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3. 훈련기관

- 훈련기관인 IASS(The Institute of Applied Social Studies)는 버밍엄대학 개설과 함께 1908년에 설립되었으며, 버밍엄대학교의 사회과학대학(School of Social Science) 소속임. 연구 및 훈련범위는 영국의 사회정책, 공공부조(social care), 건강 및 전문분야 실습 등 다양한 분야를 포괄하고 있음.

- 동 학과 대학원 과정에는 Migration, Superdiversity and Policy MA/PGDip/PGCert, Policy into Practice MA/PGDip/PGCert, Policy into Practice with Integrated Placement MA/PGDip, Social Policy MA 등 4개과정 개설

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MA Policy into Practice with Integrated Placement

**A comparison and exploration of social care service and
employment in the UK and Korea**

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MA Policy into Practice with integrated placement

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Abstract

In Korea, the family-oriented care system has been rapidly transformed into social care services. Accordingly, adult social care jobs are expected to continue to increase. Therefore, research is needed to cope with the expansion of social care and to improve the system of the workforce. This study analyzed the UK's adult social care which implemented 38 years earlier than Korea and conducted comparing key factors of adult social care.

The study presented five key factors that can affect the adult social care workforce: demographics, economy, perception, policy, and labor system. For this, the study analyzed trends in aging and social care public funds, perception of a care workers, care policy, and wage change using various statistics. And this study used the questionnaire method to get an opinion of Korea's care workforce system.

This study found both UK and Korea are aging, but Korea's progress is faster than the UK. By 2035, the proportion of care workers additionally needed expected 5.5 times larger in Korea than in the UK. Public spending in the UK's local authorities has been declining since 2010 due to government austerity. In Korea, long term care finance has also been declining since 2016. As a result, employment instability is expected. Therefore, this study suggested the policy in response to the demand for increased in the supply of care workforce and recommended the necessity of monitoring against the deterioration of the fiscal balance and suggested a national campaign to improve the perception of care workers.

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1. Introduction

1.1. Background

Social care is influenced by various factors such as the number of adults in need, government funds, and social care policy. According to the OECD analysis (Colombo, Llana-Nozal et al. 2011), the aging population, decrease of family size and increase of social wealth expand the demand for care services. South Korea (hereafter “Korea”) is experiencing an increase in demand for care services due to rapid aging and income increase. According to other OECD surveys, the aging dependency ratio of OECD member countries is expected to continue to increase due to aging. The old-age dependency ratio means a number of people of retirement age (65+) per 100 people of working-age (20-64). As the old-age dependency ratio increases, the supply of adult social care by government and family also increases. According to the above survey, Korea’s ratio increased by 11% from 8% in 1970 to 19% in 2015. And in 2060, it is expected to increase rapidly to 80%, with Korea accounting for the fastest increase in OECD member countries. On the other hand, the UK is expected to increase gradually to 23% in 1970, 31% in 2015 and 51% in 2060 (OECD 2019).

In terms of care workforce, the number of care workers in most countries, including Korea, increased as the elderly population increased. As the demand for social care has increased due to the aging of Korea, the size of employment for providing care services has been increasing steadily since the mid-2000s. Nevertheless, the scale of employment of care services in Korea has not yet reached that of the UK. According to the ILO's 2019 data, the employment rate of human health and social work activities in Korea compared to all industries was 7.7%. On the other hand, the UK’s rate was

13.4%, which was significantly higher than that of Korea (ILO 2020). Many countries have experienced problems with recruitment and retention of care workers due to a lack of care workforce. Therefore, policies to support the recruitment of long-term care sectors has been promoted in many countries. For example, public-funded training, wage increase and career creation (Fujisawa, Colombo 2009). When aging rapidly progresses, as in Japan, policies that quickly expand the social care system and workforce are used. On the other hand, in countries where aging has already progressed, such as Netherland, because of the relatively large size of workforces, policies that supplement insufficient workforces from young people or alternative labor pools are used. (Colombo, Llana-Nozal et al. 2011).

During the economic crisis, the government's fiscal situation is not good, and the size of social care funding is also reduced generally. This also leads to reduce the supply of publicly funded care. Besides, the economic crisis decreases the wealth of the individual and increases the demand for public care. However, when the economic situation improves, as employment increases, relatively low-wage care workers move to other jobs, resulting in higher vacancy rates and turnover rates (Marin, Huber et al. 2009).

The UK enacted the Local Authority Social Service Act in 1970, providing social care services by local governments. Public funded care service is provided only to those below a certain level through a means test. Korea, in order to respond to the rapid aging, has been provided social care services in the form of social insurance since 2008. However, the UK was aging more slowly than in Korea. Comparing Korea, the UK not only has changed the demand and supply of social care over a relatively

long time, but also has operated the publicly funded social care system for a long period.

Recently, Matt Hancock, the health secretary, has written to MPs and peers, urging them to help secure a cross-party consensus on reform of the adult social care system, as the government commits to finding an answer to the ongoing problem (Amelia Hill 2020). It means that the UK are still in the maze of finding a way out, and the UK continues to seek a sustainable solution to the problem of social care cost. Considering the above temporal and sequential relationships, various problems surrounding adult social care, which first occurred in the UK, are expected to occur in Korea as well. Therefore, how demographic changes, economic conditions, and social care structures have affected the social care workforce in the UK and Korea will be compared in this study.

1.2. Objectives and Research Question

The purpose of this study is to analyze the key factors affecting the social care workforce in the UK and Korea, and how these factors affect employment. The specific research questions to carry out this research are as follows. First, what are the key factors affecting social care and employment in the UK and Korea? Second, how did these key factors affect care service and employment in the UK and Korea? Third, what are the similarities, differences, and implications of social care employment in the UK and Korea?

1.3. Research Structure

This study compares mainly the UK and Korean social care employment. For this comparison, it is necessary to first present the criteria for comparison. The key factors

that affect the social care workforce were used as a criterion for comparison. These key factors were determined as demographics, economy, perception, policy, and labor system by referring to existing research literature and online websites.

- (1) In the demographics section, after examining the demographic and aging trends in the UK and Korea, we analyzed how current and future social care workforce demands will change.
- (2) In the economy section, the financial balance of public funds for social care in the UK and Korea was analyzed. Next, we analyzed the changes in the employment scale of the social care workforce according to the financial situation of the two countries.
- (3) In the perception section, the relationship between the social perception of care workers and recruitment, retention, and turnover was analyzed.
- (4) In the policy section, the central government's or local government's policies and their effects on the social care workforce system were analyzed.
- (5) In the labor system section, the wage level of care workers was compared with other occupations, and the turnover rate and vacancy rate were analyzed.

As such, this study analyzed the similarities and differences between social care in the UK and Korea and the impact of the results on employment. This analysis method could provide many implications for Korea's care service employment system. After all, it is worth analyzing the employment of care services in the UK and finding out the policies and institutional factors that influenced it.

2. Literature review

Social services are referred to by various terms such as social care, social welfare service, social protection, social assistance, personal service. Besides, Daly (2000) argues that the scope of social care can be determined according to the current social policy and the type of welfare state (Daly, Lewis 2000). The term social care is mainly used in the UK and it refers to services that provide nonmedical personal assistance to vulnerable, disabled adults and older people (Alcock 2014). In Korea, the Framework Act on Social Security revised in 2012 defined social service as follows: the term "social services" means a system that supports all citizens who need assistance from the State, local governments and the private sector by guaranteeing a decent life in the fields of welfare, health and medical service, education, employment, housing, culture, environment, and others and by providing consultation, rehabilitation, care, information, relevant social facilities, development of competence, support for social participation, to improve their quality of life (National Law Information Center 2012). Therefore, social services in Korea are broadly defined in terms of welfare, health services, education, employment, housing, culture and environment (Social Security Committee 2018). This study aims to present implications through comparison of social services between the UK and Korea. In terms of definition, social service has a wider scope than social care. If the study is conducted based on social service, the scope of the study is too large. Besides, this study aims to suggest policy alternatives by comparing the UK and Korea. Therefore, it is better to analyze based on social care in the UK, which is a comparable range. This chapter aims to identify factors related to social care by organizing studies so far

in social care in the UK and Korea. For this, it is most important to find the overall context of social care. Therefore, we will examine the recipients, providers, and the system that connects demand and supply to social care, and care workers. Through this, this chapter examines the factors surrounding social care in the UK and Korea, and reviews how these factors affect the care workforce.

2.1. Increasing demand for social care in the UK and Korea

Esping-Andersen(2002) argues that globalization, deregulated labour markets, and family crises have raised the social risks of western welfare states. Globalization reduced employment stability in the labour market, which increases women's participation in work and the family of double-income. When a woman participates in economic activities, members of the family cannot receive the care service that the woman has been in charge of, and eventually, have to use the care service outside the family. This acts as the cause of the socialization of the care service (Esping-Andersen 2002). Besides, Daly & Lewis (2000) argues that due to the increase in the aging population and the need for care, it is no longer possible to depend on women to take care of a family. This has increased the demand for social support for caring for elderly people aged 65 and over(hereafter the “elderly”), which has traditionally been carried out in the family sector (Daly, Lewis 2000).

As in other countries, the UK is aging its population. Population over 65 is growing faster than other age groups. The population aged 65 or older was 1 in 6 (15.9%) in 1998 and increased to 1 in 5 (20%) in 2018. And in 2038, 1 out of 4 (24.2%) is expected. (Office for National Statistics 2019a). As the aging progresses, the need for social care services for the elderly increases (The King's Fund 2018).

Korea entered the aging society in 2000 with the elderly population at 7.2%. In 2017, the elderly population rose to 15.7%, entering the aged society. In 2026, the elderly population is expected to enter over 20% of the post-aged society (Statistics Korea 2019b). The proportion of households requiring social care services also increased from 18.8% in 2015 to 34% in 2017, up 15.2% in two years (Ministry of Health and Welfare 2017b).

2.2. Increasing Social Care Spending

According to the OECD, most OECD member countries spent between 1% and 1.5% of GDP as long-term care costs. Moreover, long-term care's proportion of GDP in OECD-EU member countries is expected to double by 2050. The reasons for the increase in social care expenditure are aging, rising female participation in the formal labor market, and declining family size. These factors act as pressure for improving the provision the care services, which leads to an increase in cost (Colombo, Llena-Nozal et al. 2011).

Alcock (2014) argues that until the 1980s, social care was primarily provided with residential and community care, and the cost of care had been paid by households and local authorities in the UK. However, social care spending has increased rapidly since the 1980s, when commercial and voluntary homes, largely financed by public funds, expanded rapidly (Alcock 2014). Public spending on social care increased by 56% from £15.1 billion in 2001-02 to £23.5 billion in 2009-10, an average annual real increase of 5.7%. However, social care spending began to decrease since 2010. Between 2009-10 and 2016- 17, social care spending fell by 9.9% (or 1.5% a year) to £21.2 billion (Lee, Stoye 2017). Since 2010, the UK government has had a severe

policy of austerity, which has also cut central government grants. This has severely affected the supply of social care services (King's Fund 2019). Looking at the background of these cuts, it can be seen that social care reflects the UK government's basic position that welfare must be provided within the scope of available resources and be sustainable (Lymbery 2010). Eventually, voluntarism and individual responsibility in care provision were emphasized (Power 2014).

Korea initially provided social care services to the elderly in poverty. A volunteer visited the elderly's home or provided services to the elderly who are living in a care home. Then, with the rapid aging in the early 2000s, the number of the elderly in need of care increased a sharp rise. Moreover, the participation of women in labour market has increased, making it difficult for the elderly to receive care within their families. This has led to widespread consensus on expanding services for the elderly in the public sector. In 2008, long term care insurance was introduced to provide social care services through public insurance. It shifted the responsibility for the adult care from family to social responsibility (National Assembly Budget Office 2017). In 2016, long-term care insurance income totaled £2,962 million and total expenditure was £2,989 million. As a result, the current balance turned into a deficit of £27 million for the first time since the system was implemented in 2008 (National Assembly Budget Office 2019).

2.3. The mixed economy of social care

All European countries provide public care services, but the method of delivery is different. This is because each country has a different tradition of welfare provision. As a result, each country responds differently whenever there are issues related to

social security. Usually, the welfare system of each country is modeled based on social spending, social protection, and market participation. Following this standard, the UK is classified as a Beveridge model. In this model, services and benefits are provided by means-testing. In particular, this model changes service providers from the public sector to the private sector, and countries play the role of regulators and protectors in response to market failures (Neményi, Boškić et al. 2006).

The UK is regarded as a representative country that expands market principles. Bahle (2003) argues that the restructuring of all kinds of social care has been the most extensive since the Thatcher government (1979 – 1990). Since 1979, the central government has limited the capital expenditure of local governments. Lowe (2005) argues that these restrictions made it difficult to expand local government-led social care facilities and eventually increased private care facilities. And in 1990, the National Health Service and Community Care Act enacted the transition of local governments from service providers to buyers, providing services through competition among a variety of providers, including for-profit, non-profit, public, and private (Langan 1998). This is an example of introducing the principle of competition in the market to social care. This drastically increased the private sector. In 1997, the New Labour government adopted Direct Payment to personalize social care. Direct Payment gave a right to choose and control to someone with social care needs instead of directly provided care or support (Woolham, Daly et al. 2017). Woolham (2017) argues that direct payment does not achieve a better outcome than a managed budget. In 1992, only 2% of home care contact hours were provided by private sectors, but today private groups (for-profit and charitable organizations) compete and provide

97.5% of home care services (AgeUK 2018). Humphries (2016) argues that despite the policy goal of helping people to take care of where they live, care spending fell by 19% and service beneficiaries fell by 30% between the 2009-2010 fiscal year (Humphries et al 2016).

