tr>
<td>19</td>
<td>55</td>
<td>Female</td>
<td>H-2 visa (invitation: daughter), 2007</td>
<td>Husband in China (sick), daughter married to Korean</td>
</tr>
<tr>
<td>20</td>
<td>61</td>
<td>Female</td>
<td>H-2 visa (old-age), 2008</td>
<td>Husband in Korea (different region), two sons in China, daughter married to Korean</td>
</tr>
</tbody>
</table>

3.2. A Changing Profile of the Korean Elder Care Workforce

Overall, paid care provision has been increasing in Korea’s elder care sector, which substitutes in part for the traditional heavy reliance on family-based informal care for the
elderly. Although there is no official data available on the number of care workers in all the elder care sectors, some published data on various types of care workforce suggest the expansion of the paid elder care workforce, which is composed of four main groups of elder care workers: 1) LTC workers (yoyangbohosa) in LTCIE home-care and Social Service Voucher home-care programs; 2) LTC workers (yoyangbohosa) in LTCIE institutional care programs; 3) care workers (ganbyeongin) in informal home-care settings; and 4) care workers (ganbyeongin) in informal institutional care settings (Figure 6).

Figure 6 Composition of Elder Care Workforce

45 I use the terms of formal and informal sectors to refer to the sectors which utilise formal and informal employment, respectively. Focusing on the employment practice, I define informal sector jobs as those based on informal employment which is unprotected by labour laws and not covered by employment benefits such as social protection, paid leave, working hours, retirement allowance, and so on. I categorise the ganbyeongin group as in informal employment and the yoyangbohosa group as in formal employment. More detailed explanation and discussion of such employment practices of the two groups will be presented in Chapter 4.
First, with regard to the care workers in the formal sector, according to official statistics provided by the Ministry of Health and Welfare (MOHW, 2010), 241,553 LTC workers (voyangbohasas) were providing home-care or institutional-care services to LTCIE beneficiaries as of 2010. There were 11,178 facilities offering home-care services and 3,442 institutional LTC facilities, which provided LTC services to a total of 131,195 elderly people. In addition, the expanding social service programmes under the Social Service Voucher system produced a significant number of care jobs in the formal sector over the last few years. As of 2009, 40,231 workers were providing social services in the Voucher system (Park et al., 2009). Second, with regard to the care workforce in the informal sector, Hwang and her colleagues (2006) estimated the number of paid care workers working in medical facilities (including general hospitals, hospitals, and LTC hospitals) as 30,861 in 2005. Changes in the number of medical facilities and of patients using paid care services since 2005 suggest a significant increase in the number of paid care workers in this sector. Since the proportion of patients receiving paid care services increased from 11% in 2005 to 19% in 2010 (Hwang, 2010), the number of care workers in medical facilities is expected to have increased accordingly. According to the Korea Association of Geriatric Hospitals, the number of LTC hospitals and the entire workforce of LTC hospitals dramatically increased over the last few years (Pyeon, 2011). The number of LTC hospitals increased from 226 in 2005 to

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46 The number of home-care workers in the informal sector, however, cannot be estimated due to the lack of data and difficulty of collecting information on this group of workers. Although the proportion of patients using paid care services has increased in recent years, family members are still the main care providers. As of 2010, 34.1% of patients in medical facilities were cared for by their family members.

47 Due to the characteristics of LTC hospitals, focusing less on acute-care and more on long-term care services, the proportion of patients using paid care services is higher in LTC hospitals compared to other types of hospitals: as of 2005, 8.4% of general hospital patients versus 19.3% of LTC hospital patients were using paid care services.
866 in 2010, and as of 2010, the estimated total workforce in LTC hospitals was 65,000, including 34,000 workers officially registered into the Health Insurance Review and Assessment Service (e.g., doctors, nurses, nurse’s aides, and social workers) and over 30,000 non-registered workers, including care workers and administrative staff. Although estimating the number of homecare workers in the informal sector, i.e. those who provide care services to elderly people in their home, is often very difficult, the large number of workers in home-based service jobs (gasa service) presented in official statistical data – 160,685 as of 2007 (Statistics Korea, 2007, cited in Min et al [2008]) – suggests that a large number of workers are participating in paid home-based care work in the Korean labour market.

Overall, in Korea’s expanding elder care workforce, there have been noticeable changes in the composition of the elder care workforce due to the emergence of two groups of “new faces.” One is yoyangbohosa, or certified LTC workers under the formal LTCIE system, and the other group is Korean-Chinese migrant care workers in the informal elder care sector. First, as discussed earlier, the LTCIE system, together with the yoyangbohosa programme, created a title and the certificate of yoyangbohosa for LTC workers who provide home-based or institutional-based LTC services to LTCIE beneficiaries and for elder care workers in the Social Service Voucher programmes. As a result, in this formalised elder care sector, the previously inconsistent titles and qualifications of care workers became standardised as yoyangbohosa with the government-issued certificate. However, since the regulations of the yoyangbohosa programme are not applied to the informal care sector outside of government-involved care programmes, the titles and qualifications of care workers in the informal sector remain non-uniformed. These workers in the informal sector, however, are typically called ganbyeongin, and many of them are trained at not-for-profit and
for-profit organisations through a care-worker training programme (non standardised training programme). Second, as the Korean government has gradually opened job opportunities in the service industry to ethnic Koreans, Korean-Chinese migrant care workers now comprise a significant proportion of the care workforce in the elder care sector and other domestic and care sectors. Given their immigration status, Korean-Chinese migrant care workers often work in the informal sector, either in an individual’s home or institutional settings, where they can find care jobs more easily. Accordingly, in Figure 6 Korean-Chinese migrants are located in the left two groups of care workers – ganbyeongin in home-care and ganbyeongin in institutional care settings – in the informal employment sector.

3.2.1 The Composition of Elder Care Workers: Who are they?
Recent interest in care workers has been fuelled by women’s increasing participation in paid care work and the growing recognition of their low status in the labour market in the process of commodification and formalisation of care work. In recent years, the growing care workforce in the elder care service market has attracted a number of feminist researchers who examined the transforming care workforce in the elder care sectors, many focusing on workers’ employment status due to growing concerns about the poor quality of care jobs in the expanding elder care market. Existing literature has pointed out that the traditional gender roles, such as the assumption that women provide unpaid domestic and care work within the home, are transferred to the labour market in the process of commodification of care work. Accordingly, care jobs in the labour market are regarded as women’s jobs and their care work is devalued (Kim, 2009). Furthermore, given the assumption of care work as women’ “natural,” “unremarkable” activities in the domestic sphere (Aronson & Neysmith, 1996,
p.61), commodified and/or formalised care work in the labour market still lacks recognition of its values and skills and such devaluation has produced care work as low-paying and precarious work in the Korean care labour market (Kim K, 2009; Oh & Roh, 2010).

Over the last few years, in the process of preparing the government-led elder care programmes, a number of large-scale surveys were conducted in order to grasp the composition and current employment status of the elder care workforce. The 2007 Korean Female Worker Panel Survey: Female Informal Care Workers is the largest survey to provide national-wide data on various types of care workers in the informal sector. The Korean Women Development Institute’s reports (Kim JS et al., 2007; Min et al., 2008) provide systematic analysis based on the 2007 data, which includes data about 867 domestic workers and 1,256 elder care workers (including 740 institutional and 516 home-based care workers). More recently, the Korean Women Development Institute conducted an Employment Status Survey on social service workers as a part of its Project on Policy Study to Improve “Job Creation Policy” in the Social Service Sector II (Min et al., 2009). The survey covers three groups of care workers in both formal and informal sectors, including 500 yoyangbohosa (certified LTC workers, including 250 home-care and 250 institutional care workers), 200 ganbyeongin (non-certified institutional care workers, including 100 in general hospitals and 100 in LTC hospitals), and 300 ai:dolbomi (certified home-based childcare workers). The survey sample is limited to Seoul and its surrounding areas (Gyeonggi Province and Incheon city) and therefore would not provide a general picture of the overall care workforce.

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48 Under the Ministry of Health and Welfare, the Ai-Dolbomi Programme provides childcare services to low-income households with a child between 3 months and 12 years old. Healthy Family Support Centers provide free training programmes (50 hours) to low-income middle-aged women who want to work as ai-dolbomi. The government planned to create 4,681 ai-dolbomi jobs in 2009 (Min et al., 2009).
Nevertheless, as it aimed at finding the impact of the institutionalisation of social services on the quantity and quality of care jobs (Oh & Roh, 2009), the 2009 Employment Status Survey is particularly useful as it provides comparable data between institutionalised elder care jobs – yoangbohosa – and non-institutionalised elder care jobs – ganbyeongin. The 2009 Employment Status Survey’s data on ganbyeongin is most comparable with the 2007 Korean Female Worker Panel Survey on elder care workers, given their type of care services. However, a number of differences between the sample of the 2007 Survey and the sample of the 2009 Survey, including location and workplace of samples, limit their comparability.

Although there is no large survey data on Korean-Chinese migrant care workers comparable to the 2007 Korean Female Worker Panel Survey or the 2009 Employment Status Survey, a few recent studies based on smaller samples (Choi, 2010; Park, 2010) provide useful information on the previously unknown socio-demographic characteristics of Korean-Chinese workers providing care services at institutional care facilities. Park’s (2010) survey was based on 111 Korean-Chinese institutional elder care workers and Choi’s (2010) survey was based on 182 Korean-Chinese institutional elder care workers. All these surveys provide useful information for understanding the profiles of the elder care workforce and their employment status in the formal and informal sectors, in comparison with other types of care workers (e.g., domestic workers and childcare workers). In the following, I summarise survey findings, focusing on the three main areas: 1) social and demographic characteristics of elder care workers; 2) previous work and care experiences and pathway to care work; and

\[49\] The 2007 Survey collected its data from seven large cities across the country, while the 2009 Survey collected its data from Seoul and its surrounding areas. In addition, the 2007 Survey included both institutional and home-care workers whereas the 2009 Survey targeted institutional care workers only.
3) current employment status of elder care workers in different employment sectors.

1) Social-Demographic Characteristics of Elder Care Workers

In general, elder care workers in both formal and informal sectors show significantly different social-demographic characteristics, including age, education level, marital status, and household income level, compared to other groups of care workers, such as domestic and childcare workers. Drawing from the survey findings, I summarise the differences in social-demographic characteristics of care workers in different care sectors in Table 8. Overall, elder care workers’ social-demographic characteristics suggest their relatively disadvantageous status in the labour market. The 2007 survey found that, in the informal sector, even though they had slightly higher education level, elder care workers were significantly older, more likely to live without their spouses, and their economic situation was worse compared to domestic workers. Given that the ganbyeongin group in the 2009 survey is most comparable with the elder care worker group in the 2007 survey, the 2009 survey findings present a relatively younger and better educated elder care workforce compared to the elder care workforce in 2007. This could be partly explained by the limitation of the survey sample of the 2009 survey due to its focus on Seoul and surrounding areas.

The 2009 survey findings are particularly interesting as they show strikingly different characteristics of elder care workers between the informal and formal sectors. The 2009 survey found the most disadvantageous social-demographic features in the elder care worker group in the informal sector (ganbyeongin), compared with the group of elder care and
childcare workers in the formal sector (yoyangbohosa and ai-dolbomi). Elder care workers in the formal sector are significantly younger and better educated compared to those in the informal sector. In addition, the large proportion of elder care workers in the informal sector who did not live with their spouse, both in 2007 and 2009 surveys, suggests that many ganbyeongin were the sole breadwinners of their households.

Park’s (2010) and Choi’s (2010) surveys provide data on Korean-Chinese elder care workers that is comparable with the data on Korean elder care workers in the informal sector as presented in the 2007 and 2009 Surveys. Compared to Korean workers, Korean-Chinese elder care workers were relatively older, had similar or somewhat higher education levels, and more of them were married. However, Korean-Chinese care workers’ household economic situation was strikingly different from Korean care workers’, understandably due to the huge wage gap between China and Korea. Although Korean-Chinese care workers had significantly lower household income compared to Korean care workers, their self-evaluation of their own economic situation was much higher, as most Korean-Chinese care workers responded that they were in fair or good situation, while about 60% of Korean care workers responded that they were in a poor or very poor situation.

In relation to the low household income level of elder care workers, the 2007 and 2009 survey findings confirmed that household financial difficulties were a strong motivation for Korean elder care workers to take up care jobs. In both surveys, elder care worker’s group in the informal sector was more likely than other types of workers (domestic and childcare workers) to start care work due to financial reasons, such as “to maintain basic living” and “to repay debts.” According to the 2009 survey, although financial reasons were the most significant factors for many workers to start elder care work in both formal and
informal sectors, the details were different between the two groups of elder care workers. *Ganbyeongin* were more likely than *yoyangbohosa* to work in order to ‘maintain’ their basic living (60% of *ganbyeongin* and 40% of *yoyangbohosa*), but they were less likely to work for other purposes, such as for their child’s education (8% of *ganbyeongin* and 14.6% of *yoyangbohosa*) or to save for their later life (8% of *ganbyeongin* and 12.4% of *yoyangbohosa*). Furthermore, the 2007 Survey data suggests that the elder care jobs were not the preferred jobs for many care workers. Elder care workers’ decision of taking up elder care jobs resulted from their otherwise limited opportunities in the labour market given their low skills and relatively old age, rather than because of their preference for the care job. Based on the 5-point rating scale, highly-scored reasons for choosing the job were “because it was difficult to find other jobs with my skills” (3.9), “because there is no other job for me given my age” (3.9), and “because I think this job is suitable for my aptitude” (3.8).
Table 8 Social-demographic characteristics of care workers in different types of care sector

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Elder caregiving worker</td>
<td>Domestic worker</td>
<td>Yoyangbohosa (Formal, LTC worker)</td>
<td>Ganbyeongin (Informal, Eldercare worker)</td>
</tr>
<tr>
<td>Age</td>
<td>n=1,256</td>
<td>n=867</td>
<td>n=500</td>
<td>n=200</td>
</tr>
<tr>
<td>30s and under</td>
<td>1.6%</td>
<td>4.6%</td>
<td>8.2%</td>
<td>1.5%</td>
</tr>
<tr>
<td>40s</td>
<td>14.7%</td>
<td>36.2%</td>
<td>51.8%</td>
<td>44%</td>
</tr>
<tr>
<td>50s</td>
<td>57.9%</td>
<td>47.3%</td>
<td>37.6%</td>
<td>44%</td>
</tr>
<tr>
<td>60s and over</td>
<td>25.9%</td>
<td>11.9%</td>
<td>2%</td>
<td>10.5%</td>
</tr>
<tr>
<td>Average age</td>
<td>55</td>
<td>51</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Nothing</td>
<td>13.8%</td>
<td>19.7%</td>
<td>16%</td>
<td>32.5%</td>
</tr>
<tr>
<td>Middle school</td>
<td>30.5%</td>
<td>24.4%</td>
<td>75%</td>
<td>60.5%</td>
</tr>
<tr>
<td>High school</td>
<td>48.6%</td>
<td>27.9%</td>
<td>4.2%</td>
<td>2.4%</td>
</tr>
<tr>
<td>College (2yr)</td>
<td>3%</td>
<td>2.2%</td>
<td>6.2%</td>
<td>5%</td>
</tr>
<tr>
<td>University (4yr)</td>
<td>4.2%</td>
<td>2.4%</td>
<td>4.2%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Never-married</td>
<td>1.5%</td>
<td>0.6%</td>
<td>2%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Married</td>
<td>53.5%</td>
<td>76.9%</td>
<td>79.8%</td>
<td>72%</td>
</tr>
<tr>
<td>Divorced</td>
<td>13.9%</td>
<td>6.7%</td>
<td>6.4%</td>
<td>9.5%</td>
</tr>
<tr>
<td>Separated</td>
<td>3.4%</td>
<td>1.5%</td>
<td>2.4%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Widowed</td>
<td>27.8%</td>
<td>14.3%</td>
<td>9.2%</td>
<td>13.5%</td>
</tr>
<tr>
<td>Under 1 million</td>
<td>3%</td>
<td>1.5%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>1 – 2 million</td>
<td>8.6%</td>
<td>15%</td>
<td>23.6%</td>
<td>63.2%</td>
</tr>
<tr>
<td>2 – 3 million</td>
<td>26%</td>
<td>20.5%</td>
<td>24.2%</td>
<td>10.4%</td>
</tr>
<tr>
<td>3 – 4 million</td>
<td>42.6%</td>
<td>39%</td>
<td>19.6%</td>
<td>19.6%</td>
</tr>
<tr>
<td>4 million +</td>
<td>19.6%</td>
<td>24%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Very poor</td>
<td>25.1%</td>
<td>17.3%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Somewhat poor</td>
<td>33.5%</td>
<td>42.5%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Fair</td>
<td>36.8%</td>
<td>37.9%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Good</td>
<td>4%</td>
<td>2.1%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Very good</td>
<td>0.6%</td>
<td>0.2%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
2) Previous Work Experience and Pathway to Care Work

Both the 2007 and 2009 Surveys were also designed to collect data on workers’ previous work experience, such as the type of their first and last jobs, previous employment status, and previous care work experience. The collected data provides important resources to understand women’s career interruption after marriage and their career movement within the labour market. Overall, survey findings suggest that the care service sectors provide job opportunities for women in their 40s or older who had no previous work experience or who had career interruption after marriage and childbirth. According to the 2007 Survey data, care jobs were the first job for a significant portion of care workers: 36% of elder care workers and 42% of domestic workers. The 2009 Survey found higher proportions of workers without previous work experience: 54% of voyangbohosa and 50% of ganbyeongin had no previous experience. The findings suggest that the government’s job creation programme in the service sector is indeed meeting its goal, targeting the middle-aged housewives’ labour market participation. Although his survey data lacks detailed information, Choi (2010) also found that 48% of Korean-Chinese care workers had been housewives before taking up care jobs in Korea. Furthermore, the 2007 Survey findings confirmed that marriage and childbirth were common factors discouraging Korean women from participating in the labour market, as shown in the previous chapter in the M-curve graph of Korean women’s labour market participation rates by age. For those workers who had work experience before marriage, more than 70% of them answered that they had quit their job because of marriage and/or childbirth.

In addition to their data on career interruption, the 2007 and 2009 Surveys provide important data on female workers’ career movements within the labour market. The 2007 Survey data on the employment status of care workers in their first and last jobs reflects the downward
mobility in employment status of female workers when they return to the labour market after having their career interrupted due to marriage and/or childbirth. For example, although more than 42% of elder care workers were regular workers in their first job (presumably before marriage), only 28% of them were employed as regular workers in their last jobs (presumably after returning to the labour market). The 2009 Survey provides data on the type of previous jobs held by current care workers. For both yoyangbohosa and ganbyeongin, the majority of elder care workers had previous work experience in non-care-related sectors: almost one in three elder care workers had previously worked in food service jobs (32% of yoyangbohosa and 33% of ganbyeongin), and one in four workers in sales-related jobs (24% of both groups). Only a small number of current certified elder care workers (40 out of 500 yoyangbohosa) responded that they had previously worked in domestic or care service sectors before acquiring their yoyangbohosa certificate. Choi (2010) also found that the majority (65%) of Korean-Chinese care workers had no previous care experience (the data, however, does not seem to limit care experience to paid care work experience).

According to the 2007 and 2009 Surveys, elder care workers typically found their care jobs through indirect channels, including formal and informal networks, and only a few workers found their jobs through a direct employment channel (e.g., on-line or off-line advertisements). Unlike childcare and domestic workers who relied mostly on informal networks, such as friends, neighbours, and relatives when finding care work, elder care workers used formal employment channels more frequently, such as for-profit and not-for-profit employment agencies. According to the 2007 Survey, 53% of elder care workers used for-profit employment agencies, 23% used not-for-profit organisations, and only 19% relied on informal networks. The 2009 Survey also shows that most ganbyeongin found their jobs through formal employment channels, including
care-worker agencies (27%), for-profit employment agencies (19%), and care-worker training agencies (16%), while only 31% relied on informal networks. Oh and Roh (2009), using focus group interview data, explained that ganbyeongin typically found their first job through formal channels, and the next care job through informal networks. Most yoyangbohosa also relied on formal channels, but they were more likely to rely on their training agencies (55%) rather than employment agencies (15%).

3) Current Employment Status of Institutional Elder Care Workers

As discussed earlier, the commodified care has been devalued in the Korean labour market and in many other countries’ labour markets, which results in low-pay and precarious employment status for the care workers. The 2007 and 2009 Surveys provide detailed information on the current pay and working conditions of care workers, clearly reflecting the devaluing of care work in the Korean labour market. They are particularly useful to present the status of elder care workers in comparison with other types of care workers, and to examine the impact of the formalisation of elder care work through the yoyangbohosa system on care worker’s employment status, by comparing the data of yoyangbohosa and ganbyeongin. To compare and contrast the three groups of elder care workers in institutional care settings (who are the focus of my empirical research as explained in Chapter 1), in Table 9, I summarise employment status, pay levels, and working conditions for the three groups of institutional care workers – Korean yoyangbohosa, Korean ganbyeongin, and Korean-Chinese ganbyeongin.
Table 9 Employment status, pay, and working conditions of institutional elder care workers

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Korean</td>
<td>Korean</td>
<td>Korean-Chinese</td>
</tr>
<tr>
<td></td>
<td>Ganbyeongin</td>
<td>Yoyangbohosa</td>
<td>Ganbyeongin</td>
</tr>
<tr>
<td></td>
<td>(n=740)</td>
<td>(n=250)</td>
<td>(n=182)</td>
</tr>
<tr>
<td>Employment Contract</td>
<td>Yes 37%</td>
<td>Yes 92%</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(direct 82%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>indirect 10)</td>
<td></td>
</tr>
<tr>
<td>Employment Status</td>
<td>N/A</td>
<td>Regular* 79%</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Temporary 17%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Daily 4%</td>
<td></td>
</tr>
<tr>
<td>Work Hour</td>
<td>Aver. 5.5day/w (20.5hour/day)</td>
<td>Aver. 10.5hour/day 1-4day/w (9%)</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Aver. 113hr/w</td>
<td>Aver. 19.5hour/day 1-4day/w (26%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aver. 22day/m</td>
<td>5 day/w (36%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6+day/w (55%)</td>
<td></td>
</tr>
<tr>
<td>Monthly Income</td>
<td>1,284,000won (2700won/hour)</td>
<td>1,151,000won (5400 won/hour)</td>
<td>1,500,000-1,990,000 won (58%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,204,000won (3200 won/hour)</td>
<td>1,000,000-1,490,000 won (36%)</td>
</tr>
<tr>
<td>Social Insurance Coverage</td>
<td>Pension (25%)</td>
<td>Pension (84%) Health (88%)</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Employment (86%) Industrial Accident (70%)</td>
<td></td>
</tr>
</tbody>
</table>

*In this table, regular employment status refers to employment with contract of 1 year or longer.

**Korean-Canadian exchange rate as of June 27 2011: 1 Canadian dollars = 1,096 Korean won.

Table 9 presents significant differences among the three groups of institutional care workers.

First, one of the most noticeable differences between the yoyangbohosa and ganbyeongin groups is the proportion of workers with signed employment contract, which is directly linked to the legal regulation and protection of care workers’ labour. Although most yoyangbohosa had signed employment contracts and regular employment status, most ganbyeongin did not have signed employment contracts and had non-regular employment status. Second, the working hours were significantly different among the three groups of care workers: Korean-Chinese ganbyeongin worked the longest (24 hours a day and 7 days a week), and Korean ganbyeongin worked less than Korean-Chinese workers but much more than yoyangbohosa. Third, the average monthly income was similar between Korean yoyangbohosa and ganbyeongin groups, but much higher in
the Korean-Chinese *ganbyeongin* group. Nevertheless, when considering the working hours of each group of care workers, the *yoyangbohosa* group had much higher hourly wage (5,400 won) compared to Korean *ganbyeongin* (3,200 won). Given the Korean-Chinese *ganbyeongin*’s long working hours, their hourly wage would seem to be much lower than Korean *ganbyeongin* (no exact data). The hourly wage of both Korean and Korean-Chinese *ganbyeongin* fell below the national minimum wage (4,000 won as of 2009). Fourth, the social insurance coverage rate was much higher for *yoyangbohosa* than *ganbyeongin*. Although Choi’s survey lacks information about social insurance coverage, it is expected that the coverage rate of Korean-Chinese workers would not be higher than that of Korean *ganbyeongin*.

### 3.2.2 Discussion: New Classification and Hierarchies within the Institutional Elder Care Workforce

With regard to the quantity and quality of care jobs produced in the social service sectors, the survey findings suggest that the government-led job creation programmes for middle-aged women in social service sector seem to achieve the goal of increasing the labour market participation of economically-not-active women. The survey findings show that most women working in care service jobs were in their 40s, 50s, or 60s, and many of them had no previous job experiences or had career interruptions due to marriage and/or childbirth. On the one hand, this suggests that elder care jobs provide important employment opportunities for middle-aged women who were previously not in the labour market, whether by choice or not, before taking up their current care jobs. On the other hand, the question arises of whether expanding the care service sector provides “decent” job opportunities for these women. First, the formalisation of care jobs in the publicly-funded social service sector has contributed significantly to enhancing
care workers’ employment status, pay level, and working conditions. As seen in the survey findings, the strengthened employment regulations attached to employers who hire care workers in their LTC facilities within the LTCIE system produced higher hourly pay, better working conditions, and more secure jobs for LTC workers. Nevertheless, the lack of employment regulations on care work provided outside of the public care programmes has left unchanged the poor pay and precarious working conditions in the unregulated and unprotected informal employment sector.

