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The municipalisation of care service providers in South Korea:

**ROLE AND SIGNIFICANCE OF LOCAL AUTHORITY-OPERATED
PUBLIC AGENCIES FOR SOCIAL SERVICES**

About the Author

This Policy brief was written by Jae-hun Lee, Research Secretary at the KPTU-Public Policy Institute for People (KPTUPPIP). His research interests include social protection, social services, poverty, and labour movements.

About the Korean Public Service and Transport Workers' Union (KPTU)

The Korean Public Service and Transport Workers' Union (KPTU) brings together workers throughout the public sector, transport industry, and social services. KPTU membership is open to permanent and precariously-employed workers, specially employed workers (dependent contractors), unemployed, dismissed, and retired workers, union staff, and potential workers preparing to enter the labour market. KPTU is the largest industrial affiliate of the Korean Confederation of Trade Unions, and represents workers in a broad range of occupations. Our membership covers (non-civil servant) workers in national and municipal public and administrative institutions and throughout the public sector, and in related private sector jobs. Relevant industries and occupations include energy, social protection (National Pension Service, National Health Insurance Service), public research institutions, healthcare, public schools, economic and social organisations, professional and technical fields, arts and culture, and the post and property services. We also represent workers throughout the transport industry including in rail and metro systems, buses and taxis, road freight, logistics and delivery, aviation (airlines, airports) and ports, and in care and social services including child care and elderly and disabled care. KPTU is working to realise fundamental labour rights for our members and for all workers, and is fighting at the forefront of the movement for progressive transformation of Korean society. As the representative of South Korean public sector workers, we seek to expand public services and good job and eradicate precarious employment. KPTU is an affiliate of Public Services International (PSI).

About Public Services International (PSI)

PSI is the global trade union federation representing more than 30 million workers in public services worldwide organised 690 trade unions in 152 countries.

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FOREWORD

Trade unions are often fighting to return privatised services into public ownership and control (“remunicipalisation”, “in-sourcing” or “de-privatisation”) so they can be run in the public interest, not for profit. Unions are also key to bringing about the transformative social and policy changes needed to trigger the establishment of new public services and institutions to meet collective needs (“municipalisation”). This paper examines one of these unique union experiences: the complex and relentless struggle of PSI affiliate the [Korean Public Service and Transport Workers’ Union \(KPTU\)](#) to de-privatise the care sector in South Korea. Traditionally care in South Korea has been left to the private domain of the household, with an overwhelming burden placed on women, and dominated by for-profit operators delivering inadequate services for users and poor conditions for care workers.

The [KPTU has a long history of fighting back against privatisation](#) to enhance public service quality and access for all, while ensuring decent jobs and good conditions for service workers. Established in 2019, the public agencies for social services (PASS), public homecare service centres, and care facilities at local government level (in



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cities and provinces) represent an important achievement for the public service offer in South Korea. They also represent a win for campaigning and member mobilisations by the KPTU and its allied unions and civil society organisations (CSOs). The creation of public care services accessible at a local community level improves service quality, provides decent working conditions for care workers, and makes an important contribution to redressing care-related gender inequalities in South Korean society.

However, changes of national and local governments threaten the long-term future of the project. These freshly established public care services must

be properly established and funded, remain public, and deliver for service users and workers. The KPTU and its allied unions and CSOs will continue to pressure all levels of government and keep campaigning and mobilising their members and users to secure a quality public care service for all in South Korea

PSI is the global union federation representing all public service workers across the public and private sectors including care workers, who are often directly or indirectly employed by local and regional governments (LRGs). This paper contributes to PSI's work on developing collective trade union

knowledge on remunicipalisation and insourcing strategies. This emerged as a top policy priority for the [PSI Global Local and Regional Government \(LRG\) Unions Network](#) during its [membership consultations 'LRGNext2021'](#), as reflected in the [PSI LRG_Global Network Action Plan 2022-27](#).

The KPTU struggle also contributes to the implementation of PSI's "[Care Manifesto: Rebuilding the social organisation of care](#)". Its priorities include reclaiming the public nature of care services and developing care systems that transform gender relations and women's lives.