In Korea, the government's attitude toward social care for children and the elderly can be summarized as a transition from residual to universalism. For example, the Welfare of Older Persons Act was enacted in 1981 to promote a welfare facility for low-income seniors who are not cared for by family. Then, the Long-Term Care Insurance Act was enacted in 2007 to provide care services to the elderly who are unable to carry out their daily lives alone. This led to the expansion of caring services for the elderly from low-income to all the elderly. This is because the insurance is for the whole people (National Assembly Budget Office 2017). In 2003, the Korean government faced unemployment, low-growth, income inequality, and an aging society. To overcome these problems, the government promoted many family-work balance policies, including childcare reforms. The government expanded the labor market flexibility while increasing social welfare services (Peng 2011). As a result, women's responsibility for caring was lowered, and the marketization of care accelerated. With the marketization of care, the care service users could choose service providers and service contents (Powell, Kim 2014).

2.4. Changes in the law on which the social care system works

Local Authority Social Service Act 1970

The UK social care supply structure was established by the Local Government Social Service Act in 1970. This is the structure in which local governments lead

social care. The local government's providing system has been integrated into the Social Service Department. The enactment of the act entailed local governments with full responsibility for service planning, delivery and service financing, while the central government was responsible for developing national policies and guidelines and overseeing local government service levels and budget execution (Hall 1976).

National Health Service and Community Care Act 1990

Since the 1980s, private participation in social care has begun. The law institutionalized this change. This has resulted in a mixed economy in which the purchaser-provider splits for care. Through the enactment of the Act, local governments changed the role of providing services directly to planning, coordination, and purchase of services (Harris, Chou 2001).

Health and Social Care Act 2012

The law eliminated regional Strategic Health Authorities and Blair's local Primary Care Trusts as a local organization. This means that the government will no longer do performance management. Instead, regulators examined the quality, financial and anticompetitive aspects of the system for a series of agreements between the Clinical Commissioning Group (CCG) and healthcare providers. The law no longer empowered to the Secretary of State responsible for providing comprehensive health care for the people and handed this responsibility over to the quasi-autonomous national Commissioning Board (Exworthy, Mannion et al. 2016). Glasby (2017) argues that the British revised the social care law to actively introduce the market for care services while strengthening the national management and supervision system to minimize the side effects of marketization.

In 1970, Korea adopted a method of financing and managing the private sector rather than providing care services directly. To institutionalize this, Korea enacted the Social Welfare Service Act in 1970 and began subsidizing to private institutions carrying out social welfare services. In 1997, the Social Welfare Service Act was amended, and the government provided subsidies to local governments to provide indirect financial support to the private sector. Long-term Care Insurance Act was enacted in 2007 and the long-term care insurance system was introduced in 2008 to promote socialization of care. The Act on the Use of Social Services and the Management of Rights is a law enacted in 2011 and can be said to be the legal basis of the voucher system. Through the revision of the Framework Act on Social Security in 2012, the concept of life cycle social services for all citizens was introduced. However, social care such as caring for the children and caring for the elderly are still provided according to separated laws by separated departments. In other words, there is no basic standard for providing care services (Jang 2017).

2.5. Who pays for social care?

In the UK in 2016/17, 868 thousand people received long term support. Of these, 67%, or 577 thousand were aged 65 or older (NHS 2017). Social care is divided according to the funding by local authority arranged care, informal care, privately purchased care, and voluntary sector care services. The total value of care arranged by local authorities was £20.4 billion in 2016/17. It consists of council tax, government grants, and business rates. The value of informal care was estimated at nearly £100 billion per year. And privately purchased care without local authority intervention was £10.9 billion. The voluntary sector care services paid £ 3.2 billion

(National Audit Service 2018).

According to the 2017 survey of living conditions and welfare needs of Korean older persons, 71.4% of seniors in need were protected. The rate of using long-term care insurance service, a public service, was 19.0%. The proportion of informal care was 89.4%, accounting for the largest proportion. Formal care arranged by long-term care insurance was 19.9%. And privately purchased care was 1.4% (Ministry of Health and Welfare 2018). In summary, it appears that both the UK and Korea bear the cost of social care in the order of family, public sector, and in person.

2.6. Change in the social care workforce

The social care workforce system has a relatively complex structure. This is because service provision is divided into formal care and informal care. Besides, the supply of workers is low in mobility and largely undeclared work. The proportion of women is very high and has a low wage structure (Neményi, Boškić et al. 2006). Since the UK's local government became a buyer of services in 1990, the proportion of the private sector in providers has increased dramatically (Langan 1998). The size of the UK's social care employment increased by 290,000 (22%), from 1.32 million in 2009 to 1.62 million in 2018.

Since the 2000s, the Korean government has promoted market-friendly and deregulation policies for social care. From this point on, private sector providers expanded the supply of care services, and carer also increased. As a result, social care has expanded quantitatively (Chon 2014). Besides, in 2007, social care services were opened to the private sector to promote market principles through competition (Seok 2010). The number of long-term care insurance employees has increased continuously.

It increased from 246,000 in 2010 to 324,000 in 2015, and again in 2018, it was 421,000, an increase of 71.2% over eight years (National Health Insurance Service 2019).

The overview of the review above is as follows. Most countries, including the UK and Korea, are experiencing increased demand and spending for social. In particular, the UK government has been pursuing austerity since 2010. On the other hand, Korea introduced the social care system relatively recently, and its supply and spending continue to increase. Besides, to overcome the economic crisis, the UK actively adopted market principles in welfare, including social care, and adopted the principle of competition. Because of this austerity, public spending on social care has continued to decrease since 2010, and there has been a case of not receiving services. In particular, the UK's austerity has an impact on the social care workforce. Although the number of care workers increases with aging, there is a shortage of care workers due to low wages and austerity.

3. Methodology

3.1. overview

The purpose of this study is to analyze the factors related to the employment of the social care workforce in the UK to see if there are any implications for the Korean the social care policy. To achieve this purpose, various factors influencing the supply and demand of social care workforce in the UK were first found. Then, we used a method to get implications that are related to the supply and demand of the social care workforce in Korea. The reason for applying this comparative study is that it can measure the possibility of success of specific policies and systems. Comparative research also allows to investigate the impact of social and cultural contexts in other societies and it offers the possibility to use the results (May 2011). The ideal criterion for selecting a country for comparison is another type of welfare regime or geographical area. Therefore, in social care, it is helpful to select a country where the proportion of people in need of care and the location of care are different (Clasen 1999). As the literature review shows, the UK and Korea have different social care systems, so if the two countries are compared, more ideal comparative studies are expected. As this is a comparative study on social care employment in the UK and Korea, this study consists of the analysis of employment in social care in the UK, analysis of employment in social care in Korea, and comparison of employment in social care in the UK and Korea. In social care analysis, quantitative analysis and qualitative analysis were used. In comparative studies, primary data is very difficult to collect and analyze, so many studies use data from a variety of comparable sources. Comparative studies of social care are in the developmental stage, and most of the

previous studies show explanatory research trends. This is also due to the lack of available data. Most cross-national studies of social care were conducted both qualitatively and quantitatively (Clasen 1999). For example, a combination of official data, policy documents, surveys, interviews, and documentary analysis was used (Clasen 1999). A specific example of research was *Help Wanted?: Providing and Paying for Long-Term Care*. This study was conducted by the OECD in 2011. Quantitative and qualitative research methods were used in this study. The OECD statistics data was used as a quantitative method, and the policy questionnaire was used as a qualitative method (Colombo, Llena-Nozal et al. 2011). This study was conducted with a quantitative analysis method using statistical data and a qualitative analysis method using a questionnaire. This chapter will present data collection methods, key concepts as a research structure, data analysis methods, and ethical issues observed in data collection and analysis.

3.2. Data collection

First of all, this study used data for quantitative analysis such as the elderly, social care employment rate, turnover rate, and wage. The quantitative data was gathered from various sources. For example, in the UK, official statistics from Skill for Care and Office for National Statistics were used, and in Korea, statistics from Statistics Korea and National Health Insurance Service were used. In this research, many officially published policy reports, which were published by central governments and parliaments in the UK and Korea, were used. These reports could provide high-quality statistics on social care in the UK and Korea. For example, expected trends in aging, demand social care workforce, and government expenditure statistics. These official

statistics enable to understand or clearly show social dynamics by race, age, etc., and provide tools to predict and assess the impact of new social policies (May 2011).

This study also collected the opinions of policymakers and experts related to social care in Korea by using the questionnaire method. The advantage of the questionnaire is the low cost of data collection and process. And it can be conducted in a variety of ways, such as conversation, telephone, email, and website. On the other hand, the disadvantage of the questionnaire is a low response rate. Besides, a bias may occur when respondents cannot represent the population (Jones, Murphy et al. 2008). The questionnaire was distributed to five public officers and five social care experts. The five public officers are working for the Ministry of Health and Welfare (hereafter “MOHW”) in Korea and are in charge of social welfare policies. MOHW is a central government department that develops and manages social care policies in Korea such as long-term care insurance. Public officials responded to a questionnaire about how they thought about the supply and demand of social care workers in the Korean context. Besides, a questionnaire was prepared to collect opinions on what policy is needed in Korea. The social care experts are researchers at the National Health Insurance Service (hereafter “NHIS”). They are researching on social care such as long-term care insurance. The questionnaire was distributed to find out expert’s evaluation of social care employment and to gather expert opinion on policy interventions. The contents of the question were, first, whether the supply of care workers in Korea is enough for the present and the future social care need. This question was to find out what the respondents think about the provision of Korean care workers. The second question was whether Korea’s social care is effective for

employment and what are the problems of social care in Korea? This question was intended to find respondents' opinions on whether social care employment is effective in increasing jobs. The third question was what are the current and future policy priorities related to social care employment? This question was intended to find out which policy would be desirable for Korea to adopt in advance. The above questions were designed to compare with research on the UK. The collected data was compared with an analysis of UK social care worker demand, supply and care workers.

The questionnaire's structure was closed-ended questions so that quantitative analysis is possible. Besides, the questionnaire was also added an open-ended question for qualitative analysis. The type of questionnaire was an email questionnaire. This method was used because the questionnaire respondents are living in Korea and this method could overcome the time and distance restrictions. And it could be expected that the respondents would be able to respond in a time and get accurate answers (see Appendix).

3.3. Key concepts

Conceptual equivalence is essential to compare the same concepts. To do this, it is important what aspects are studied, what categories are included, and how key concepts are defined. This is because observing and analyzing the phenomena with the same criteria may result in fewer errors. It is widely known that it is difficult to secure the equivalence of cross-national research in social care (Clasen 1999). Thus, to secure the functional equivalence of social care, the focus of research should be placed on formal social care systems, which then be extended to user analysis and informal care analysis. Thus, this research mainly focused on social care workforces

operated by central and local governments and analyzed environmental and institutional factors.

3.4. Data analysis

The purpose of this study is to compare the social care workforce in the UK and Korea and to suggest policy implications. Therefore, an analytical approach was conducted to explore key issues related to social care. As seen in the literature review, the recipients that require social care are steadily increasing due to the aging population, thereby increasing the demand for the social care workforce. Due to this increase in demand, the issue of how care workers should be supplied economically and who pays for care costs becomes an important issue. Based on the literature review, this study analyzed the social care workforce using key factors such as demographics, economy, perception, policy, and labor systems (Neményi, Boškić et al. 2006).

Demographics: An increase in the aging population may lead to an increase in demand for social care. Changes in demographic structure may also be related to the need for social care, the type, and intensity of care. This increase in demand can mainly be attributed to an increase in women's employment. Increasing employment for women may also lead to a decrease in informal care.

Economy: The subjects that responsible for funding of social care can be divided into countries, families and in person. Besides, depending on the proportion of state the funding, the size of an individual's cost may also vary. If the proportion of state funding is low or diminished, the burden on the individual increases, which may result in the individual paying for social care or relying more on informal care by family. The amount of public funding can also be related to retention of care workers.

Decreased public funding may be related to high turnover and a short length of services in the social care workforce. Pay and working conditions in the social care workforce may also affect recruitment and turnover rates.

Perception: Perceptions for social care may be related to care workers' pay and job satisfaction. It may also affect the supply of the social care workforce. For example, the higher and more favorable the perception of social care, the more intention to work in social care, which may have a positive impact on the supply of employment.

Policy: Social care may be affected by the type of welfare regimes in the country. The attitude of social care policies can also affect the supply and demand of the social care workforce. For example, the policy may affect the size of social care workforce, depending on whether it promotes formal care or emphasizes responsibility for a family.