Second, although the yoyangbohosa group’s employment status has moved upward in the formalisation process, the level of pay of yoyangbohosa and other groups of elder care workers is still very low compared to that of workers in other sectors. Based on 2009 figures (Statistics Korea, 2010a), the average monthly wage of Korean workers across all job categories was 2,710,362 won ($2,473), which was more than twice the average monthly wage of yoyangbohosa and ganbyeongin. Furthermore, elder care workers’ monthly wage was still much lower when compared with workers in the low-skilled job category (1,499,646 won; CAD$ 1,368). In previous research on the devaluation of care work, it has been documented that predominantly female jobs, like those jobs associated with care, pay less than other jobs after adjusting for measurable differences in educational requirements, skill levels, and working conditions (see England, 2005). England, Budig, and Folbre (2002, p.466) refer to the low wage of care work as “care penalty,” which is applied to both men and women in care work. However, as they argue, since women dominate the care work, more women than men pay the care penalty. Likewise, in the commodification of care work in Korean society, the care service sector jobs, which are officially defined as “women’s jobs,” also present the strong wage penalty for care work. This is clearly reflected in the low wage of care workers even in the formalised care service sector.
Furthermore, a review of surveys clearly shows how, as a result of the formalisation of care work only in a part of the care service sector, the institutional elder care workforce was reclassified into the three main groups of care workers, largely according to their workplace and nationality: Korean *yoyangbohosa*, Korean *ganbyeongin*, and Korean-Chinese *ganbyeongin*. Since the LTCIE Act mandates employers of LTC facilities to hire certified care workers only, the care workforce in LTC facilities such as LTC homes under the LTCIE system has been transformed into the *yoyangbohosa* workforce, comprised of Korean LTC-certified workers. On the other hand, the non-certified *ganbyeongin* workforce provides care services in medical facilities under the National Health Insurance system, as care workers without *yoyangbohosa* certificate are not allowed to work in LTC facilities under the LTCIE system. Korean-Chinese care workers, who often have limited access to the *yoyangbohosa* certificate programme, comprise a large portion of the *ganbyeongin* group in the non-formalised sector. As survey findings presented, the three groups of workers have different social-demographic features, with more advantageous features in the *yoyangbohosa* group (e.g., younger age, higher education level, and better financial situations) and less advantageous features in the Korean-Chinese *ganbyeongin* group. Such social-demographic characteristics are also closely linked with employment status, pay level, and working conditions in the care labour market. For example, Korean and Korean-Chinese *ganbyeongin* groups, who presented more disadvantaged social-demographic characteristics (e.g., older age and lower education level) than other types of care workers, were concentrated in elder care jobs under informal employment practices. Although this type of elder care job was not their preferred choice, these workers’ poor financial situations, gender, older age, and low education level forced them to take up informal elder care jobs with longer working hours and poorer working conditions. The survey findings suggest that receiving
a higher monthly wage in return motivates the endurance of poor working conditions for more disadvantaged workers, especially for Korean-Chinese migrant workers who have the lowest household income.

Based on the review of the survey findings, I found a clear hierarchy among the three groups of elder care workers in the re-classified elder care workforce. Given the pay levels and working conditions of the three groups of care workers, the care labour of Korean voyangbohosa was valued higher than that of the other two groups of ganbyeongin. Differences also exist between the two groups of ganbyeongin. Existing surveys on Korean-Chinese migrant care workers suggest that their labour was valued much lower than Korean care workers in the Korean care labour market. Given the limited employment opportunities in LTC homes, which provide better working conditions and more secure positions in formal employment, the more disadvantaged groups of women in the labour market, many of whom are Korean-Chinese migrant women, are consequently concentrated in the ganbyeongin positions in the informal employment sector, which pay less than the national minimum wage with no employment benefits. In the following section, I will discuss how the ganbyeongin job in the informal sector became an employment niche for old female migrant workers, who lack other employment opportunities in the Korean labour market.

3.3 Migrant Workers in the Korean Institutional Elder Care Sector

In the contemporary Korean society, the role of migrant workers in the general labour market, which is being transformed from labour-sending to labour-receiving, has grown significantly over the last decade. The total number of foreign workers in the Korean labour market increased
from 400,000 in the early 2000s to over 695,000 in 2009, or 2.9% of the entire Korean labour force (MOL, 2009). Given the Korean government’s co-ethnic policy which grants beneficial treatment to overseas Koreans, ethnic Koreans (most of them Korean-Chinese) comprise a significant portion of the category of low-skilled workers in the Korean labour market: 66% of low-skilled foreign labour force as of October 2009 (Table 10).

Table 10 Composition of foreign residents in Korea, as of October 30, 2009

<table>
<thead>
<tr>
<th>Total number of foreigners (1,164,166)</th>
<th>Labour force (695,157)</th>
<th>Others (Spouses, International students, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-skilled workers</td>
<td>low-skilled workers</td>
<td>Unregistered Workers</td>
</tr>
<tr>
<td></td>
<td>Non-ethnic Koreans</td>
<td>Ethnic Koreans</td>
</tr>
</tbody>
</table>

Due to the limited information available on the employment status of Korean-Chinese migrant workers, however, it is difficult to know the exact number of ethnic Koreans working in the care service sectors. Although temporary migrant workers (H-2 visa holders) are required to report and register their employment status with the Korea Immigration Service Office, only 5% of H-2 visa holders follow the requirements (MOEL, 2009c) due to the lack of a strong enforcement system. Given the lack of official records on the employment status of H-2 visa holders, a recent study conducted by Lee and his colleagues (2008) on the current status of the Visit and Employment System provides limited but important data to estimate the number of Korean-Chinese migrant workers in the care service sector (Table 11). According to their survey results of 991 Korean-Chinese migrant workers who visited the Korea Immigration Service Office in Seoul, 48 Korean-Chinese workers were employed as care workers at ‘a hospital or somewhere
else’ (no other specific workplace was listed), with female predomination (only 4 were men).

The care workers comprised 4.8% of the total survey participants and 9% of the female respondents. Given the large number in the overall Korean-Chinese labour force (304,885 in total) and the large share of women in the Korean-Chinese labour force (45% female) in the Korean labour market, this study suggests that a significant number of Korean-Chinese migrant workers work in the institutional care sector.

Table 11 Current occupations of Korean-Chinese migrant workers in Korea

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th></th>
<th>Female</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>%</td>
<td>Number</td>
<td>%</td>
<td>Number</td>
<td>%</td>
</tr>
<tr>
<td>Total</td>
<td>502</td>
<td>100</td>
<td>489</td>
<td>100</td>
<td>991</td>
<td>100</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>119</td>
<td>23.7</td>
<td>22</td>
<td>4.5</td>
<td>141</td>
<td>14.2</td>
</tr>
<tr>
<td>Construction</td>
<td>273</td>
<td>54.4</td>
<td>6</td>
<td>1.2</td>
<td>279</td>
<td>28.2</td>
</tr>
<tr>
<td>Restaurants</td>
<td>37</td>
<td>7.4</td>
<td>235</td>
<td>48.1</td>
<td>272</td>
<td>27.4</td>
</tr>
<tr>
<td>Motel</td>
<td>3</td>
<td>0.6</td>
<td>25</td>
<td>5.1</td>
<td>28</td>
<td>2.8</td>
</tr>
<tr>
<td>Education</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>2.5</td>
<td>12</td>
<td>1.2</td>
</tr>
<tr>
<td>Domestic workers</td>
<td>0</td>
<td>0</td>
<td>101</td>
<td>20.7</td>
<td>101</td>
<td>10.2</td>
</tr>
<tr>
<td>Care workers</td>
<td>4</td>
<td>0.8</td>
<td>44</td>
<td>9</td>
<td>48</td>
<td>4.8</td>
</tr>
<tr>
<td>Professional</td>
<td>1</td>
<td>0.2</td>
<td>5</td>
<td>1</td>
<td>6</td>
<td>0.6</td>
</tr>
<tr>
<td>Others</td>
<td>65</td>
<td>12.9</td>
<td>39</td>
<td>8.0</td>
<td>104</td>
<td>10.5</td>
</tr>
</tbody>
</table>

Source: Lee et al. (2008), based on survey of Korean-Chinese migrant workers who visited the Korea Immigration Service Office in Mokdong, Seoul.

Until recently, the existing Korean literature has shown little interest in migrant workers in the care service sector. Lee (2004) pointed out a number of reasons for this lack of research interest, including the short history of female labour migration in Korea, the restriction of migrants’ employment in the service sector until 2002, the emphasis on ‘class’ and ‘race’ over ‘gender,’ and practical difficulties in collecting data from workers employed in private households or geographically-dispersed service facilities. Although a growing literature has
focused on female migrant workers in the service sector as their number has increased in the now-legalised care sector, there is still a limited number of studies on migrant care labour, particularly on care labour in institutional care settings. The studies of Choi (2010) and Park (2010), both masters’ dissertations, are the only research focusing on migrant (Korean-Chinese) institutional care workers. Choi (2010) examines the factors influencing the job satisfaction of Korean-Chinese care workers. His statistical analysis found that worker’s social demographic factors, health conditions, relationships with co-workers, managers, patients and their families, and wages all affected workers’ job satisfaction levels. Park (2010) compared Korean and Korean-Chinese care workers, looking at the influence of workers’ knowledge of and attitude toward elderly persons with dementia on their care practices. Her statistical analysis found that Korean workers had significantly better knowledge of dementia than Korean-Chinese workers, but the attitude and care practices were not significantly different between two groups of workers. Although both Choi (2010) and Park (2010) conducted the first studies focusing on migrants’ care work in institutional settings and presented important social-demographic data on migrant care workers, their approaches limit their ability to provide in-depth data on the construction of migrant workers’ care labour and on their location and status in the care labour market in relation with non-migrant care workers.

In this regard, the lack of information on Korean-Chinese migrant care workers in the institutional care sector raised a number of questions for my research: what is the proportion of Korean-Chinese migrant workers in the institutional LTC workforce?; who are these workers?;

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50 A number of recent studies looked at migrant care labour, but they were all focused on migrant domestic workers (Kang, 2009; Lee H, 2004; Lee S et al., 2010).
what kind of characteristics does this migrant care worker group have?; why do employers of LTC facilities hire or do not hire migrant workers?; and why and how do these workers choose institutional elder care jobs? One of the main purposes of my interviews with employers/managers of LTC hospitals and migrant workers was to understand how visible are the Korean-Chinese migrant workers in the current institutional care sector, who these migrant care workers are, why and how they work as elder care workers, and to what extent they are different from Korean care workers in terms of pay and working condition. In the following, I present my own interview data focusing on migrant workers in the Korean institutional elder care sector.

3.3.1. Visible Migrant Care Labour: Reasons for Growing Migrant Elder Care Workforce

From interviews with employers and managers of LTC hospitals, I found that migrant care workers comprised a significant proportion of the care workforce at five of the seven selected LTC hospitals. As Table 12 shows, except in two facilities (E and G), the proportion of migrant care workers varied from 29% to 100% of the care workforce. On average, migrant care workers comprised 41% of the care workforce at the seven facilities. Although the small sample size limits its generalisability and generalisation is not the purpose of my research, my interview findings suggest that there is a tendency to have a larger share of migrant workers at smaller LTC hospitals, due to difficulties of recruiting local care workers given poorer working environment in smaller facilities.
Table 12 The composition of care workforce at seven LTC hospitals

<table>
<thead>
<tr>
<th>Location</th>
<th>Location</th>
<th>Number of beds (Size)</th>
<th>Number of care workers (Total)</th>
<th>Number of migrant care workers</th>
<th>Proportion of migrant care workers (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Seoul</td>
<td>84</td>
<td>16</td>
<td>16</td>
<td>100</td>
</tr>
<tr>
<td>B</td>
<td>Seoul</td>
<td>105</td>
<td>28</td>
<td>17</td>
<td>61</td>
</tr>
<tr>
<td>C</td>
<td>Chungbuk</td>
<td>140</td>
<td>34</td>
<td>10</td>
<td>29</td>
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Source: Interviews with employers/managers of selected LTC facilities

_Hiring migrant workers: does their service quality differ from Koreans?_

In my interviews, employers at the two facilities (E and G) which were 100% dependent on non-migrant care workers proudly emphasised their ‘no migrant worker’ principle in managing their care workforce. They both agreed with the economic advantage of employing Korean-Chinese workers over Korean workers. However, they emphasised their concerns about the lower quality of care services provided by migrant workers, which led them to establish and maintain the native-worker-only principle in their workplaces. As the employer of facility E explained:

I didn’t consider hiring _gyopo_ (Korean-Chinese) in the first place. I know that from the employer’s perspective, it would be better to use _gyopo_ because it saves labour costs. However, while other facilities use _josunjok_, we have kept our principle of not employing them and, as a result, I think this has contributed to building up a good image of our facility. When you use Koreans, the service quality improves, and this makes our patients happy and the facility happy.
The employer of facility G shared the assumption of higher service quality of Korean care workers. She mentioned that she once trained five Korean-Chinese workers while hoping that she could hire them, which would have saved her payroll costs. However, after the training she decided not to hire them as they did not reach the quality level of care services she required. She pointed out that language barriers and poor communication skills lowered the quality of migrant workers’ care services. From my own visits to the seven facilities, I had the impression that, compared to smaller facilities, larger facilities such as E and G had more attractive features for care workers given their location, work environment, and quality of facilities. Therefore, such advantages could help support the employer’s no-migrant-worker principle in the large facilities where local care workers would also prefer to work.

The concerns of language and cultural difference and poor communication skills of migrant workers were often shared by employers/managers who hired migrant care workers. The head-nurse of facility A commented on the communication problem of migrant care workers:

You can easily communicate with Korean workers who are from the same culture, right? Koreans easily understand when I explain something, but Chinese [Korean-Chinese] workers cannot understand quite a lot of the contexts since they are from different culture. Even though they say they have understood, in fact they have not. That’s why you should double check whether or not they really understood.

It is interesting to see that lack of Korean language skills and knowledge of culture become disadvantageous factors in the hiring of Korean-Chinese workers, given that they are the most preferred group of migrant workers in the service sector since it is assumed that they, as Korean descendants, share the Korean language and culture. Lee HK’s study (2004) on migrant domestic
workers shows that, even before service sector jobs were legalised for ethnic Koreans, Korean-Chinese could easily work in the service sector because of their appearance, cultural similarity, and Korean language ability. Although these ‘similarities’ were initial advantages helping Korean-Chinese workers to find employment in care service sector, their ‘differences’ in language use (e.g., Yanbian dialect of Korean-Chinese) and cultural practices later become emphasised as disadvantageous factors of using Korean-Chinese’ care labour. In terms of poor language and communication skills, the head-nurse of facility A specifically pointed out what Korean-Chinese workers are lacking in their communication skills with their patients, such as limited knowledge of Korean honourifics (jondaenmal; polite levels of speech with older people), which are required in order to provide appropriate and culturally-sensitive services to elderly people in the Korean culture. She mentioned that it was a crucial yet difficult task to change newly hired Korean-Chinese workers’ language use from impolite (banmal) to polite (jondaenmal).

Despite the shared acknowledgement of Korean-Chinese care workers’ communication difficulties, however, the belief in the better quality of care of Korean care workers and poorer quality of Korean-Chinese care workers, shared by the two employers of LTC hospitals who do not hire migrant workers, was contradicted by other employers. Most employers of LTC hospitals which relied on migrant care workers did not find much difference between Korean and Korean-Chinese care workers in terms of the quality of their care services. As many employers pointed out, the quality of care services “depends on an individual person” (A, B, D), not on their nationality. The employer of facility B pointed out that “people assume that Koreans would be better, but it is not the case all the times.” Although most employers/managers mentioned the language issue when hiring Korean-Chinese workers, they also emphasised other more important
factors contributing to the quality of care services, such as personality, attitude towards care recipients, and work ethic.

*Migrants’ cheaper labour and their availability for 24/7*

The major reason why the five facilities hired a significant number of Korean-Chinese workers was due to migrants’ cheaper labour cost in the care labour market and their willingness to take up the care job at lower wage level, with longer working hours, and poorer working conditions, which did not attract Korean workers. Given the conception of care job as one of the so-called 3D (Dirty, Difficult, and Dangerous) jobs in the Korean labour market, the care labour market has failed to attract enough Korean workers and, therefore, the care vacancies are now being filled by Korean-Chinese migrant workers who are willing to provide their labour at the current or even lower pay level and working conditions. According to the head-nurse of facility A, “Koreans simply don’t want to do this hard work” which is labour-intensive, low-paying, with no job protection, and “if Koreans take this job based on the same labour conditions of Korean-Chinese, it would cost more than twice of what it is now paid to Korean-Chinese, which would make it impossible to run the facility.”

In terms of workers’ wage level, I found significant differences between Korean and Korean-Chinese care workers, as presented in the surveys. In the participating LTC hospitals, care workers’ monthly wage was typically calculated by the number of days they worked in a given month at a fixed daily rate. The average daily wage of Korean workers was 70,000 won ($64) and that of Korean-Chinese workers was 60,000 won ($55) in the participating LTC hospitals. Although the daily wage of Korean-Chinese workers was significantly lower than that
of Korean workers in all facilities, Korean-Chinese earned much more than Korean workers on a monthly basis: Korean-Chinese workers earned between 1,500,000 and 1,800,000 won ($1,369 – 1,642) per month and Korean workers earned between 1,050,000 and 1,200,000 won ($958 – 1,094) per month. The wage gap between Korean and Korean-Chinese workers is explained by how the working hours were arranged differently for the two groups. Typically in most Korean LTC hospitals, care workers provide care services for 24 consecutive hours and take time off for the following 24 hours, which means that workers work every other day. Although all Korean care workers followed the every-other-day working rule in all participating LTC hospitals, most Korean-Chinese care workers provided continuous care services for 24 hours a day for 6-7 days a week.

The availability of Korean-Chinese migrant workers for 24/7 is especially attractive to employers of LTC hospitals, which provide continuous care services to their service users. Korean-Chinese workers’ 24/7 labour means care provision for 24 hours a day, seven days a week, which requires care workers’ attention to their service users whenever they need it, day and night. In this ‘live-in’ position, Korean-Chinese workers literally live and work in the LTC hospital and only go out of their workplace when they take time off, normally three to five days per month. Rather than having two workers who take shifts every 24-hour, Korean-Chinese workers’ 24/7 work helps employers save a huge amount of labour costs when hiring one Korean-Chinese worker rather than two Korean workers. At the same time, since these workers have to find a temporary place to live while working in Korea, which costs a significant amount of money out of their income, their willingness to take this 24/7 job and save on living costs meets the needs of employers who seek cost-savings. Korean-Chinese workers’ preference (or willingness) to take up ‘live-in’ positions for 24/7 care provision in LTC hospitals is comparable.
with the findings of previous research on Korean-Chinese domestic workers providing domestic and/or care services within the home. Lee (2004, cited in Kang, 2009) found that although Korean domestic workers preferred live-out arrangement as they had their own living spaces and families, Korean-Chinese women preferred live-in positions as a means of saving living costs, since many of them lived independently from their spouses or other family members in Korea. Most migrant care workers in my sample also lived by themselves in Korea, so they preferred to take up ‘live-in’ positions instead of ‘live-out’ (i.e., working every other day) since the live-in positions maximised their monthly income by saving on rent and by longer working hours. Accordingly, ‘live-in’ care positions became the typical care arrangement for Korean-Chinese migrant workers at both home and institutional care settings.

From interviews with migrant care workers who had experience of ‘individual’ care work (i.e., one care worker provides care services to one care recipient), I found that care workers’ employment arrangement in other medical hospitals is quite different from the care workers’ work-hour arrangement in the LTC hospitals. Unlike LTC hospitals, where long-term ‘group’ care service (i.e., one care worker provides care services to several care recipients) is a basic form of care provision, patients charged in other medical hospitals for acute care typically hire an individual care worker for a relatively short period when they need paid care services, especially when their family members are not available to take care of them. Given the nature of such care services, namely that the length of employment of ‘individual’ care workers depends on the care needs of the care recipients who hire them, care workers’ employment could last for only one day or for more than a year. Four of my interview participants had experiences of working as an ‘individual’ care worker, and their most recent employment period as an ‘individual’ care worker varied from one day to 18 months. Among the four participants, I met three ‘individual’ care
workers at the shelter for Korean-Chinese migrants. These migrant women were staying at the shelter after finishing one employment and before finding a new employer. The shelter became “home” for these women when they were in the ‘in-between’ status until they found a new employer. When I was interviewing Ms. Gong, whom I met at the shelter, she received a phone call from her employment agency. The call was to inform Ms. Gong about her new employment, which started the following day. She explained that an ‘individual’ care worker, like her, had to be “on-call” all the time since she had to be ready to leave quickly for a new workplace as soon as she received a call from the agency. Although the length of employment of ‘individual’ care workers is quite different from that of ‘group’ care workers, who stay in a workplace for a longer period (average 9 months in my sample), their working hours are similar once they are at work. Like ‘group’ care workers, ‘individual’ care workers provide care services for 24 hours a day without proper sleep time, most times as a live-in care worker at a hospital during their employment period.

In addition to long working hours based on ‘live-in’ arrangement, employers/ managers pointed out another advantage of hiring migrant workers, namely that they are willing to work on the weekends and holidays when Korean workers want to take time off. In this regard, migrant workers also pointed out their availability and willingness to work during holidays as advantages of hiring Korean-Chinese migrants:

One good thing about us [Korean-Chinese workers] is that we can work during Korean national holidays, like Thanksgiving, when Koreans don’t want to work... We don’t choose a day to work, but just work any day, regardless of holidays and Thanksgiving. (Ms. Gong)

Another migrant care worker described their busier time at work during holiday seasons:
We’re busier in summer. We substitute for Korean workers when they go on vacation in summer. We’re also busier at vacation times, on national holidays, Chujeok [Korean Thanksgiving], and so on. We don’t get to take time off during the holiday seasons when Koreans want to take time off. (Ms. Kim)

“They don’t complain”: migrants’ lower expectation about wage and working conditions

Although the economic advantage was the most important reason for hiring migrant care workers for all five employers/managers, some commented on other advantageous factors such as the “obedient, enduring, and compliant” (manager of facility C) character of Korean-Chinese care workers, and their longer commitment compared to “picky” Korean care workers (manager of facility C) who would easily quit their job. The comments of a head-nurse of facility A suggest that the longer commitment of Korean-Chinese was due to their location in the Korean labour market as a temporary migrant worker:

The advantage of using Korean-Chinese is that they do not leave their workplace as easily as Koreans because this is their foreign place. Even though they don’t like what we tell them to do, they just lay their pride aside and do what we want them to do, and they don’t complain. However, if Koreans don’t like something here, they just quit and find another place.

In spite of the time-limit of the total length of employment (three years) applied to Korean-Chinese migrants, Korean-Chinese care workers are likely to stay longer in a workplace compared to Korean care workers who are not attached to any time-limit in the Korean job market. This is clarified by understanding the two important factors shaping care workers’ labour practices in the Korean labour market: the nature of the care job market which has a high turn-
over rate of care workers, and migrant workers’ constraints on time and the opportunities
available in the Korean labour market. First, although care sectors have a high turn-over rate, the
erler care sector has the highest turn-over rate of all the care sectors. According to the 2006 data
of KEIS, the average continuous service was five years across social service sectors. Elder care
workers, along with postnatal care workers, had the shortest continuous service period (2.5
years), much shorter than other groups of care workers, such as childcare workers (3 years) and
domestic workers (4.5 years). Many employers/managers pointed out the high turn-over rate as
one of the biggest challenges in managing the care workforce.

In the seven participating facilities, the average continuous service period varied
significantly from 6 months to 4 years. Facility G, which relied on Korean workers only,
presented the longest commitment of its workforce (4 years), and accordingly the manager of
Facility G did not express much difficulty about managing its workforce. However, all other
employers/managers expressed their concerns about high turn-over rates of care workers (when
excluding facility G, the average continuous service period decreases to about 1 year). Employer
of facility B complained that “workers, both Koreans and Korean-Chinese, leave for another
hospital very easily if the hospital offers more money.” Although the high turn-over rate applied
to both Korean and Korean-Chinese workers, as the employer of facility B mentioned, there was
an agreement among employers/managers over a relatively lower turn-over rate of Korean-
Chinese workers once they started their care work after a training period. Manager of facility D
explained that the Korean-Chinese workers’ longer commitment in their workplace was due to
their investment in their current work as a temporary migrant worker:
Some stay longer for about six months but some leave after a few days. However, Korean-Chinese’s turn-over rate is lower than Koreans’... Although Korean-Chinese have issues with their visa (expiration), they are likely to stay longer as they have put some investment in this job.

For my research participants who provided ‘group’ care services, the length of employment at their current workplace varied from one month to two years, with an average length of employment of 9 months. The “investment” of Korean-Chinese workers in their care job would mean their investment of time and money through their migration into finding the current care job in Korea. Furthermore, when they leave the current workplace, these workers have the burden of high opportunity costs to find another workplace within their limited time in Korea. The time-limit attached to their immigration status therefore has a strong influence on these workers’ longer commitment compared to Korean care workers who do not have such time-limit in the Korean labour market. This was confirmed by some of my care worker interview participants. For example, Ms. Choi, whose working conditions were poorer compared to other Korean-Chinese workers, told me that her limited time in Korea discouraged her from taking the risk of finding another job, which could turn out to be worse than the current job. That was why she stayed in her current care job which she did not think was paying enough, compared with her Korean-Chinese friends’ wages in other jobs.

Reflecting the employers/managers’ description of their migrant workers as “obedient, enduring, and compliant,” most Korean-Chinese care workers participating in my interviews showed their compliance with their current pay and working conditions, with little complaint. Although they discussed the high intensity of their labour and the difficulties of providing care services under their current working conditions, their status as temporary migrant workers...
caused them to be compliant workers and endure those difficulties. Migrant workers themselves justified their difficult work situations as being due to their status in Korea as a foreigner who came to make money. When I asked about whether she had comments on her current employment status, Ms. Hong said that “there is nothing I can complain about since I am a foreigner here. You can complain only in your own country.” Most of other workers spoke along the same lines. Ms. Kang described the difficulties of her care work, especially when she first started working at her current workplace. However, her purpose for coming to Korea – to make money – made her keep working as a live-in elder care worker at a LTC hospital.

It [care work] was really difficult at the beginning. In my first month here, I took only two days off. I can’t even describe how difficult it was. However, I continued working while thinking that I had to get used to this since I came to Korea to make money.

*Migrants’ motivation for enduring hardship*

The motivation or need for “making money” while enduring hard working conditions, however, was not the same for all, but rather depended on migrants’ age, their children’s age, particular family issues, and household income level. The main reasons for coming to Korea, I found in my interviews, were economic: to save money for old age, a child’s education, and/or a child’s marriage. Older interview participants in their 50s and 60s, both male and female, pointed out saving money for their old-age life when they return to China as a main reason for coming to Korea. In addition, for those with unmarried child(ren), saving money to buy a house or to pay for wedding expenses for their child(ren), a cultural tradition of Korean families, was another important purpose for working in Korea. On the other hand, for those who had school-age child(ren), the primary reason for coming to Korea was to provide better education opportunities
for their child(ren), such as study abroad opportunities in Japan or Korea. For example, Ms. Jang came to Korea by herself while her husband and 12-year-old son were in China, living with her parents-in-law, because she thought that her migration to Korea would provide a better future for her son. She explained that it would be very difficult to earn enough money to send her son abroad if she stayed in China. Ms. Song is another woman who left her 13-year-old son back home. Unlike Ms. Jang, Ms. Song came to Korea with her husband while leaving her son with her parents in China. Her purposes for coming to Korea were to save money for her son’s education and for a small business when returning to China.

