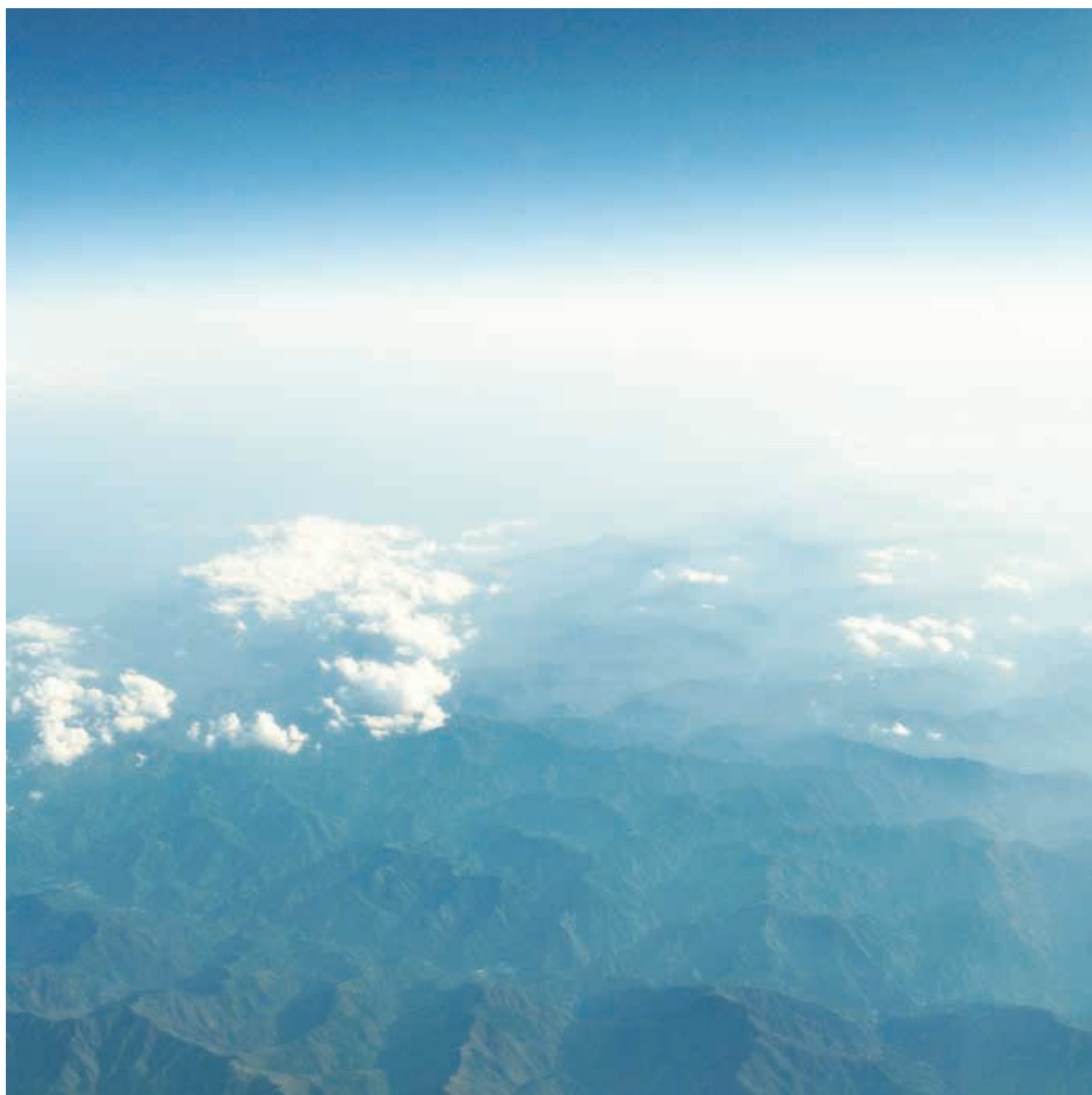


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ORIGINAL ARTICLE

Assessing Training System for Social Service Workers in South Korea: Issues and Policy Agenda*

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ABSTRACT

Government is the principal operator in developing necessary human capitals for societal and economical needs. The importance of quality and supply control of talents by government is especially crucial in the fields directly involved with the well-being of its citizens such as the health care service and education. However, little had been done to ensure the qualities and supply of professionals in social service sectors (e.g. social workers) in South Korea. In recent years, government has realized that the traditional approach of 'social welfare service' is incapable of dealing with new social problems such as sky-rocketing youth unemployment, low birth rates, rapid ageing, and the changes within traditional families. This paper discussed the current structures and challenges faced by the South Korean government in training qualified social service professionals in order to meet the demands from broadened social service scheme. This paper also analyzed the socio-economic contexts surrounding the social services. With both internal and external factors surrounding the social service regime, it is necessary to reform the current human resources program (both training and recruiting) within the sector to be more efficient with higher standard of qualities. Finally, this paper pointed out future policy issues in order to create sustainable and quality social service training programs.