Daria Cibrario

Local and Regional Government Officer, PSI

Huma Haq

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LIST OF ACRONYMS

ALTCI	Act on Long-Term Care Insurance for Senior Citizens
CHCC	Comprehensive Home-Care Centres
CSO	Civil Society Organisations
KPTU	Korean Public Service and Transport Workers' Union
LRGs	Local and regional governments
LSA	Labour Standards Act
LTCIs	Long-Term Care Institutions
MOHW	Ministry of Health and Welfare
NGO	Non-Governmental Organisations
NHIS	National Health Insurance Service
PASS	Public Agencies for Social Services
PSI	Public Services International

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Seoul, South Korea - AUG 2019: The children of the kindergarten are visiting the Gyeongbokgung Palace under the guidance of the teacher. © Shutterstock

EXECUTIVE SUMMARY

In South Korea, care has traditionally been within the domain of the family. However, over recent years, a growing market for care services has emerged, as is the case in other countries. Individuals and for-profit organisations handle some 90 per cent of all care services available on the market, but in 2019 local authorities began to launch public agencies for social services (PASS). By June 2022, there were 14 such metropolitan and provincial level agencies across South Korea. In addition, the public care service system has been expanding,

and now includes, in addition to the 14 PASS, 37 comprehensive home-care centres (CHCCs), 90 national and public care facilities, and 67 public care service programmes. In all these organisations, local authorities directly employ care workers, offering them better wages and working conditions that, in turn, help improve the quality of the services they provide. Although the South Korean public care service system still faces shortcomings and challenges, the country is effectively conducting an important experiment in enhancing public control over caregiving.



Seniors citizens learn how to use AI robots at a local senior center in Seocho District in Seoul, April 9, 2021. The district office said it provided AI robots for 50 of the elderly people living alone in the district. Courtesy of Seocho District Office

1.

INTRODUCTION: STRUCTURE OF FOR-PROFIT CARE SERVICES

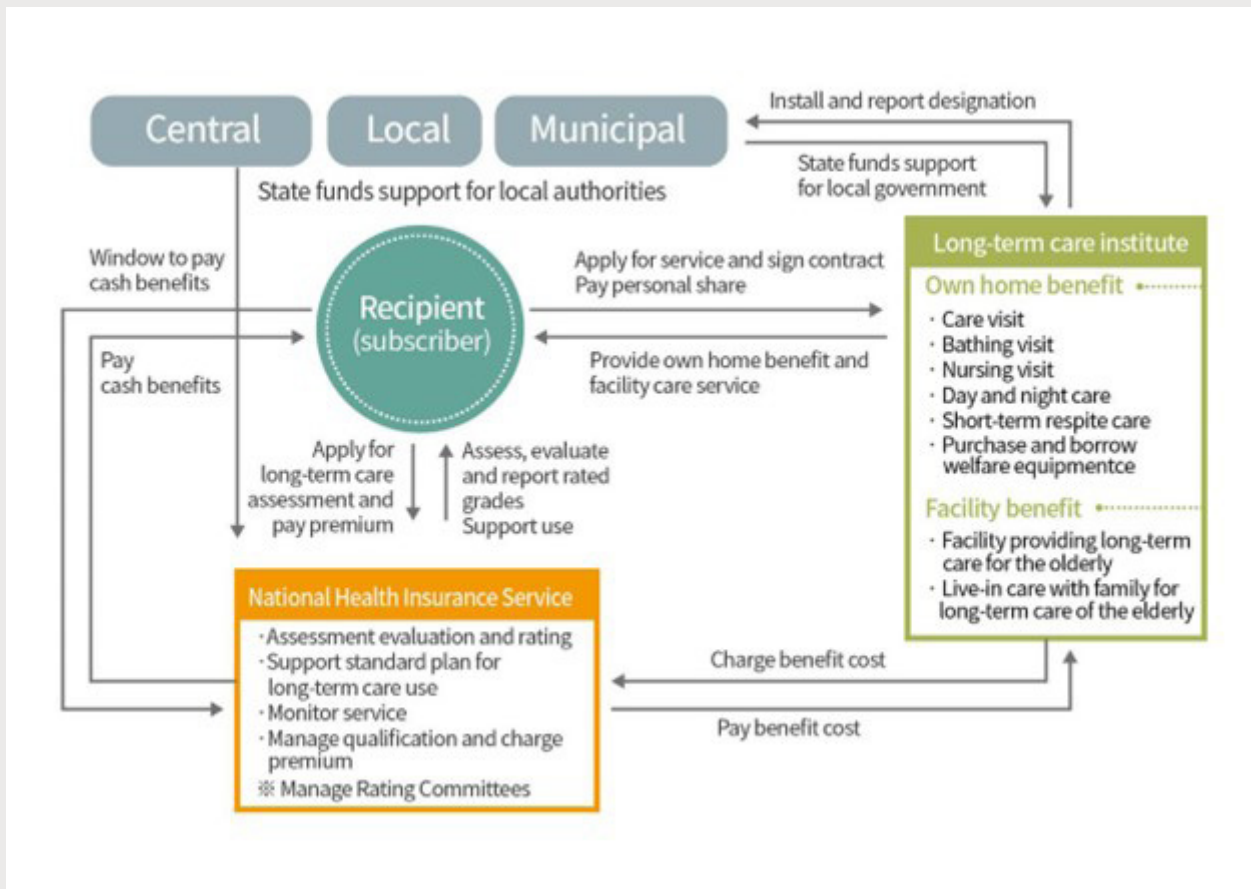
The institutionalisation of care in South Korea did not begin until the early 2000s, and much of this has coincided with its commercialisation. Until then, only a very limited range of care services were available from a handful of non-profit and non-governmental organisations (NGOs). The South Korean government provided these organisations with subsidies, although these were insignificant at best. This meant that care was almost always a matter of family responsibility, with certain family members – predominantly women – overburdened with caring for the sick and frail. The rapid aging of the South Korean population and the consequent growth in demand for care services