Many interview participants described the phenomenon of Korean-Chinese migration to Korea fever. According to Ms. Song, 90% of households in her hometown in China (a Korean-Chinese community town in Shimyang area) had at least one person who migrated to Korea. Previous studies on the changing Korean-Chinese communities in China confirm the Korean-Chinese migration fever. In her ethnographic research on Korean-Chinese communities in China, Kwon (2010) described the phenomenon of Korean-Chinese migrating to Korea by quoting a saying in the Korean-Chinese communities, “Everyone who is able to walk goes to South Korea.” Furthermore, in their 2003 field research in a number of Korean-Chinese communities in China, Kwon and Park (2004) found that more than one in four people (28%) who were registered in the family registry of a Korean-Chinese community town in China had migrated to Korea. They also found a growing phenomenon of family separation (gajock bunsan) in many Korean-Chinese families as a result of migration. In one of the communities, among 153 total households, 112 households had one or more family members migrated to another place in China or abroad. In this regard, a local newspaper published an article on the growing issue of family separation in Korean-Chinese communities by quoting education statistics data in Yanbian area,
where the largest Korean-Chinese communities are located: “in the josunjok [Korean-Chinese] self-governing administration district in Yanbian area, children living with a single parent comprise more than 54% of the overall josunjok school-age children” (cited in Kwon and Park, 2005, p.545). As in Kwon and Park’ (2004) study, my research participants explained that migrating to Korea to pursue the Korean dream while enduring family separation was considered as an investment for better future for their family.

Just as in Choi’s (2010) survey on the Korean-Chinese elder care workers’ self-evaluation of their financial situation (Table 8), many of my research participants perceived themselves as ‘average’ or ‘middle class’ in China, and only a small number of research participants faced financial difficulties to maintain basic living in China. There were significant differences between these two groups of care workers in terms of their purposes for coming to Korea. The participants who had ‘average’ or ‘middle class’ living standards in China were mostly recipients of pension from the Chinese government, and, with the secured monthly pension allowance, they came to Korea to “save” money for a better future for themselves and their children after they retired. On the contrary, three out of four research participants who had difficulties in maintaining basic living in China were not receiving pension allowance as they were former farmers (who were exempted from the pension system). They came to Korea to “sustain” the living of their family in China, and their remittances were the main income source for the family in China. Three interview participants emphasized their role as sole breadwinners for their families in China. Especially for Mr. Shin and Ms. Gong, migrating to Korea was an unavoidable decision for them to be able to support the living of their spouse who had long-term illness. Although Mr. Shin was receiving a monthly pension, equivalent to 400,000 Korean won ($365), the amount did not cover his wife’s hospital and medication expenses, and therefore he
decided to come to Korea after his retirement. Ms. Gong also came to Korea to support her sick husband who stayed in China. As former farmers in China, she and her husband did not have any secured income or asset in China and therefore she had to find a means to pay for her husband’s medical and related expenses:

My husband couldn’t come [to Korea] with me because he is sick. He has been sick for 11 years. It costs a lot of money to pay for his medication. . . Since I work here, I can earn all the money we needed to pay for my husband’s care worker, medication, and his living expenses. . . If I didn’t come to Korea, we would not have had any money to get by and to buy medication. China is different from Korea. There is nothing provided by the government. Hospital fees are so expensive and there is no health insurance like Korea.

Ms. Gong sends 700,000 won ($639) every month to her husband, out of her monthly income which ranges from 1,200,000 to 1,500,000 won ($1,095 – 1,369). A significant portion (200,000 won; $182) of the monthly remittance of 700,000 won paid for the care services her husband was receiving from a local Chinese woman. Ms. Park’s case presented a transnational link in which a migrant woman took care of elderly people in a receiving country in order to make money to pay for the living and care expenses of her sick husband in a sending country, and who hired a local woman to take care of him at a cheaper wage than what the migrant woman made as a care worker in the receiving country.

The series of personal links among Ms. Gong, her husband, elderly people who were cared for by Ms. Gong, the Chinese live-in care worker who took care of her husband, and further extended personal links based on the paid and unpaid work of caring, all these construct what Hoschchild (2000, p.131) calls a “global care chain.” Although existing literature focuses
heavily on the global care chain formed by transnational hierarchical links based on the unpaid or paid child care work, my interview findings suggest another aspect of the global care chain, that is, the ‘elder care’ chain beyond the national boundaries. Such transnational elder care links are constructed by the imbalance between the sending country and the receiving country, represented in my empirical findings by the vast differences in wage and public health care systems between Korea and China.

3.3.2. Gender, Age, and Migration: Care Work as Opportunity for Older Female Migrants?

The social-demographic characteristics of the Korean-Chinese migrant care workforce in institutional care settings, as found in my empirical research, are not very different from those of the Korean care workforce in the predominance of older female workers with low education levels. In my interviews, I found that the migrant elder care workforce in my sample was heavily dependent on female care workers who were in their 50s and 60s.

_Elder care work as women’s work?: Changed and unchanged conception of care work among migrants_

As in the global care industries, the Korean elder care workforce is overwhelmingly female. According to the 2008 figures of Statistics Korea, 93% of personal care workers were female. Previous surveys on the Korean-Chinese care workforce also found that female care workers comprised approximately 95% of the care labour force (94.5% in Choi [2010] and 95.5% in Park [2010]). In my interviews, I found an even stronger female predominance in the elder care workforce in the seven facilities: only two facilities had male care workers in their care
workforce, one (F) and four (C) males, respectively. The managers of facility C and F recognised the advantage of hiring male workers as they were physically stronger than female care workers, which was advantageous when lifting patients to and from wheelchairs. Nevertheless, all employers/managers preferred female workers over male workers due to their patients’ preference, as well as their own preference for female workers. A couple of employers/managers mentioned that male care workers were preferred for some severely dependent male patients (who needed more physically intensive care), but most patients, including female and male, wanted to be cared for by female care workers. Female patients wanted to be cared for by female workers since they did not feel comfortable when male workers provided intimate care during bathing and changing. On the other hand, male patients also preferred female workers as they felt comfortable receiving care from women. Therefore, as most employers/managers admitted, male workers were hired only in cases where patients who needed individual care services, specifically requested a male worker.

My interviews with twenty migrant care workers include three male care workers, a relatively higher proportion. What I found from interviews with the three male workers is that the care jobs were not the kind of jobs they looked for when they first came to Korea. The male workers previously worked in non-female-dominated sectors, but came to the care sector after they faced difficulties in finding new jobs and/or continuing previous jobs. For Mr. Shin, the difficulty of finding construction jobs in the winter season led him to find the job in the care sector:
I re-entered Korea at the end of November and there was no job [in construction sector] in the winter. . . Since I had no job, I had nowhere to eat, so I stayed at a shelter for migrant workers. . . There, I learned how to use computer and I kept searching jobs on the internet, and I found a job posting of care workers. I thought that my age was okay for this job, so I went there.

When Mr. Shin told his friends about this care job, “everyone said that it was a woman’s job.” However, he thought that there would be a need for male workers in this female-dominated care sector. As mentioned by employers/managers, Mr. Shin and the other male workers pointed out the advantage of having male workers to take care of physically-demanding patients. On the other hand, they also shared the disadvantage of male workers who could not provide care services to female patients, and two of the male workers were currently in charge of a room of male patients. Mr. Shin, however, provided care for female patients and he was proud of his caring work:

I am very welcomed at nursing homes and LTC hospitals. Other male workers can’t provide care for female patients, but I can. At my current workplace, I have been at a female patients’ room all the time. I change their diapers and wash them. For the first fifteen days I just helped them during meal times because they felt ashamed when a man washed them, but later they really liked me. (laugh)

Interestingly, I found that two other male care workers were working with their wives at the same workplace. Although these male workers had not worked with their wives in the same place in their home country, since they arrived in Korea they worked together in different places, as farm workers, factory workers, or motel cleaners. Working together in the same place was their strategy to survive as migrant care workers in a foreign place. The women, who also
participated in my interviews, mentioned that they would not work alone without their husbands in their current workplaces. Ms. Chang described that her husband was good company for her to have near through hardship in her workplace, and vice versa:

I would not go anywhere without him [my husband]. Both husband and wife would feel difficult if they are apart. I can talk to my husband about things happening in my workplace and he can understand. My husband also has me who listens to him when he complains about his work.

She also pointed out the economic advantages of working together, as working and living in the same place saved huge living costs compared to having two different living places. Furthermore, as Mr. Shin mentioned, the relatively stable care work regardless of the season attracted these couples, who wanted to work in the same place, to take up care work in LTC hospitals. Ms. Chang explained that if her husband worked in the construction sector (the most popular job for middle-aged male migrants) he would not be able to save as much as he would in his care job since “he would drink a lot because he misses me and because he doesn’t work on rainy days.” My interview findings with male care workers and their wives suggest that when looking for available jobs, male migrant workers’ limited job opportunities in the Korean labour market made them re-think the assumption about care work as women’s work. The advantageous aspect of having an elder care job for these workers transformed traditionally-considered woman’s jobs into potentially-good man’s job in the migrant labour market.
The second significant demographic feature of the Korean institutional care workforce is the relatively old age of the care workers: the majority of care workers, including Korean and Korean-Chinese workers, were over 50 years old. Among twenty care worker interview participants, twelve were in their 50s, five were in their 60s, and one was 70 years old, while only two were in their late 30s. The three male workers were all in their 50s. As Lee and her colleagues (2006) found in their study on Korean-Chinese female migrant workers, relatively younger women in their 30s and 40s tended to work in restaurants, while older women tended to work as domestic workers or elder care workers. For example, in my own interview, Ms. Lee, who was in her mid-60s, told me that she decided to work as an elder care worker in Korea since she and her daughter thought that the elder care job was the only option for her due to her old age. Her 35-year-old daughter, who had come to Korea earlier, was working at a restaurant, but recommended an elder care job to Ms. Kim as she thought that her mother was “too old to find a job at a restaurant.”

A head-nurse pointed out the younger female workers’ ‘feeling of shame’ in performing care work as a reason why older women dominated the elder care workforce:

You can say that most of care workers here are in their 50s and 60s. It is because younger people in their 30s cannot stand the work they do here because of sexual issues in this job. You can’t avoid seeing your male patients being naked: you have to wash them, change their diapers, and so on… That’s why younger women can’t stand it but leave to find other jobs, such as restaurant helpers and office workers, and only older women stay here. (Head-nurse of facility A)
Many migrant care workers added the ‘difficult’ and ‘dirty’ aspects of elder care work as unattractive features of this job. The physical and emotional difficulties of caring for elderly persons on 24-hour basis, and the nature of elder care work that required daily chores such as changing diapers and washing and bathing did not attract many workers who had other job opportunities.

We are all just before or after 60 years old. Young people don’t take this job. They can take an office job. Why would they change diapers of grandpas and grandmas? (Ms. Lim)

The average age is 50-60. I haven’t seen many younger people. They don’t want to do dirty work, like cleaning up others’ mess. . . That’s why they work at a restaurant. (Ms. Gong)

In terms of the age of care workers, a couple of employers/managers raised concerns about the noticeable age gap between the group of yoyangbohosa and the group of ganbyeongin. The significant age difference between the two groups of elder care workers was also reflected in the 2009 Survey, as presented in Table 8: the yoyangbohosa group was relatively younger than the ganbyeongin group, with 60% of yoyangbohosa under 50 years old compared to 45% of ganbyeongin. Given the relatively better pay and working conditions for care workers in the LTCIE-funded facilities (as also presented in Table 8), “after they get the yoyangbohosa certificate, younger and better-qualified Korean ganbyeongin leave for LTC homes [under the LTCIE system] where they can become a regular worker” (manager of facility C). The 2009 Employment Status Survey findings suggest limited yoyangbohosa job opportunities in LTC facilities: the survey found a significant number of ganbyeongin who had the yoyangbohosa certificate (45 out of 200), and 42.2% of these certified workers responded that they did not work
as *yoyangbohosa* “because it is difficult to get a job in LTC facilities as a *yoyangbohosa*.” The Korea Women’s Development Institute’s (Oh & Roh, 2009) findings suggest that LTC facilities’ (within the LTCIE system) preference for younger care workers limits employment opportunities for older care workers in LTC facilities. Older workers, therefore, have to find care work as *ganbyeongin* outside of the LTCIE system, where their old age is not of as much concern given the less popular work environment. The consequence of the care labour movement of younger and older care workers between the different elder care sectors is the *ageing* elder care workforce in the care facilities outside of the LTCIE.

In terms of education level and previous work experience in China, my interview participants showed varied but relatively low education levels, and various career paths before taking up their current jobs. Among twenty care workers, three workers had elementary-school education (6 years), eight had middle-school education (9 years), seven had high-school education (12 years), and only two had university education (16 years+). In general, research participants who were farmers in China had the lowest education level (elementary-school education), and they had poorer financial conditions compared to the others, especially since they were not receiving pension allowance. Among the others, most research participants who had middle or high school education had worked at a low-paying job, such as factory worker, driver, cook, elder care worker, and childcare worker. However, since most of them worked in publicly-owned workplaces, they were entitled to monthly pension allowances at the same rate of their previous monthly wage. Two of the high school graduates had relatively better financial situations since they ran their own successful business such as a hair salon and a restaurant in China. The two university graduates, on the other hand, worked as professional workers, one as a medical doctor and the other as an administrative officer. My research findings show that all
migrant care workers in my sample, except one participant who quit her office job after marriage, were previously in the labour market in their home country before coming to Korea. This finding contrasts with previous research findings on elder care workers, both Korean and Korean-Chinese, which found that a half of elder care workers were previously not in the labour market (Choi, 2010; Kim et al., 2008; Min et al., 2008; Park, 2010). With regard to previous care work experience, only three research participants had previous experience of either paid care work as a live-in home-care worker or an institutional care worker, or experience of unpaid elder care work for their parents or parents-in-law before coming to Korea. Elder care work was a new experience for all other research participants, as also found in the 2007 and 2009 surveys on Korean yoyangbohosa and ganbyeongin.

*Older migrants’ ‘Korean dream:’ “Opportunities are limited but still available in Korea.”*

Although migrant care workers in my sample had a range of education levels and previous work and care experiences, their current positions as elder care workers in the Korean labour market highlighted the limited work opportunities available to migrant workers, especially older female migrants, in Korea. Ms. Min, who had the highest education level as a medical school graduate, explained the lack of opportunities in the Korean labour market for an old migrant worker. As a 61-year-old retired medical surgeon, once she arrived in Korea she tried to find a job in which she could use her knowledge and skills but could not find any job related to her professional knowledge and skills. Over the last two years, she took any kind of jobs available for her, including cleaner, cook, domestic worker, factory worker, and care worker. She found her current elder care job through an employment agency, the typical employment channel for migrant workers, as the agent of the employment agency thought that her experience as a doctor
in China matched with the hospital care work. She expressed her frustration over her employment status in Korea, when comparing it with her previous status in China:

I could do something suitable with my ability in China, but in Korea, I can’t use my skills even though I have them. It [her doctor license] becomes just a paper. I can’t do anything because I am a foreigner. I became a servant here. I don’t have money, I don’t have rights, I don’t have a house, and therefore there’s nothing I can do. In addition, since we’re here temporarily with our visa, we can’t do things we’d like to do.

Most Korean-Chinese elder care workers who participated in my interviews came to Korea after their retirement, like Ms. Min. The ‘lack of job opportunities’ in China after their retirement in their early 50s was their main reason for coming to Korea, where they could find some available jobs, such as care work. Although many of participants were receiving monthly pension allowance and the amount received was “okay to get by,” as many described, they came to Korea for the opportunities to make more money for their own and their children’s better living standards. As Ms. Cho mentioned:

Our living standard was quite good. The reason why we came to Korea was because we don’t have any place to make money in China. I can live [with my pension allowance] but I can’t make money. We are too old to work [in China].

As Mr. Hwang, a former driver who retired at 55, pointed out, retired Korean Chinese in my sample migrated to Korea in order to earn more money while they are “still young” and able to work, before they get older.
Many workers, therefore, appreciated the employment opportunities available in Korea, which were not available in their home country, even though the current jobs did not provide them with decent pay and working conditions. Accordingly, when I asked their opinions about current pay and working conditions, many workers made little complaint and a couple of workers expressed their appreciation of having a source of income in their old age:

I should thank, just thank for the opportunity to make some money in Korea. I am happy here. I don’t have any opportunity in China. I just have to stay home and do nothing. That would make me sick. (Ms. Kim)

I feel really blessed to be able to come to Korea and work. I thank God even when I am walking on the street here. (Ms. Ahn)

The huge pay gap between Korea and China also explains well the Korean-Chinese’s ‘Korean dream’ and their appreciation of the job opportunities in Korea. In a simple comparison, the IMF’s data on GDP per capita in 2010 shows that Korea (US$29,836) had a figure about four times higher than China (US$7,519). When comparing the official minimum wage, often used as a baseline of the wage for elder care workers in Korea, Korea’s national hourly-minimum wage (4,100 won = $3.7) is much higher than China’s highest provincial hourly-minimum wage (9.9 yuan in Guangdong province = $1.4, according to Qui, 2010). In my interviews, I found a huge wage differential between migrant workers’ previous monthly income in China and the current income in Korea: their previous monthly income (which was also the current monthly pension allowance) varied from 100,000 to 400,000 Korean won ($91 - 355), significantly lower than their current income as elder care workers in Korea (1,500,000 - 1,800,000 won, equivalent to $1,369 - 1,642). Although Ms. Min, the retired medical doctor, had the highest household income along with her university graduate husband, their total monthly pension allowance as a
couple was equivalent only to 1,000,000 Korean won ($912), much less than what Ms. Min alone made as a care worker in the Korean labour market. Furthermore, research participants with lower education level had made even less before retiring in China. For example, Ms. Ahn, a former farmer, mentioned that “since we are not educated well enough, we can only get about 100,000 won ($91) per month if we work as a restaurant helper in China.” When comparing the same elder care work between the two countries, my research participants informed that live-in elder care workers could earn around 200,000 won ($182) per month in China, which was about seven to nine times less than what they earned as live-in institutional elder care workers in Korea. Korean-Chinese migrants therefore migrate to Korea with hopes of taking advantage of the vast wage differential between Korean and China, and such imbalance between the two countries pushes migrants to take up the most undesirable jobs in the Korean labour market.

3.4 Conclusion

This chapter reviewed the profile of the elder care workforce in the restructured elder care sector by comparing the three different groups of elder care workers – Korean voyangbohosa, Korean ganbyeongin, and Korean-Chinese ganbyeongin – in the re-classified elder care workforce. The review found hierarchies of care work among different care worker groups in the institutional elder care workforce. Although care work, defined as women’s work, is generally devalued across different elder care sectors in the Korean labour market, the review found that the voyangbohosa group had better paying and working conditions in the formalised employment sector, while the ganbyeongin group had worse paying and working conditions in the informal employment sector. My research findings suggest that the social policies newly developed in
response to the growing elder care demand in Korean society have produced imbalanced care services between the formalised and non-formalised care sectors and, accordingly, imbalanced regulation and protection of care labour of elder care workers between the two sectors. As a consequence of this imbalanced development, which favours the elder care workforce in non-medical LTC facilities, I found the predominance of more disadvantaged women in the informal sector, as only relatively advantaged women had access to the formal sector. Accordingly, older women with lower education levels and poorer household incomes were over-represented in the elder care workforce in the informal sector, while younger women with higher education levels and better household incomes moved more easily into the formal sector. As the recent Korean-Chinese migration surge moved a large number of migrant workers into the elder care market, their disadvantaged status, such as immigration status, lower household incomes, and language and cultural differences, locates them in less popular care jobs in the informal sector.

My empirical findings from interviews with employers and Korean-Chinese migrant care workers contribute to the understanding of the growing role and the precarious employment status of migrant workers in the institutional elder care sector, which have been under-studied in spite of their growing visibility in the Korean care sector. Although the elder care job is not a preferred one for many Korean-Chinese migrants, my interview findings show that older migrants take elder care jobs due to their limited opportunities in the Korean labour market, which are shaped by employment restrictions under immigration laws and labour market employment practices. The elder care jobs therefore became an employment niche for female Korean-Chinese migrant workers in their 50s and 60s. Although it is clear that elder care jobs provide important employment opportunities for older migrant workers, as they do for older Korean women, the research findings on the low wage and harsh working conditions suggest that
elder care jobs in fact do not provide “decent” employment opportunities for these workers. Nevertheless, Korean-Chinese migrant care workers in my interviews showed their willingness and even appreciation for elder care work in Korea since such employment opportunities were not available to them in their home country. The hopes for better future for themselves and their children were a strong motivation for many to endure difficult times as migrant workers in Korea, and the imbalance between the sending and receiving countries, most strikingly represented in my research by a huge wage differential between Korea and China, constructs the continuous transnational movement of care labour.
Chapter 4
“Unskilled, Semi-Compliant, and Unprotected:” Migrants’ Care Labour in the Korean Care Labour Market

In the previous chapter, I presented the hierarchies of care work of the three elder care worker groups, represented by the differentials in wage, employment status, and working conditions of elder care workers. This chapter looks more closely at how the care labour of Korean-Chinese migrant care workers is being constructed, in comparison with the other two groups of Korean care workers, through to the influence of the newly introduced regulatory framework of the LTCIE system and the immigration system for low-skilled migrant workers. I question the extent to which the care labour of elder care workers is constructed differently in the two institutional care settings, one within the LTCIE system and the other outside of the LTCIE system. Also, I am particularly interested in looking at the role of the state regulatory framework, including employment regulations and enforcement mechanisms, in the construction of care labour of the three groups of care workers. Based on policy analysis and empirical findings, this chapter examines how such differentials among the three elder care worker groups are being constructed in the Korean elder care sector, and further explores how Korean-Chinese workers’ status as temporary migrant workers plays a key role in constructing their care labour as the most vulnerable in the hierarchical elder care workforce.

Relying upon my empirical investigation, this chapter focuses on the three boundaries which I found most visible and contested in constructing the conditions of migrants’ care labour: skilled/unskilled, legal/illegal, and formal/informal boundaries. In the first section, I explore the boundaries of skilled and unskilled care labour in the Korean care labour market. I describe how
the LTCIE system created the market for skilled or professional care labour of certified-care workers (yoyangbohosa), a market where the new qualification programme regulates the qualification of entry-level care workers within the LTCIE system, while the qualification of care workers outside of the LTCIE system (ganbyeongin) remains unregulated. Based on interview data, I argue that the division between skilled labour within the LTCIE system and unskilled labour outside the system is arbitrary and politically drawn in the process of promoting the LTC workforce in the newly introduced public care system. In terms of migrants’ care labour, I further argue that the immigration status of “unskilled” migrant worker defines their labour as “unskilled” while restricting their employment opportunities in the LTCIE care market.

The second section explores the boundaries of legal and illegal labour. I examine the issue of illegality in the employment of migrant workers in the current Korean care labour market. Based on the concept of ‘compliance’ (Ruhs & Anderson, 2006), I first present changes in the employment regulations for migrant care workers, and then describe the main factors contributing to non-compliance with employment regulations, which makes migrants’ employment problematic. I argue that the illegality of migrant care workers’ employment in the Korean care labour market is shaped by discrepancies between the state regulations and the labour market practices, and by the uncoordinated policies between different government bodies, rather than by migrant’s intentional decision to take advantage of illegal employment. The final section examines the boundaries between formal and informal employment which are also linked to a discussion of protected and unprotected care labour. I describe the government’s recent efforts in the formalisation of care jobs and the impact of this process on constructing formal and informal employment of care workers in different sectors. In this section I argue that, although the employment regulations introduced under the LTCIE system made a positive impact on
workers’ labour conditions within the system, ineffective enforcement mechanisms allow for the production of unprotected labour in the supposedly-regulated care labour market. On the other hand, in the unregulated care labour market outside of the LTCIE system, “unskilled” care workers suffer from the lack of basic legal labour protection for their care labour.

4.1 “Unskilled” Care Labour: from Unskilled Migrant Workers to Unskilled Care Workers

As a consequence of the introduction of the yoyangbohosa certificate system, elder care jobs in the Korean care labour market are divided largely into two different categories based on the required qualification level: one which requires the yoyangbohosa certificate and the other which does not require the certificate. As explained in an earlier chapter, the Ministry of Health and Welfare established a standardised curriculum for the yoyangbohosa training programme in order to enhance LTC workers’ qualifications and care skills and knowledge, and mandated all LTC facilities within the LTCIE system to employ LTC workers with yoyangbohosa certificate. When it embarked on implementing the LTCIE system, the Korean government enthusiastically advertised the new qualification system as producing “professional” LTC workers serving beneficiaries of the national LTCIE system.

51 Those employed as care workers prior to the implementation of the LTCIE system were granted a two-year grace period for acquiring the yoyangbohosa certificate.
The Yoyangbohosa System, the newly introduced nationally-recognised certificate system, aims to provide higher quality LTC services to older people by training and producing professional long-term care workforce – yoyangbohosa – equipped with professional training and sufficient (care) experiences. The new LTC workforce will replace the current care workforce – saenghwal jidowon and gajung bongsawon – at residential and home-care facilities. (Interview with Mr. Choi Young-ho, the Leader of the LTCIE Management Team, Ministry of Health and Welfare, in Kim SM, 2007)

Within a short period of time, the government’s advertisement of the yoyangbohosa certificate successfully attracted its target population – housewives in their 40s and 50s – as for many women this was believed to be a new promising job opportunity within the government-funded LTCIE system (Kim JH, 2008). In addition to the middle-aged housewives, as my interview participants informed, a significant portion of the previous elder care workforce that consisted of workers with various job titles and qualification levels also acquired the certificate and was integrated into the yoyangbohosa workforce within the LTCIE system. At the same time, the qualification of those long-standing elder care workers in care facilities outside of the LTCIE system, such as medical facilities and medical-LTC facilities, remained unchallenged and unregulated. As a result, I argue that the government’s promotion of the higher-quality and professional care services of yoyangbohosa has made the care labour provided outside of the LTCIE system appear less skilful and less professional than the care labour provided within the LTCIE system.