Labor system: Working conditions and labour supply structures in the social care sector can affect the supply of care workforce. If working conditions such as pay, job security, and job satisfaction are superior to other jobs, more workers would apply to the social care. Besides, the size of graduates, unemployed, and migrant workers who intend to enter the care worker market in the future may affect the amount of supply of care workforce.

3.5. Ethical Issues

The research followed the research ethics process and was done within the University of Birmingham's ethical guidelines. First, the analysis was based on quantitative data

published by the UK, the Korean government, or international organizations. Anonymized quantitative data could not identify personal information and does not cause physical or psychological harm to the person. Besides, this research did not utilize personal or corporate secrets, and there will be no harm to society and the environment. In research, humans were involved in the questionnaire method, but all the ethical requirements for research participants were obeyed. For example, the questionnaire clearly stated the background and purpose of the study, explained the questionnaire's intentions to the respondents. And the respondents were notified in advance that the questionnaire could only be used with the consent of the respondents. After this procedure, the collected data was used in the research. Besides, the respondents were informed of the e-mail address where they could contact the researcher so that even after the questionnaire was finished, the respondents could cancel the questionnaire they wrote and be notified of the results. Personal information that can verify the respondents was excluded from the research, so the anonymity of the respondents was guaranteed. To ensure the confidentiality of the collected data, it was stored by using an encrypted program (see Appendix).

4. Key factors for social care in the UK and Korea

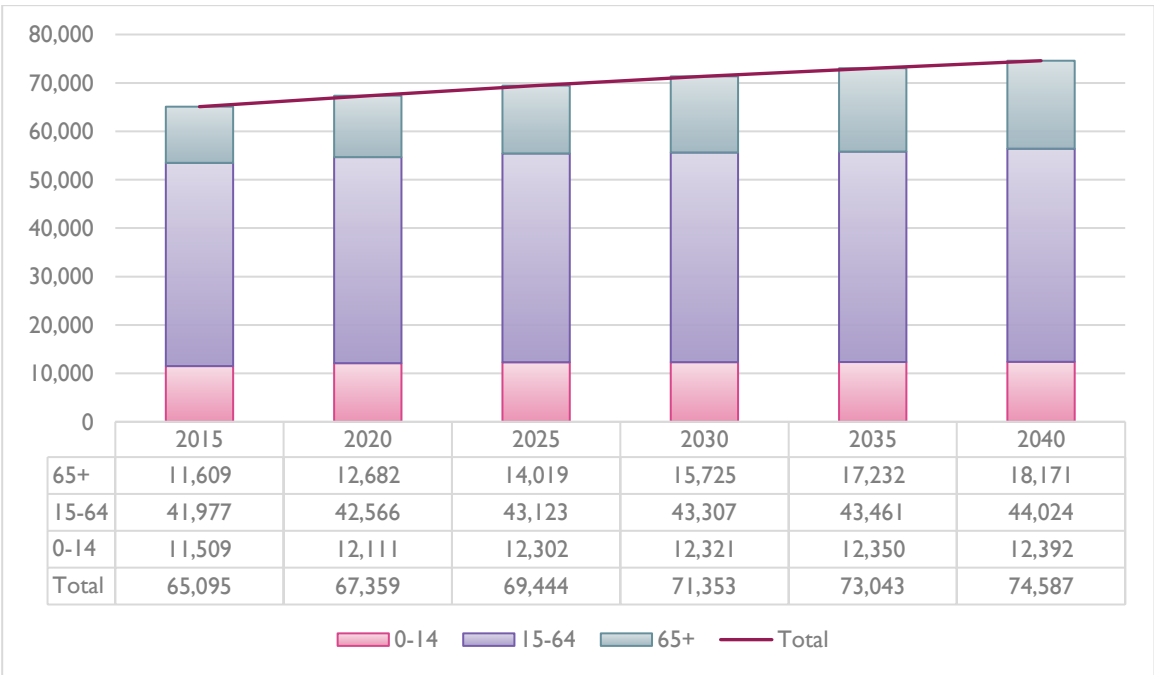
The number of the elderly in need of care, financial input to support publicly funded social care, perception and policy on the workforce, and labor system will be analyzed in this chapter.

4.1. Demographics

The UK

The UK’s life expectancy continues to rise. The increase in life expectancy leads to an increase in the elderly population. The demand for social care is expected to increase in proportion to the increase in the elderly population. From 2015 to 2017, life expectancy at birth in the UK was 79.2 years for males and 82.9 years for females. The life expectancy at an age 65 was 18.6 years for men and 20.9 years for women(Office for National Statistics 2018). In the UK, the number of the elderly was 11.6 million in 2015 but is expected to increase by 48% to 17.2 million in 2035 (Office for National Statistics 2019b).

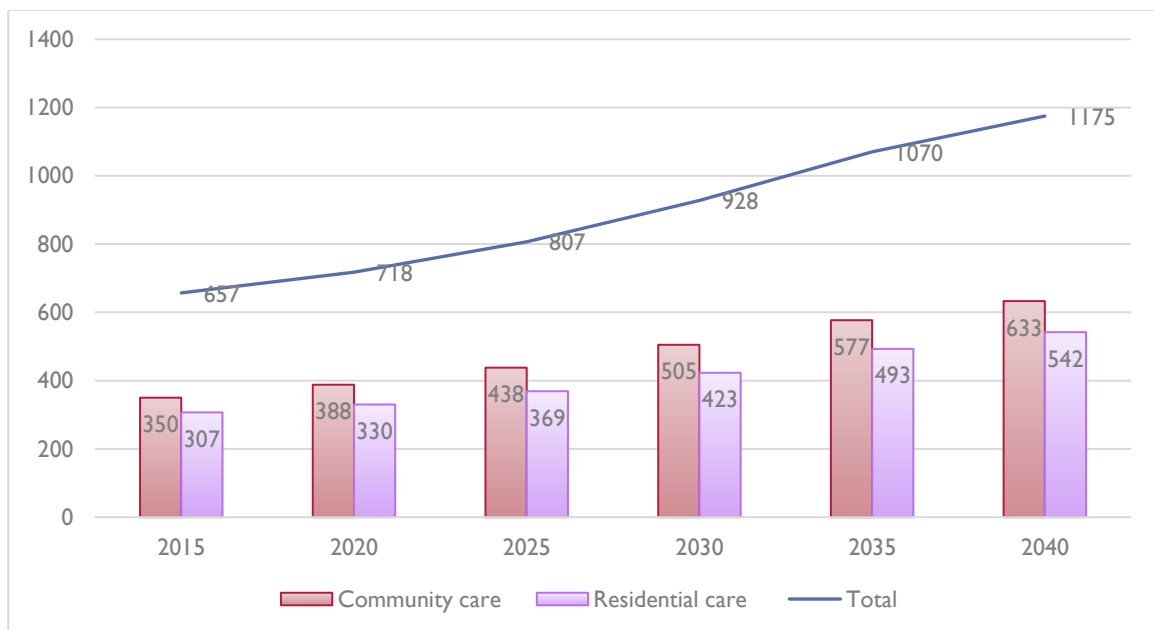
Figure 1: Population estimates and projections (persons/thousands)



Source: Principal projection - UK population in age groups (Office for National Statistics 2019b)

If the elderly population continues to increase, the number of publicly funded home care services or direct payments is expected to rise 87% from 249,000 in 2015 to 466,000 in 2040. Likewise, the number of publicly funded care home residents over the age of 65 is also expected to increase by 67% from 157,000 in 2015 to 262,000 in 2040 (Wittenberg, Hu et al. 2018).

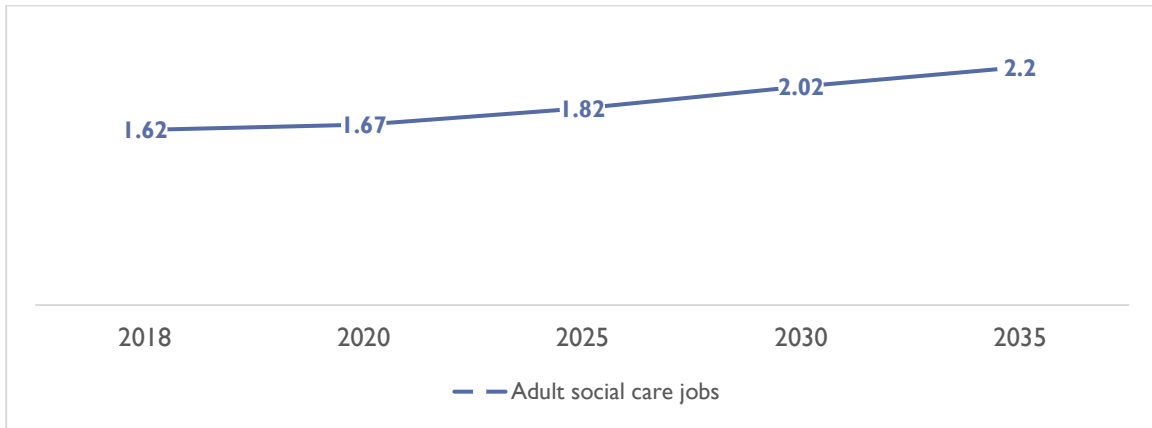
Figure2: Projected number of older service users (thousands) in England 2015-2040



Source: Projections of Demand and Expenditure on Social Care 2015 to 2040(Wittenberg, Hu et al. 2018)

Looking at the relationship between the elderly population and the social care workforce, one social care job is required for every 7 people aged 65 and over. And for elderly people over 75, one social care job is required for every three elderly. If the social care workforce increases in proportion to the growth of the population over the age of 65, employment expansion of 36% is required by 2035. It was estimated that this would require 580,000 new jobs(Skills for Care 2019).

Figure3: Social care jobs forecasts between 2018 and 2035 (65 and over, million)

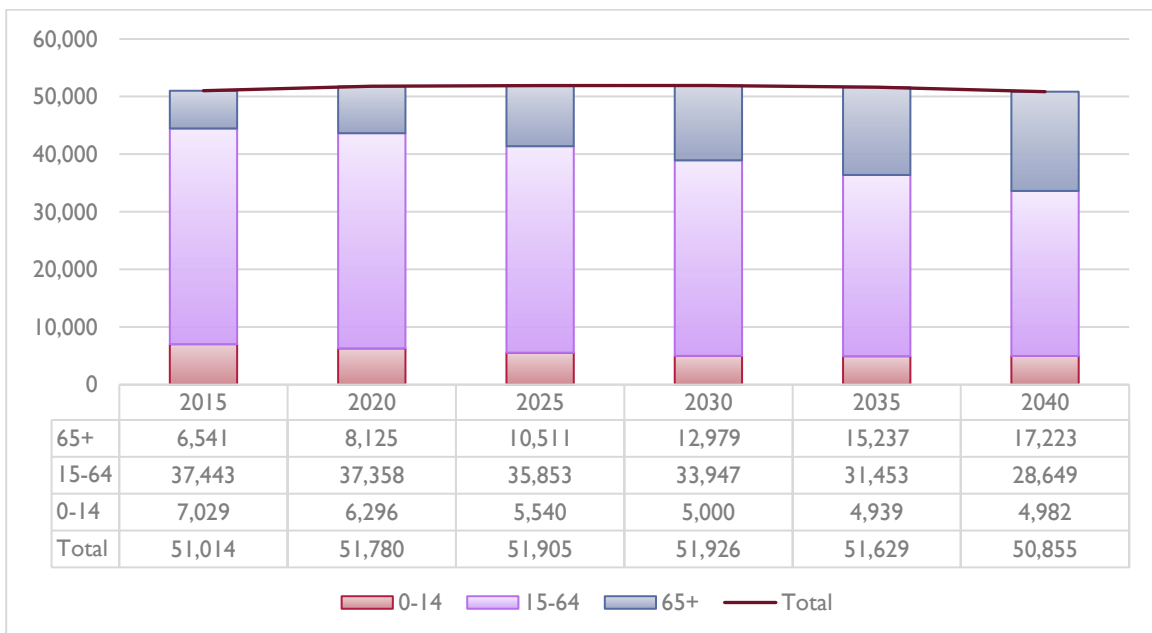


Source: The state of the social care sector and workforce in England 2019(Skills for Care 2019)

Korea

Korea's life expectancy has also increased and reached 80 in 2000. In 2017, life expectancy was 82.7 years old, male 79.7 and female 85.7. Based on life expectancy at 65, men were 14.7 years and women were 20.7 years (Statistics Korea 2019a). In Korea, the number of the elderly was 6.54 million, but it is expected to increase by 232% to 15.2 million in 2035 (Statistics Korea 2019c).