rendered this traditional family-centred model obsolete.

Far later than other similar countries around the world, South Korea therefore adopted the Act on Long-Term Care Insurance for Senior Citizens (ALTCI) in April 2007. This came into effect in July 2008 and enabled the South Korean state to pool funds, with insurance premiums paid by individuals and households as well as tax revenue¹, and set up a public structure of governance over the administration of the services involved.

However, the government chose to let the market provide the actual services. Initially, anyone could open care homes – they simply had to report them to the

Fig. 1 Long-Term Care Insurance management system



authorities – as the government sought to eliminate market entry barriers and lower regulatory thresholds to foster competition. This led to a multitude of for-profit private care facilities that failed to meet even basic standards. The unregulated and excessive competition encouraged poor working conditions and lowered the quality of services. It also resulted in breaches of the law, including fraudulent insurance claims, poaching service users from other service providers, human rights violations, denial of service, and the manipulation of patient paperwork.

The conservative Lee Myung-bak government has since changed its policy and now requires authorisation before care businesses are allowed to open. However, the new system continues its fundamental reliance on the market as the main service provider. The government

also began to introduce vouchers into its various care programmes, for early years, pregnant women, those with disabilities and older people living alone, letting users decide and choose care providers instead of providing standardised and subsidised care.

Recognising new market and economic potential in care, it has been actively pushing for commercial care services, emphasising the role of the market and deregulation in meeting care demands. As a result, the care sector has grown rapidly under this market-friendly policy even as the traditional view of care as a responsibility of families has persisted. The government's role is therefore minimal, at best providing fiscal support and passive administrative oversight rather than designing and actively managing care services.

Table 1: Social service delivery system in South Korea and the South Korean government's role

	1970	1980s-early 2000s	From 2007
Service type	Live-in facility services	Facility and community services	Social service vouchers
Service providers	Non-profit, non-governmental	Non-profit, non-governmental	For-profit (market)
Government's role	Subsidiser (fiscal support + weak regulation)	Contract holder (fiscal support + weak regulation)	Voucher provider (subsidising users)
Recipients of support	Service providers		Users

Source: Lee (2018)

FOR-PROFIT OPERATIONS MAKE UP 99 PER CENT OF CARE SERVICE PROVIDERS IN SOUTH KOREA

The number of long-term care institutions (LTCIs) owned by individuals or for-profit corporations has been multiplying rapidly, almost doubling from 11,113 in 2010 to 22,277 in 2020. Meanwhile, only 246 local authority-owned LTCIs remain in operation, making up only a fraction — 0.9 per cent — of all LTCIs in South Korea. And the majority of these “public” LTCIs are actually operated by private sector organisations. For-profit LTCIs employ a total

of 226,442 care workers, as opposed to the 11,326 employed by public LTCIs.

With much of the care sector unregulated, 12,183 care homes were created and shut down over just five years, from 2016 to 2021. One in five of those operations — 2,534 institutions or 20.8 per cent — faced bankruptcy within one year of opening (NHIS, 2020).

Table 2: State of Long-term Care Institutions, by Type of Operator (Unit: person)

Division		Local government	Company	Individual	Other	Total
In-home	Facilities (quota)	131 (3,093)	2,586 (33,351)	17,774 (125,826)	68 (630)	20,559 (162,900)
	Facility	115 (8,661)	1,354 (83,030)	4,503 (128,248)	16 (311)	5,988 (220,250)
Integrated	Facilities	-	1	10	-	11
Total	Facilities (quota)	246 (11,754)	3,940 (116,381)	22,277 (254,074)	84 (941)	26,547 (383,150)

Source: National Health Insurance Service (NHIS), LONG TERM CARE INSURANCE STATISTICAL YEARBOOK (2022) (containing 2021 data).