In this section, I explore how migrant care workers’ care labour is being constructed between the arbitrary skilled and unskilled boundaries established by the new qualification system. I question where migrants’ care labour is located in the re-organized care markets when there are two different markets, one labelled as more skilled and the other as less skilled; and
how migrant care workers’ immigration status as “unskilled” migrant workers constructs their care labour between the boundaries of more-skilled and less-skilled care labour markets. First, I examine the differences between the two groups of care workers – yoyangbohosa (certified LTC workers) and ganbyeongin (non-certified care workers) – by questioning whether, and if yes to what extent, care services provided by yoyangbohosa and ganbyeongin are substantially different from each other. I examine the differences by looking at how these care jobs and their main tasks are described, how their training programmes are organised, what kinds of care services are provided in practice by the two groups of care workers, and how employers/managers and care workers describe the differences between the two groups in practice. I argue that the more skilled/less skilled boundaries of care labour in the two different care settings are rather arbitrarily made by the government in the process of promoting LTC jobs in the newly established care sector, in spite of the similar nature of care work in the two care settings. Based on the discussion of the boundaries between skilled and unskilled care labour, I further explore the location of migrant care workers in the restructured Korean care labour markets, in which they became the backbone of the “unskilled” care workforce outside of the LTCIE system. Based on my interviews, I highlight the role of the arbitrarily-labelled “professional” care labour of yoyangbohosa in restricting migrant workers from entering the yoyangbohosa labour market due to their immigration status as “unskilled” workers.

4.1.1 Differences between Yoyangbohosa and Ganbyeongin: Defining Their Care Jobs

The LTCIE Act defines yoyangbohosa as “a worker who professionally provides physical and/or housework support services at a LTC institutional or home-care facility to an elderly person who
has difficulties of performing independent living due to geriatric diseases such as dementia and stroke” (*emphasis* mine). Table 13 shows the detailed tasks of *yoyangbohosa*, including home-care and institutional care services.

<table>
<thead>
<tr>
<th>Type of assistance services</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Activities</td>
<td>(1) face washing (2) teeth brushing (3) hair washing (4) (5) dressing (6) bathing (7) eating (8) changing position (9) transferring (10) maintenance and enhancement of physical functioning (11) using toilet</td>
</tr>
<tr>
<td>Activities of Daily Living</td>
<td>(1) cooking (2) cleaning (3) laundry</td>
</tr>
<tr>
<td>Personal Activities</td>
<td>(1) errands (2) daily tasks</td>
</tr>
<tr>
<td>Emotional Support</td>
<td>(1) companionship (2) consultation (3) communication assistance</td>
</tr>
<tr>
<td>Home-visit Bathing Services</td>
<td>(1) home-visit bathing</td>
</tr>
</tbody>
</table>

Source: MOHW (2010b), Table 1-21.

Unlike for *yoyangbohosa*, there is no standardised job description for *ganbyeongin*. One useful definition of *ganbyeongin* is provided by the Korea Network for Occupations and Workers (KNOW) under the Ministry of Employment and Labor, which offers information on approximately 700 jobs. According to KNOW (2011), a *ganbyeongin* is a person who “takes care of a patient, instead of his/her family, at a hospital, nursing home, other related facilities, or home.” The Korean Care-Worker Promotion Agency similarly defines a *ganbyeongin* as “a person who provides non-medical assistance to a person who has difficulties of independently performing daily activities of living.” Types of care recipients include patients with intensive care, people with physical and psychological disabilities, elderly people, women after birth, and newborn babies. Main tasks of *ganbyeongin* providing institutional care are (1) checking patient’s basic health conditions such as body temperature, pulse rate, and breathing; (2) assisting patients with bathing, brushing teeth, dressing, eating, and toileting; (3) cleaning
patient’s room and changing bed sheets; (4) transferring and changing patient’s position in bed; and (5) providing emotional support.

Based on the definitions and job descriptions of yoyangbohosa and ganbyeongin, the care services provided by these two groups of care workers are very similar to each other and the required care skills for yoyangbohosa do not seem to be significantly different from ganbyeongin. Observable differences in the job descriptions are that yoyangbohosa care recipients are limited to elderly people with geriatrics diseases while ganbyeongin are providing care services to different groups of people with various care needs, and that yoyangbohosa serve only care recipients with LTC needs while ganbyeongin serve those with either long-term or short-term care needs. In sum, yoyangbohosa is a specialised group of LTC workers who are trained to provide LTC services to elderly care recipients within Korea’s LTCIE system. Yet, given the described care services provided by ganbyeongin, it is hoped that ganbyeongin would also be adequately trained as yoyangbohosa in order to provide proper physical and emotional support services to their care recipients, through training programmes focusing on different care needs of their care recipients. Nevertheless, the selectivity of the certificate programme for the care workforce delivering services within the LTCIE boundary produced the current two-level qualification controls: regulated qualification of care workers within the LTCIE system through the uniform training curriculum and unregulated qualification of care workers outside of the LTCIE system. Currently, in the long-standing care market outside of the system, there is not even a minimum involvement of the government in providing basic guidelines for the qualification and training levels of the care workers.
For care workers within the LTCIE system, the *yoyangbohosa* training programme is composed of three different elements: an in-class theory course, a practical training course, and a practicum course (Table 14). The standard certificate programme requires applicants to complete 240 course hours in total, including 80 hours of in-class theory and 80 hours of training courses on various topics including LTC policies and programmes under the LTCIE system, types of geriatrics diseases, professional ethics, and principles and practices of institutional and home-care services provision. They also have to complete 80 hours of practicum at institutional and home-care settings (40 hours each). Experienced care workers, nurses, social workers, physiotherapists, and nurse’s aides who have experience in working at LTC settings are eligible to take shorter courses, depending on their experience and qualifications.

| Table 14 Required hours of *yoyangbohosa* courses according to applicant’s experience |
|----------------------------------|------------------|------------------|------------------|------------------|
|                                  | Total | Theory | Practical Training | Practicum  |
| New                              | 240   | 80     | 80                 | 80             |
| Experienced care worker          |       |        |                    |                |
| General¹                          | 160   | 80     | 40                 | 40             |
| Institutional or Home-care²      | 140   | 80     | 40                 | 20             |
| Institutional and Home-care³     | 120   | 80     | 40                 | 0              |
| Government-issued licence holder |       |        |                    |                |
| Nurse                            | 40    | 26     | 6                  | 8              |
| Social Worker                    | 50    | 32     | 10                 | 8              |
| Physiotherapist, Nurse’s aid     | 50    | 31     | 11                 | 8              |
| Source: MOHW (2011c)             |       |        |                    |                |
| Notes: ¹Persons who have experience in care provision at a care setting other than elderly care for more than one year (1,200 hours); ²Persons who have experience in elderly care provision at an institutional or home-care setting for more than one year (1,200 hours); ³Persons who have experience of elderly care provision at an institutional and home-care setting for more than one year (1,200 hours) each. |

There are two notable features of the Korean LTC worker certificate programme: first, there is no restriction on the education level required for entrance in the Korean certificate programme, and second, the Korean certificate programme is short and easy to complete. As
discussed in Chapter 2, the low entry barrier of the Korean LTC market and the short programme were part of the government’s strategy of creating social service jobs for low-skilled women. In fact, since the introduction of the certificate programme, the government has eagerly promoted an easy access to the certificate programme in order to attract middle-aged housewives, as shown in the media coverage (for instance, in an interview with the vice minister of health and welfare in Kim D, 2008). When compared with the LTC worker qualification programmes of the Japanese and German LTCIE systems, the two LTC models based on social insurance contributions which strongly influenced the Korean LTCIE system, the Korean programme is the only one requiring no minimum education level to participate in the training course, whereas its counterparts require care workers to have at least upper secondary education level (Table 15). In addition, the Korean system established a significantly less intensive training programme compared to the Japanese and German systems. The Japanese and German LTCIE systems developed a two-year training programme for *kaigo fukushishi* and a three-year training programme for *altenpfleger*, respectively. The German LTC workers – *altenpfleger* – receive the most intensive training, which resembles the training programme for nurses in Germany (Simonazzi, 2009). On the contrary, in Korea, one can complete the training programme within six weeks (240 hours in total) and acquire the certificate after passing the qualification exam, which has a very low failure rate (2%).

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52 The *yoyangbohosa* qualification exam, governed by the National Health Personnel Licensing Examination Board, was first introduced in April 2010 in an attempt to enhance the care knowledge and skills of *yoyangbohosa*. The pass rate for the first exam was 98% (Huh, 2010), compared to less than 50% of the average pass-rate for the Japanese qualification exam (Min, 2007). This further reinforces the perception of fast-tracking.
Table 15 LTC worker training programmes in Korea, Japan, and Germany

<table>
<thead>
<tr>
<th></th>
<th>Title</th>
<th>Requirement</th>
<th>Training Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Korea</td>
<td>Yoyangbohosa</td>
<td>No requirement</td>
<td>240 hours at a yoyangbohosa training institution and the state exam¹</td>
</tr>
<tr>
<td>Japan</td>
<td>Kaigo Fukushishi (Care-Welfare Worker)</td>
<td>Upper Secondary education</td>
<td>2-year programme at licensed colleges (1,650 hours) OR qualification exam for experienced workers (3 years of care experience) and for graduates of high school specialised in welfare programmes</td>
</tr>
<tr>
<td>Germany</td>
<td>Altenpfleger (Elderly care nurse)</td>
<td>Upper Secondary education</td>
<td>3-year-programme at licensed training institution and the state exam - 2,100 hours of instruction and 2,500 hours of practical training</td>
</tr>
</tbody>
</table>

¹The yoyangbohosa qualification exam was introduced in 2010.
Source: Min (2007) and Simonazzi (2009)

As a consequence of the low entry-barrier and easy completion of certificate programme, the increase in the number of the certificate holders was striking: as of June 2010, two years after the first certificate was issued, there were over 900,000 people who had completed the training programme and acquired the yoyangbohosa certificate (Kim RH, 2010). The growing number of certificate holders far exceeds the number of needed care workers in the LTCIE system (approximately 200,000 as of mid-2010), which caused an over-supply of certified-LTC workers. Kim JH (2008) points out that the current ‘over-supply’ problem is due to government’s strategy of focusing on the quantity of the care workforce while ignoring the quality.

Unlike the mandatory certificate programme for LTC workers within the LTCIE system, there is no standardised training programme required for care workers prior to entering the care labour market not governed by the LTCIE system (e.g., acute-care and LTC hospitals). Although not mandated, it is a common practice for many Korean care workers to acquire a care-related certificate, typically called ganbyeongsa certificate, from private care-worker training institutions prior to entering the care market. According to Oh & Roh’s survey (2009) based on

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200 Korean care workers outside of the LTCIE system, 124 workers (62%) had one or more care-related certificate(s) (e.g., ganbyeongsa certificate, yoyangbohosa certificate, nurse’s aides license, or childcare worker certificate) and among those with care-related certificates, 107 workers had a ganbyeongsa certificate.

Currently, there are various ganbyeongin training programmes and certificates offered by different organizations, and no standardised training curriculum. The most broadly recognised training programmes are those provided by non-profit organisations, including the Korean Red Cross, the Korean YWCA, and the Korea Care-Worker Promotion Agency, although these organisations replaced their training programmes with yoyangbohosa training programmes since the introduction of the LTCIE system. Table 16 shows the care-worker training programmes of three non-profit organisations which issue certificates in their own name (e.g., Red Cross care-worker certificate and YWCA care-worker certificate) after completion of their programme or passing their qualification exam. The content and required hours of training courses are different among the organisations. The certificate programmes of the three organisations are relatively well developed programmes compared to the training programmes offered by for-profit employment agencies. Although some for-profit agencies train their members based on the curriculum of one of the three main certification programmes, many other agencies offer independently-developed courses which often lack sufficient education and training times.

53 At these non-profit organizations which offer yoyangbohosa training courses, persons who want to take a care-worker training programme are encouraged to take yoyangbohosa courses and acquire the Y certificate. Persons with the Y certificate can work as yoyangbohosa or as ganbyeongin.

54 For example, the care-worker agency S provides its own training programme which consists of 9 hours of in-class theory and practical training courses and 40 hours of practicum in institutional care settings. Normally, upon completion of the required hours, the agency issues the participant a care-worker certificate and a membership card.
According to Oh & Roh’s survey (2009), the average hours of training programme for those who acquired a *ganbyeongsa* certificate, from either for-profit or not-for-profit organizations, was 101.6 hours in total (38.4 hours for theory course, 21.1 hours for practical training course, and 42.2 hours for practicum course).

Table 16 Care-worker training programmes by three main certificate programmes

<table>
<thead>
<tr>
<th>Organization</th>
<th>Hours of Programme</th>
<th>Qualification Exam</th>
<th>Graduates (as of 2006)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Korean National Red Cross</td>
<td>60 hours</td>
<td>Qualification exam (60% or over)</td>
<td>215,227</td>
</tr>
<tr>
<td></td>
<td>- Theory 36</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Practical Training 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Practicum 16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Korean YWCA</td>
<td>120 hours</td>
<td>No exam; Certificate issued upon completion of the course</td>
<td>6,900</td>
</tr>
<tr>
<td></td>
<td>- Theory 50</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Practical Training 20</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Practicum 50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Korea Care-worker Promotion Agency</td>
<td>100 hours</td>
<td>Qualification exam (60% or over)</td>
<td>6,009</td>
</tr>
<tr>
<td>[Daehan Ganbyeong Jinheungwon]</td>
<td>- Theory 32</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Practical training 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Practicum 56</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Hwang et al. (2006)

From my own interviews with twenty Korean-Chinese migrant care workers, I found that only six received some kind of in-class training before they found their first care job in Korea, which presents a significantly lower proportion compared to the proportion of Korean care workers found in Oh & Roh’s survey (over 60%). Given that most migrant care workers who participated in my interviews lacked previous paid and unpaid elder care work experiences, the lack of care-work training prior to undertaking care work suggests that most migrant workers are not prepared well enough for their new elder care job before entering the care labour market. In those who acquire the certificate and the membership card are then dispatched to a care facility with which this agency has a partnership agreement.
addition, based on the hours and contents, the quality of the training programmes in which these six Korean-Chinese care workers participated was poorer than that of Korean care workers shown in the Oh & Roh’s research. Among those six workers who received training, only three workers participated in a training course which was compatible with training courses offered by the Red Cross, the YWCA, or the Korea Care-worker Promotion Agency, and the other three workers received in-class theory courses and practical training for a significantly shorter period, between 25 and 40 hours. For those fourteen workers who received no in-class training, four workers were asked to start practicum in a hospital or LTC facility as soon as they registered at their employment agency, and the other ten workers, who found a care job directly and not through an agency, took on-the-job training for a week at the facility and started their paid work after the training.

Compared with the existing research on Korean ganbyeongin, my interviews found that migrant care workers were more likely to rely on smaller for-profit employment agencies which, compared to non-profit agencies, provided no or poorer quality training programmes for their agency members. The Korean literature on care workers’ qualification offers extensive criticism of the lack of standardised training programme for care workers and of regulating systems for the employment agencies that provide training, because these result in poorly developed care-worker training programmes and an incompetent care workforce (Chang, 2003; Hwang, 2006 and 2010; Jeong, 2003; Kim, 2007; Oh, 2001; cited in Park, 2010; Lee SY, 2010). Lee SY (2010) argues that while for-profit agencies aim to maximise their profits through collecting registration and training fees, they often neglect the quality of the training programme and care services of their member workers. Currently, it is estimated that there are approximately 7,500 employment agencies which recruit and place care workers in Korea (Hwang, 2010).
In its attempt to produce an LTC workforce for the newly introduced LTCIE system, the Korean government made a significant step forward by establishing an enforced guideline for the training programmes, which enhanced to some extent the care skills and knowledge of entry-level LTC workers. Compared with the unregulated care labour outside of the LTCIE system, it is more likely that LTC workers trained through the *yoyangbohosa* certificate programme deliver more appropriate care services to care recipients within the LTCIE system. The comparison of the elder care workforce between the two sectors highlights the arbitrary categories of the more-skilled (*yoyangbohosa*) and less-skilled (*ganbyeongin*) care labour within and outside of the LTCIE system, which are constructed by the government’s action in the LTC sector in the process of formalisation of care work and by its inaction in the medical-care sector.

I argue that the different categories of care jobs do not mean that there is a substantial difference between the care labour of *yoyangbohosa* within the system and that of *ganbyeongin* outside of the system in terms of required care skills and contents of care services, except that the former need to obtain care skills appropriate for the LTCIE beneficiaries – older people with geriatrics diseases – and the latter need different care skills depending on their care recipients. The boundaries between the care labour provided within and outside of the LTCIE system, however, become more ambiguous when considering that the majority of service users of LTC hospitals are older people with geriatrics diseases. In the following section, I discuss further how the problematic categories of more-skilled and less-skilled care labour between the two care settings construct migrant workers’ care labour in the Korean elder care labour market.

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55 As of 2009, over 200,000 people were cared for at 777 LTC Hospitals in Korea. The majority of the service users of the LTC Hospitals were elderly people with geriatrics diseases (Jeong et al., 2010).
4.1.2 Migrant Workers’ “Unskilled” Visa: Not Qualified for “Skilled” Yoyangbohosa Work

Since the introduction of the LTCIE system, the Korean government has gradually opened the door of the yoyangbohosa job market to non-Korean citizens by amending the eligibility criteria for acquiring the yoyangbohosa certificate. In the first year of its implementation in 2008, the system did not consider non-Korean citizens as potential yoyangbohosa candidates, but later, the eligibility criteria for certain groups of non-Korean citizens were created, and then implemented from 2009. A government official at the Ministry of Health and Welfare explained that the Ministry’s decision to open the certificate programme to non-Korean citizens was due to social pressure:

The Ministry received civil complaints about excluding foreigners [from the yoyangbohosa system]. The reason why the Ministry did not allow foreigners when the system was first implemented was because we thought that there wouldn’t be many non-citizen beneficiaries of the LTCIE. Furthermore, it was considered that Koreans should do this job. . . Under the LTCIE system, certain non-Korean citizens are covered by LTC programmes as beneficiaries. Therefore, people argued that it was not fair not to allow non-Korean citizens to be service providers of the LTCIE when they could be covered by the LTCIE system. (Phone interview with Mr. Park, Ministry of Health and Welfare)

Beside complaints received through individual phone-calls and personal visits, Mr. Park also mentioned that there was an official recommendation from the Anti-Corruption and Civil Rights
Commission (ACRC) that the Ministry expand the *yoyangbohosa* job market to foreign workers.\(^{56}\)

Under the most updated guideline of the *yoyangbohosa* system (MOHW, 2011c), four groups of non-Korean citizens are eligible to obtain a *yoyangbohosa* certificate, namely spouses of Korean citizens (F-2 residential visa), overseas Korean visa holders (F-4), permanent residents (F-5), and Visit and Employment visa holders (H-2). Those in the four categories must have complied with all the rules attached to their immigration status such as conditions and length of stay. Before July 2010, non-Korean citizens in the four eligible categories were required to prove Korean language proficiency by passing one of the official Korean language tests. However, the language proficiency requirement is no longer attached, according to the new guideline.

Since the *yoyangbohosa* certificate programme was open to non-Korean citizens, however, questions of how many foreign workers have obtained the certificate and how many of them actually work as certified care workers at LTCIE-funded facilities have yet to be answered clearly. The lack of official records of certificate holders’ information such as nationality and immigration status makes it difficult to track the number of non-Korean citizens who obtained the certificate. During my interviews, I asked migrant care workers, most of them working visa (H-2) holders, about their awareness of the change in the eligibility criteria and their experience of obtaining the certificate. Only two out of twenty care workers realized that they were able to obtain the certificate while others believed that their immigration status did not allow them to get

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\(^{56}\) In 2008, the ACRC filed a recommendation with the Ministry of Health and Welfare that the eligibility criteria should include permanent residents (F-5) who were spouses of Korean citizens. The Ministry excluded the F-5 visa holders from the eligibility criteria due to the concern that there would be low demand for foreigners in the long-term care market, but the ACRC argued that the concern could not be used to justify their ineligibility (ACRC, 2008).
the *yoyangbohosa* certificate. Most migrant care workers thought that *yoyangbohosa* was a care job open to Korean citizens exclusively.

The two migrant care workers who were aware of their eligibility both tried to find a way to become a *yoyangbohosa*, as they believed that *yoyangbohosa* jobs would offer them higher income and better working conditions, but both of them gave up at some point. Ms. Gong decided not to pursue it at an earlier stage when she found that foreign workers were required to take an official Korean language test, which would have cost her significant time and money. Mr. Shin, who took the language test and obtained the certificate afterwards, complained about the language proficiency requirement for H-2 visa holders who can already speak enough Korean to work as care workers. Given the fact that those without relatives in Korea had to take a Korean language test to apply for H-2 visa, writing another language test to become a *yoyangbohosa* did not make much sense to these workers. Moreover, Mr. Shin complained about the complicated procedure and environment of the language test which made him waste so much money and time “just to be eligible to receive the *yoyangbohosa* training.” According to Mr. Shin, he had to learn how to use the computer in order to register for the Korean language test, because at the time when he applied the only way to register was through the internet. The language test was held twice a year, so he had to wait for another half a year after he failed the first test due to his unfamiliarity with the Korean traditional test method of using a computer-recognizable black pen.

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57 At the time of the interviews, foreign workers had to fulfill the language proficiency requirement by passing one of the official Korean language tests prior to taking *yoyangbohosa* courses.
I lost 10 million won ($9,120) to get the *yoyangbohosa* certificate! The *yoyangbohosa* course itself doesn’t cost much, but we as foreigners have to take a Korean language test and achieve an intermediate level in that test in order to get the status to be eligible to take *yoyangbohosa* courses... For a few months I could not work while preparing for the language test and taking *yoyangbohosa* courses... To register for the language test, I had to learn how to use a computer, then I studied for the language test, and then I had to quit my previous job [in order to participate in *yoyangbohosa* courses]. The loss was really big.

For a few months after Mr. Shin acquired his certificate, however, he could not find any *yoyangbohosa* job, and at the time of my interview he was about to return to work as a *ganbyeonin* at a LTC hospital. His hard-earned certificate offered him no monetary rewards but rather huge disappointment with and resentment towards the Korean government when he found out that it was not legally possible for migrant workers to work as *yoyangbohosa* under the current regulations, since *yoyangbohosa* is considered a “skilled” job while migrant workers with H-2 visa are categorised as “unskilled” workers. Mr. Shin claimed that the current practice of issuing *yoyangbohosa* certificates to Korean-Chinese people was a “fraud” since Korean-Chinese H-2 visa holders are not allowed to work as *yoyangbohosa* after acquiring the certificate:

H-2 visa holders can acquire the certificate but we cannot work as *yoyangbohosa* with the certificate. I didn’t know that when I was trying to get the certificate. After acquiring the certificate, I went to the Immigration Service Office to register my employment as *yoyangbohosa* at a nursing home. However, I was told that H-2 was unskilled visa and *yoyangbohosa* work was skilled labour. They also told me that if one does skilled work with a visa for unskilled work, it would become illegal employment.
After finding out that he was not allowed to work as *yoyangbohosa*, the employer of a nursing home asked him to provide care services as other Korean *yoyangbohosa* did while being employed as an assistant staff not in a *yoyangbohosa* position. The result of being employed as a cleaning staff while providing care services was reduced salary for his care labour without the employment benefits which were provided to *yoyangbohosa*. During his employment at the nursing home, Mr. Shin had to endure the unfair treatment since his immigration status as unskilled worker did not allow for work to match his four-year extensive care experiences and hard-earned certificate for the *yoyangbohosa* job.

Mr. Shin’s case shows how, in the restructured elder care markets, he, as a migrant care worker was forced by his immigration status as “unskilled” worker to remain in the unregulated care market which utilised the “unskilled” care labour of *ganbyeongin*. Mr. Shin’s case suggests that the newly established certificate programme, which has created the new category of “skilled” care workforce in the publicly-funded elder care market, performs a gate-keeping role of prohibiting migrant workers from entering the *yoyangbohosa* job market by labelling the care services provided by *yoyangbohosa* as “professional” or “skilled” and the services provided by migrant workers as “unprofessional” or “unskilled.” Mr. Shin commented on the problematic categorization of skilled and unskilled workers between *yoyangbohosa* and *ganbyeongin*:

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58 The expedient of employing migrant care workers as assistant staff for care work is also found at other LTC facilities which experience difficulties of recruiting Korean certified workers (Kim IS, 2010). Although there is a surplus of *yoyangbohosa*, this newspaper article reported that some LTC facilities fail to recruit qualified Korean *yoyangbohosa* due to their unpopular location and poor working conditions, and others intentionally recruit non-qualified care workers in order to reduce labour costs.
It is quite silly to talk about difference between skilled and unskilled work [between yoyangbohosa and ganbyeonin] because there is no required education level for yoyangbohosa certificate. People with elementary education level can get the certificate... I think, compared to ganbyeonin, yoyangbohosa are doing simpler work, such as changing diapers, but it is regarded as a job which requires professional skills and therefore unskilled labour workers like me are not allowed to do yoyangbohosa’s work. We are allowed to work as ganbyeongin, which I think requires more skills and professional knowledge. Yes to ganbyeongin and no to yoyangbohosa… (laugh)

With regard to the differences in the care labour provided by the two groups, Mr. Shin’s comment on the “silly” distinction between the skilled and unskilled work of yoyangbohosa and ganbyeongin was supported by most of the employers/managers of the seven LTC hospitals. The head-nurse of facility F, who was also working part-time as an instructor of the yoyangbohosa certificate programme, mentioned that there was no practical difference between the two care jobs in terms of required care skills and content of care work:

I think there is no difference. I don’t understand why the new label of care worker [yoyangbohosa] had to be created. There is no difference between yoyangbohosa and ganbyeongin. They do almost the same work.

The employer of facility E was of the same opinion. She added that yoyangbohosa is a job which the government made up with exaggeration about its level of professionalism. She explained that yoyangbohosa and ganbyeongin are different just because of their titles, not because of their work. Furthermore, employers of LTC hospitals agreed with Mr. Shin’s comments on the higher labour intensity of ganbyeongin, compared to yoyangbohosa, due to the characteristics of their service recipients who require more intensive care. In fact, I observed that most ganbyeongin
working at LTC hospitals were performing some medical treatments beyond the boundary of care services presumably provided by these workers, such as suctioning. According to Hwang and Koh’s report (1998; cited in Park 2010), it was a common practice for many institutional care workers to provide services beyond care workers’ domain: 72.4% of ganbyeongin were performing tube feeding and 75.1% were performing suctioning, which have to be provided by trained nurses.