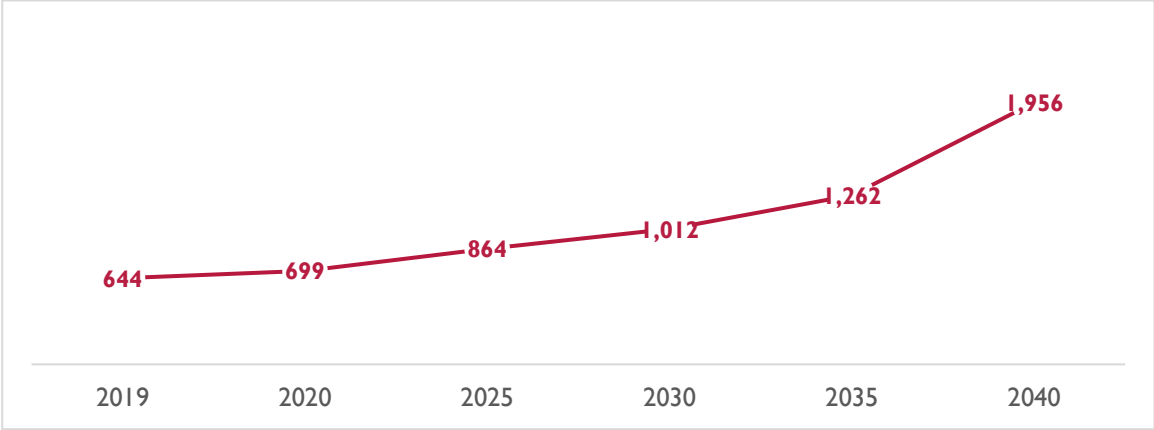
Figure4: Population estimates and projections (persons / thousands)



Source: Projected Population by Age (Korea) (Statistics Korea 2019c)

In Korea, as the elderly population is expected to continue to increase, the number of long-term care insurance users is also expected to increase. According to the figures, it is expected to increase by 303% from 644,560 in 2019 to 1,956,349 in 2040 (Ministry of Health and Welfare 2017a).

Figure5: Projected number of older service users (thousands) in Korea 2015-2040



Source: Research on establishing the 2nd long-term care basic plan(Ministry of Health and Welfare 2017a)

The demand for long-term care workers is expected to increase by 134% from 396,297 in 2018 to 531,553 in 2022(Ministry of Health and Welfare 2017a).

4.2. Economy

The UK

In 2016-17, the value of care for adults in the UK was about £285 billion. Most care is done by informal care by family, friends, and neighbors, and the value is up to £100 billion. Besides, the spending of local authorities as formal care was £14.8 billion. The value of informal care is approximately 5 times higher than that of local authorities, and the scale of privately purchased care also accounted for about 73% of local authority funds. Eventually, most of the costs for social care in the UK were paid by families or individuals (National Audit Office 2018a).

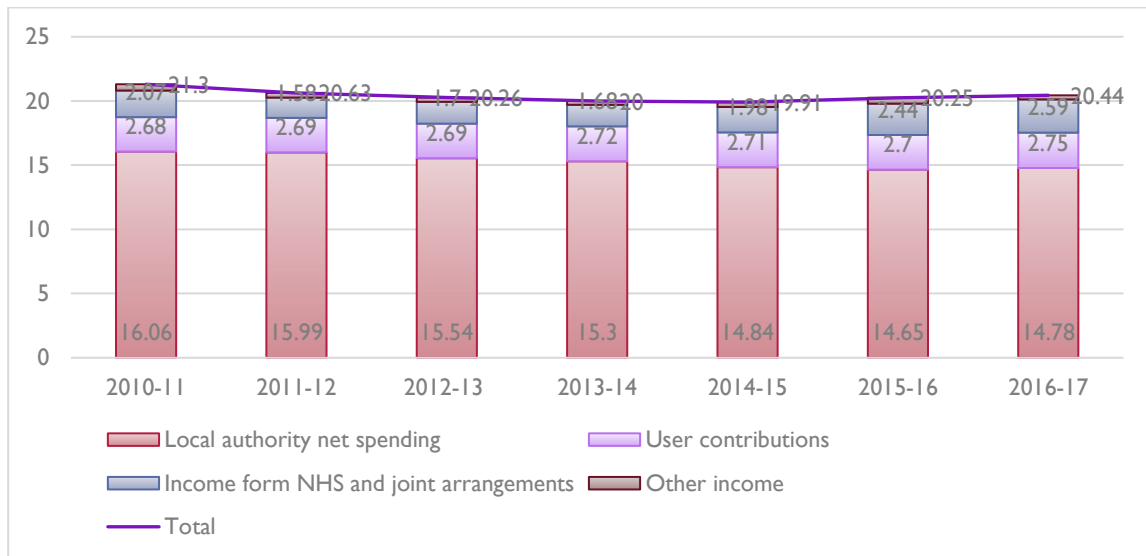
Table1: Estimates of the value of care for adults 2016-17 (£billion)

Total public spending		174.2
	Local authority arranged care	20.4
	Local authority net spending	14.8
	User contributions	2.7
	Income from the NHS and joint arrangements	2.6
	Other Income	0.3
	Incapacity, disability and injury benefits	33.9
	Department for Work & Pensions' spending on benefits	33.9
	Total health spending	119.9
	NHS health spending	118.4
	Estimated NHS spending on social care	1.5
Informal care		58.6 – 100
	Replacement cost of all informal care	100
	Cost of care state would likely replace if not provided informally	58.6
Privately purchased care		10.9
Voluntary sector care services		3.2

source: Adult social care at a glance(National Audit Office 2018a)

Local authority funds are smaller than informal care, but the proportion of social care spent inside local authorities is 43% in 2016-17. Local authorities, for example, spent 21% on children's social care and 4% on housing services. The amount of spending of local authorities decreases every year, but the income from the NHS increases every year, so the decline in local authority arranged care is small. Between 2010-11 and 2016-17, local authority spending on social care reduced by 4.2% (National Audit Office 2018a).

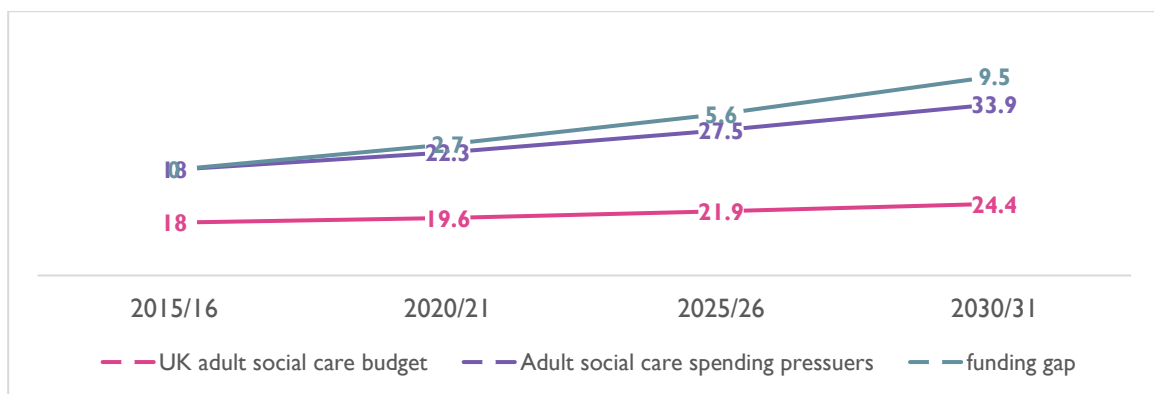
Figure6: Value of local authority arranged care 2010-11 to 2016-17 / prices (£ billion)



source: Adult social care at a glance(National Audit Office 2018a)

The elderly population is expected to increase, and pressures on social care in the UK is going to increase more due to the austerity of local authorities. If the existing budget does not change, this would lead to a funding gap of £ 9.5bn by 2030/31 (Hancock, Wittenberg et al. 2013).

Figure7: Estimated funding gap amount (£ billion)



Source: Long-term care funding in England: an analysis of the costs and distributional effects of potential reforms (Hancock, Wittenberg et al. 2013).

The austerity of local authority negatively affects means test and delivery of social care. This, in turn, leads to a decrease in the number of recipients. For example, the number of older people receiving long-term care from local authorities decreased,

from 2015/16, from 587,495 to 548,435 in 2018/19, or by 7.1 % (AgeUK 2019b). Due to austerity measures, the proportion of local authority jobs among the social workforce decreases. In 2009, the number of local authority jobs was 179 thousand, but in 2017 it was decreased by 40% to 109 thousand (Skills for Care 2018).

Table2: Estimated number of social care jobs and percentage change

Year	Total			Independent sector job		local authority jobs	
	Number of jobs	Increase in jobs	% of change	Number of jobs	Percentage of all jobs	Number of jobs	Percentage of all jobs
2009	1.32m			975k	73	179k	14
2010	1.39m	65,000	5	1,020k	73	176k	13
2011	1.42m	30,000	2	1,060k	75	159k	11
2012	1.48m	60,000	4	1,125k	76	151k	10
2013	1.52m	35,000	2	1,160k	76	141k	9
2014	1.55m	35,000	2	1,195k	77	130k	8
2015	1.56m	10,000	0.5	1,215k	78	120k	8
2016	1.58m	20,000	1.5	1,235k	78	113k	7
2017	1.60m	20,000	1	1,250k	78	109k	7

source: The size and structure of the adult social care sector and workforce in England(Skills for Care 2018)

Austerity is also the cause of the increase in unpaid carers. The proportion of people who provide unpaid care for family or friends has been slowly increasing, rising from 16.9 percent of the population in 2011 to 17.8 percent in 2015 (AgeUK 2017). Besides, the number of the elderly receiving unpaid care services is expected to increase from

2.1 million in 2015 to 2.65 million in 2025 and 3.4 million in 2035 (Brimblecombe, Fernández et al. 2018). And if the current care system is maintained, the number of unpaid carers needed in the future is 5.6 million in 2020 to 6.4 million in 2025 and 8.1 million in 2035 (a rise of 63%). However, the number of unpaid carers expected to be supplied is 5.2 million in 2020 to 5.4 million in 2025 and 5.8 million in 2035. In the end, the unpaid carers shortage of 2.3 million is expected in 2035 (Brimblecombe, Fernández et al. 2018). Local authority plays an important role in providing care to people who do not receive family care or privately purchased care in the area of social care. The austerity of the UK's local authority is unlikely to operate this role. Due to austerity, the number of adults receiving support decreased, and local authority jobs also decreased. In the situation where the number of adults in need of care increases due to aging, austerity reduces the capacity of care and causes concern about the negative effects of adult health.

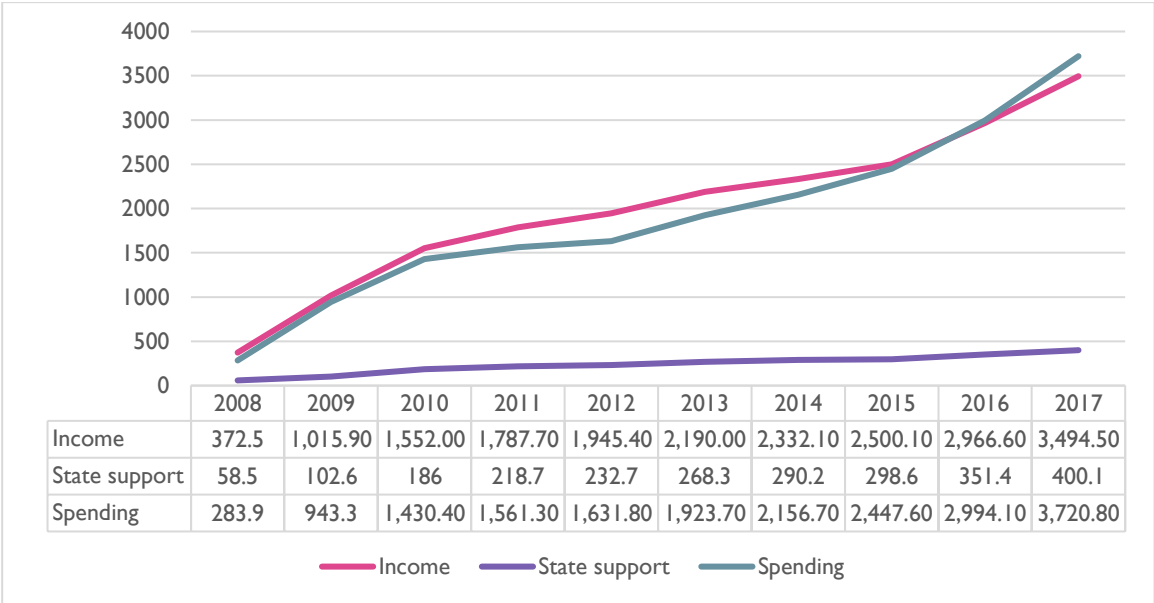
Despite efforts to reform social care finance since the mid-1990s, reports, and proposals for reform have not been realized. There were 12 green papers, white papers, other consultations, and five independent reviews, but they did not advance fiscal reform (the Authority of the House of Lords 2019). The UK's 2020/21 budget was also criticized for not being able to tackle the social care crisis. According to the Conservative election manifesto in 2019, an extra £1 billion would be put into social care every year for the next five years, but it is still criticized as being difficult to rebuild social care with the extra budget (BBC 2020). Also, a method of increasing the council tax to cover the extra budget is expected. Regarding this, there is an opinion that increasing the council tax is not a desirable direction because the local

government has been experiencing financial pressure for the past 10 years (inews 2020).