POOR WORKING CONDITIONS, POOR QUALITY OF SERVICE

The more pernicious elements of the current market-centered social service system include poor working conditions for care workers and poor quality services. The vast majority of care workers in South Korea face precarious working conditions. Most are employed on a part-time basis and earn

wages that are lower than the statutory minimum wage when calculated hourly. As **Table 3** shows, care workers are paid less than half of average earnings as the majority are paid less than the statutory minimum wage. This affects the quality of the services they provide.

Table 3: Comparison of Working Conditions: Care Workers vs. Other Workers (as of 2019)

		Care workers		Other workers	
		January to June	July to December	January to June	July to December
Average monthly wage (KRW)		1,218,000	1,217,000	2,665,000	2,665,000
Number of hours worked per week		29.6	29.4	41.0	40.7
Employment status (%)	Paid, full-time	52.6	53.0	31.5	32.4
	Paid, part-time	44.9	43.5	10.9	11.0
	Paid, day work	2.0	2.6	3.2	3.2
	Unpaid	0.6	1.0	54.3	53.5

Source: Local Area Labour Force Survey, 2019 (Yang, 2020 Recited)

Nearly all these workers are women and face serious inequality at work.² The grim conditions defining care work also undermine the reliability and quality of services provided. For-profit organisations often reject people who live in remote areas, those with severe disabilities, and others who they see

as increasing the burden on services. These organisations have also been criticised for engaging in a variety of illegal activities and corrupt billing practices.³ Leaving care to the market, in other words, has led to the creation of a care system that makes both service users and workers unhappy.

Box 1: Prevalence of non-compliant practices by market service providers

- * According to the 2018 National Assembly (South Korea's parliament) inspection report, 16.6 per cent of LTC facilities for older people and 46.8 per cent of group homes did not comply with government guidelines on worker's pay.
- * The National Health Insurance Service's investigation in 2018 revealed that 10.3 per cent of LTC facilities for older people and 30 per cent of group homes do not pay their workers retention incentives.
- * In 2019 alone, 1,245 care providers were found to have falsified their claims for social service vouchers, amounting to KRW 1.67 billion (USD 13.2 million) in total.

2.

THE CREATION OF PUBLIC AGENCIES FOR SOCIAL SERVICES (PASS)

1) ESTABLISHMENT AND CURRENT STATUS

A turning point occurred in 2018 when the newly-elected Moon Jae-in democratic government publicly pledged to support the creation of PASS in response to the long-standing criticisms and demands from trade unions and civil society.

In 2019, four PASS were created to run on a trial basis, and the number has since grown quickly, with seven more added in 2020 and three more in 2021. With three more PASS completed in 2022, 14 out of 17 metropolitan cities and provinces in South Korea now have PASS.

The first four PASS were established in 2019 with a legal basis in metropolitan or provincial level regulations. After the National Assembly passed a nationwide PASS statute on 31 August 2021, all PASS have been governed according to this new legislation from March 2022.

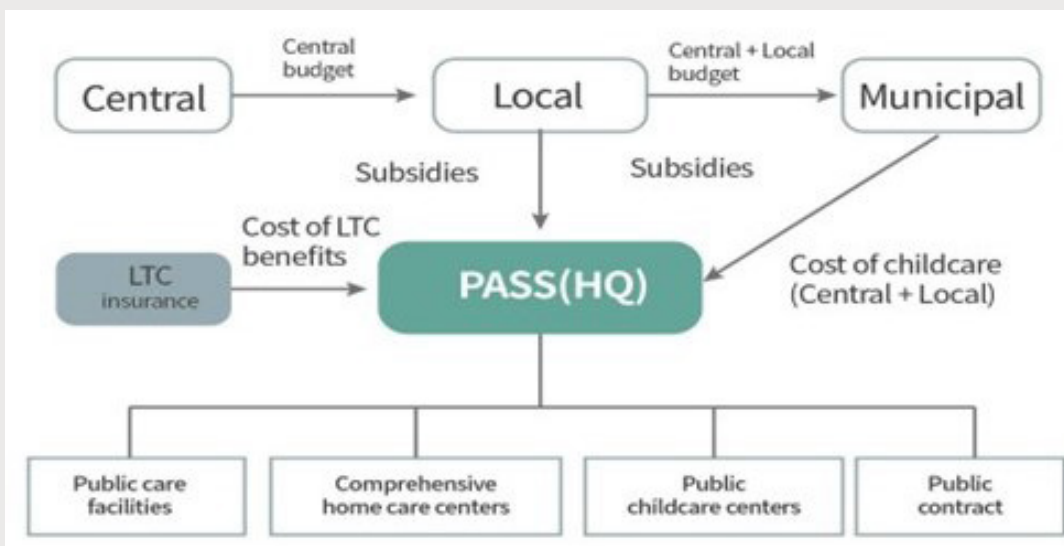
A PASS is a public service organisation created through regional (metropolitan or provincial) and local authority financing. Its mission is to enhance the public value and transparency of social service providers and the working conditions and professionalism of public service

workers (Ministry of Health and Welfare, 2019). Each PASS directly oversees and manages public care facilities, CHCCs, and public daycare facilities for children, whether established by metropolitan, provincial or local authorities, employing the necessary care workers for these service organisations. In some regions, the PASS also operates other national and local authority service programmes and facilities.