The confusion over the eligibility of H-2 visa holders to work as yoyangbohosa is created by disharmonious policies governed by the Ministry of Health and Welfare, the Ministry of Law, and the Ministry of Employment and Labor – the three government bodies in charge of regulating LTC workers and migrant workers. As described earlier, the Ministry of Health and Welfare, the governing body of the LTCIE system, allowed migrant workers to acquire the yoyangbohosa certificate. According to the Ministry’s yoyangbohosa guideline, certain groups of non-Korean citizens including migrants with “unskilled” visa are qualified for acquiring the certificate, which can be easily interpreted that these workers can work as yoyangbohosa after obtaining the certificate. However, immigration policies and regulations from the Ministry of Law and the Ministry of Employment and Labor on migrant workers with H-2 visa restrict these workers from being employed as yoyangbohosa: first because yoyangbohosa is a “professional” job category whereas H-2 visa holders are limited to work in “unskilled” job categories; and second because LTC facilities are not allowed to hire foreign care workers (as discussed in the following section). Mr. Bong, a government official in charge of foreign labour force policies at the Ministry of Employment and Labor, pointed out the uselessness of the yoyangbohosa certificate in the employment of migrant workers:
Even though they have the certificate, they can only work at an individual’s home but not at a facility. They can only work as a personal care worker. They can get the certificate, but they are allowed to work within the allowed job categories set by the Ministry of Employment and Labor. (Phone interview with Mr. Bong, the Ministry of Employment and Labor)

The complexity of the employment eligibility of migrant workers for the *yoyangbohosa* job made the rules unclear not only to migrant workers but also to the governing body of the LTCIE workforce. During my phone interview, Mr. Park, a government official in charge of the LTCIE policy at the Ministry of Health and Welfare, was not sure whether H-2 visa holders were allowed to work as *yoyangbohosa*, or why they would not be. After I explained the discrepancy among the regulations of different ministries, he argued that the certificate should not be considered as directly linked to the employment, as other certificates such as doctors’ and nurses’ licenses do not necessarily guarantee their employment as doctors and nurses:

Don’t relate the certificate with the employment. The acquisition of the certificate should be thought as separated from employment... The Ministry of Health and Welfare does not always make policies based on employment possibilities. We rather punish people who advertise that the certificate guarantees employment. We simply expanded the opportunity [for migrant workers]. (Phone interview with Mr. Park, Ministry of Health and Welfare)

When asked about the issue of restricting migrant workers’ employment as *yoyangbohosa* while allowing them to acquire the certificate, he added that “if (it is a problem that) H-2 visa holders are not allowed to work as *yoyangbohosa*, we can simply change the eligibility criteria so that they can’t acquire the certificate from now on.”
On the one hand, the confusion over the employability of migrant workers as 
 요양보호사 (yoyangbohosa) is understandable given the short period of time since the change in the eligibility criteria for 요양보호사 certificate in 2009. However, I found it problematic that the government official who was in charge of managing the care workforce in the LTCIE system dismissed the issue of migrant workers’ employability in the LTC facilities after acquiring the certificate. Furthermore, his sceptical view of the link between the care certificate and the employment misunderstands the issue: restricting migrant workers’ employment as 요양보호사 is not an issue because of the lack of guaranteed employment after acquiring certificate. The lack of employment guarantees indeed may be applied to other certified workers, such as doctors, nurses, and Korean 요양보호사. In fact, many Korean care workers with 요양보호사 certificate do not find a 요양보호사 job since the certificate holders outnumber the jobs currently available. This would be an issue of over-supply of certified care workers, not an issue of restricting employment opportunity. For migrant certified care workers, the problem lies in the discrepancy between the Ministry of Health and Welfare, which allows migrant workers to obtain the certificate, and the Ministry of Employment and Labor, which does not permit these workers who obtained the certificate to work as 요양보호사. Under the current mismatching policies of the two Ministries, there is no legal pathway for migrant workers to be employed as 요양보호사. As long as there is no one advising migrant workers about the current regulations and practices, the promising 요양보호사 jobs would continue to attract more migrant workers to participate in the 요양보호사 training programme in which they would sacrifice their time and money. Later, when they will have finally acquired the certificate, they will realise that their “unskilled” visa, regardless of their certificate, care skills, and years of care experience, will force them to remain in the “unskilled” labour market. In this divided
labour market based on arbitrarily-categorised skill levels and immigration status, the “unskilled” migrant workers can never become “skilled” care workers, even after they complete the certificate programme which is designed to train “skilled” care workers.

4.2 “Semi-Compliant” Migrant Care Labour: “Illegal but Not Illegal?”

In the care workforce, what distinguishes migrant care workers from non-migrant care workers is their immigration status as “unskilled” migrant workers. The employment regulations and conditions attached to their status construct migrants’ care labour quite differently from non-migrants’ care labour. In the first section, I discussed how the immigration status of “unskilled” migrant workers define their labour as “unskilled” care labour while restricting their employment opportunity in the care market which utilises the care labour of certified care workers, or more “skilled” labour. In this section, I explore the issue of legality and illegality of migrant workers’ employment in the “unskilled” care market by using the concept of “compliance,” which was developed by Ruhs and Anderson (2006) in their analysis of the British labour market. Beyond the traditional discussion of “illegality” in the employment of migrant workers based on the “legal/illegal” dichotomy, they introduced the notion of “compliance” and the three resulting categories according to the level of compliance with regulations of residency and regulations of

59 Cited from the title of a newspaper article published by KCTN (2010b). The article called the current employment status of migrant care workers in the LTC facilities “illegal but not illegal”.

60 Although I use the term “illegality” in order to describe the problematic employment practices of migrant workers, it is important to note that through immigrant/migrants’ rights movements, the term “illegal” migrants/immigrants is replaced by other now more popularly-used term such as “undocumented” migrants/immigrants, as the former term was seen as vague and dehumanising. When describing migrants as a person who is not compliant with the immigration rules attached to their immigration status, I use the term “undocumented” migrant workers.
employment. Compliant migrants are legal residents who work exclusively under and in full compliance with the conditions attached to their immigration status. Non-compliant migrants are those who do not have the right to reside in the host country (e.g., overstayed or border crossing without a valid legal document). Semi-compliant migrants are those who have the right to residence but are working in violation of one or more of the conditions attached to their immigration status.

By separating and clarifying the relationship between the rights of employment and rights of residence, which are often conflated in the discussion of illegality of migrants’ employment, Ruhs and Anderson argue that their framework offers a useful and necessary refinement. While the notions of compliant and non-compliant migrants are comparable with those of documented and undocumented migrants, the notion of semi-compliance distinguishes Ruhs and Anderson’s framework from the traditional discussion based on the legal/illegal dichotomy. The notion of semi-compliance sheds light on the problematic area of illegality in the migrants’ employment, where migrant workers are placed somewhere between compliant and non-compliant due to their violation, intentionally or not-intentionally, of one or more employment regulations attached to their immigration status. The compliance framework provides a more nuanced analytical tool for the study of illegality of migrants’ employment by disentangling the complex contexts of the state regulation system and the labour market practices which surround and construct migrant workers’ employment relations.

For the study of migrant care workers in the Korean care labour market, I found this framework particularly useful given the current status of migrant care workers. Most migrants working in the institutional care sector have a valid immigration status in Korea, which gives
them “residence-compliant” status according to Ruhs & Anderson’s framework. In terms of “employment-compliance,” however, most of these workers do not fit well into the typically “legal” label for migrant workers due to their non-compliance with one or more employment regulations and the conditions attached to them (e.g., working without a signed employment contract). At the same time, given their legal residency status and the content of conflicting employment regulations, I found that migrant care workers’ employment-non-compliance does not place these workers directly in the “illegal” category, as the typical use of the term “illegal” is associated with non-compliance with regulations of residency. By utilizing the concept of compliance, therefore, I aim to empirically explore the contested space of illegality in the employment of migrant workers in the Korean care labour market. In this section, my analysis is based on two main questions: 1) how have the boundaries of compliance, semi-compliance, and non-compliance in the employment of migrant workers have been constructed and shifted in the Korean care labour market?; and 2) how, why, and when do migrant care workers become semi-compliant workers in the current Korean care labour market?

4.2.1 Boundaries between Compliance, Semi-Compliance, and Non-Compliance

As described in the previous chapter on the Transforming In-Migration Policies, over the last decade there have been significant changes in the regulations and conditions of migrant labour

61 In practice, my field research found that ethnic Koreans with legal immigration status compose most of the migrant care workforce (100% of the migrant care workforce of the seven facilities I visited).

62 For instance, Heckmann (2004) defines “illegal migration” as: 1) illegal crossing a border; 3) crossing a border in a seemingly legal way through using false documents, or using legal documents in a false way, or by making use of bogus marriages or impostor relatives; or 3) staying in a host country after expiration of legal status.
force in the Korean labour market. I summarise these changes in Table 17. Prior to 2002, when the Korean government restricted low-skilled migrant workers from entering the Korean labour market, the employment of migrant workers in the care market was illegal. In December 2002, for the first time the Korean government opened service sector jobs, including ‘personal care’ jobs, to selected groups of migrant workers. Ethnic Koreans with family visitation visa could legally work as a personal care worker for up to two years if they complied with all the regulations and conditions attached to their status. In principle, when migrants entered the country, they were required to register as a job seeker at a government-run Job Centre and to find a workplace through the Job Centre. They were not allowed to find a workplace through other channels. When a worker and an employer were connected through the Job Centre, they were required to sign an employment contract. Migrant workers were allowed to work up to two years, and they were permitted to change their workplace a maximum of three times for reasons not caused by the workers themselves. When changing their workplace, they were required to receive permission from the immigration office within two months of the time after filing the report. When they failed to acquire the permission within the time limit, they were to be deported to their home country.

In the following years, however, the employment restrictions and conditions were much eased for ethnic-Korean migrant workers, due to growing labour shortages especially in the domestic and care sectors. First, under the Special Employment Permit System, which replaced the Employment Management System in 2004, the length of employment was extended from two years to three years. Second, the Visit and Employment System, introduced in 2007, made it much easier for ethnic-Korean migrant workers to work in the selected service sectors by allowing them to find a job independently from the Job Centre, except through the for-profit
employment agencies, and to change their workplace with no restriction on the reasons for and the number of changes. Under the current system, migrant workers are allowed to change their workplace freely, and since they are no longer required to acquire permission for the change, they can simply report their change within 14 days of moving jobs.

The changes in the restrictions on ethnic-Korean “unskilled” migrant workers are directly linked to the changes in the boundaries between compliance and non-compliance of migrants’ employment in the Korean labour market. Until 2002, any migrant working in the Korean care labour market was classified as non-compliant migrant since the market was closed to all the types of migrant workers. Since 2002, when the Korean care market opened to ethnic-Korean unskilled migrant workers, these workers with a valid working visa now fall into the compliant migrant group (both residence-compliance and employment-compliance) when they are in full compliance with all the regulations listed in Table 17. Other migrant workers with no valid working visa (e.g., overstayed or illegal entry) would fall into the category of non-compliant migrants.

The category of semi-compliant migrants, however, includes a broad range of migrant workers. First, under the current immigration system, migrant workers who hold a legal immigration document other than the H-2 visa may become semi-compliant migrants if they work as care workers. For example, a foreign worker from the Philippines with a non-professional working visa (e.g., E-9 visa) can become a semi-compliant migrant if he or she works as a care worker at an individual’s home or at a care institution, as the care job is not one of the permitted job categories for non-ethnic Koreans. Second, ethnic Koreans with a valid working visa (H-2) become semi-compliant workers when they do not comply with one or more
of the regulations attached to their immigration status. Since there are many regulations, as shown in Table 17, it is expected that there would be many possibilities for problematic employment in the care market of these legal residents.

Table 17 Regulations on migrant care workers under different immigration systems

<table>
<thead>
<tr>
<th>Prior to 2002</th>
<th>Allowed Visa Category</th>
<th>Regulations and Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

- F-1-4 visa (family visitation visa for ethnic Koreans)
1. Register as a job-seeker at a Job Centre under the Ministry of Employment and Labor, and find a job through the Centre
2. Employed based on an employment contract signed by an individual who acquired an employment permit
3. Work up to 2 years
4. Upon permission, worker may change workplace, maximum three times, due to problems not caused by worker (e.g., closure of the workplace or overdue wages)
5. Worker should report the change within one month after leaving previous workplace and should receive the permission within two months

Special Employment Permit System (2004)
- F-1 visa at the entry (family visitation visa for ethnic Koreans), then changed to E-9 visa (unprofessional visa) upon employment
- CHANGES: 3. Work up to 3 years

Visit and Employment System (2007)
- H-2 visa (unprofessional visa for ethnic Koreans with and without family in Korea)
- CHANGES: 1. Register as a job-seeker at a Job Centre under the Ministry of Employment and Labor, and find a job through the Centre or independently from the Centre
4. No permission is required for the change, and worker may change workplace for any reason
5. Worker should report the change within 14 days

Although it is not easy to list all the possible ways of becoming semi-compliant workers under the complex immigration system, my field research revealed some visible patterns, which are commonly used in the current care labour market, leading to non-compliance in the
employment of migrant care workers. In fact, what I found is that in most cases, ethnic-Korean migrant workers, especially institutional care workers, practice their care labour while violating one or more employment regulations mostly due to the discrepancies between government regulations and the current employment practices in the care labour market. With regard to the issue of semi-compliance of migrants’ employment in the institutional care sector, a newspaper article published by KCTN (2009) presents well the tension between the state regulations and the care labour market in the employment of migrant workers:63

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Korean-Chinese Town Newspaper, no.161, 26 October 2009

“*Ganbyeongin*: an allowed job category, but no pathway to legal employment”

It has been reported that many H-2 visa holders are working as care workers [*ganbyeongin*] and their employment was made through care-worker recruiting agencies. The problem is that, under the current system, neither the recruiting agencies nor the patients make employment contracts with H-2 visa holders. In general, care facilities fill their vacancies through their outsourcing agencies such as care-worker recruiting agencies.

Very recently, it is said that a government official cracked down at a local hospital on migrant care workers who were working without an employment contract. As a consequence, Korean-Chinese workers, most of them recruited through care-worker agencies, were caught. Afterwards, the hospital was put in an awkward situation since there were not enough workers to provide care services to its patients. The hospital asked the agency to send more care workers, but the agency had to recruit Korean-Chinese workers again because it could not find Korean care workers.

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63 The Korean-Chinese Town Newspaper is a Seoul-based non-profit on-line and print newspaper for Korean-Chinese. Since October 2009, the newspaper has focused on the issue of illegality of migrants’ employment in the institutional care sector and has published a series of relevant articles over the last few years (KCTN, 2009, 2010a, 2010b).
Under the current regulations and practices of employing migrant workers, there are two main factors which make it very difficult for migrant care workers to achieve employment-compliance status: 1) the type of care services provided by migrant workers – migrants are allowed to work only as ‘individual’ care workers; and 2) the indirect employment through a for-profit recruiting agency, which is also linked to the lack of signed employment contract with an employer. Signing employment contracts would officially recognize the employment of migrant workers and obligate the employer to protect workers’ labour rights.

First, under the current immigration regulations, the job category of care work allowed for migrant workers is ‘personal care,’ which means the type of care service provision to an individual, and which is different from ‘group care,’ the care service provision to a group of individuals. Individuals who need care services can hire a ‘personal care worker’ who provides one-to-one care for him or her at a care facility or at home. On the other hand, employers of care facilities, including LTC homes, geriatrics hospitals, and LTC hospitals, are not qualified to hire migrant workers since they are not the individuals to be cared for by the migrant workers. The care facilities are not included on the list of workplaces that can hire foreign workers. In a phone interview, a government officer who was in charge of foreign labour force policy at the Ministry of Employment and Labor confirmed the current employment regulations in the care sector:

For now, it has been decided that only “individuals” are allowed to apply for the employment permit of H-2 visa holders, whether they want to be cared for at a hospital or their home. It is permitted only when the care provision is one-to-one care, not group care. Although hospitals and LTC facilities want to hire migrant care workers, they are simply not allowed to do that.
As the officer pointed out, it is not legally allowed for migrant care workers to provide care services to a group of patients (e.g., a care worker taking care of 5-8 patients in a room), which is common care practice in many LTC and medical-LTC facilities. Due to the employment regulations on the type of care services, therefore, migrant workers become compliant migrants when they provide one-to-one care services to an individual who is the employer of the migrant. In this case, the worker becomes fully compliant when providing care services based on an employment contract signed by the care recipient (or his/her guardian) who already acquired an employment permit from the government, allowing them to employ an H-2 visa holder.

Second, the indirect employment practice makes these migrant workers’ employment problematic (Hwang et al., 2006; Lee SY, 2010; Park et al., 2009). Under the Foreign Labourer Employment Act (article 29), the involvement of for-profit recruiting agencies is prohibited in the employment of migrant workers, and agencies that violate this might have their staff sentenced for up to one year or fined up to 10 million won ($9,124). In spite of the restriction on the employment through for-profit agencies, previous studies on the employment activities of ethnic-Korean workers reported that a significant proportion (27-34%) of migrant workers rely on these agencies for finding their job in Korea (Kwak & Seol, 2010; Lee J et al., 2008). According to Kwak and Seol (2010), among 31 respondents who were employed as domestic workers or personal care workers, 14 respondents had found their job through a for-profit agency, 15 through their family or friends, and only two through the government-run job centre. Typically, employers/managers who participated in my interviews mentioned that their facilities are connected with and relying on employment agencies for recruiting care workers. When care

64 Typically, certified care workers (yoyangbohosa) provide group care services at LTC facilities.
recipients are admitted to their facility, the facility asks its partner agency to supply a certain number of workers, unless the care recipients hire specific care workers for themselves.

In this employment practice, migrant care workers often do not work under a direct employment relation either with the recruiting agency, the care facility, or the care recipient. This is because, under the current immigration regulations, neither employment agencies nor care facilities are eligible bodies to employ foreign workers. Furthermore, when hiring a migrant care worker, individual employers often do not follow all the procedures to hire foreign workers legally, such as applying for the employment permit and signing an employment contract with the worker. When migrant workers provide care labour without an employment contract, they become semi-compliant migrant workers as they violate an employment regulation attached to their immigration status.

Based on the regulations and conditions attached to migrant care workers, I summarize the boundaries of compliant, semi-compliant, and non-compliant care labour of migrant workers in different care settings in Table 18:

| Table 18 Categories of Compliant/ Semi-Compliant/ Non-Compliant migrant care workers |
|----------------------------------|----------------------------------|----------------------------------|
| **Residency-Compliance**         | Compliant                        | Semi-Compliant                  | Non-Compliant                   |
|                                  | Valid immigration status (e.g., H-2 visa) | Providing personal care services, institutional or home-based care, with a signed employment contract | Non-valid immigration status (e.g., overstayed or illegal entry) |
| **Employment-Compliance**        | Providing personal care services, institutional or home-based care, with a signed employment contract | Providing personal care services, institutional or home-based care, without a signed employment contract OR Providing group care services at a care facility | |


In the following section, using my interview results, I present how and why migrant care workers become semi-compliant migrants in practice, and discuss how current practices construct the illegality of care labour provided by these migrant workers in the institutional care sector.

4.2.2 Migrant Care Workers in the Field: All are Semi-Compliant Migrants

From my interviews with seven employers/managers of medical-LTC facilities and twenty migrant care workers, I found that none of my interview participants were fully compliant with all the regulations and conditions attached to them regarding employment of migrant workers, except two facilities which hired only Korean citizens as workers.

In terms of employment-compliance with the regulations on the type of care services, all the facilities selected for my interviews relied largely on group-care service provision for their patients. Since the ‘group care worker’ is not an allowed job category for migrant workers, migrant care workers who provided group care services at the five facilities were violating the regulation on the type of care services. Those migrant workers who provided ‘individual care’ services, on the other hand, could be classified as compliant migrant workers if they were also compliant with other employment regulations. Interviews with employers/managers revealed that not all of them were aware of the illegality of migrants’ group care services in institutional care facilities. Two employers/managers believed that ethnic-Korean working visa holders (H-2 visa) were allowed to provide any type of care services unless they were “illegal residents.” In addition, they did not care too much about the illegality in the employment of ‘group care workers’ since they were not the direct “employer” of migrant workers. Employers/managers of the facilities, including those who were aware of the regulation on the type of care services,
mentioned that migrant workers were not their employees, and therefore they did not have responsibilities for dealing with the issue of (il)legality of migrant workers and other employment issues with them. One employer highlighted that “they [migrant workers] belong to their agencies; they are not my employees.” By relying on care workers recruited from employment agencies, which mediate between migrant care workers who seek for care jobs and employers of care facilities who need care workers, the employers of care facilities could be disconnected from the contested space of illegality. As they utilised agency workers rather than directly employing migrant workers, not only could care facilities be free from responsibility for illegal employment practices of hiring migrant workers, but also they could not be held responsible for applying the same legal labour standards as for their directly-hired employees.

My interview participants confirmed that the employment agency plays a significant role not only in recruiting but also in managing the elder care workforce. At the five facilities which hired migrant workers, the common practice for recruiting migrant care workers was the indirect employment through one or two outsourcing agencies. Typically, the facilities signed an agreement with one or more recruiting agencies, which imposed their fees for recruiting and training care workers, supplying care workers when needed, supervising care workers’ labour in the workplace, and taking full responsibility for the workers’ labour and conduct. Three facilities (A, D, and F) relied on two employment agencies for recruiting care workers, and two other facilities (B and C), while also relying on agencies, recruited some of their care workers by advertising in a local newspaper or through referrals from their current workers. However, even in cases when the care facilities directly recruited care workers, these workers did not become employees of the care facilities but were registered as members of one of the partner agencies. In return, as an agency member, the worker was obligated to pay monthly membership fees to the
agency throughout their work period. Interviews with migrant workers revealed similar patterns. There was no difference between workers providing group care and those providing individual care services.

In sum, there were three different ways of finding care jobs. Among the 20 care workers who participated in my interviews, six workers found their job through informal networks such as friends and relatives who referred them to their own workplace, ten workers used employment agencies, and the other four workers found work directly through on-line or off-line advertisements. In spite of using different channels to their care job, all interview participants were members of one or two recruiting agencies. For those who found their care job not through recruiting agencies, they were later registered as a member of an agency that was connected to their workplace. For example, Ms. Kim found her care job at the LTC hospital where her husband was working as a care worker. Unlike her husband who was a registered member of an employment agency when he found the job, Ms. Kim came to her workplace through her husband, and she was hired after an interview with a manager of the facility. However, after she started working at the facility, she found that she became a member of the facility’s partner agency and a monthly membership fee of 60,000 won ($55), equivalent to the wage for 24-hour care work, was deducted automatically from her salary. Among 20 interview participants, the monthly membership fee paid to the registered agency varied between 40,000 and 100,000 won ($36 and $91). Furthermore, for those care workers who registered at an employment agency in order to find a care job, they had to pay a larger amount as registration fee, which ranged from 160,000 to 300,000 won ($145 to $274). Normally, the registration fees include a training session and the uniform and shoes of the agency, which the workers are required to wear in their workplace. For many interview participants, the registration and membership fees were regarded
as a burdensome but mandatory payment in order to work as a care worker. In all cases, the membership fees which migrant care workers paid to their agencies exceeded the maximum amount of fees set by the Ministry of Employment and Labor (35,000 won; $31 per month as of 2011). In addition, the common practice of paying for registration fees on top of monthly membership fees violated a regulation of the Ministry of Employment and Labor which prohibits collecting registration fees on top of monthly membership fees.

When care workers paid registration fees, migrant care workers expected that they would receive some kind of training before starting their care jobs. As discussed in the first section, some better-organized agencies provide in-class training sessions for those members without previous care work experiences. However, it is also a common practice that many small or poorly-organized agencies place their registered members at a workplace upon registration without providing proper training sessions. In the latter case, workers receive unpaid on-the-job training for the first few days before they start paid care work. For example, Ms. Choi found her first care job through an employment agency which placed her at a hospital as a care worker with no training sessions. Her agency believed that she would be able to pick up easily the required care skills at her workplace:

The recruiting agency told me to do care work. So I said, “I can’t do it because I have no experience.” Then, the agent told me that “you will know when you go there.”

Ms. Choi’s first patient was an old female who had a serious mobility problem. As an individual care worker, she did not receive a proper training session either from her agency or from the care facility. She had to learn day by day all the care skills, including intensive skills such as
Another care worker, Ms. Min, also told me that her agency did not provide her any pre-training session before she was sent to a care facility even though she paid 250,000 won (228) as registration fee. She described her agency as a place practicing illegal business without an office sign and a membership card. At the time of the interview, she had been waiting for the last few months to receive 300,000 won ($274) of delayed salary from the agency.

Regarding the issue of working under a signed employment contract, none of my interview participants had a legal employment contract either with their LTC workplace, their recruiting agency, or their care recipients. Mr. Shin, who was working without a contract, was the only person who had had an experience of providing care services under a signed employment contract and thus being a “compliant” migrant care worker. Unlike other care workers, Mr. Shin had highly informed knowledge of employment regulations and conditions attached to his immigration status, and he was the only interview participant who acknowledged the illegality of employment without a contract. Regarding the current practices of employing migrant care workers while avoiding to sign an employment contract for the sake of the employer’s convenience, he expressed his hopes for change:

I really hope to see a change in the employment practice of migrant care workers. Although the government allows us to work as a personal care worker based on an employment contract, Koreans don’t make a contract when they use foreigners. I think that they feel burdensome to do that. That should be changed. I asked my agency for a contract but they refused. Later, I found out that employment agencies are not eligible for hiring us.
For Mr. Shin, given the current hiring practices, it has been very difficult to achieve “employment-compliance,” which requires a signed employment contract with his care recipient. Once, he found a care job at a local welfare agency which had difficulties in finding a male care worker for a male patient who was a recipient of a publicly-funded care programme for people with disabilities. The welfare agency wanted to hire Mr. Shin, until the agency found out that it was not possible to hire a foreign worker since the programme required the hire of low-income Korean care workers. Then, Mr. Shin looked for an alternative way of being legally employed by the male patient. He persuaded the patient and his wife to hire him as an individual care worker through a legal employment pathway for migrant workers – the patient’s wife obtained the employment permit of H-2 visa holders and she signed an employment contract with Mr. Shin. In this way, he could finally be legally employed as a migrant care worker and provide care services to the patient while his care services were paid by the welfare agency for the patient under the programme for people with disabilities. However, after this special employment arrangement was over, he could no longer find another workplace where an employer was willing to offer him an employment contract.