Korea

As a result of the Survey on the Actual Condition of Older Person in Korea in 2017, long-term care insurance, a public-funded social care, was 19.0% and adult care by the family was 89.4% the highest (Ministry of Health and Welfare 2018b). Korea's long-term care insurance is financed by premium income and state funding. From 2009 to 2017, long-term care insurance expenditures increased by an average of 14.1% per annum over the past nine years, and the government's financial aid has been growing rapidly every year. Government subsidy increased 391% and insurance contribution increased 394% from 2009 to 2017 (National Assembly Budget Office 2018).

Figure8: Long term care insurance income and spending (£ million, %)



Source: 2018-2027 Long-Term Care Insurance Financial Outlook(National Assembly Budget Office 2018)

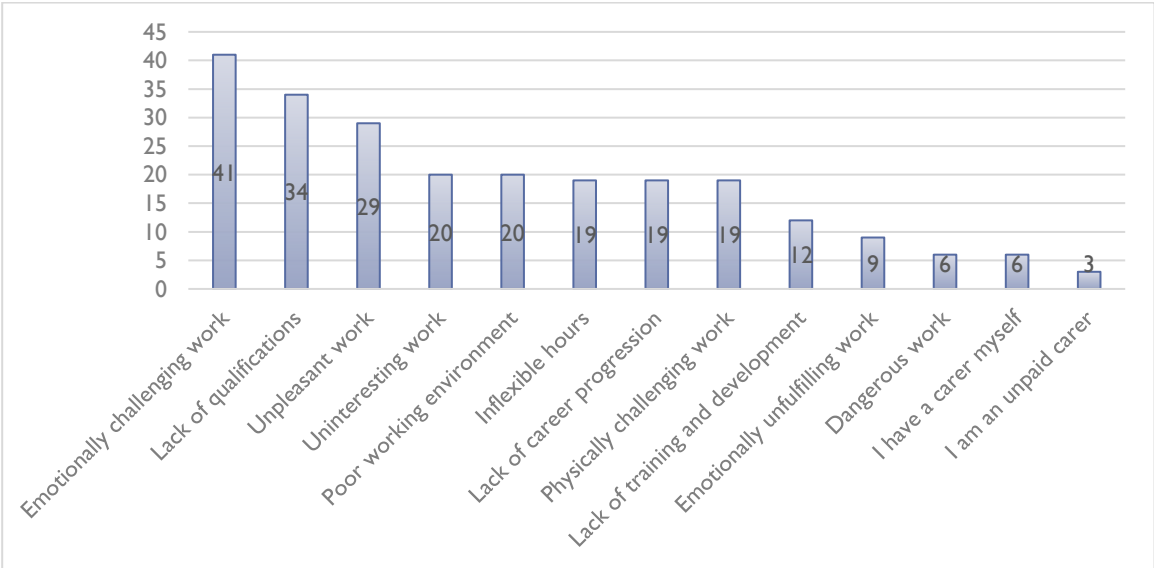
As shown in the figure above, long term care insurance has spent more than income since 2016, resulting in a financial deficit. If the number of long-term care insurance users continues to increase under the assumption that the current premium rate and state support are maintained, the fiscal deficit will continue.

4.3. Perception

The UK

It appears that the public image of social care jobs acts as a negative effect on recruitment. There was negative perceptions such as lower-level caring roles to social care workers (UK Commission for Employment and Skills 2015). Negative connotations for social care in the UK affected the choice of care worker as a job. For example, pressured or uninteresting work with little reward, limited opportunities to a good work-life balance prevented social career as a job (Totaljobs 2019).

Figure9: Responses to reasons not to consider jobs in the social care sector (percent)



Source: Social care: How employers can future-proof an industry in need(Totaljobs 2019)

Besides, similar to the reasons for not considering social care jobs, current social

carers wanted pay rises, a less stressful environment, and better working conditions (Totaljobs 2019). And, according to the survey, the conditions necessary for social carers to maintain their current jobs were higher recognition of their values, wage increases, and managerial support. In the end, social carers wanted to improve their current working conditions. To improve this low perception of social care and fill 110,000 social care job vacancies, the UK launched 'Every Day Is Different' in 2019 as a new national recruitment campaign. The campaign was organized by the UK Department of Health & Social Care. The campaign emphasized that social care is a very rewarding job. And the campaign's goals are to attract new people with the right values to the sector, highlight the range of job roles and advice to recruit and retain the right people (Department of Health & Social Care 2019).

Korea

In Korea, care workers belong to the long-term care institution. They provide care services to adults who have difficulty in independent daily life. However, Korean society's perception of them is still at a low level. In the case of home-visit care service users, there was a case in which care workers are treated as 'household helpers' due to lack of awareness of care workers. 48.5% of care workers had to care outside the scope of their role, and 12.8% experienced an incident that could be judged as sexual harassment. Besides, no protection system can solve the human rights violation problem of care workers in the process of providing their services. After all, there was no choice but to responding personally to these problems (Ministry of Health and Welfare 2015). Even in the questionnaire's response, the perception of the carer's job had to affect negatively to employment in Korean social care. For example, public

officer No. 4 responded to the problem of social care is the violence from the service recipients and the excessive demand beyond the scope of the service. Expert No. 5 responded with the problem of disapproval of legally guaranteed break time. Public officers No.1 and No.5 and experts No.1 and No.5 responded that employment instability was a problem of social care. The causes explained in the above response may eventually lead to negative perception of social care jobs. Unlike the UK, Korea does not launch campaigns or awareness-raising programs to reduce the negative perception of care workers. Although some local governments did such campaigns, there was no national or central government campaign. On the other hand, MOHW has been providing incentives to care for workers who have been working for more than 7 years. This incentive intended to improve the working conditions of care workers. The incentive was paid up to £48 per month in 2017 and increased by £20 in 2019 to pay £ 68 (Ministry of Health and Welfare 2018a).

4.4. Policy

The UK

Since the mid-1990s, the UK has planned austerity policies to escape the ongoing global crisis of capitalism. In this direction, the UK has been trying to reform social care finances (Iain Ferguson, Michael Lavalette 2013). These reforms were implemented in the way of the market-led reforms. For example, in 2008, a program was planned to expand the “consumer's choice and control” option by paying the Personal Budget to everyone eligible for social care (Department of Health 2008). However, the reform did not expand choice as expected, and side effects were caused by austerity. This is because the UK government's response to social care was short-

term and crisis response method. Besides, this policy reform did not achieve the expected effect due to the fiscal cut caused by austerity. Public spending has been reduced year after year, with financial and service supply levels unable to keep up with demographic changes (ADASS 2015). Neoliberalism emphasized that industry and trade are basic social services. The reason is that industry and trade can provide jobs, and only when people have jobs, they can take care of their families. It means that care should be provided by family or charity, not by welfare programs. For this purpose, New Labor excluded professional social workers from major welfare programs (Iain Ferguson, Michael Lavalette 2013). In particular, "austerity" reflected the principle that ordinary people, who are less related to the outbreak of the economic crisis, should pay for the economic crisis. The cost was to remove social protection, which was offered during a long boom after the Second World War but now considered too expensive. As a result, basic services that people need for a decent life and have been given to them for decades have become no longer available (Iain Ferguson, Michael Lavalette 2013). Eventually, social care services today were provided only to those at the highest risk of being accommodated in the facility (Jill Mortimer, Marcus Green 2016).

The UK's social care is expected to continue to increase in funding as the population aging. However, due to the limitations of government finance, there is a dilemma in policy as to how much could be appropriate. Since 2011/12 there has been income from the NHS to social care (for example, through the Better Care Fund) and councils had the right to raise council tax to pay for social care, known as the council tax precept. By 2017/18, more than £2 billion was inputted, but the financial shortage

problem has not been resolved (Thorlby, Starling et al. 2018). Because of this dilemma, the most recent national care workforce strategy, Working to Put People First, published 11 years ago (in 2009). This strategy did not include solution to this dilemma, but included about ensuring strong local leadership, creating good opportunities for career development, and remodeling workforce in response to integration between health and social care (National Audit Office, Department of Health & Social Care 2018). Age UK insist that the UK care system is now broken. According to the Age UK, the care system needs immediate funding and long-term reform. For this, Age UK argues that the following 5 care systems need to be improved. 1) increases support for unpaid carers 2) has an independent, nationally agreed eligibility and assessment process that enables those 3) in need to access it 4) is funded through taxation 5) Provides support for working age, sick and disabled adults as well as older people invests in care workers to ensure high quality care (AgeUK 2019a).

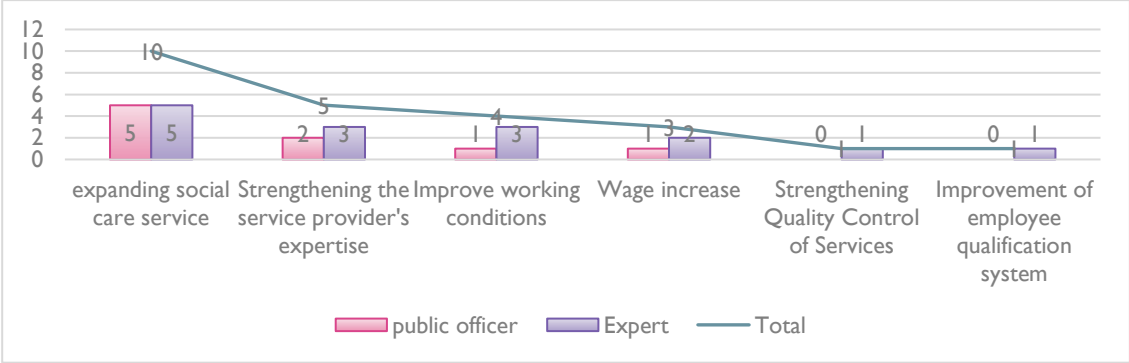
Korea

Long term care insurance, introduced in 2008, has played a key role in Korea's social care policy. The size of the elderly receiving long-term care insurance services in Korea, which began in 2008, doubled from 250,000 in 2009 to 510,000 in 2016. Besides, the proportion of elderly receiving services increased from 4.2% in 2008 to 7.5% in 2016. However, due to the rapid increase in the aging population, long-term care insurance finances deteriorated rapidly, and the finances turned to deficit since 2016. The accumulated reserves were £1.36 billion in 2017, but reserves are expected to be exhausted by 2022 as the budget deficit continues. The main resources of long-

term care insurance are premiums paid by the subscriber and government subsidies. Therefore, there may be multiple options, such as an increase in insurance premiums and an increase in government subsidies. However, the government's second long-term care basic plan for 2018-2022, a five-year plan for long term care insurance, does not include a financing plan (National Assembly Budget Office 2018).

As a result of the questionnaire, the policy that the Korean government is focusing on social care employment is as follows. Most of the public officers said that the Korean government is focusing on expanding social care service policies. Experts said that the Korean government is mainly promoting expanding social care services, strengthening the service provider's expertise, and improving working conditions. But there was little response about quality control or qualification improvement.

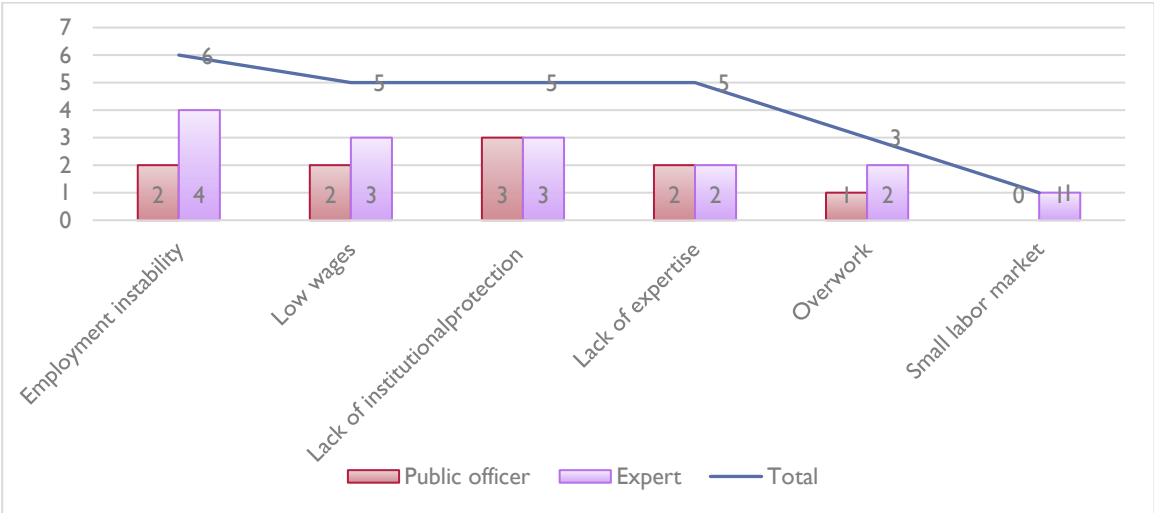
Figure10: Response to 'What policy is the Korean government currently focusing on social care workforce? (Check all that like)'



The details of these responses are as follows. Public officer No. 4 responded that policy to increase the number of social care providers is being promoted by supporting the public sector budget. Experts No. 3, 4, and 5 responded that the need for social care services was increasing, and policies to expand care services were being promoted. However, Expert No. 2 pointed out the expertise of care workers, qualifications system, and working conditions as problems.