The 14 PASS across South Korea today are responsible for the operation of 37 CHCCs and 90 national and public care facilities, in addition to 67 public service programmes commissioned by the national government. The CHCCs provide homecare and emergency care services. Some of these centres also provide support activities for users with disabilities, nursing home visits, and day and night care services.

The PASS system currently employs 4,118 workers in total, including 419 people working at PASS headquarters, 1,292 working at national and public facilities, 1,591 working at facilities contracted by the government, and 816 working at integrated live-in facilities.

Fig.2: PASS System



Source: Edited by author based on 2018 documents from the Ministry of Health and Welfare and relevant ministries

Table 4: PASS across South Korea (as of June 2022)

Year established	Region	CHCCs	National/public care facilities	Service programs (national gov)	Subtotal
2019	Seoul	12	9	n/a	21
	Daegu	2	6	6	14
	Gyeonggi	2	14	5	21
	Gyeongnam	2	8	7	17
2020	Incheon	2	5	8	15
	Gangwon	2	8	4	14
	Daejeon	2	12	8	22
	Sejong	2	8	6	16
	Chungnam	2	8	6	16
	Gwangju	3	7	5	15
	Jeonnam	2	n/a	2	4
2021	Jeonbuk	2	4	5	11
	Ulsan	n/a	1	3	4
	Jeju	2	n/a	2	4
Subtotal		37	90	67	194

2) PASS: A STRATEGIC BUILDING BLOCK FOR THE REFORM OF THE CARE SERVICE REGIME

The creation of the PASS system is significant mainly for the following four reasons:

A) STRENGTHENING PUBLIC CONTROL AND SOCIAL VALUE OF CARE SERVICES

The PASS system represents the first-ever attempt by the South Korean government to enable regional and local governments nationwide to operate and provide important care services without for-profit intermediaries. There have been numerous attempts over the years, at both national and local levels, to increase the availability of public daycare and nursing services, but mostly on an insignificant scale. The majority of even newly created “public” services were provided by private-sector organisations hired or contracted by governments. The establishment of the PASS is therefore significant first and foremost as the moment at which the South Korean state stepped up to the task of directly providing quality care over and beyond simply providing financial incentives or regulatory guidance. This has, most importantly, made it possible for local authorities to re-municipalise care services they previously entrusted to the private sector.

Regional and local authorities created PASS, but with financial and institutional support from national government, which funds 50 per cent of the total costs of creating and operating the agencies. The Management Centre for PASS, part of the Ministry of Health and Welfare (MOHW), coordinates policy support, ensures evaluation and quality control, and provides administrative support for PASS and the service facilities and programmes they manage.

B) TRANSFORMING THE QUALITY OF CARE WORK

Through the PASS, local authorities directly employ care workers, providing them with wages and working conditions in line with the definition of “decent jobs.” The quality of working conditions still varies across PASS, but the expansion of home-visit and other care services under these agencies continues to enhance employment security for care workers, guaranteeing them regular monthly wages and enabling them to form service-providing teams.

Workers employed by the PASS are guaranteed all the statutory benefits provided under the Labour Standards Act 1997 (LSA) as amended, including special allowances for working on holiday days, annual leave and other paid leave, and social insurance protection. In regions that have adopted living wage regulations, these workers also earn living wages that are higher than the minimum wage. Compared to their private-sector counterparts, PASS-hired care workers can unionise more easily and therefore improve their working conditions through collective bargaining. All 14 PASS across South Korea are unionised, and unions have bargained for and secured paid sick leave, travel allowances, and other similar benefits for their members. In some PASS, union leaders and employers have formed joint boards of directors to ensure democratic governance.