<Key-words>

Korean Social Service Policy, Social Service Worker, Social Service Job, Social Service Licensure

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I . Introduction

Government is the principal operator in developing necessary human capitals for societal and economical needs in South Korea. Private sectors, such as corporations, do provide some training deemed necessary for certain sectors of the economy. However, they are limited by the fact that societal needs for new talents are often heterogeneous and unpredictable; *lassiez-faire* approach would not accommodate all of those needs, causing market failure. Therefore, government plays key role in setting up quality standards and enforce them (such as providing licensure to certain professions) in order to maintain quality of human capital development programs over the board and control the supply of new talents to a market equilibrium level.

The importance of quality and supply control of talents by government is especially crucial in the fields directly involved with the well-being of its citizens such as the health care service and education. For instance, South Korean government requires training institutions (universities, graduate schools etc.) in those fields to meet the national professional standards. At the same time, government controls the number of professionals, such as doctors and nurses, to be trained by operating a controlled license regime (either directly or in collaboration with professional boards) with pre-determined fixed numbers of licenses every year. The regime also applies to other professions in business services as well, such as attorneys and certified accountants.

By contrast, little had been done to ensure the qualities and supply of professionals in social service sectors (i.e. social workers) in South Korea. Though certified social worker scheme does exist, it was never the top priority of the government to maintain quality and supply control, despite the fact that social workers are equally essential part as medical professionals in the well being of citizens. This is due to long standing perception on 'social welfare services' by previous South Korean administrations as minimal security for the population in economical troubles. The common concept that social services are under the realm of volunteerism also negated the government's desire to establish a quality control in the professionals in the field.

In recent years, however, government has realized that the traditional approach of 'social welfare service' is incapable of dealing with new social problems such as sky-rocketing youth unemployment, low birth rates, rapid ageing, and the changes within traditional families. In 2011, South Korean government revised its Social Security Act to broaden the definition of social services from mere supplemental programs for the economically poorest, to general services for much broader population with multiple issues, such as counseling and intervention for substance abuse. In order to accommodate the newly added target population for more people-oriented social services, new system needs to be implemented in order to provide qualified professionals in this expanded field.

This paper discussed the current structures and challenges faced by the South Korean

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government in training qualified social service professionals in order to meet the demands from broadened social service scheme that targets virtually everyone in the nation. This paper also analyzed the socio-economic contexts surrounding the social services. Finally, this paper pointed out future policy issues in order to create sustainable and quality social service training programs.

II. The Context for Training Social Service Workers

1. Trends in demands and supply of the social services

Under the official Industrial Field Categories, social service in South Korea falls under multiple categories, such as public administrative service. This is due to lack of clear boundaries in defining ‘social services’ in contrast to other ‘public services’. Social Security Act of Korea, which is the key legislation in operating social services, the definition of social services is broadly defined, and the Ministry of Health and Welfare, ministry responsible, defines social service more close to the traditional field of ‘social welfare service’ shown on table 1 below, though the term ‘social services’ can be allocated in any categories listed on the table.

In traditional ‘social welfare services’ approach, needs for certified service professionals were relatively low because the target population was severely limited to people under the official poverty line. With an expansion of the target areas of social services in recent years, however, there needs to be a sustainable structure to provide qualified professionals who are trained to provide services to meet the various needs of the target population.

There are four main areas that demands for social service professionals will increase in South Korea within next decades, mainly due to policy interventions of general societal shifts. First, with the changes in traditional social institutions, such as families and local communities, it is expected to see the surges in alternative social care systems that will replace the crumbling traditional institutions. Already, there is a great demand in privatized care services, such as child and youth care, to fill in the voids left by the traditional family values.

Second, as senior population increases rapidly in the nation, demand for senior care has been increased tremendously. With the concept of “New Aging” - senior population who are still active in the social scenes even after they retire from primary careers - on the rise, newly entered senior population requires more diverse services available, ranging from recreational activities to daily care services.