The results of the questionnaire listed the problem of employment in Korean social care are as follows. Several respondents presented problems as employment instability, low wages, lack of institutional protection and lack of expertise. Public officers pointed out a lack of institutional protection as the biggest problem, while experts said employment instability is the biggest problem.

Figure 11: Response to 'What do you think is the problem with social care jobs in Korea? (Check all that like)'

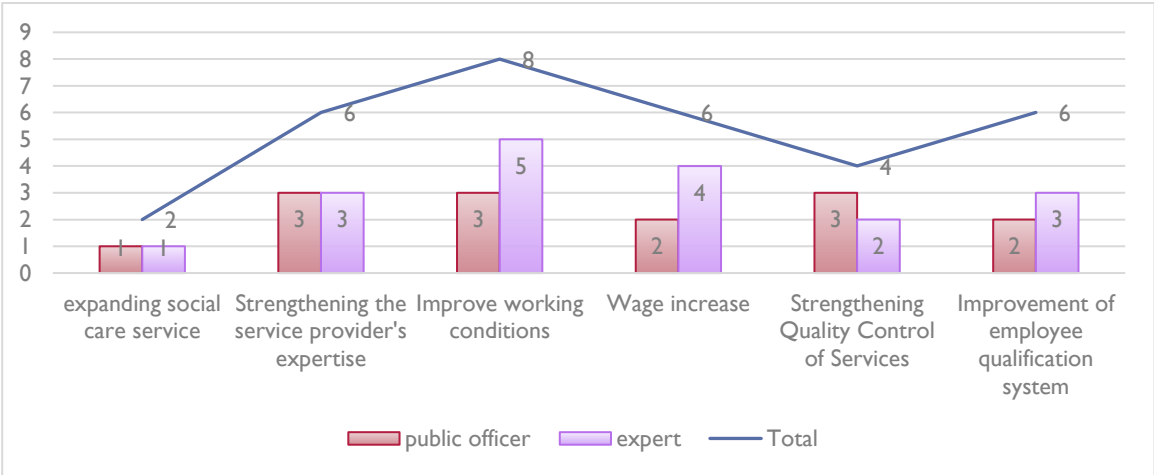


Public officers responded that the problems are low wages, unstable employment, and lack of expertise. As the cause of these problems, the lack of qualifications system and protection system for non-regular workers were pointed. Expert NO. 1 said that the cause of job instability is temporary and part-time work. This makes it easier for workers to change jobs, so they do not actively engage in care work, and employers do not endeavor to enhance the professionalism of workers because they have alternative workers. Besides, expert NO.5 replied that there is no institutional mechanism to protect care workers against unjust service requests from users. And the reason for the lack of professionalism was that the education program for obtaining a

care qualification failed to reflect the actual job. Experts also said that there was a lack of a system to train and support the jobs of care workers in front-line.

Respondents selected improving working conditions as the most important policy to be pursued in the future. They responded that the government should focus on strengthening the service provider's expertise, wage increase, and improvement of employee qualification system to the next phase. Especially, public officers had a high priority on strengthening the service provider's expertise, improving working conditions, and strengthening quality control of services in the future. On the other hand, experts replied that improving working conditions and increasing wages are necessary henceforth. Whereas, expanding social care service was the lowest.

Figure12: Response to 'What is the policy needed to expand jobs in social care? (Check all that like)'



The details of these responses are as follows. Public officer NO.1 said that since social care services have been expanded, it is necessary to improve the quality of services such as improving the qualification system for workers, strengthening expertise, and increasing wages after this. Expert NO.5 replied that it is time to focus on enhancing service quality rather than expansion and to raise wages to motivate skilled workers to continue working. And public officer NO.4, 5 and Expert NO.4

responded that the enhancement of service quality is important, and for this, it is necessary to improve the qualification system and to improve wages and working conditions. However, expert NO.3 agreed that a wage increase is necessary, but, it would impossible to increase the wages and that the current situation would continue.

In conclusion, the UK has the task of policy to solve the lack of formal care and social care workforce due to austerity. Korea has the task of policy to solve the increase in public funds and the lack of working conditions of social carer.

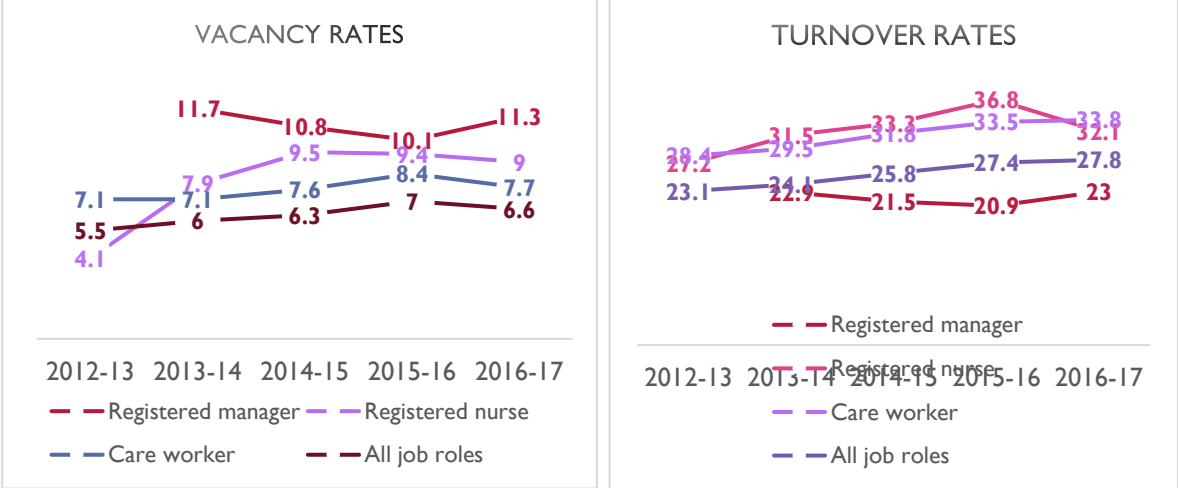
4.5. Labour system

The UK

Workers in the social care sector are regarded as relatively low-income. Comparing the wider economy and care workers' 2016-17 salary, about 50% of care workers earned £7.50 per hour or below, while the wider economy earned £12.23. Also, since the national minimum wage in 2016-17 was £7.20, it can be seen that care workers receive low wages (National Audit Office 2018b). Commissioners of social care replied in a survey that pays raising is the most important in recruitment and retention in this sector. The vacancy rate has been increasing since 2012-13. Registered nurses' vacancy rate increased highly from 4.1% to 9.0% in 5 years. The turnover rate also increased every year. The overall turnover rate increase was 4.7% from 2012 to 2017. In particular, the turnover rate of care workers was the highest at 33.8%. The decrease in government funding for local authorities by 49.1% in real terms from 2010-11 to 2017-18 seems to have contributed to this increase. Due to high vacancy and turnover rates, poorer levels of care may be provided (Care Quality Commission 2017). Moreover, due to the lack of qualified staff, 10% of care jobs were filled by temporary

staff in 2016-17. And these problems cause recruitment and induction cost increase to suppliers (Skills for Care 2018).

Figure13: Vacancy rates and turnover rates, 2012 to 2017 (percent)

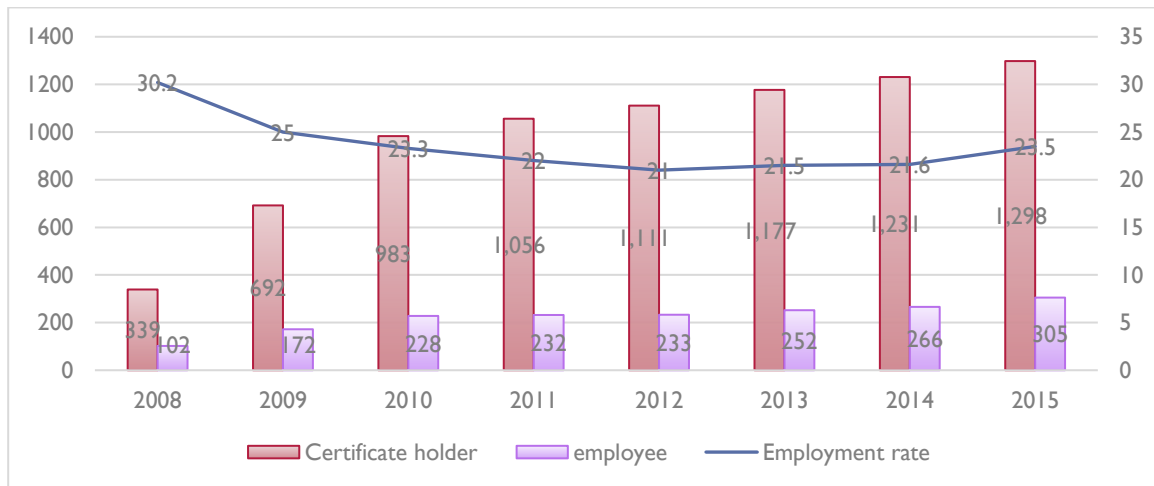


Source: Adult social care at a glance(National Audit Office 2018a)

Korea

Care workers working in long term care institutions must pass the national qualification test to obtain a certificate. However, despite the qualification system, working on the front line is recognized as a 'low wage-hard work'. As a result, the proportion of qualified carers who do actual care work is small. In 2015, the number of certification holders was 1.3 million, but the number of care workers at the long-term care institution was 23.5%, or 0.305 million (Ministry of Health and Welfare 2015).

Figure14: Employment rate of care worker license holders (thousands, %)



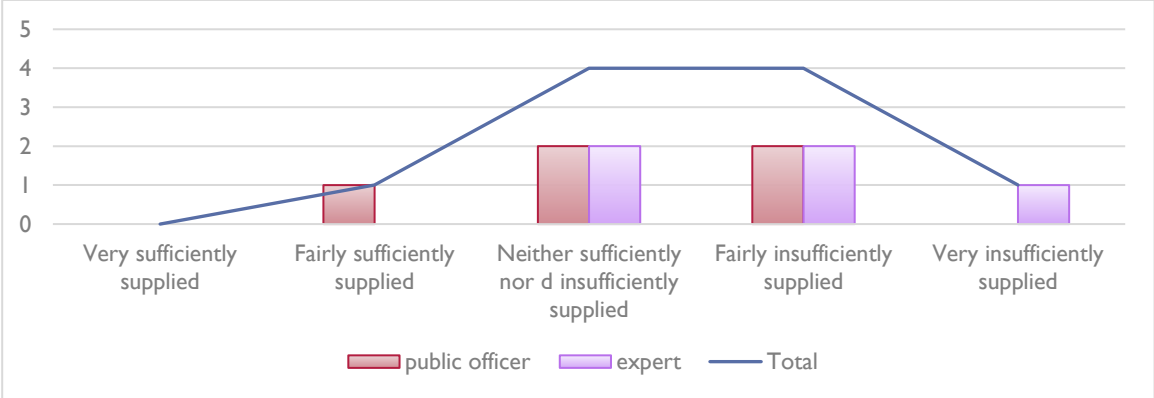
Source: Develop policy tasks for care workers(Ministry of Health and Welfare 2015).

Korean care workers, like the UK, are relatively low paid. For example, the average monthly salary for care workers in 2013 was £835 in nursing homes. However, as of 2012, the average monthly wage of workers in general welfare facilities was £908, which was higher than that of care workers (Ministry of Health and Welfare 2018a).

The response result of the questionnaire is as follows. When asked 'Is social care in Korea effective for job creation?', 90% said it is effective. All public officers replied that social care is effective for job creation, and four experts responded the same. On the other hand, one expert said it is not effective. Among the respondents, public officer NO.1 said that the qualification system for social care is not difficult and does not require professionalism, so it is possible to create large amounts of employment in a short period. Among respondents, expert NO. 5 said that the introduction of the long-term care insurance system in 2008 provided a significant job opportunity for women in their 50s and 60s. However, expert NO. 2 responded that it is difficult to expect the effect of job creation since these employments are simply inadequate unless the social care infrastructure is improved.

According to the questionnaire results, Korean public officers and experts said that social care workers are slightly insufficiently supplied.

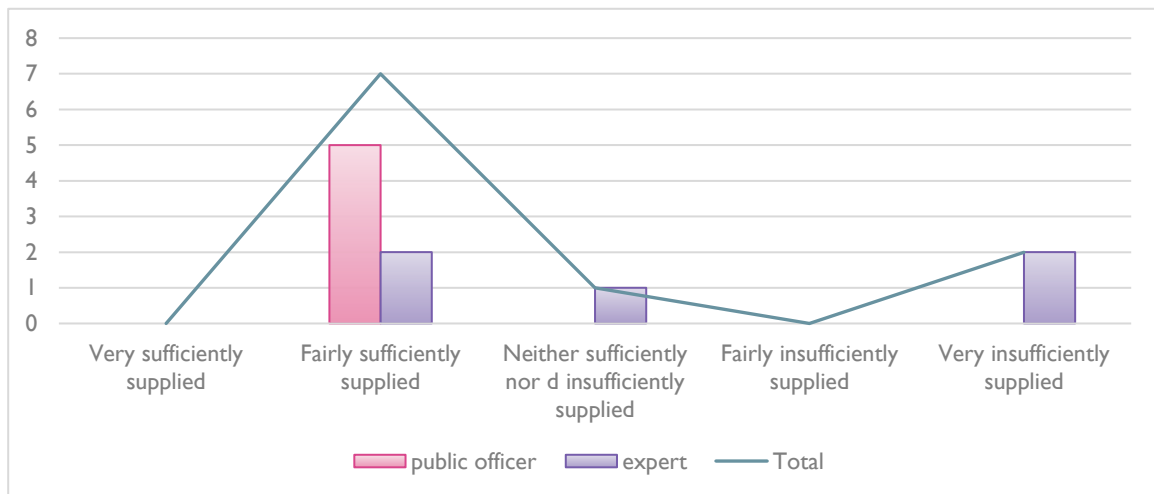
Figure15: Response to 'Is the current social care workforce sufficiently supplied to meet demand?'