C) PROVIDING INTEGRATED CARE SERVICES OF BETTER QUALITY

All social services are highly labour-intensive. They inevitably involve the formation of close relationships between



KPTU Care Workers' March – Participants with a “Happy Care Workers, Better Quality of Care” banner
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service workers and users. Improvement in the quality of working conditions for service workers therefore naturally leads to improvement in the quality of the services they provide for users. Expansion of public social services not only improves user satisfaction, but also increases household incomes, contributing to reducing poverty and inequality. Ensuring public management and control over these services also enhances their availability to users rejected by the market, such as those living in remote regions and/or with severe disabilities. The creation of CHCCs under the PASS has also made it possible to provide integrated services for diverse client groups, including older people, pregnant women and people with disabilities.

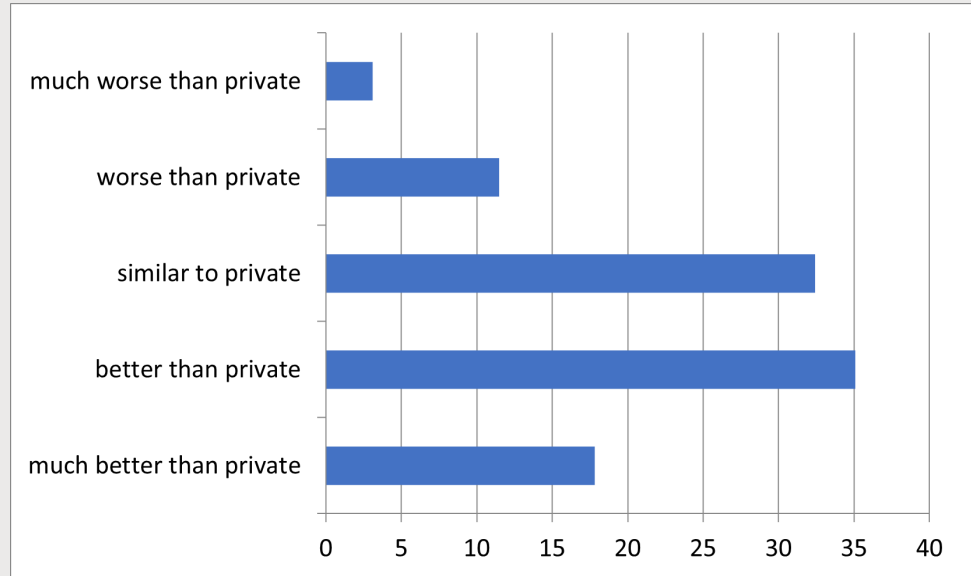
The PASS served an important role at the height of the Covid-19 pandemic. The emergency care services they provided in 2021 ensured that children, people with disabilities, and older people would not be neglected when the care services they received were suspended due to confirmed Covid-19 cases among workers

or users' families. Emergency care services have therefore become a core area of operation for the PASS.

D) EXERTING POSITIVE RIPPLE EFFECTS ON THE CARE MARKET

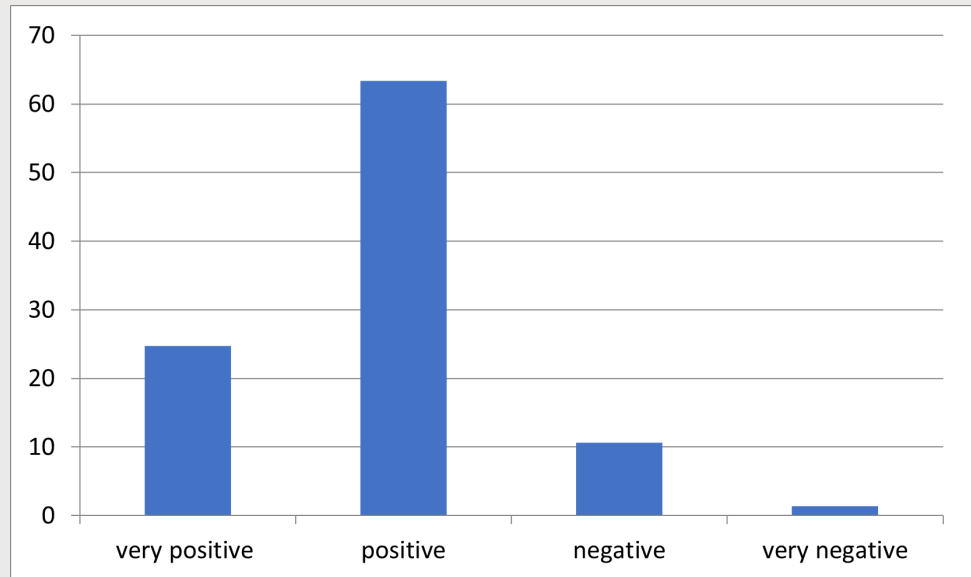
PASS still account for only a small proportion of all care services provided in South Korea today. Nevertheless, the standards, business models, and guidelines they establish can be applied to the private sector. Government authorities can use PASS and related regulatory measures to design incentives for the private sector to improve service quality and to end support for, or acquire, for-profit actors that consistently underperform. Because PASS are still quite new, the extent to which the intended policy effects materialise remains to be seen. Nevertheless, PASS offer the potential to reform the structure of care services in South Korea. They can have a “catfish effect” of sorts – strong players cause weaker players to better themselves – on the care market at large (Lee, 2018).