When asked about the illegality in the employment of migrant care workers, all the care workers in my interviews, except Mr. Shin, believed that they were legally employed as care workers because they were not “illegal residents” in Korea. From their point of view, the problem occurred when they worked without a valid legal document, and they were very cautious about the residency regulations, such as the length of residency. Many of the interview participants remembered the exact date of their entry into Korea since they had to leave the country before the visa expired (five years after their entry). Otherwise, as Ms. Ahn mentioned, they would “become illegal and would be deported afterwards.” Migrant care workers who had
their legal immigration status in Korea, therefore, believed that they could work as a care worker regardless of their compliance with requirements to work as a ‘personal care worker’ or to obtain an employment contract with their care recipient. Most of them did not know nor particularly cared about the specific regulations on the type of care services and the direct employment, since no one in the employment process in the care labour market ever questioned their “illegality.”

When registered at an employment agency, migrant workers were asked to present their identification and proof of legal residency status in Korea, such as passport, H-2 visa, and foreigner’s registration card, and this procedure was believed to be keeping out migrant workers without legal documents.

From the interviews with migrant care workers, I found that hiring migrant workers without a signed employment contract was not the case only in the care sector, but also a common practice in various workplaces utilizing migrant workforce. For most migrant care workers who participated in my interviews, the care job was not the first and only job they had taken in the Korean labour market. Instead, as Ms. Min described, migrant workers tried “all sorts of work available in Korea.” Typical available jobs for interview participants – most of whom were older female migrants – included cleaning, cooking, caring, and domestic work. However, in most cases, being employed with a signed employment contract was rare for migrant workers, although it was mandated for employers to hire migrant workers based on a signed employment contract, which consequently obligates the employer to protect migrants’ legal labour rights. For example, when Ms. Yang and her husband worked at a motel as cleaners, their employer refused to sign a contract and to register them on insurance programmes, with are the required practices under immigration regulations:
When we [Ms. Yang and her husband] were working at a motel, we asked our employer about the registration [of insurances] but he refused. One day, a government officer raided our workplace. I think someone reported that we were working there. The officer asked us whether we were legal or illegal, so we showed our visa and foreigner’s registration cards. After he learned that we were legal, he told us not to work there if the employer didn’t register insurances for us. The employer didn’t want us to leave, but we decided to quit after that day.

Among over ten different jobs she took while in Korea, Ms. Min had only one employment case where she had a signed contract before she started her work as a cook at a nursing home. In other jobs she worked without a contract, just as other migrants usually do in practice even though they are in the allowed job categories. Except for the case of Mr. Shin, I found that many workers regarded the employment contract as optional but not required for their employment. Ms. Hwang was the only worker who explicitly said that she avoided signing an employment contract, since she did not like to be bound by a contract that would make it more difficult to quit the job before the contract ended.

The widespread “illegal” practices of employers and workers in the employment of migrant workers in the Korean care labour market and in the labour market in general are acknowledged by the government. Ms. Kim Yoon-Hye, a government official of the Ministry of Employment and Labor, argued for stronger inspection and enforcement mechanisms while acknowledging the issue of illegality in the employment of ethnic-Korean migrant workers. She pointed out that the eased regulations for ethnic Koreans under the Visit and Employment System have made it common for ethnic Koreans to work without an employment contract and for employers to hire ethnic Korean H-2 visa holders without an employment permit (KCTN,
2010a). As Ms. Kim pointed out, the current immigration controls do not seem to work effectively in preventing and punishing the non-compliant practices. The government imposes various penalties for offences against the Foreign Labourer Employment Act, but those penalties appear quite soft and ineffective. For example, when migrant workers provide labour in a not-allowed job category, such as group care, they receive a notification of their violation at the first offence. In addition, fines up to 1 million won ($912)\(^{65}\) are imposed for other offences, such as employment of migrant workers without a valid employment permit or a standard employment contract or for not reporting to the immigration office within 14 days of the start of the employment. In spite of the established penalties, my interview findings suggest that the state inspection does not consider the non-compliance with employment regulations as seriously as the non-compliance with residency regulations. Unlike the situation described in the presented newspaper article, none of my interview participants, employers or workers, had experienced an inspection of their employment practices by government officials.

My interview results show that the regulations attached to the employment of migrant workers are very commonly violated in the Korean care labour market, sometimes consciously but often times unconsciously. I observed two main patterns in which the care labour provided by migrant workers crossed the boundaries of employment-compliance. First, migrant workers provided group care services, which was not a type of care job allowed for migrant workers. Second, migrant care workers, in both group and individual care, were not employed at care facilities but as agency workers of for-profit employment agencies, and in this indirect

\(^{65}\) The maximum penalty imposed to migrant workers is equivalent to two-thirds of a monthly income for institutional care work.
employment practice, migrant workers often provided care labour without an employment contract. Therefore, the non-compliance with employment regulations attached to migrant workers made the status of these workers semi-compliant migrant workers.

Based on the interviews with employers/managers and migrant care workers, I found that the semi-compliance of migrant care workers results from wide discrepancies between the regulations and controls on migrant care workforce at the government level and the employment practices in the care labour market, based on a high demand for “cheap” and “flexible” migrant care workers. While the government imposes multiple regulations on the unskilled migrant workforce and limits the boundary of employment-compliance in the care labour market, care facilities tacitly make use of the semi-compliance of migrant workers in order to supply cheaper and more flexible care workers as substitutes for local care workers. Under the eased immigration control for both employers and migrant care workers, the semi-compliance status of migrant care workers was perceived as acceptable and even preferable in the Korean care labour market. The government’s lack of intention to punish employers and workers who violate state regulations in fact facilitates the employment of migrant care workers in the restricted area of care provision (group care) and produces migrant care labour which cannot be protected within the legal boundaries as these workers fall into the semi-compliant category.

The findings of my analysis on the employment of migrant workers in the Korean care labour market are consistent with Ruhs and Anderson’s observation in their analysis of semi-compliance in the British labour market. According to Ruhs and Anderson (2006, p.1), semi-compliance is “the logical result of the tension between the needs of a flexible labour market on the one hand, and the desire to closely monitor the employment of migrants for immigration
control purposes on the other hand.” In their analysis of migrant domestic workers in Germany, Lutz and Palenga-Mollenbeck (2010) argued that the semi-compliant status of East-European migrant domestic workers in many German private households was conveniently used by the German government to solve the care-deficit problem, while avoiding social conflicts of interest in the employment of migrant domestic workers. Along similar lines, migrant care labour is commonly utilised in the Korean care labour market since migrants’ semi-compliant status makes their labour cheaper and easily disposable in the unregulated care labour market. As Lutz and Palenga-Mollenbeck (2010, p.425) call it in their study, the employment of migrant care workers in the Korean care labour market is an “open secret” which is likely to persist for quite a while.

4.3 “Unprotected” Labour: Migrant Care Workers in Informal Employment

Although the boundaries between the informal and formal economies are often subject to debates, there is a broad understanding that the term ‘informal economy’ accommodates diverse forms of economic activities by workers and economic units that are not covered or are insufficiently covered by formal arrangements, in law or in practice (Chen, 2007; ILO, 2002a). The International Labour Organization (ILO, 2002b) describes informal employment as comprised of different types of informal jobs “carried out in formal sector enterprises, informal sector enterprises, or households” (ILO, 2002b). The shared characteristic of workers involved in informal employment is that they are unrecognised, unregulated, excluded, and/or unprotected under labour legislations and social protection and therefore have a higher degree of vulnerability compared to those in formal employment (ILO, 2002a; OECD, 2009).
In the growing body of literature on the informal economy, the role of governance has been articulated as the key to understanding the development of the informal economy (ILO, 2002a; Portes & Centeno, 2006; Sassen, 2000). Sassen (2000, p.13), for instance, emphasised the need to look more closely at state regulatory frameworks, arguing that “while there are certain activities that lend themselves more to informalization than others, it is not the intrinsic characteristics of activities that determine informalization but rather the boundaries of state regulation.” She further emphasized the fluidity of the boundaries of state regulation over time, which consequently change the character of economic activities from informal to formal and vice versa. In this body of literature, other scholars have raised caution about the distinction between de jure and de facto regulation, arguing for the importance of the actual implementation and enforcement of existing regulations in constructing the informal economy (Almeida & Carneiro, 2006; Kus, 2010; Johnson et al., 1998). In his cross-national study on the state regulation-informality nexus, Kus (2010) found that the effectiveness of law enforcement seems to be a particularly significant factor in deciding the size of the informal economy. The degree of regulation has a significant association with the development of the informal economy only when countries have effective law enforcement mechanisms. The term ‘formal regulatory environment’ (Chen, 2007; Kus, 2010) is suggested, as it encompasses government policies, laws, and regulations, and enforcement mechanisms. Based on the present discussion of the informal economy, this section explores the issue of informality in care workers’ employment in the Korean care labour market.
4.3.1 Protected and Unprotected Workers: Formal and Informal Employment

Traditionally in Korea, paid care services have been delivered in the informal economy where there is no regulation of and no protection mechanism for care workers’ labour. Under the Korean Labour Standards Act, personal care workers are still not recognised as “workers” due to the predominant perception of care work as something too private for the government to regulate.

According to the Labour Standards Act, the minimum legal standards which were established to “protect and enhance workers’ basic living standards” (Article 1), the term ‘workers’ refers to “anyone who works for a business or at a business site for the purpose of obtaining a wage, regardless of job category” (Article 1). However, the Act sets a number of exempted groups that are not protected by the Act:

This Act applies to all the workplaces which employ five and more workers. However, this Act does not apply to a workplace which utilises co-resident members of the same family as its only workers or to a household worker (gasa-sayongin). (Article 11)

Therefore, those who work at small enterprises with less than five workers, those who work for their own family, and household workers are exempted from the application of the Labour Standards Act. Other labour-related laws, such as the Minimum Wage Act, the Industrial Accident Compensation Insurance Act, the Employment Insurance Act, and the Employee Retirement Benefit Security Act also exempt the family and household workplaces from the legal regulation framework. In practice, this means that basic legal rights that many Korean workers take for granted, such as the right to be paid at least the minimum wage and for overtime
hours and the right to employment insurance benefits and to workers’ compensation when
injured, these rights are not applied to workers who provide their labour in the private sphere of
their family’s workplaces or employers’ households. The rationale for the Act exempting these
workers generally involves two reasons: 1) the government does not get involved in private
household matters in order not to invade their privacy; and 2) it is difficult to supervise labour
standards, such as working hours and salaries, practiced within private households (Lee, 2005;
Lim, 2004; Ha, 2002; and Kim, 2009, cited in Park et al., 2009, p.51).

Although other exempted groups of workers – those in small enterprises and family
workers – are easily defined, the definition of household workers has been subject to debates
because the laws do not provide any clear definition. Since the early 2000s, legal debates around
whether care workers are eligible for legal protections have focused on how to define household
workers and whether care workers, especially institutional care workers who provide their labour
in care facilities, not in recipients’ homes, are seen as household workers. Within the legal
academia, the term is generally understood as those who are employed to provide housework in a
private household such as live-in or live-out domestic workers, nannies, and butlers (Ha, 2002).
Some argue for a narrower definition of the household worker, that is, workers who provide
labour within the household where they cohabit with their employer (Park, 2002). The Ministry
of Employment and Labor, however, adopts a broader definition of household workers which
includes personal care workers working at institutional care facilities based on an employment
arrangement with their care recipients. According to the Ministry’s administrative interpretation
(Labour Standards 68207-2409, 27 July 2001), an institutional care worker is recognised as
“similar to a household worker” given the intimate employment arrangement in which the care
worker is employed by her care recipient, and given that the worker receives an income from the
care recipient, who is not a recognised employer under the Labour Standards Act. Therefore, these workers are not eligible for coverage of the Labour Standards Act.

The non-application of the Labour Standards Act is also clearly stated in the employment regulations of migrant workers in the job categories of household workers (including domestic workers and personal care workers). The Ministry of Government Legislation’s information booklet for the employment of foreign workers highlights the exemption of legal protections on the labour of household workers: since the Labour Standards Act does not apply to household workers, “employers and employees may freely determine the work hours, dismissal, holidays, vacations and other work conditions based on a contract, as long as such contract does not infringe the compulsory provisions of the Civil Act” (One Click Law, 2011). In the Ministry of Employment and Labor’s guideline on the employment of foreign workers, it is also clearly stated that, when completing the Standard Labour Contract, employers who hire household workers or personal care workers are exempted from stating working hours since the Labour Standards Act does not apply to these workers (MOEL, 2010).

Beyond the debate on whether care workers are household workers or not, care workers’ status is subjected to another debate on whether they are “workers” or not. As addressed in the earlier section, the current hiring practice of many care facilities outside of the LTCIE system consists of indirect recruitment through employment agencies. Although employers of LTC hospitals are mandated to employ doctors, nurses, and nurses’ aides directly, the lack of direct employment regulations for care workers facilitates the current employment practices of care workers. Unlike care workers who provide one-to-one care services, those who provide group-care services are not bound by legal employment relations with their care recipients since they
are not hired by any individual care recipient and are not paid directly by care recipients, either. In practice, care service fees of individual care recipients are collected by the LTC hospitals which are then sent to partner agencies, and care workers receive their salaries later from their agencies (after their monthly membership fees are deducted).

Since there is no formal employment relation between group-care workers and care recipients, the focus of the debates on the status of group-care workers is around the employment relations of the workers with LTC hospitals and employment agencies. The current legal system does not recognise these workers as standard employees of either LTC hospitals or employment agencies. According to a recent legal dispute over care workers’ status as employees of hospitals, the Seoul Administrative Court [2010 Gu-Hap 4209] followed the precedents which denied the status of employees of care facilities to institutional care workers. The main facts considered for the decision are: first, care workers provided care services under no direct employment contract with the hospital; second, detailed employment regulations were made based on an agreement between the hospital and the agency; and third, care services are not part of the necessary services offered by the hospital. Regarding the third point, the Seoul Administrative Court’s decision was based on the assumption that family is the primary caregiver, even in a hospital:

Most parts of care work are supposed to be provided by patients themselves or their guardians, and care workers provide care services on behalf of them. The described assistance services are not one of necessary services to be provided by hospitals, and therefore, care workers’ labour is not considered as indispensable for the management of hospitals. (Seoul Administrative Court [2010 Gu-Hap 4209, June 10 2010])
Care workers providing paid care services in medical facilities are therefore regarded as “one of the patient’s family,” someone who provides personal support which is presumably provided by family members without particular knowledge or care skills, rather than as a “worker” who provides care services appropriate to the patient’s conditions in cooperation with other medical care staff. The Seoul Administrative Court’s decision suggests that, in spite of the recent formalisation process of care jobs within the LTCIE system, care services provided outside of the LTCIE system are still regarded as the private responsibility of the family, a non-professional and non-essential part of healthcare services even when it is provided in institutional medical facilities, not in individuals’ home.

The Court also pointed out an important role of the employment agencies in the employment of institutional care workers. As described in the earlier section, institutional care workers are affiliated with one or more agencies throughout their working period, whether they found their care job through agencies or through other channels. Typically, employment agencies are involved in the employment of care workers from the beginning to the end, as these agencies provide pre-employment training programmes and receive monthly membership fees from their member workers until the workers leave their workplace. However, the lack of standard employment regulations (e.g., terms and conditions of employment, personnel policies, and social insurance registration) between care workers and their agencies denies the status of care workers as employees of agencies (Supreme Court, 2009 DO 311, 12 March 2009). According to the Supreme Court decision, the role of the employment agencies in the employment of care workers is no more than providing recruiting and placement services, in spite of the agency’s continuous supervision and management of its member workers. Accordingly, group-care workers working in LTC hospitals who do not have legally recognised employment relations
with the LTC hospitals or any agencies are not the workers considered in the Labour Standards Act. In legal terms, they are labelled as “persons in a special type of employment,” who are between employed workers and the self-employed, as they provide labour that is similar to that of standard employed workers but whose labour is exempted from labour-related laws.

The informal employment practices of care workers that were unregulated and unprotected in the Korean care labour market have been challenged by the introduction of the LTCIE system, which was accompanied by a new set of employment regulations for the LTC workforce. In 2008, the revised enforcement regulations of the Welfare Act for the Elderly established a direct employment regulation of yoyangbohosa (certified workers)\(^{66}\) which finally gave the legal status of “worker” to care workers within the LTCIE system. As a consequence, the introduction of the LTCIE system has created not only a “skilled” but also a “protected” care labour force which is regulated by the newly established employment regulations under the Welfare Act for the Elderly and protected by the Labour Standards Act. In the process of developing public care services, the Korean government’s involvement in the formalisation (or institutionalisation) of care jobs has created a regulated care labour market where care workers are recognised as standard employees of LTC facilities and their basic labour rights are protected under the law. However, at the same time, the limited application of the employment regulations only to employers and workers within the LTCIE system leaves the unregulated ganbyeongin care market unchallenged and unprotected. The Welfare Act for the Elderly clearly excludes LTC hospitals, including those specialised in care for the elderly, from application of its

\(^{66}\) The enforcement regulation Appendix 4: Every worker has to be under a direct employment contract with the head of the care facility.
employment regulations, and leaves these hospitals under the regulations of the Medical Act instead, which does not provide any guidance to regulate and protect the care workforce.

4.3.2 Formalization of Yoyangbohosa Care Jobs in Practice: Ineffective Enforcement

Since the introduction of the LTCIE system, labour conditions of care workers within the LTCIE system have attracted much public and scholarly attention. It has been questioned how effectively the strengthened employment regulations on employers and workers of LTC facilities improve remunerative and working conditions of care workers. This question is linked to the discussion on the importance of the actual implementation and enforcement of the existing regulations in constructing the formal and informal economies.

With respect to the employment relations of yoyangbohosa, a number of studies emphasised the ineffective enforcement of legal employment regulations, which results in illegal practices in the employment of care workers within the LTCIE system. The employment regulations being violated include direct employment of care workers, registration of social insurance, security of retirement benefits, protection of legal working hours, and break time. Korea Women Development Institute’s survey (Oh & Roh, 2009; Oh & Roh, 2010) found that among 250 institutional certified care workers (yoyangbohosa), 18% were not on direct employment (24 workers were agency workers in indirect employment and the other 20 had no employment contract). In addition, approximately 20% of care workers were not registered in four social insurance programmes (Health, Pension, Employment, and Industrial Accidental Insurance). Another survey conducted by the Korea Industrial Relations Association (2009, cited
in Seok, 2010) found a higher proportion (28%) of institutional workers not in direct employment. A more recent survey conducted by the Korea Institute of Health and Welfare Resources (KIHWR, 2010) reported violations of a number of employment regulations and resulting precarious working conditions of many institutional care workers. Among 249 surveyed institutional care workers, 82% did not receive over-time allowance and 78% did not receive a stipend for unused annual leave. The violations of the Labour Standards Act which regulates the rights to be paid for extra working hours and unused annual leave explain the low monthly income of institutional care workers (on average, 1,160,000 won = $1,058) in spite of their long working hours (more than 72% of workers worked for more than 44 hours a week; on average, 243.56 hours per month). The hourly wage of institutional workers was 4,927 won ($4.5), which was slightly higher than the minimum wage of 4,110 won for the same year (2010). In addition, the survey found the lack of protection of workers’ right to take breaks: 82% of care workers did not have time for rest, and 57% of care workers mentioned that they did not have meal breaks and they had their meals in patients’ room.

As presented in Chapter 3 (Table 8), some of the studies using the survey data of the Korea Women Development Institute (Oh & Roh, 2009; Oh & Roh, 2010) pointed out the improved remunerative and working conditions of certified-care workers (yoyangbohosa) within the LTCIE system compared to non-certified care workers (ganbyeongin) outside of the LTCIE system as a result of the strengthened employment regulations of the facilities within the LTCIE system. In many aspects, the labour conditions of yoyangbohosa are substantially better and more stable than those of ganbyeongin: for instance, among 200 ganbyeongin who participated in the survey, 83.5% had no employment contract; 85% were not in social insurance programmes, and the average hourly income was 3,200 won ($2.9), significantly less than the
national minimum wage. These study findings suggest that the implementation of employment regulations within the LTCIE system has had some positive impacts on the protection of labour rights for those within the system.

Nevertheless, the relatively better labour conditions of yoyangbohosa do not necessarily mean that the recent formalisation process of care jobs established a culture of formal employment in the yoyangbohosa job market. In the above-mentioned studies, it has been observed that the long-standing informal employment practices of care workers remained in the formal care labour market within the LTCIE system and this often resulted in the violations of legal labour rights of many care workers in supposedly formal care jobs. The Vice-President of the National Yoyangbohosa Association, Choi Gyeongsook, highlighted the lack of government enforcement and inspection systems that are resulting in low-income and human right violations of yoyangbohosa:

The [LTCIE] system was implemented with the intention that the government supports care services for the elderly. However, after the government established the system, it does not care about the system management while leaving it to the private sector. In the private sector where for-profit facilities only care about a maximum increase in profits, yoyangbohosa suffer from low wage and human right violations and the service quality is getting poorer (Yoon, 2008).

In the privately-managed LTCIE care market, where most care services are delivered by for-profit facilities, it has been argued that the lack of government enforcement and inspection systems in securing observance of employment regulations may lead to low quality of services

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67 Only 3.9% of all LTCIE facilities were public facilities as of May 2009 (Lim, 2009).
and labour (Cheon, 2010; Seok, 2008). The National Health Insurance Corporation (NHIC) conducts a nation-wide bi-annual evaluation programme of LTC facilities within the LTCIE system. This evaluation programme, however, does not have a significant impact on securing workers’ labour conditions, since it is based on the voluntary participation of the LTC facilities and there is no penalty for violations of employment regulations (there are only incentives for 10% of the facilities with better evaluation results) and no sanction for providing false information. Furthermore, the evaluation index does not take into serious consideration the facilities’ lack of observance of care workers’ labour rights.

In response to the growing demand for strengthened monitoring and evaluation systems to secure workers’ labour rights (Cheon, 2010), the National Health Insurance Corporation, together with the Ministry of Health and Welfare, has a future plan for introducing a more effective enforcement programme by making the participation of all LTC facilities mandatory and imposing penalties on the facilities which violate some regulations (NHIC, 2010). In addition, in May 2010, the Ministry of Health and Welfare distributed a document to employers of LTC facilities on the Application of Labour Standards Act on Long-term Care Facilities, which explains in detail the basic employment regulations under the Act and its regulation enforcement specifically applicable to employers and workers of LTC facilities.68 The publication and distribution of this document was a part of the government’s recent efforts to tackle informal employment practices and improve the labour conditions of care workers.

68 The document states its purpose as “to secure basic living standards of workers and to contribute to efficiency and democracy of the management of LTC facilities” (MOHW, 2010c, p.1). The document contains legal employment regulations including employment contract, wage, working hours and break time, protection of women employees, employment insurance, industrial accident compensation, and retirement benefit security.
4.3.3 Formalisation of Ganbyeongin Care Jobs for the Future?

In recent years, there has been growing academic and political attention to the issue of the informal employment of institutional care workers (ganbyeongin) outside the LTCIE system, which led to a movement in support of acknowledging care workers’ status as standard workers. In the process of formalisation of care jobs within the LTCIE system, the unprotected labour of care workers outside of the system has raised growing concerns about the lack of legal protections for these workers whose care labour is similar to care workers within the system. The continuous demands of feminist and labour activists for legal protections have finally attracted political attention, and in September 2010, Ms. Kim Sanghee, a member of the National Assembly, submitted a legal proposal to protect domestic and care workers, including home-based and institutional workers. The proposal focuses on amendments to the Labour Standards Act, the Employment Insurance Act, and the Industrial Accident Compensation Insurance Act in order to erase the articles which exclude “household workers” from the application of labour-related acts and to establish legal protections for these workers, including not only domestic and home-care workers but also institutional care workers.

Based on my interviews with employers/managers of LTC hospitals, I found that the informal employment of care workers was facilitated by employers of LTC hospitals as a means of reducing labour costs while avoiding formal obligations as employers. As Chen (2007) points out, in such cases it is the formal enterprises – LTC hospitals – that decide to operate under informal employment practices and enjoy the ‘benefits’ of this informality. The head-nurse of
facility A, in agreement with all other employers/managers, pointed out the cost burden of direct employment of care workers as the reason for informal employment practices:

When the hospital directly employs care workers, the hospital should pay for social insurance contributions and should follow all other employment regulations such as working hours and overtime allowance. That means a huge increase in labour costs, which would bankrupt many LTC hospitals.

As they do not directly employ care workers, employers of LTC hospitals can be free from legal obligations of protecting workers’ labour rights, such as observance of legal working hours and payment of employment insurance and other social insurance contributions. Therefore, employers can manage their care workforce at lower costs while ignoring workers’ labour rights. In the case of the employment of migrant workers, the informal employment practice further benefits employers as not only they are free from legal obligations based on labour-related acts but also from the responsibility of illegal employment. While relying on care workforce that is recruited by partner employment agencies, employers of LTC hospitals utilise migrant workers at even lower costs without having any legal responsibility as employers.

The employers/managers of LTC hospitals, however, argued that their informal employment practice was not their desired choice but a survival strategy to minimise labour costs given the current policy environment. They argued that the lack of public involvement in supporting labour costs of care workers outside of the LTCIE system consequently results in a huge financial burden on employers and care recipients of LTC hospitals. Most employers/managers pointed out that the lack of public financial support made them utilise the informal employment of care workers in order to manage their hospitals at a lower cost, even
though they supported the idea of labour protection for care workers. As argued by my research participants, the lack of public funding for care services provided outside of the LTCIE system has been a hotly debated topic in recent years. The institutionalisation of care services into the National Health Insurance system has been strongly demanded and supported by various stakeholders, NGOs, politicians, employers, workers, and care recipients of acute-care and LTC hospitals. Currently, the National Health Insurance system covers a part of the labour costs of hospital workers such as doctors, nurses, and nurse’s aides. However, since care worker’s care services are considered non-essential services in the medical facilities, their labour costs are excluded from coverage under the National Health Insurance, unlike the LTCIE system which supports the labour costs of LTC workers. In July 2010, after years of debates around the issue, Ms. Kwak Jungsook, a member of National Assembly, finally submitted a legal proposal for revising the National Health Insurance Act and the Medical Act in order to include care services. The stated objectives of the proposal are: to reduce care recipients’ financial burden of care services; to improve care workers’ working conditions; and to manage the quality of care services (HRN, 2010).