The public officers replied that the supply of workers was enough but did not meet the demand. The reason for this is due to the care worker’s tendency to the city rather than the countryside and the care worker’s tendency to low intensity care work. Respondents who replied that supply was enough, gave the following reasons. First, the infrastructure for social care already established, and second, there is no empirical evidence that care providers have difficulties in recruiting care workers. On the other hand, respondents who replied that supply was insufficient, gave the following reasons. With the aging population, the demand for social care has increased rapidly and the desires of service have been diverse, but the supply is insufficient in quantity and in various needs.

Public officers and experts responded that in the future, there would be an enough supply of social care workers. They replied that the supply of social care workers could be made in line with the pace of future increases in social care demand. Especially more public officers than experts said the supply of social care workers would be smooth in the future.

Figure16: Response to 'Do you expect Korea's social care workforce to be adequately supplied in the future?'



All public officers estimated that the future social care workforce would be sufficiently provided. Public officer No. 3 said that childcare workers could be converted into social care workers. Public officer No. 4 replied that surplus manpower generated by rapid production automation could be transferred to the social care workforce. On the other hand, experts NO. 3 & 4 expect that the supply of social care workers will also decrease due to the low wage of social care workers, unstructured education systems, and population decline.

5. Discussion

According to statistical data, both the UK and Korea are in the aging stage of their populations. However, as of 2020, the proportion of the elderly among the total population is 18.8% in the UK and 15.6% in Korea. The UK is 3.2% higher than in Korea. However, Korea is expected to have a higher percentage of the elderly in the future. The proportion of the elderly in the UK is expected to increase by 5.7% from 17.8% in 2015 to 23.5% in 2035. Whereas, Korea is expected to increase by 16.7%

from 12.8% in 2015 to 29.5% in 2035. As the rate of aging in Korea is progressing very rapidly compared to the UK, the increase in the demand for care is expected to be increase highly compared to the UK. In the UK, an additional 35% increase in social care jobs are expected between 2018 and 2035. In Korea, an additional 195% of social care jobs is expected, which is 5.5 times more than in the UK. Nevertheless, Korean public officials and experts positively predicted that future care workers would be sufficiently supplied. The reason is that surplus workers are increasing due to the economic downturn and changes in the economic structure, and they can be converted into providers of social care workers. However, Korea, like the UK, is expected to continue to have a deficit in formal care fund. This can negatively affect the future supply of care workers. This is because formal care workforce has decreased by 40% between 2009 and 2017 due to austerity policy in the UK. In Korea, if formal care likes long-term care deficit continues, formal care workers may decrease.

In the UK, public spending for social care was £14.8 billion in 2016-17. The UK's financial burden began earlier than Korea when the austerity of local government authorities began in 2010. Despite the increase in the elderly population, public spending by local authorities decreased by 8.6% in 2017 compared to 2010. Due to such austerity in the UK, the size of the formal care fund, which to be insufficient by 2030, is expected £9.5 billion. Also, due to this austerity, local authority care jobs are on the decline every year. The hourly wage of the workforce is decreasing, and the unpaid carer is increasing. In Korea, the national subsidy for long-term care insurance has increased by 284% over the past nine years until 2017, but the fiscal balance has turned to deficit since 2016. Although the need for austerity is not as great as in the

UK, it is expected that Korea, like the UK, will not be able to continue to increase the state's financial support for elderly care. For example, in Korea's long-term care insurance, the fiscal spending is estimated to increase by 19.6 times from £2.4 billion in 2015 to at least £47.3 billion in 2060 (the median of the population) (Hoyong Lee, Yongpil Moon 2017).

As a result, Korea, like the UK, is expected to face pressures such as austerity, a reduction in the hourly wage of the workforce and an increase in the unpaid carer. Especially, as seen in the case of the UK, Korea seems to need to make efforts to maintain the proper balance of public funding in the future. Both the UK and Korea had negative perceptions of social carers and this act as a barrier to job seekers choosing social carer jobs. Besides, even though they are currently working as social carers, it was found that these obstacles are motivating them to change jobs. To change this negative perception, both countries are launching new programs. The United Kingdom has a national awareness campaign in 2019, while Korea is subsidizing long-term care workers. As the questionnaire showed, Korea also has negative perceptions such as frequent turnover due to job instability, violence from service users, and excessive demand for services beyond the scope of care workers. Therefore, Korea can also consider providing accurate information to the elderly and care job seekers to eliminate prejudice, along with national awareness campaigns such as the UK. In particular, the results of the UK pilot campaign in 2018 showed that communication is important in recruitment. If communication is activated through the campaign, it is expected that awareness of care workers will be improved (skills for care 2019).

In both the UK and Korea, the government's financial burden for social care is located at a high priority as a policy issue. Nevertheless, both the UK and Korea have not come up with specific measures to solve financial problems. As such, austerity can be a difficult problem to solve. However, in the UK, the current social care structure has been continued for more than 50 years since 1970, so it seems very difficult to implement drastic measures from an institutional perspective. In Korea, social care is supported through the long-term care insurance system, so there may be policy measures such as premium increase. And since Korea's fiscal deficit started relatively recently for the first time in 2016, Korea has more time to solve the fiscal problem.

Looking at the responses of Korean public officers and experts, the quantitative expansion of care services has been at the priority of policy intervention in Korea. This is because, in Korea, socialization of social care has progressed relatively recently compared to other countries such as the United Kingdom. Therefore, the policy of establishing the basic infrastructure to expand social carer has been promoted first. However, in the future, as the number of care workers increases, it is expected to strengthen policies to improve the quality of care workers, as shown in the questionnaire response. In the future, policies such as improving working conditions, strengthening the service provider's expertise, and wage increase should be located as a major policy option.

In both the UK and Korea, social care workers appear to receive relatively low wages compared to other occupations. In the UK, in 2016-17, based on median wages, care worker's wages were just 61% that of wider economy. In Korea, the wage of care

workers in 2013 was 90% of that of workers in general welfare groups in 2012. Due to these low wages, vacancy rates, turnover rates and zero-hours contracts were relatively high in the UK and Korea. This means that the employment stability of social carer in both countries is low. With low employment stability, the recruitment of care workers becomes difficult and leads to an increase in temporary work. However, according to the results of the questionnaire, in the case of Korea, the social care sector is recognized as an effective field for job creation. This is because the employment of care workers is expected to continue to increase as the demand for social care increases. Besides, it is because the qualification system required for social care is not difficult to acquire and does not require professionalism, making it easier to become a care worker. However, as suggested in the questionnaire, employment instability, low wages, lack of institutional protection, lack of expertise, and inefficient education programs remain a problem to be solved.

6. Conclusion

In this study, the key factors affecting the social care workforce in the UK and Korea were analyzed to find implications for the adult social care workforce system in Korea. For this, the main key factors related to the social care workforce in the UK and Korea were set as demographics, economy, perception, policy, and labor system, and analyzed using statistical data and questionnaire methods.

In the UK, social care users and care workers are increasing as the aging population continues to increase. However, in the UK, the gap is growing because the supply of public-funded care workers cannot keep up with the increase in care service users. Since 2010, public-funded care has been on the decline due to the austerity of local authorities responsible for social care services. As a result, local authority jobs are decreasing and unpaid carers are increasing. The UK also has a high vacancy rate and turnover rate due to the negative perception of care workers and is experiencing difficulties in recruitment and retention. It is expected that the financial burden of social care will continue due to the aging of the UK population, but there is no specific policy to solve the financial burden due to the complexity of the care structure in the UK. Finally, in the UK, the social care workforce has relatively low wages and high zero-hours contracts compared to other industries, resulting in poor job security.

Korea is aging faster than in the UK. As a result, the number of social care recipients increased rapidly, and the employment of care workers increased rapidly. In general, the flow of supply of public-funded care workers is expected to be smooth, but on-going deficit of long-term care insurance could negatively affect to care workers' employment. If the current trend continues, the fiscal deficit is expected to continue.

Korea, like the United Kingdom, has a negative perception of care workers, and they are in the high employment instability such as temporary working condition.

As a result of analyzing the social care in the UK and Korea, the implications for Korea to be considered in the institutional aspect are as follows. First, rapid aging requires an increase in the supply of care workforce, so it is necessary to check the system that can support the increase in employment of care workers. Second, the increase in the number of care service recipients due to aging burdens the financial balance of the long-term care insurance, which can negatively affect the employment of formal care workforce. Therefore, it seems necessary to analyze and monitor the financial outlook. Third, to change the negative perception of care workers into a positive perception, it is necessary to promote national campaigns at the central government level, likes the UK. Fourth, it is necessary to prepare institutional arrangements to improve the working conditions and improve the professionalism of social care workers.

Since the UK and Korea have more differences than similarities in the content and method of providing social care, there may be certain limitations in the comparative analysis of the systems of the two countries. Comparing to the UK, Korea lacks data on the social care workforce. Because of this, there is a limit to in-depth analysis. Therefore, Korea needs to consider the introduction of institutions and systems that support the structure and management of social care as in the UK. For example, organizations that support policies and management related to the workforce such as Skills for Care in the UK, and a statistical data system such as the Adult Social Care Workforce Data Set may also be needed. In this study, the study focused on how

quantitative factors such as aging, austerity, and vacancy rate affect the social care workforce. On the other hand, from the perspective of the consumer of care, the satisfaction of care felt by adults and the effectiveness of care services were not considered. In the next study, it seems necessary to study how qualitative factors such as satisfaction affect the adult social care workforce in the UK and Korea.

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Appendix A

Stage 1 Ethical Review Form

Form A1

Department of Social Policy and Social Work

Preliminary Ethical Approval

This form is to be completed by ALL students in the School of Social Policy who are carrying out research. The purpose of this form is to decide whether or not further ethical review and approval is required before the commencement of a given research project.

NAME: Hyangjea Woo

TITLE OF PROJECT: Implications of Korean Social Service Employment Based on the United Kingdom Social Service Employment Analysis

TITLE OF PROGRAMME/MODULE: MA Policy into Practice Dissertation 19/20

Please answer the following questions (delete as appropriate):

- Will the research project involve humans as subjects of the research (with or without their knowledge or consent at the time)? **Yes**
- Are the results of the research project likely to expose any person to physical or psychological harm? **No**
- Will you have access to personal information that allows you to identify individuals, or to corporate or company confidential information? **No**
- Does the research project present a significant risk to the environment or society? **No**
- Are there any ethical issues raised by this research project that in your opinion require further ethical review? **No**

If you answer NO to ALL the above questions:

Further ethical review is not necessary but you must submit this form to your dissertation supervisor. Please note that, if subsequent to this declaration, changes are made during the study that modify any of the above NO answers to YES, you must inform your dissertation supervisor.

If you answer YES to ANY you should now:

Further ethical review is necessary and you should complete the stage 2 Ethical Review Application Form, and submit this form to your dissertation supervisor.

DECLARATION

I declare that the questions above have been answered truthfully and to the best of my knowledge and belief and that I take full responsibility for these responses. I undertake to observe ethical principles throughout the research project and to report any changes that affect the ethics of the project to my dissertation supervisor.

Hyangjea Woo

Signed (STUDENT): _____ **Name (PRINT)** _____ **DATE** _____

F Rogan

Signed (TUTOR): _____ **Name** DR FRANKIE ROGAN **DATE** 17th Feb 2020

DEPARTMENT OF SOCIAL POLICY AND SOCIAL WORK
UNIVERSITY OF BIRMINGHAM
APPLICATION FOR FULL ETHICAL REVIEW

Who should use this form:

This form is to be completed by students in the Department of Social Policy and Social Work who are carrying out research **after having completed the preliminary checklist** and decided that further ethical review and approval is required and after completing research design and all topic guides/questionnaires, letters of introduction, participation information sheets and consent forms. **This form must be signed off by your dissertation tutor before the commencement of your research fieldwork.**

NOTES:

- Answers to questions must be entered in the space provided – the beginning of an answer field will be indicated by a grey bar ().
- Use the up and down arrow keys to move between answer fields; use the side scroll bar to navigate around the document.
- An electronic version of the completed form should be submitted to your dissertation supervisor. If, in any section, you find that you have insufficient space, or you wish to supply additional material not specifically requested by the form, please it in a separate file, clearly marked and attached to the submission email.
- If you have any queries about the form, please ask Louise Overton (Dissertation Module Convenor).