Fig. 3 - Service Quality satisfaction survey (%)



Source: KPTU survey result (PIIP and Social Services Association), September 2022

Fig. 4 - Perceived Impact of PASS on Community Care (%)



Source: KPTU survey result (PIIP and Social Services Association), September 2022

3) TRADE UNION INVOLVEMENT IN CREATION OF THE PASS SYSTEM

The process leading up to the establishment of PASS was a winding and arduous one. Private-sector service providers mobilised and mounted intense opposition to their creation. They formed 51 organisations to lobby lawmakers and influence public opinion. The conservative People Power Party also objected, citing possible disruption of the order and functioning of the private welfare service market. Although President Moon Jae-in, elected on 9 May 2017, had run on a pledge to reform the social services system, his administration was somewhat reluctant to proceed with PASS. There were voices within the government itself advocating that PASS should merely support the market, minimising the scope of services they would provide.

It was the Korean Public Services and Transportation Workers' Unions (KPTU) and union-affiliated NGOs that consistently and actively voiced their support for PASS. They waged a campaign featuring diverse activities including press conferences, the release of joint statements, policy debates, on-site testimonial hearings, demonstrations, and the distribution of leaflets. They proposed alternatives for enhancing public control over care and exposed the various ills of market-centered social services delivery. Thanks to the strenuous

efforts of these organisations, which reflected Public Services International's *Rebuilding the social organisation of care* campaign, the trial projects began in four local authorities in 2019.

Having been established on the basis of a few trial projects with local regulations, and without proper nationwide laws, the embryonic PASS system found it impossible to perform its functions. The vision was to enhance working conditions for care workers and the quality of services they provide by ensuring that local authorities directly manage service-providing organisations and the employment of workers. This, however, required sufficient and secure fiscal backing from central government. With local authorities in South Korea generally lacking fiscal resources of their own, it was impossible for the PASS system to function effectively without national government commitment.

South Korean trade unions therefore launched a campaign to push for legislative change at national level. Their lobbying efforts resulted in the Act on Support for Social Services and the Establishment and Management of the Public Agency for Social Services (Act on Social Services) by the National Assembly in August 2021. It started to take effect in March 2022.

3.

NEXT STEPS AND CHALLENGES AHEAD

A few years have passed since the creation of PASS and its enactment. Although it is still too early to thoroughly assess its performance, the new system has so far been operating below expectation. The plan for the expansion of public care infrastructure under PASS remains incomplete and falls short of the funding and operational objectives that authorities initially set. Although the 2019 plan envisioned rapidly increasing national and public care facilities by 2022, only 45 per cent of the target (nine facilities out of 20) were established in Seoul; 53.6 per cent (15 out of 28) in Daegu; 19.6 per cent (19 out of 97) in Gyeonggi; and 52 per cent (13 out of 25) in Gyeongnam. The 2019 plan also called for an increase in the total number of workers in the PASS system in these four regions – to 11,200. In reality, however, the system currently only employs a total of 4,118 workers. It is also worth noting that 47 per cent of these workers are part-time employees, with only 53 per cent enjoying the security of full-time employment (as of July 2022).

The PASS system has been slow to grow, mainly because of the institutional and fiscal constraints it faces. Although the National Assembly has enacted a statute to support the system, this alone is not capable of inducing and sustaining the necessary commitment from central

government, particularly regarding the funds necessary for expanding public care infrastructure and prioritising the role of PASS in that expansion.

The lack of public care infrastructure has held down the number of PASS workers and slowed down efforts to improve the quality of services provided by the PASS system.

The fundamental reason for the current stagnation is political. According to the PPIP's survey in September 2022, 80.2 per cent of PASS workers believe their system is vulnerable to changes in election results, and 56.4 per cent believed that if the conservative party were to win the presidential election, it would scale down PASS.

These opinions are not unfounded. The election of a conservative government in March 2022 has signified a return to privatisation and marketisation despite the many failures of those policies that have been exposed to date. The new government is particularly eager to encourage private-sector investment and participation in medicine and healthcare. Its drive to privatise and restructure public services has already begun with downsizing and streamlining PASS services, while its emphasis on fiscal conservatism has led agencies to scrap their plans to expand public care infrastructure.