In response to the proposal, the Ministry of Health and Welfare acknowledged the need for the institutionalisation of care services into the National Health Insurance System. Mr. Park, a government official at the Ministry of Health and Welfare mentioned that the Ministry “ideally agrees with the change of the system through institutionalization, which will reduce patients’ burden and improve care workers’ labour conditions” (Kim SG, 2010). However, he further

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69 The LTCIE insurance payments to eligible LTC facilities include both labour costs and facility management costs. Since the government does not provide a guideline for care workers’ salary, the proportion of labour costs within the insurance payments is decided by employers.
admitted the financial difficulties in fully accepting the proposal of the institutionalisation of care services (e.g., insurance payment for care services) due to the limited budget of the National Health Insurance. At the end of 2010, the government proposed a future plan which would legalise the institutionalisation of care services into the National Health Insurance system. However, the Minister Jin Soohee of the Ministry of Health and Welfare clearly stated that, due to financial difficulties, the legal institutionalisation would not be accompanied by financial support for care services at least for the first few years (Lee S, 2010).

4.4 Conclusion
In this chapter, I discussed how the care labour of migrant and non-migrant workers is being constructed in the restructured elder care market. The implementation of the LTCIE system, accompanied by the care-worker certificate programme and employment regulations of care workers, created the new care market in which the LTC worker qualification is regulated and workers’ labour rights are protected (at least in theory, under the law). In this newly constructed care market within the LTCIE system, certified-care workers’ labour is considered as skilled or professional since they are trained through a nationally-governed certificate programme and their labour rights are legally protected by the Labour Standards Act. On the other side, in the long-standing care labour market outside of the boundary of the LTCIE system, care workers’ qualifications and labour are still not regulated and their basic labour rights are not protected. In this segregated care market, my research findings show how migrant care workers’ immigration status constructs their limited access to the formalised care sector which utilises “skilled” care workforce, due to their status as “unskilled” migrant workers which defines their care labour as
“unskilled” even if they obtain the *yoyangbohosa* certificate and have a number of years of care experience. In the less-regulated market, employers utilise informal employment practices as a means of lowering labour costs, avoiding their responsibility as employers to protect worker’s labour rights, and being free from the issue of illegality when hiring migrant care workers in not-permitted care job categories (i.e., group care worker). In such informal employment practices, migrant care workers are often subjected to violations of some of the employment regulations attached to their immigration status, which places their labour outside of the legal boundaries.

What was clearly shown in the Korean case is that the government’s involvement in regulating the care workforce in the selected care labour market only had a significant impact on the construction of boundaries of care labour – skilled/unskilled, legal/illegal, and protected/unprotected care labour – between the selected and not-selected care sectors. The Korean case also presented the fluidity of such boundaries of care labour, which have shifted as a consequence of recent policy changes and which are still subject to change depending on the government’s future decision on whether or not to formalise the care work provided in the medical-care sector through additional funding. This chapter showed that, in the recent policy reform process, the care-worker regulations of the LTCIE system fostered skilled and protected care labour within the system, while simultaneously re-producing the practices of unskilled and unprotected labour of care workers in medical-care facilities. Furthermore, the uncoordinated employment regulations on migrant care workers between different government bodies, the Ministry of Health and Welfare and the Ministry of Employment and Labor, have created confusion over the employability of “unskilled” migrant workers in the skilled and protected care labour, e.g. when a migrant worker becomes qualified for “skilled” *yoyangbohosa* work after obtaining his *yoyangbohosa* certificate but still does not qualify for “skilled” *yoyangbohosa* work.
given his immigration status as “unskilled” migrant worker. In addition, the migrant-worker employment regulations of the Visit and Employment System create the legal and illegal boundaries of migrant care labour within the government’s formal regulatory environment, where care workers’ labour is constructed in practice based on employment arrangements between employers and workers.

This chapter showed that the lack of effective enforcement mechanisms of established employment regulations on institutional care workers and the pervasive workplace violations of employment regulations in the institutional care sector locate many migrant institutional care workers in the problematic state of “semi-compliance,” which disqualifies them from legal labour protection. In terms of violations of employment regulations, it is important to note that such practices are quite pervasive in the Korean labour market, especially for women in both high-skilled and low-skilled occupations (Peng, 2010). For example, according to the Ministry of Employment and Labor’s (MOEL, 2010a) report, workplace violations were severe and widespread in most examined workplaces (most of them small workplaces): 22,760 workplaces (89%) among the total of 25,505 examined were found to commit an average of four cases of violation. The most frequently violated regulations were those in the Labour Standard Law and the Minimum Wage Law, such as statement of specific labour conditions when signing labour contract, payment of wage and other allowances, and observance of the minimum wage. This suggests that the violations of employment regulations in the institutional elder care sector, which are presented in this chapter, can be easily found in other employment sectors in the Korean labour market, especially in its periphery sectors. However, what the empirical findings highlighted in this chapter was that, as a result of the process of formalisation of care work within the LTC system, the same care work is now subjected to employment regulations in one
sector and not in the other sector. The consequence of such imbalanced development in the two care sectors was the movement of less disadvantaged women into the more protected sector and the concentration of more disadvantaged women, i.e. older, poorer, and migrant, in the less protected sector. My research findings clearly presented the strong role of policies and enforcement mechanisms in tackling the pervasive workplace violation culture in the care sector, and support the Sassen’s (2000) argument that informalisation is determined not because of the intrinsic characteristics of certain labour activities but because of the boundaries of state regulation. Although my research findings also showed that the labour conditions of non-migrant care workers, even for those workers within the regulated LTC system, are not very promising due to the limited regulations and enforcement mechanisms, I argue that the ‘illegality’ issues in the employment of migrant care workers create more vulnerability within the unskilled and unregulated care market.
Chapter 5
Conclusion

This final chapter outlines the key research findings and research limitations. It also proposes policy directions needed to construct better environments of care, through better recognition, coordination, and enforcement. The last section of this chapter discusses the implications of maintaining the status quo in the poorly-regulated elder care sector, and proposes strategies for the advocacy movement to challenge more effectively the current discriminatory practices.

5.1. Key Findings

5.1.1. Social policy development and re-construction of boundaries of care work

This research showed how, over the last decade, the Korean government implemented dramatic social policy changes at the intersection of elder care, labour market, and immigration policies, and how the shifting social policies significantly re-constructed the boundaries of care work in the elder care sector. The policy analysis in this research has revealed how the Korean government’s approach towards welfare and care provisions has shifted significantly, in the following three ways: from the family’s sole responsibility for care to more socialised care; from exclusionary to more inclusive welfare and care programmes; and from a closed to a more open care market approach to low-skilled migrant workers. First, recent policy developments responding to growing needs in the area of elder care showed the government’s commitment to care provision for the elderly through a dramatic increase in funding, the creation of various programmes for the elderly, and the establishment of regulation and protection mechanisms for
LTC providers. Although women in the family remain the main care providers for elderly parents, the recent social policy development has created a large paid care service market while reducing the elder care burden on the family.

Second, since the late 1990s the Korean government moved towards more inclusive welfare programmes, through extending the coverage of employment insurance, public care, and social insurance programmes. The coverage of Employment Insurance programmes was extended throughout the late 1990s and 2000s to low-skilled foreign workers, daily workers, and small self-employed businesses. In the area of elder care, the introduction of the social-insurance-based LTCIE system in 2008 broadened the coverage of publicly-funded elder care programmes from means-tested to universal. Under the LTCIE system, all elderly persons, regardless of their income level, can now receive LTC services when they meet the minimum requirements regarding health needs. Third, in responding to growing elder care needs, the Korean government opened the care service market to non-Korean-citizen care workers in 2002. Faced with chronic labour shortages in service and other low-skilled labour sectors, this country, historically closed to low-skilled foreign workers, has transformed itself into one of the major receiving countries of the Asian region. However, the Korean government’s co-ethnic policy limits the availability of employment opportunities in service sectors to migrants of Korean descent, most of them Korean-Chinese. The reliance on co-ethnic migrants for care work reflects the nation-building strategy of the Korean state, which keeps the gate of the care sector strictly closed to “others” with different ethnic backgrounds.

The social policy development process illustrates the Korean government’s continuous strong emphasis on economic growth and labour market stimulation as the foremost reasons for
developing various welfare programmes. In the aftermath of the 1997 financial crisis, the Korean government’s new slogan of “productive welfare” reflected the government’s commitment to develop welfare programmes in association with labour market programmes, in order to pursue an integrated balance of economic growth and welfare development, aiming for “enhancing welfare through employment.” In her research on the political economy of social care expansion in Korea, Peng (2011) cautions that the increasing public care provision “should not be interpreted simply as expression of the state’s intention to relieve women of family care obligations” (p.919). Rather, as also discussed in my previous chapters, the development of public care services was a result of “a combination of both progressive and pragmatic economic motivations” (p.919). In particular, the elder care programmes were promoted by the government as great opportunities for private care providers and low-skilled women to participate in the newly created elder care market. The Korean government has explicitly promoted care jobs as women’s jobs, particularly targeting middle-aged housewives in the hope that their participation would increase the female labour force participation rate, which remained below 50% as of 2010. Women were (and still are) the main care providers for their elderly parents(-in-law) in the family care setting. Therefore, in the process of care work commercialisation, women are now targeted as ideal care workers for the elderly who presumably can transfer with ease their unpaid care work to paid care work in the formal care setting.

By adopting a marketisation approach, the Korean government encouraged the market competition among for-profit and not-for-profit care providers, as this was believed to enhance the efficiency of care service delivery. Furthermore, through eased regulations on the minimum training requirements for LTC providers, the government strategically pursued an increase in the quantity of LTC facilities and workers within a short-term period, while ignoring the quality of
care services provided by established LTC facilities and certified care workers. The government’s low commitment to the quality of care services, therefore, has produced much concern about both the poor quality of care and the low pay/precarious working conditions of many care workers, most of them women from low-income households. The case of the elder care sector reconstruction shows how women who once provided unpaid care labour within the home boundary now moved to the paid sector of economy, and how most of them made it only to the periphery of the sector where their labour continues to be subject to devaluation, deregulation, and lack of protection. Peng (2011) argues that, in Korea’s recent social care expansion process, the conflicting social and economic policy objectives, the seemingly “good” social care policy and the “bad” labour market policy developments, have resulted in a “confusing” (p.906) mix of policy outcomes in terms of the attainment of gender equality.

5.1.2. Older female migrants’ significant role in care provision for the Korean elderly

The present research suggests that Korean-Chinese migrant workers are taking on a significant role in the Korean institutional elder care sector. The average proportion of migrant workers was over 40% across the seven LTC facilities studied, and when excluding the two facilities hiring only Korean workers, migrant workers comprised between 29% and 100% of the direct care workforce in the five remaining facilities. In a reflection of the strong assumption of care work being “women’s work,” which was shared by both care recipients and providers, female workers comprised the entire care workforce in most facilities, with only a couple of facilities relying on male care workers if requested by the care recipients. In addition, the “dirty” and “difficult” sides of care work, along with low levels of remuneration, failed to attract younger workers into the
elder care market. As a consequence, my research sample showed the concentration of older women in their 50s and 60s in elder care jobs.

In the expanding Korean elder care market, the employer’s demand for “cheap” and “flexible” care labour and the increasing supply of Korean-Chinese migrants over the last few years have resulted in a significant reliance on migrant care labour in the institutional elder care sector. From the demand side, since Korean-Chinese migrants share the same ethnicity with most Korean citizens, their ‘similar’ appearance and their ability to speak the language make them preferred candidates for employers who cannot find local (Korean) workers at the level of pay and working conditions employers are willing to offer to care workers. At the same time, from the supply side, this research found that Korean-Chinese migrants, many of them older women in their 50s and 60s, were willing to take the elder care jobs that were not attractive to Korean workers, even at the lower pay and harsher working conditions. My interview data showed that the imbalanced development of the labour markets and welfare systems between Korea and China fuelled the international movement of Korean-Chinese to Korea, where they sought to take advantage of vast wage differentials and get any jobs available in the Korean labour market which were not available in China. The Korean-Chinese older women that I interviewed see elder care jobs as an important employment niche, as an opportunity to earn money for their own and their family’s present and/or future within otherwise limited opportunities in the Korean labour market.

5.1.3. Migrants at the bottom of the hierarchical elder care workforce
This research showed how, as a consequence of policy changes at the intersection of elder care, labour market, and migration policies, the elder care workforce is reorganized into three groups of elder care workers who have different qualification levels and immigration statuses and who work in different elder care sectors. The first worker group is the Korean yoyangbohosa, Korean nationals who acquired the nationally-standardised LTC worker certificate and work at LTC facilities under the LTCIE system. The second worker group is the Korean ganbyeongin, Korean nationals who provide care services at institutional care facilities outside of the LTCIE system. Typically, these workers do not have the yoyangbohosa certificate, but they acquire a care-worker certificate from private organisations. The third worker group is the Korean-Chinese ganbyeongin, who are Chinese citizens and temporary migrant workers in Korea. They work in various institutional care facilities outside of the LTCIE system, such as medical hospitals and LTC hospitals. In my sample, only a few Korean-Chinese care workers had experiences of participating in care-work education and training sessions, compared to what Korean care workers (ganbyeongin) usually undertook prior to their paid care work.

The examination of the three worker groups illustrated the strong hierarchical features of the elder care workforce in terms of pay and working conditions, as well as the location of migrant care workers at the bottom of the hierarchy. As a consequence of the new regulations protecting care work in the LTCIE system, the Korean yoyangbohosa group had better pay and working conditions. It is important to note, however, that the predominant perception of care work as undervalued in the Korean society is still reflected in the salary of this relatively better-off yoyangbohosa group, which is just over the minimum wage, and their often precarious working conditions. Compared to the yoyangbohosa group, ganbyeongin groups in the medical and medical-LTC facilities received significantly smaller hourly wages and had poorer working
conditions (e.g., longer working hours, unstable employment status, and no social insurance protection), even though their care labour is recognised as regular labour and is therefore regulated and protected by basic labour laws. Furthermore, among the ganbyeongin groups, Korean-Chinese migrant workers’ status as a temporary migrant worker often place these workers in more vulnerable situations compared to Korean care workers. The Korean-Chinese ganbyeongin in my research were working as live-in care workers for the care facilities, with nearly twice the monthly work hours of the Korean ganbyeongin for significantly less remuneration.

Such differential treatment of workers in different care sectors has resulted in the ageing of the elder care workforce in the less regulated and protected care sector outside of the LTCIE system. The more attractive level of pay and working conditions in LTC facilities covered by the LTCIE system facilitated the movement of younger workers, often with better education levels, into the LTC facilities, leaving workers with less advantageous demographics, such as older age, low education level, low household income, and migrant status, in the care facilities not covered by the LTCIE system. Furthermore, my research found that those with fewer opportunities in the Korean labour market due to their old age had to take up elder care jobs since they could not find any other jobs. Younger Korean-Chinese migrant women, on the other hand, found jobs in other sectors such as in factories, restaurants, and offices. Accordingly, my research findings suggest that older Korean-Chinese migrant women now form the foundation of the care workforce in the unregulated and unprotected institutional elder care sector.

5.1.4. Research limitations
The limitations of this research are related to the scope and to the sample of research participants. First, the research focuses on the experiences of employers and migrant care workers in their employment practices while ignoring the other significant actor in elder care provision – the care recipients. The research aimed for an in-depth understanding of the labour relations between employers and migrant care workers in the current care labour market, and did not capture the perspectives of care recipients and their families on being cared for by migrant workers. Exploring the care recipients’ experiences and their relations with migrant workers would be another fruitful area of care migration research.

Second, although I tried to recruit employers from LTC hospitals that were of different sizes and in different locations, and migrant workers who had care work experiences in different institutional care settings, the scope of the study was limited to hospitals in urban areas and did not accommodate facilities from rural or small-town communities. From the data collected in my field research, I learned that the experiences within elder care facilities in rural communities were quite different from those in urban areas, as the facilities in rural or small-town communities were more likely to have features that were not attractive to either care recipients or providers (e.g., smaller size, isolated location, and poor working environment). Therefore, according to some of my interview participants who had work experiences in rural or small-town communities, the facilities were more likely to have difficulties in hiring local workers and so would rely more heavily on migrant workers.

In addition, the referral and snowball sampling methods of this research have meant that only the experiences of those who voluntarily participated in the interviews were captured. Only those who had more job security, time, and motivation would have been able to participate in my
research, while others in more vulnerable conditions could not participate, e.g. those with less security in their job or migration status or less flexibility in taking time off from work. Furthermore, the participation of LTC hospital staff in my research was made possible through referrals from their hospitals’ membership association. The association’s referral of these particular LTC hospitals was based on the kind of membership these hospitals held, as many of them were represented on the board of the association. This suggests that the participating LTC hospitals probably had higher standards for their services and working conditions compared to other member hospitals or hospitals without membership in the association. The findings presented in this research, therefore, reflect only a small part of migrant care work in Korea and generally present the better practices of care work in the Korean institutional elder care sector.

5.2. Policy Implications: Constructing Better Environments of Care through Recognition, Coordination, and Enforcement

The research findings indicate that care workers and the services they provide in the Korean LTC facilities, especially in the privately-arranged care sector, are poorly protected and regulated. In particular, Korean-Chinese care workers experience more discriminatory employment practices due to their status as temporary migrant workers in informal employment within the devalued, poorly-coordinated, and unregulated care labour market. In this section, based on my research findings, I propose policy directions needed to construct better environments of care, focusing on three main areas of concern: 1) better recognition; 2) better coordination; and 3) better enforcement.
5.2.1. Towards Better Recognition

Ganbyeongins are workers. We work for 24 hours a day, 144 hours a week. We provide direct care services for patients day and night under the supervision of nurses and doctors at a hospital... Although we are at great risk of workplace injuries such as musculoskeletal disorders, dry eye syndrome, and infection from the hospital, we are not covered by basic labour protection including the labour standard law, the minimum wage law, and various social insurance programmes due to the reason that we are not legally recognised as a worker.

(Excerpt from a column by Cheong Keum-ja, the Head of the Public Sector Employees’ Union, Medical Sector, Seoul Division, in Cheong [2009])

On the 16th of June 2011, at the 100th annual conference of the International Labour Organization (ILO), government, worker, and employer delegates from ILO member states adopted a historic set of international standards, the Domestic Workers Convention and accompanying Recommendation, aimed at improving and protecting the working and living conditions of domestic workers. The new ILO standards on domestic workers set out an important framework for the recognition of domestic workers as legal workers who have the same basic labour rights as workers in other job categories. The ILO standards also outline the necessary basic labour conditions, including reasonable hours of work, weekly rest of at least 24 consecutive hours, clear information on terms and conditions of employment, and respect for freedom of association and the right to collective bargaining. Manuela Tomei, Director of the ILO’s Conditions of Work and Employment Programmes, pointed out that the new standards make clear that “domestic workers are neither servants nor ‘members of the family’, but workers” and thus contribute “towards their transition from informality to formality” (ILO, 2011a and 2011b).
The ILO Convention defines domestic work as “work performed in or for a household or households” and domestic worker as “any person engaged in domestic work within an employment relationship” (ILO, 2011c). My research findings presented the continuous debate in the Korean context around the recognition of institutional and home-based care workers as workers, and the long-standing legal and policy environment which regards direct care workers providing care services in institutional care facilities, along with home-based workers, as ‘household workers’ who are exempted from the application of basic labour laws. In this context, ganbyeongins who provide their labour under the supervision and management of hospital staff and/or employment agency staff are recognised not as workers but as ‘family members’ who look after the care recipient. Ganbyeongins, along with other home-based workers, are therefore not entitled to basic labour protections such as minimum wage, working hours, employment insurance, and industrial accident insurance.

Over the months since the ILO Conference, the ILO’s adoption of the Domestic Workers Convention has fuelled the growing movement of feminist and labour activists advocating for improved working conditions of care and domestic workers. The Solidarity Alliance for Care Workers’ Legal Protection (dolbom service nodongja beopjeok bohoreul wuihan yeondai), consisting of fourteen nationwide NGOs, is spearheading the call for the Korean government to ratify the Convention in the near future and institute subsequent legislation to protect care workers’ labour rights. The Solidarity Alliance for Care Workers’ Legal Protection also played a significant role in developing a legal proposal to protect the labour rights of care and domestic workers, including a recommendation on amendments to the Labour Standards Act, the Employment Insurance Act, and the Industrial Accident Compensation Insurance Act in order to erase the articles which exclude “household workers” from the application of labour-related acts.
and to establish legal protections for these workers. Since they were submitted by a member of the National Assembly, Kim Sanghee, in September 2010, the bills on legal protection for domestic and care workers have been pending at the National Assembly. The ILO Convention and Recommendation have become an important framework of reference for many activists to use in their calls for government’s action on developing measures to improve and protect domestic and care workers’ working conditions.

In line with the ILO Domestic Workers Convention and Recommendation and the bills proposed by Ms. Kim Sanghee in cooperation with the Solidarity Alliance for Care Workers’ Legal Protection, I propose the following policy suggestions for better recognition of care work as work and care workers as workers. First of all, Article 11 of the Labour Standard Act, which excludes “household workers” from legal protection, should be revised. The exemption article has existed since the Labour Standard Act was first established in 1953, when women used to work for a household, often informally and with no particular training, in exchange for food, accommodation, and a small allowance. However, more than a half century later the Korean government now targets the expanding social service sector as an important economic growth engine, and encourages the participation in the care labour market of middle-aged women, while establishing training programmes and employment regulations to manage the formal care workforce. As a consequence of the government’s efforts to recognise care workers as workers and protect their labour rights, care workers in publicly-funded care programmes such as yoyanbohosa are considered standard workers and their labour is protected by the law. As discussed in Chapter 4, care workers in public and private programmes provide care work of similar nature and content, and imposing different levels of recognition based on where workers provide care services is not a fair mechanism across different care sectors. Therefore, through the
revision of Article 11 of the Labour Standard Act, the government should create a legal foundation to recognise all workers across different domestic and care sectors as standard workers whose labour rights are protected by labour laws.

More specifically for *ganbyeongins*, or hospital care workers, I call for more serious consideration of the need to develop measures to regulate and protect these workers’ care labour, in order to shift their work from informal to formal employment. Revising Article 11 of the Labour Standard Act would provide the legal foundation to recognise these workers as standard workers in a formal relation with their employer and to entitle these workers to minimum wage, legal working hours, industrial accident insurance, employment insurance, and other basic legal rights. Following the revision of the Labour Standard Act, the Ministry of Employment and Labor should amend the guideline on employment of foreign workers in order to recognise the entitlement of migrant care workers to labour rights and application of labour laws. Furthermore, the government should tackle the lack of standardised training programmes for care workers outside of the publicly-funded programmes, as current care work practices without proper training do not ensure the quality of care services across different care sectors. Based on the framework of the *yoyangbohosa* certificate programme, the government should develop policies to establish and manage training programmes for hospital care workers to control the quality of care services.

Based on the current employment practices, it is not clear who the employer is in hospital care workers’ employment relation. Although they are recruited and managed by an employment agency and their labour is organised and supervised by the hospital, *ganbyeongins* are not regarded as employees of either the employment agency or the hospital, due to the lack of
standard employment relations between the care workers and the employment agency or the hospital. My research findings suggested that the informal employment of care workers was facilitated by hospital employers as a means of reducing labour costs while avoiding formal obligations as employers. In order to tackle the issues caused by informality and ambiguity in hospital care workers’ employment, the government should develop appropriate legal and policy measures to secure the formal employment of these workers. In order to recognise hospital workers as employees, there should be a legal requirement for the medical facilities to hire care workers directly and employ them as standard employees similar to other staff members, such as doctors, nurses, and nurse’s aides, whose direct employment is mandatory. Especially in LTC hospitals where group-care services are the basic form of service provision, care workers should have a direct employment contract with their workplace whereby their care labour is appropriately supervised by hospital staff and regulated and protected by labour laws. This also suggests another important policy direction, towards the institutionalisation of direct care services into the National Health Insurance system. In a similar way to how the LTCIE system provides allowance for LTC services, the Health Insurance system should cover the labour costs of direct care workers through recognition of care services as an essential part of medical care services, especially in LTC hospitals that provide 24-hour direct care services to patients.

The above policy suggestions all relate to the issue of better recognition for the care work provided by migrant care workers. However, my research findings also suggest additional policy concerns about the employment of migrant care workers. Even if the Labour Standard Act would recognise domestic and care workers as standard workers and the new employment regulations would require their direct employment, migrant workers still could not be directly employed by LTC hospitals since the current employment regulations on migrant workers do not allow
employers of care facilities to hire migrant workers. The current regulations only allow ‘individuals’ to hire co-ethnic migrants as domestic or care workers, based on an employment contract for personal care service within or for a household. My interviews with employers of LTC hospitals, however, made apparent that it has become common practice for employers to hire migrant workers to provide group-care services, due to the difficulties of hiring local care workers for such care work. Rather than hiring these workers directly, hospital employers utilised indirect employment as a way to avoid legal responsibilities as employers. In this indirect employment practice, migrant care workers are in a most vulnerable position since, as group-care workers, they are located outside of the legal framework and lose the protection of their basic labour rights. Such employment practices have produced precarious jobs for migrant care workers, and have made it difficult to manage high quality care services. Research findings showed that migrant workers received very limited or no training before starting their placement at a hospital, and that their level of training was significantly lower than the training of Korean care workers. Even though migrant workers paid significant amounts of money to register and maintain membership with their employment agencies, employment agencies very rarely provided appropriate training sessions before sending workers to their first workplace. In addition, agencies often went beyond the maximum level of fees they were allowed to collect from their members. In order to tackle the pervasive indirect employment of migrant care workers, policy makers must first consider the inclusion of hospitals as allowed employers; second, the better training of migrant care workers; and third, the tight supervision of employment agencies. In this regard, the head-nurse of facility A mentioned that:

I think it would be better to move Korean-Chinese care workers out of the grey market. I hope to see mandatory training programmes, at least for one week or
even for three days, implemented for migrant workers so that these people can receive better training before taking up care jobs... Korean people don’t want to do this difficult work, so care workforce is not supplied sufficiently by Koreans. Since we need migrant workers to take up these jobs anyway, it would make more sense to establish a kind of certificate programme and to require migrant workers to be trained through such programme if they want to be care workers.