**UNIVERSITY OF BIRMINGHAM, DEPARTMENT OF SOCIAL
POLICY AND SOCIAL WORK**

APPLICATION FOR ETHICAL REVIEW

OFFICE USE ONLY:

Application No:

Date Received:

1. TITLE OF PROJECT

Implications of Korean Social Service Employment Based on the United Kingdom
Social Service Employment Analysis

4. TITLE OF PROGRAMME/MODULE

MA Policy into Practice Dissertation 19/20

5. NAME OF STUDENT

a) PLEASE GIVE NAME

Name:	Hyangjea Woo
School/Department	Department of Social Policy and Social
Telephone:	07490854134
Email address:	hwx806@student.bham.ac.uk

6. ESTIMATED START OF Date: **PROJECT**

ESTIMATED END OF Date: **PROJECT**

7. SUMMARY OF PROJECT

Describe the purpose, background rationale for the proposed project, as well as the hypotheses/research questions to be examined and expected outcomes. This description should be in everyday language that is free from jargon. Please explain any technical terms or discipline-specific phrases.

According to the OECD's analysis, the demand for social services increases as the population ages, the size of the family decreases and the wealth of society increases. In Korea, too, low birth rates and aging populations are rapidly progressing, and as income levels rise, the demand for social services is increasing.

As the demand for social services in Korea increases, the size of employment for providing social services has been steadily increasing since the mid-2000s. However, Korea's employment in social services has not yet reached the level of employment in the UK. According to ILO's 2010 data, employment rate of human health and social work activities was 4.8% compared to Korea's entire industry. On the other hand, the employment rate in the UK was 13.3%, higher than that of Korea.

The UK's social services are similar to the Korean social services system in that, through a financial assessment, services are provided to the government only by certain levels. However, there are many differences between Korea's income standards and the contents of services.

It is necessary to analyze the similarities and differences between the UK and Korean social service systems and how the results have affected employment. This is because such analysis can have many implications for Korea's social service employment system.

8. CONDUCT OF PROJECT

Please give a description of the research methodology that will be used

Data on the UK social services system are collected using the state of the adult social care workforce in England, Public Expenditure Statistical Analyses, and National Minimum Dataset for Social Care. Data on employment in the UK are collected using Labor Market Statistics and Labor Force Survey Employment.

Data on social service systems in Korea are collected using the Social Services Survey Report and the Health and welfare statistical year book. Data on the employment of social services in Korea are collected using Employment and Labor Statistics. The questionnaire is used to collect opinions from the central government officials who are in charge of social care policy in Korea and researchers who study social care policy.

The analysis of social service systems in the UK and Korea uses the Analytic Framework of Gilbert & Terrell. According to this framework, social service system is divided into Allocation, Provision, Delivery, and Finance. Allocation is a question of who will benefit, and provision is a question of what kind of social benefits will be provided. Delivery is about a strategy for delivering these benefits, and Finance is about how to finance it.

9. DOES THE PROJECT INVOLVE PARTICIPATION OF PEOPLE OTHER THAN THE STUDENTS (AND SUPERVISORS)?

Yes No

Note: "Participation" includes both active participation (such as when participants take part in an interview) and cases where participants take part in the study without their knowledge and consent at the time (for example, in crowd behaviour research).

If you have answered NO please go to Section 18 . If you have answered YES to this question please complete all the following sections.

10. PARTICIPANTS AS THE SUBJECTS OF THE RESEARCH

Describe the number of participants and important characteristics (such as age, gender, location, affiliation, level of fitness, intellectual ability etc.). Specify any inclusion/exclusion criteria to be used.

A questionnaire is sent to 10 people, 5 each of central government officials and researchers, and comments on social care are collected. Their gender and age are unknown and they live in Korea. In this study, I will not use personal information at all, only opinions about their social care.

11. RECRUITMENT

Please state clearly how the participants will be identified, approached and recruited. Include any relationship between the student(s) and participant(s)

Note: Attach a copy of any poster(s), advertisement(s) or letter(s) to be used for recruitment.

This questionnaire is distributed for the purpose of dissertation in the MA Policy into Practice course at the University of Birmingham, UK. The purpose of the questionnaire is to collect opinions on Korea's adult social care employment policy. In particular, I would be grateful if you could share your thoughts on Korea's policy alternatives and conditions needed to expand Korea's adult social care jobs.

12. CONSENT

a) Describe the process that the investigator(s) will be using to obtain valid consent. If consent is not to be obtained explain why. If the participants are minors or for other reasons are not competent to consent, describe the proposed alternate source of consent, including any permission / information letter to be provided to the person(s) providing the consent.

I will ask the person who fills out the questionnaire to confirm and sign the questionnaire before completing the questionnaire. The plan will leave evidence that the results of the question were submitted with the consent of the person who wrote the questionnaire. If they disagree with the questionnaire, they will explain to them in advance that they do not have to answer the question.

Note: Attach a copy of the Participant Information Sheet (if applicable), the Consent Form (if applicable), the content of any telephone script (if applicable) and any other material that will be used in the consent process.

b) Will the participants be deceived in any way about the purpose of the study? **Yes**
No

If yes, please describe the nature and extent of the deception involved. Include how and when the deception will be revealed, and who will administer this feedback.

13. PARTICIPANT FEEDBACK

Explain what feedback/ information will be provided to the participants after participation in the research. (For example, a more complete description of the purpose of the research, or access to the results of the research).

When creating a questionnaire, we will ask whether the respondent wants to know the research results that reflect the results of the question. I plan to send the results by e-mail if the questionnaire wants to know the results.

14. PARTICIPANT WITHDRAWAL

a) Describe how the participants will be informed of their right to withdraw from the project.

The person who writes the questionnaire will be informed that it can be withdrawn after the questionnaire has been completed. If respondents wish to withdraw their answers, they will be provided with a way to contact the researcher.

b) Explain any consequences for the participant of withdrawing from the study and indicate what will be done with the participant's data if they withdraw.

If the respondent chooses to withdraw, the data will be destroyed. And a research paper will be prepared based on the remaining responses. I will also delete the data of the person who wants to withdraw the response and notify the person of the deletion.

15. COMPENSATION

Will participants receive compensation for participation?

i) Financial Yes
 No v

ii) Non-financial Yes
 No v

If **Yes** to **either** i) or ii) above, please provide details.

If participants choose to withdraw, how will you deal with compensation?

16. CONFIDENTIALITY

- a) Will all participants be anonymous? Yes No
- b) Will all data be treated as confidential? Yes No

Note: Participants' identity/data will be confidential if an assigned ID code or number is used, but it will not be anonymous. Anonymous data cannot be traced back to an individual participant.

Describe the procedures to be used to ensure anonymity of participants and/or confidentiality of data both during the conduct of the research and in the release of its findings.

I don't plan to make a question about personal information when making a questionnaire. It will not ask for personal information about the questionnaire respondents.

If participant anonymity or confidentiality is not appropriate to this research project, explain, providing details of how all participants will be advised of the fact that data will not be anonymous or confidential.

17. STORAGE, ACCESS AND DISPOSAL OF DATA

Describe what research data will be stored, where, for what period of time, the measures that will be put in place to ensure security of the data, who will have access to the data, and the method and timing of disposal of the data.

The data will be stored and managed using Microsoft's Onedrive program. The data will be stored and managed using Microsoft's Onedrive program. I plan not to store the data in a separate storage space, and I plan to delete the data after completing the paper. I plan not to store the data in a separate storage space, and I plan to delete the data after completing the paper.

18. OTHER APPROVALS REQUIRED? e.g. PCT, Criminal Records Bureau (CRB) checks

YES NO NOT APPLICABLE

If yes, please specify.

19. SIGNIFICANCE/BENEFITS

Outline the potential significance and/or benefits of the research

The opinions of those in charge of social care policy in Korea can be gathered, so it is expected to be able to come up with conclusions that are appropriate for the reality of Korean policy.

20. RISKS

a) Outline any potential risks to **INDIVIDUALS**, including students, research participants, other individuals not involved in the research and the measures that will be taken to minimise any risks and the procedures to be adopted in the event of mishap

Respondents may feel burdened by presenting problems with the policy environment surrounding Korea's social care. Therefore, I plan to clearly state in the questionnaire that respondents can respond at their discretion.

b) Outline any potential risks to **THE ENVIRONMENT and/or SOCIETY** and the measures that will be taken to minimise any risks and the procedures to be adopted in the event of mishap.

It is expected that there will be no danger to society or the environment as it seeks to respond to the opinions of individuals.

21. ARE THERE ANY OTHER ETHICAL ISSUES RAISED BY THE RESEARCH?

Yes No

If yes, please specify

22. CHECKLIST

Please mark if the study involves any of the following:

- Vulnerable groups, such as children and young people aged under 18 years, those with learning disability, or cognitive impairments
- Research that induces or results in or causes anxiety, stress, pain or physical discomfort, or poses a risk of harm to participants (which is more than is expected from everyday life)
- Risk to the personal safety of the researcher
- Deception or research that is conducted without full and informed consent of the participants at time study is carried out
- Administration of a chemical agent or vaccines or other substances (including vitamins or food substances) to human participants.
- Production and/or use of genetically modified plants or microbes
- Results that may have an adverse impact on the environment or food safety

- Results that may be used to develop chemical or biological weapons

Please check that the following documents are attached to your application.

	ATTACHED	NOT APPLICABLE
Recruitment advertisement	<input type="checkbox"/>	<input type="checkbox"/> v
Participant information sheet	<input type="checkbox"/>	<input type="checkbox"/> v
Consent form	<input type="checkbox"/>	<input type="checkbox"/>
Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>
Interview Schedule	<input type="checkbox"/>	<input type="checkbox"/>

23. DECLARATION BY STUDENT

I submit this application on the basis that the information it contains is confidential and will be used by the University of Birmingham for the purposes of ethical review and monitoring of the research project described herein, and to satisfy reporting requirements to regulatory bodies. The information will not be used for any other purpose without my prior consent.

I declare that:

- The information in this form together with any accompanying information is complete and correct to the best of my knowledge and belief and I take full responsibility for it.
- I undertake to abide by University Code of Conduct for Research (<http://www.ppd.bham.ac.uk/policy/cop/code8.htm>) alongside any other relevant professional bodies' codes of conduct and/or ethical guidelines.
- I will report any changes affecting the ethical aspects of the project to my dissertation supervisor
- I will report any adverse or unforeseen events which occur to my dissertation supervisor

Signature of student:

Hyangjeen Woo

Date:

14.02.2020

Signature of Dissertation Tutor:

F Rogan

Date:

17th February 2020

APPENDIX B

Questionnaire for collecting opinions on adult social care policy



This questionnaire is distributed for the purpose of dissertation in the MA Policy into Practice course at the University of Birmingham, UK. The topic of dissertation is Implications of Korean Social Service Employment Based on the United Kingdom Social Service Employment Analysis. The questionnaire you fill out and submit will be cited in the dissertation by comments from the person in charge and expert on Korea's social care policy. The purpose of the questionnaire is to collect opinions on Korea's adult social care employment policy. In particular, I would be grateful if you could share your thoughts on Korea's policy alternatives and conditions needed to Korea's adult social care jobs.

If you would like to withdraw the questionnaire you submitted, or if you would like to confirm the results of the study using your questionnaire, please contact me at my email below.
Email address: whj1142@gmail.com

I will be grateful if you answer the following questions. All answers will be kept confidential and will only be used for this research purpose. The questionnaire can only be filled out with your consent.

Do you agree to participate in the following questionnaire and do you consent to your words being quoted (anonymously) in any write up of the dissertation?

Yes () No() If no, Please don't fill out the questionnaire anymore

1. Is the current social care workforce in Korea sufficiently supplied to meet demand?

- Very sufficiently supplied() Fairly sufficiently supplied()
- Neither sufficiently nor d insufficiently supplied()
- Fairly insufficiently supplied() Very insufficiently supplied()
- Do not know()

Why did you make this choice?

2. Do you expect Korea's social care workforce to be adequately supplied in the future?

- Very sufficiently supplied() Fairly sufficiently supplied()
- Neither sufficiently nor d insufficiently supplied()
- Fairly insufficiently supplied() Very insufficiently supplied()
- Do not know()

Why did you make this choice?

3. Is social care in Korea effective for job creation?

- Yes () No()
- Other (please specify)
- Do not know()

Why did you make this choice?

4. What do you think is the problem with social care jobs in Korea? (Check all that like)

- Employment instability() Low wages() Overwork()
- Low employment rate() Lack of institutional protection()
- Small labor market() Lack of expertise()
- Other (please specify)
- Do not know()

Why did you make this choice?

5. What policy is the Korean government currently focusing on social care workforce? (Check all that like)

- expanding social care service() Strengthening the service provider's expertise()
- Wage increase() Improve working conditions()
- Improvement of employee qualification system() Strengthening Quality Control of Services()
- Other (please specify)
- Do not know()

Why did you make this choice?

6. What is the policy needed to expand jobs in social care? (Check all that like)

- expanding social care service() Strengthening the service provider's expertise()
- Wage increase() Improve working conditions()
- Improvement of employee qualification system() Strengthening Quality Control of Services()
- Other (please specify)
- Do not know()

Why did you make this choice?

Thank you for participating in this Questionnaire.