A march of care workers in October 2022 organised by the KPTU to criticise the South Korean government for attempting to curtail the PASS system. The vest worn by the worker in the foreground says: “Expansion of Public Care Services! Increase Staffing Levels in Public Care Services!” © Public Services International and KPTU 2023

With conservative-backed mayors newly elected in Seoul, Incheon, Daegu and Ulsan, PASS now faces a slew of attempts at regional and local level to reduce its scope and extent. Even in Seoul, where PASS is by far the most advanced, the local authority has recently rescinded its collective agreement with the workers and abolished disability support services by integrated service facilities.

Unions in South Korea that have been instrumental in the creation of the PASS system are now organising and concentrating their attention on maintaining and strengthening it.

Efforts to Reduce PASS, 2022

- * Seoul, Gyeonggi, Gwangju, Incheon and other local authorities: Reducing the role of PASS from service provision to support for the private sector (downsizing home-visit services and limiting the scope of services to emergency care and consulting for private service providers).
- * Seoul: Unilaterally rescinding the collective agreement with the trade union.
- * Seoul: Abolishing disability support services at integrated service centres.
- * Ulsan and Daegu: Streamlining and integrating PASS functions, with Incheon contemplating the same move.



Senior man being cared by a female caregiver © Shutterstock

4.

CONCLUSION

The PASS are still at the experimental stage. It was not easy to get them started and to bring them this far due to objections from for-profit service providers and the People Power Party, the resistance and inertia of the bureaucracy, and even the lack of strong commitment and clear planning on the part of the central government. PASS still face major challenges and shortcomings. In particular, President Yoon Seok-yeol from the People Power Party is still calling for the deregulation of many industries.

Conservative leaderships in several metropolitan cities are also threatening to narrow the scope of operation for PASS.

Despite the political uncertainty ahead, the demand from care workers and citizens for more publicly-controlled care services continues. PASS represent only the first of many steps towards reforming and restoring public control over the care market. As such, they also play an important strategic role in providing public services.

Box 2. Union priorities for reforming the social services system in South Korea under PASS

Task	Description
<p>Legislative change and fiscal commitment</p>	<ul style="list-style-type: none"> * Prioritise PASS in managing and supervising newly created public childcare facilities and LTC homes, for example (amend Article 11 of the Act on Social Services). * Place private or public service providers whose government contracts expire under PASS supervision, unless there are justifiable reasons not to. * Increase fiscal support for expanding public care infrastructure.
<p>Increase PASS-affiliated integrated service centres</p>	<ul style="list-style-type: none"> * Open at least one PASS-affiliated integrated service centre in each municipality: <ul style="list-style-type: none"> - To serve as the main hub of care services catering to specific local needs in each community; - To integrate and refer to diverse care service resources in the community. * New service centres should be based on the expanded service model that includes support for the mobility and activities of those with disabilities.
<p>Increase the percentage of full-time workers working at least 8 hours a day and earning fixed monthly income</p>	<ul style="list-style-type: none"> * Increase the minimum required percentage of full-time workers earning monthly salaries to at least 50% * Identify measures for efficient personnel management, including teams and multi-person services * Standardise wages and duties and harmonise pay and grading for service workers * Establish standard operating procedures (Ministry of Health) to provide guidance for private-sector care providers
<p>Contracting Public procurement</p>	<ul style="list-style-type: none"> * Prioritise facilities and tasks associated with social services as candidates for government contracting * Assign personalised senior care, home-visit nursing, disability support, and emergency care to integrated service centres (by reforming voucher structures)
<p>Integrate community-wide care</p>	<ul style="list-style-type: none"> * Clarify the respective roles and responsibilities of care providers in the community and foster close partnerships * Allow municipal authorities to implement care service programmes (based on local needs, case management and service matching and locally available resources, for example) * Allow central government and regional (metropolitan and provincial) authorities to supervise, evaluate, and support
<p>Establish democratic governance</p>	<ul style="list-style-type: none"> * Appoint workers' representatives to boards of directors and allow them to attend steering committee meetings * Ensure workers' voices are heard in the development and provision of care services * Refer to the Rules for the Practice of Human Rights-Conscious Management (Gwangju PASS).

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ENDNOTES

1. The ratio of government funds to insurance premium income is 19.3% as at 2021.
2. According to the International Labour Organization (2018), women provide 76 per cent of all unpaid care labour worldwide on average. The rate is especially higher in South Korea, at 82.8 per cent.
3. The authorities found 1,245 care providers in 2019 who had falsified their claims for social service vouchers, totaling KRW 1.67 billion (USD 13.2 million).



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