In the same line, I urge the government to give more serious consideration to the employment conditions of Korean-Chinese migrant workers in the institutional care sector, and to revise employment regulations to reflect the current market needs for migrant workers as group-care workers in many LTC hospitals. Once the LTC hospitals and other medical hospitals are allowed to employ migrant workers, the issues of training, indirect employment, and pay/working conditions of migrant care workers could be better discussed and brought in line with those of Korean care workers.

5.2.2. Towards Better Coordination

Throughout the expanding elder care sector, my research findings presented the imbalanced policy development across different sectors, first between the medical-care and LTC sectors within the Ministry of Health and Welfare and second between the government departments of the Ministry of Employment and Labor (which is managing the foreign labour workforce) and the Ministry of Health and Welfare (which is managing the LTC workforce). First, when care services were institutionalised through the *yoyangbohosa* programme, care services provided in medical facilities regulated by the National Health Insurance system were excluded from the programme. This led to the imbalanced recognition of care work between work provided in LTC
facilities and work provided in medical facilities, and therefore to an imbalanced level of training, regulation, and protection of care workers’ labour. The government’s commitment to develop a series of regulations and protection mechanisms for care labour in the LTC facilities under the newly introduced LTCIE system has indeed had a positive influence on care services and the workers’ pay/working conditions in that sector. However, the government’s disregard of the poorly-organised care workforce in the long-standing medical- and medical-LTC facilities has left the care labour in this sector unregulated and unprotected. As a consequence, the government’s action and inaction across the institutional elder care sector created two segregated elder care markets which apply different labour standards for similar labour: the skilled, regulated, protected labour of *yoyangbohosa* in the LTC market on the one hand and the unskilled, unregulated, and unprotected labour of *ganbyeongin* in the medical and medical-LTC market on the other hand.

Second, there has been confusing policy development between the Ministry of Employment and Labor, which governs the foreign labour force, and the Ministry of Health and Welfare, which governs care workforce in publicly-funded elder care programmes. My interviews with migrant workers and government officials revealed the discrepancies in managing the care workforce between the two government bodies, as the former prohibits migrant workers from working as LTC workers while the latter allows them to acquire the LTC certificate, which can be easily interpreted as allowing migrants to work as LTC workers after acquisition of the certificate. The government officials interviewed admitted their ignorance of such discrepancies between the two government bodies. Such policy developments across different care and labour sectors require the coordination of different sectors of the government to develop balanced policies and programmes of care work. The government officials’ ignorance
of such discrepancies is maintained at the expense of workers who provide care in the more disadvantaged care sector, such as migrant care workers taking care of older people in hospitals. As my interview participants pointed out, the imbalanced policy developments have created confusion over employment eligibility in various care service sectors (LTC services, individual or group care services in medical care facilities, home-care services), and the confusion has made many migrant workers into involuntarily “semi-compliant” migrant workers.

The policy suggestions for better coordination of care work are straightforward. First, there should be better coordination between the long-term care and medical care systems regarding care services provided by direct care workers. The recognition of care work as an essential part of services in medical care facilities, and of care workers as standard workers in a direct employment contract with the employer would provide a foundation for the government to institutionalise care services in medical facilities into the National Health Insurance system. The Ministry of Health and Welfare’s previous experience of establishing employment regulations for yöyangbohosa in the LTC sector would help with the development of similar measures in the medical care sector.

Second, better coordination of employment regulations for foreign workers and for LTC workers should resolve the confusion over the eligibility criteria for yöyangbohosa jobs within the publicly-funded LTC system. In the short-term, the Ministry of Health and Welfare and other related government departments should provide sufficient information to various stakeholders, most importantly to migrant workers, on the restricted employability of migrant workers in publicly-funded care programmes as yöyangbohosa. Since the new yöyangbohosa guideline allows co-ethnic migrants with a low-skilled working visa (H-2) to obtain the yöyangbohosa
certificate, the government officials in charge of managing the LTC workforce and related training and employment programmes must coordinate with those in other related government departments, including the Ministry of Employment and Labor and the Korea Immigration Service. In order to prevent potential migrant workers from receiving misleading information on the LTC training and their future employability in the LTC sectors, prompt actions should be taken to develop better-informed services in yoyangbohosa training centres, care-worker employment agencies, and care workplaces. Related policy documents, including the training and employment guideline for yoyangbohosa and the employment guideline for foreign workers, must clearly explain the ineligibility of foreign workers to work as yoyangbohosa even after they acquire the yoyangbohosa certificate. In this way, better-informed migrant workers would not invest a lot of time and financial resources in the yoyangbohosa certificate with the hope to move upward into the better-paying and protected LTC sector, as Mr. Shim did. His misinformed journey would have not started in the first place if he would have had access to correct information about his ineligibility as a migrant worker to work as yoyangbohosa in the publicly-funded care programmes.

5.2.3. Towards Better Enforcement

The policy changes suggested above should be followed by effective enforcement measures in order to ensure that the policies and regulations are actually being applied to employment practices in the care sector. Research findings outlined in Chapter 4 revealed the pervasive phenomenon of violating employment regulations, which reflects the ineffective enforcement of existing regulatory frameworks in the current care labour market, even in the LTC sector which
is the most regulated. In spite of the strengthened employment regulations and protection of yooyangbohosa workforce in LTC facilities, studies found frequent violations of employment regulations on hiring and managing LTC workers, including direct employment of care workers, registration of social insurance, security of retirement benefits, and protection of legal working hours and break time. This suggests that the long-standing informal employment practices still remained in the formal care labour market within the LTCIE system, which often resulted in violations of the legal labour rights of many care workers in supposedly-formal care jobs. In order to tackle the culture of informality in the employment of care workers, there should be a better evaluation and monitoring system to break the cycle of informal employment. The National Health Insurance Corporation currently runs a nation-wide voluntary evaluation programme for LTC facilities, without any penalty for facilities that violate some of the regulations. In the very near future, the National Health Insurance Corporation should keep its promise to introduce a stronger monitoring system to investigate workplace violations related to care workers’ employment, through mandatory participation of all LTC facilities and application of penalties to the facilities that violate employment regulations.

In the expanding care service market, the government’s deregulation of employment agencies has allowed for the establishment of over 7,500 employment agencies, most of them for-profit, which recruit and place care workers. As already discussed, the indirect employment practices in the care labour market force migrant care workers and Korean ganbyeongin to rely on employment agencies for connections with potential workplaces. In many cases, care workers who find their workplace without help from an agency are automatically registered once they start their work as members of the employment agency that is connected to the care facility. As members, my interview participants were required to pay significant amounts of money to the
agency for registration and monthly membership fees, which exceeded the maximum fees as set by the Ministry of Employment and Labor. One of the migrant care workers also reported that the payment of her wages by the agency was in arrears for several months. The government should make every effort to address pervasive violations by for-profit employment agencies in the indirect employment practices between care facilities and care workers. In line with ILO’s *Domestic Workers Convention* (Article 15), effective enforcement measures must include close investigations of the employment agencies, adequate structures and procedures for the investigation of complaints and fraudulent practices, and the imposition of penalties including the closure of private employment agencies that engage in fraudulent practices and abuses. In the Korean context, the Solidarity Alliance for Care Workers’ Legal Protection has requested the development of a public employment support system to replace the current informal, and often illegal, practices of for-profit employment agencies (SACWLP, 2011). By breaking the culture of informality and illegality in the employment of care workers, the employment arranged through the public employment system would be an effective way to provide better work environments for care workers. This would ensure the enforcement of appropriate and mandatory training programmes, the abolition of registration and membership fees, and the observance of direct employment and other employment regulations such as signing an employment contract with clear terms and conditions of employment and providing employment and social insurance.

5.3. The Future - Transformation: Why Is It So Difficult to Change and What Should We Do Now?
Many of the above-mentioned policy suggestions are not new, as they have been addressed by/through the recently growing movement advocating for better protection of care workers in Korea and elsewhere. Nevertheless, some questions still remain, such as: Why is it so difficult to change the current practices of exploitation and abuse of care workers by employers, recruitment agencies, and state agents? Why, in spite of the acknowledgement of “right” directions of social policies towards regulating and protecting care workers, are the proposed bills on legal protection for domestic and care workers still pending with the National Assembly after more than a year since their submission? and, What do we need to do to make changes happen now? In this last section of my thesis, I discuss the implications for various stakeholders of maintaining the status quo in the poorly-regulated elder care sector, and propose that the advocacy movement builds a stronger coalition among those who are providing care and those who are cared for, so that it can challenge more effectively the state and market forces driving the low quality care.

As shown in my previous chapters, the policy solutions that the Korean government has found to resolve the growing care needs of the ageing population have played a significant role in creating and maintaining, both directly and indirectly, the low-pay and poor working conditions in the expanding paid elder care sector. As Williams (2011) points out in her analysis of contemporary European policies regarding migrant care workforce, one of the problems at the heart of this issue is the commodification of care in order to reduce the public expenditures associated with care service provision in the name of cost-efficiency and consumer’s right to choose. Korea shares the European – and many other – countries’ experiences of the commodification of care, which has been exercised through cost-reducing strategies while neglecting the important social services goal of providing good quality care to elderly citizens. The Korean government’s strong marketisation approach towards social service programmes is
clearly reflected in current elder care labour market policies, particularly in the deregulation of employment agencies, training facilities, and LTC facilities while emphasising the ‘efficiency’ of service delivery through market competition and the elderly persons’ ‘right to choose’ care services.

When it comes to the market provision of care, however, the ‘market fantasy,’ which assumes the enhanced efficiency of care service delivery and the service user’s secured right to choose appropriate services, is not likely to materialise. In a recent talk at Carleton University, Noam Chomsky (2011) made two important points regarding the issue of ‘efficiency’ of private service delivery. First, Chomsky pointed out that existing studies on the efficiency of private versus public service delivery have failed to show that private service delivery is more efficient than public service delivery. In the case of healthcare delivery, many studies support his assertion: for instance, Hollingsworth (2008), Lee et al. (2009), Herr (2008), and Helmig & Lapsley (2001) found that public or non-profit hospitals were more efficient than private, for-profit hospitals, and Staat (2006) found no difference between private and public service delivery. Second, Chomsky pointed out that efficiency is not as much an economic concept as it is an ideological concept, which depends on what we measure. Thus, when examining the efficiency of service delivery, economists choose to focus on how businesses save money, thus becoming more ‘efficient,’ but the additional time, cost and/or stress for the consumers is not considered. In the context of the care provision for the elderly, the efficiency of care service delivery is measured by how much the care facility owners can save money in their businesses. Therefore, care facilities presumably achieve higher efficiency by cutting costs through low staffing levels, no investment in staff training, and indirect employment of the care workforce. However, this does not take into account the more important values of care service provision, such as elderly
citizens’ rights to receive good quality care, and the harmful impact of the low quality of care on consumers of care services. It also confuses the distinct notions of efficiency and cost minimization (Lightman, 2003).

In the case study of the Korean institutional elder care sector, my research findings suggest that the strong market approach in care service provision has led to non-standardised qualifications of care workers, frequent violations of employment regulations, low pay and poor working conditions, and low quality of care services. In the institutional context where for-profit as well as not-for-profit care service providers are made to compete with each other under the restrictive public funding and regulatory frameworks, care workers’ wages are kept low through the employers’ cost-cutting strategies. It is this context where those with the least bargaining power, such as women who are older, have interrupted careers, lower education levels and lower household income, and especially women with the immigration status of temporary migrant worker, step into the unregulated and unprotected care labour market. The common informal employment practice, in which employers of acute-care and LTC hospitals and even nursing homes (which are supposedly regulated and protected workplaces) hire care workers through indirect employment in cooperation with recruitment agencies, is being tacitly utilised by employers and recruiters to increase their own profits by reducing labour costs and avoiding formal obligations to provide legal wage, adequate working conditions, and social security. My study shows that, since the introduction of the LTCIE system, women with newly earned yoyangbohosa certificates have relatively higher negotiating power and can enter the better-paying long-term care sector. However, the women who have the least bargaining power, due to their lower socio-economic status, remain in this informal employment practice where they cannot exercise their basic labour rights.
As the government has had no interest in establishing proper mechanisms to regulate and protect care work in the market sector, the commodification of care is practiced in the profit-making business at the cost of not only care workers, who have an unequal balance of power with their recruiters and employers, but also care recipients – frail elderly people. In the recent policy discourse on elder care services, we have often heard the government’s emphasis on the elderly consumers’ right to choose and purchase adequate services. However, in the deregulated care service market, there is no guarantee that the elderly can purchase appropriate, good quality services. Also, the over emphasis on consumerism is obscuring the fact that frail elderly people are not the consumers described in the economics textbooks, who make informed decisions based on free choices (Aronson & Neysmith, 1997; Folbre, 2006). Their care services are often paid not by themselves but by insurance, public funding, and/or family members, and their care needs are assessed by professional gatekeepers such as state agents of LTCIE system and managerial staff of hospitals and LTC homes. The levels of availability and affordability of existing care services also rely largely on the shifting public funding and policy decisions.  

During the last few years, a significant achievement of Korean feminist and labour activists was the establishment of the Solidarity Alliance for Care Workers’ Legal Protection, which politically mobilises care workers and increasingly raises its voice to urge the state’s prompt actions in tackling discriminatory employment practices in the care service sector. However, what has been missing in the growing advocacy movement for better regulation and

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70 In his lecture delivered to the Fabian Society in 1966, Richard Titmuss argued that the growth of private welfare markets produced the effects of limiting and narrowing choice rather than offering more choice for those relying on welfare programmes. He also discussed how social services in kind (medical care in his example) should not be treated as merely another marketplace commodity. See Titmuss (1987) for his articulation on to what extent purchasing medical care is different from purchasing other consumption goods, such as cars.
protection of care work is the voice for seniors’ right to receive better quality care. The political activities for seniors’ right to receive better quality care have not been mobilised, and the harmful impact of poorly regulated care work on care recipients has not been fully challenged in the current advocacy discourse. The lack of social and political demands for better quality care for senior citizens, in both the mainstream policy and in the advocacy discourses, reflects the physical and economic fragility of elderly people and their low status and political power in the Korean society.

In their arguments for good quality of care, Folbre (2006) and Lopes (2006) emphasise the potential to build stronger coalitions among workers and service consumers to prevent market forces from lowering the quality of care. In the current legal and policy context, which considers care workers as employees of care recipients or as independent contractors, workers’ interests in securing decent pay and working conditions seemingly contradict care recipients’ interests in paying lower service costs. However, as Folbre (2006) argues, care workers and elderly people both share a common interest in maintaining the quality of care, and this common interest should be utilised to develop a stronger coalition among those who provide care and those who receive care. By moving beyond the current advocacy discourse that focuses exclusively on “workers’ rights,” the advocacy movement would have a greater potential when connecting the issues of care workers’ labour rights with the issues of seniors’ rights to receive good quality care. Most of all, the combined efforts of care workers and elderly people should challenge the confusing definition of “employer” of care workers in the current institutional care service market, and urge the government to introduce legislation to classify care workers as standard employees, not as independent contractors or household workers, so that their basic
labour rights are protected. The government should also regulate care work through mandating adequate training and supervision so that elderly people receive standardised quality of care.

Organising efforts need to emphasise the commonality of care workers’ and recipients’ interests by raising public awareness of the fact that better regulation and protection of care work enhance the quality of care, which in turn benefits elderly people and their families. Particularly, media advocacy has been and would continue to be a powerful means of promoting public debate and generating support for the care movement. The advocacy movement should use the media strategically as an arena to increase public awareness and support. For instance, the news coverage of a fire incident which killed 17 elderly people at a private LTC facility in the south-eastern port city of Pohang in November 2010 fuelled public criticism about the government’s deregulation of LTC facilities, such as the lack of effective fire safety regulations, safety training for care workers, and night-time staffing requirements (Kim H et al., 2011). A Canadian case illustrates the significant role of media advocacy: The Toronto Star’s investigation series (Toronto Star, 2009) into the employers’ and recruiters’ abuses of foreign domestic workers under the federal Live-in Caregiver Program raised public awareness of these previously hidden workplace issues. The care givers’ advocacy movement and the increased public attention and support led the Ontario government to introduce new legislation, the Employment Protection for Foreign Nationals Act (Live-in Caregivers and Others), which came into force on March 22, 2010.
Furthermore, the advocacy movement must challenge the notion of market efficiency that has been frequently articulated in the recent social policy development. As Lightman (2003)\textsuperscript{71} points out, if we take the level of service ‘quality,’ which is the important goal of social services and also the missing variable in the current discourse on market efficiency, into consideration when calculating the efficiency of market delivery, we can challenge the assumption of market efficiency in social service delivery as the market often fails to deliver ‘good’ quality services when focusing only on lowering costs. The efficiency of providing ‘good’ quality care services at comparatively low financial costs would then have significantly different meanings compared to the efficiency of providing ‘poor’ quality services at minimum financial costs. My study and numerous others suggest that the deregulation of care service providers in the name of efficiency of service delivery leaves both care workers and care recipients exploited and disempowered. Progressive efforts should also be made to articulate the importance of workers’ and seniors’ rights in developing social service programmes and the role of increased public social spending as ‘social investments.’ In the long-term, better pay and working conditions would provide decent jobs for people, many of them from disadvantaged groups of the society, and the better employment conditions would attract more people, not only the middle-aged housewives currently targeted in the government’s job creation and social service expansion plans, to participate in the expanding care labour market. This would also encourage current and potential family care givers to participate in the labour market, not only in the care sector but also in other employment sectors. On the contrary, if we maintain the status quo and leave the unregulated

\textsuperscript{71} According to Lightman (2003, p.89), efficiency, as an evaluative concept, may be defined as “the overall effectiveness – the ability of the program to meet its goal – or ‘success’ per dollar spent.” An efficient expenditure therefore may not entail cost minimization.
care services entirely up to the market economy, this will produce further harmful effects not only for care workers, but also for frail elderly people. As the government continues to turn a blind eye to current practices in the private care market, the current poor care service standards and maltreatment of care recipients will likely result in more critical incidents and thus also increased media coverage and growing political mobilisation among activists and families whose elderly parents are treated poorly by care providers.

In the current policy environment, the Korean government acknowledges the need for measures to protect care workers from unjust employment practices and to maintain good quality care services for elderly people, but at the same time the government remains hesitant to take actions to tackle these issues due to low levels of political and funding priority. For instance, in a media interview at the ILO Conference in June 2011, the Minister of Employment and Labor Lee Chae-Pil agreed with the principles and directions of the ILO Convention. However, he further emphasised that legislation and ratification would require sufficient time and consideration to develop legal and policy frameworks based on the country’s labour context and international trends (Maeng, 2011). Given the current direction of the conservative Lee Myung-Bak government towards the marketisation of welfare, over-emphasis on market-efficiency and consumerism have triumphed over the basic labour rights of care workers, many of whom are older female migrants, and over the right to receive good quality care of frail elderly citizens – two major groups from among the economically and politically powerless in the Korean society. This is an important moment for the advocacy movement, as the window for social and policy changes is open more widely now than at many other previous times, both nationally and internationally. A stronger coalition among feminist, labour, and seniors’ rights activists will be
able to articulate a positive agenda for change by re-conceptualising the role of the government in regulating and protecting care work as ‘good’ social investments.


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Appendices

I. Interview Guide for Employers (translated from Korean)

1. RESPONDENT
   - Gender: F / M
   - Age: ____ years old
   - How long have you worked in the current workplace? ____ months
   - Do you have work experiences in other elder care related places?
   - What is your position in your workplace, and what are the specific tasks of your position?

2. FACILITY
   - Size of the workforce:
     a) The number of direct care workers: in total (   ), including Koreans (   ) and migrants (   ) / group-care workers (   ) and personal-care workers (   )
     b) The number of other staff: doctors (   ), nurses (   ), physiotherapists (   ), social workers (   ), and others (   )
   - Size of the facility:
     a) The number of beds (   )
     b) The monthly average number of service users (   )
   - Characteristics of service users: (age, length of stay, health problems, etc.)
   - Location of the facility:
     a) Neighbourhood:
     b) Accessibility (by public transportation):

3. RECRUITMENT AND EMPLOYMENT PRACTICES
   - How do you usually recruit direct care workers (*ganbyeongin*)? Please describe specific recruiting methods, such as newspaper advertisement, contract with employment agencies, referrals, etc.
   - (If the facility hires migrant workers) How do you recruit migrant care workers? Can you tell me differences between Korean workers and migrant workers with regard to recruitment and employment practices?
   - Can you tell me about the legal status of migrant care workers in your facility?
• What are the priorities in hiring new care workers? What are the characteristics you are looking for? (e.g., gender, age, nationality, personality, education and skills, certification, previous experiences)

• Do you make an employment contract with direct care workers?

• What are the types and average rates of payment for direct care workers? If different, please tell me the types and average rates of payment for Korean and migrant workers, respectively.
  a) Type of payment: hourly, weekly, monthly
  b) Rates: (_____ won) per hour/ (_____ won) per month

• Are direct workers registered in the four social insurances (employment insurance, accidental insurance, health insurance, and national pension)? If not, can you tell me why?

• What are the average working hours (per day, per week, and per month) of Koreans and migrant care workers?

• How long is the average length of employment of direct care workers? Does it differ for Koreans and migrant workers, and if yes, how?

• What challenges do you have in terms of recruiting and employing direct care workers?

4. DIRECT CARE WORKFORCE

• How many direct care workers in your facility have care-related certificates or training experiences? And what kind of certificates/training experiences do they have?

• In general, do you think Korean workers and migrant workers are different in terms of qualifications and abilities to perform appropriate care work? If yes, can you describe how they differ from each other?

• Do you think that the care workers’ level of knowledge and skills at the time of employment is good enough to provide appropriate care services for the elderly?

• If you think their level of knowledge and skills is not enough, can you tell me which particular knowledge and skills they have to improve to serve elderly people better?

• The Long-term Care Insurance for the Elderly system introduced a new certificate programme. What do you think about the new certificate programme? What makes the yoyangbohosa and ganbyeongin different from each other?

• Do you think that the elder care facilities outside of the LTCIE system should introduce a certificate programme same as/similar to the yoyangbohosa programme?
5. POLICY SUGGESTIONS
   • Since the LTCIE implementation, have you noticed any changes in the care workforce in your facility and/or in long-term care hospitals in general?
   • How would you describe the role of Korean-Chinese migrant workers in providing care services to the elderly?
   • Are they any policy areas where you would like to see some changes in terms of employment of migrant care workers?
   • What is your opinion on the issue of institutionalisation of care work in the private sector, especially in the long-term care hospital sector?
   • Are there any other issues you would like to share with me?

II. Interview Guide for Migrant Care Workers (translated from Korean)

1. BACKGROUND INFORMATION [to be completed at the end of the interview]
   • Age:
   • Gender:
   • Education level:
   • Marital status:
   • Number and age of children:
   • Place of residence for family members:
   • Average household income (pre- and post-migration):

2. LIFE & WORK IN CHINA AND MIGRATION EXPERIENCES
   • Can you tell me about your life in China before migrating to Korea?
     a) Family life
     b) Work experiences
     c) Social and economic status
   • What was your reason for coming to Korea? For what purposes?
   • If you were in China now, what do you think you would be doing there?
   • Please describe how, through what processes, you migrate to Korea.
     a) Which visa are you holding now?
     b) When did you apply and how did you obtain the visa?
     c) Did you experience any difficulties in obtaining the visa?
     d) Were there any person(s) helping you with the application?
3. LIFE & WORK IN KOREA
- Do you know anyone in Korea? Can you describe your informal network including friends, family, and relatives in Korea? Do you meet them often?
- Can you describe how you settled into the new place when you first arrived in Korea? Have you found any difficulties?
- If any, can you tell me differences between your lives in China and Korea?
- If any, can you describe your previous jobs in Korea before you got the current care job?

4. CARE WORK EXPERIENCES
- How did you start working as a direct care worker?
- Do you have any previous experiences of taking care of elderly person(s), including your parents?
- Before taking up the care job, did you receive any training? If yes, can you tell about the training programme? (e.g., the length of the training and paid training fees)
- Have you heard about yayangbohosa certificate? Do you have the certificate? If not, do you have any plan of obtaining the certificate in the near future?
- Can you tell me about your current workplace?
  a) Type of the facility
  b) Size of the facility (e.g., number of care workers, migrant care workers, beds, service users)
  c) Location of the facility
- How did you find the current job?
- If you are a member of an employment agency, how much are your membership fees?
- Please tell me about your pay and working conditions.
  a) Have you signed an employment contract with your employer?
  b) Are you entitled to any of the social insurance programmes?
  c) How much do you earn per hour, per week, and/or per month?
  d) How long are your working hours per day, week, and month?
  e) How many days do you take time off from work?
  f) How many patients do you take care of on a regular day?
- Please describe your work schedule from morning to the evening.
- How long have you worked in your current workplace, and how long do you think you will continue working there?
- Can you tell me any good and bad things about your work?
- As a migrant worker, do you have particular concerns about your relationship with your colleagues, other staff, patients and their family?
- What do you think of your current level of pay and working conditions?
• In the current legal framework, I was informed that it is not easy for migrant workers to work as care workers at a hospital or long-term care hospital. Have you encountered any problems while working as a care worker?

5. FAMILY CARE
• Please tell me about your spouse, child(ren), and parents.
• Do you have any family members with particular care needs? If yes, how are they cared for?
• Do you send remittances to your family? If yes, how much of your income is sent and for what purposes?
• How often, and via which methods, do you keep in touch with your family?
• Can you describe the times when you miss your family most?

6. FUTURE PLANS
• Can you tell me about your plan after your visa expires?
• Do you think your life in China will change after you return from Korea? If yes, in what aspects?
• If possible, do you want to come back to Korea?
• What would you say if your close friends and family members asked you about your experiences in Korea? Would you recommend migrating to Korea to anyone?

7. POLICY SUGGESTIONS
• Is there anything you would like to say about Korea’s current immigration policy?
• Do you have particular concerns about current employment practices of Korean-Chinese migrant workers in the care sector?
• If you could change one or two things about your current level of pay and working conditions, what would those be?
• Is there anything else you would like to say before we finish our interview?