Third, with women’s participation in economic activities are on the rise, there are voids need to be filled by the society that was once the domains of married women-i.e. childcare. Since childcare requires professional knowledge in early childhood development, training service workers in this field are especially crucial in supplying stable number of

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professionals.

Forth, as South Korean economy transforms from manufacturing-based to knowledge based service economy, social services are widely perceived as a career path that can replace shrinking manufacturing jobs for young people. With improved conditions and necessary trainings, government is expecting the social service field to create jobs for young people to take it as a life-time career. In other words, while expansion of social services deals with new social problems, expansion of social services may become a new growth industry of its own for the nation.

Table 1. The Job Scope for Social Service

Area	Detailed Jobs
Public Administration Services	Legal/Administrative manager in government, Law Enforcement officers/Emergency Service workers, Administrators in local government, Revenue/Custom officers, Military affairs officers, Clerical and Administrative officers in government, Correctional officers
Educational Services	School administrator, School Board Superintendent, Professors/Instructor-university, Instructor-college, Special-Ed teacher, High school teacher, Auxiliary teacher, Other teachers/instructors (e.g. computer instructor, tutors, daycare teachers, sports and recreational instructors etc.)
Health/Medical Services	Doctors-professional, General Practitioner, Acupuncture and Herbal Medicine Specialist, Dentist, Pharmacist, Nurses, Dental Hygienist, Physic/Occupational therapist, Pathologist, Radiation technologist, Optometrist, Massage Therapists, Hygienist, Nutritionist, Emergency Medical Professionals, Hospice Care workers, Physician's Aid, Health Administrator, or anyone else involved in health/medical field.
Social Welfare Service	Social Workers, Counselors, Community Organizers, Daycare/Child Care workers.

Source: Cho et al. (2010:14)

While demands for social services and related professionals are expected to grow in coming years, supply side of the services possesses different pictures. With low-birth rates decreases the potential labor pool, expansion of social services will be challenged by the shortage of professionals. While immigration of young population may be the solution, cultural and linguistic uniqueness of the Korean society makes it not reliable.

Unlike traditional 'social welfare services', where only selected few were eligible for the benefit, the expanded social services involves more customer, and perhaps even market approaches in providing services to the public. Unlike many other professional categories on table 1, for instance, social service professionals do not possess strong authorities in

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providing services than other related professions, such as doctors, administrators etc. As the government approach toward social services changes from supplier-based to customer-based, it may lead to reduced interests for young talents toward social service sectors, as they are more likely to choose the area with more control over their authorities, such as health or educational sector. It is therefore crucial for policymakers to pay close attention about the potential gap between supply and demand of the social service professionals.

2. Social service as an alternative career path

Social Service has been recently touted as a new source of job growth in South Korea, as a country enters into low-growth phase of the economy. Still, employment is quite low in this field in comparison with other OECD nations. According to International Labour Organization (ILO) reports on 2008, social service sector employs around 21.5% of the total active labor pools (among them, 9.6% were from health/welfare sector). By contrast, only 14.7% of active Korean workers (3.6% in health/welfare sector) were employed in the social service sector. This is low even compared to the U.S. where 26.3% of paid workers (12.5% in health/welfare) are in social service sectors despite low public spending on social services in general.

To increase the employment in the sector, the government has recently announced to invest 1 trillion Korean won (approx. 900 million USD) in 5 core social service sectors, and create 280,000 jobs by 2014. In addition, government has announced the plan to improve and control the qualities of professionals entering the field, including creating a new license regime for currently unregulated areas such as audiologist, linguistic therapist, and funeral directors.

There are few hurdles to jump over in order to make the social services as a solution to counter the unemployment, particularly among youths. In order for social services professions to be attractive by young talents, it needs to possess market competitiveness against other similar sectors. Two main factors for market competitiveness are innovation and value added creations, which majority of current social services schemes are not keeping up with market demands. Low value added activities, such as babysitting, would not be sustainable and suitable to create massive jobs for qualified professionals. Over-creation of jobs in those low skilled works may cause the collapse of the profession itself by Baumol's Cost Disease theorem. Government mandated cost-fixation or subsidies for those low skilled social services may be used, though they both require serious political and social capitals for the government to pursue.

To make the social service an independent sustainable industry, its products need to be marketable and able to generate profit. However, due to its labor intensive nature which limits its potentials to be innovative, and high elasticity of demands, it is not suitable for the private entities to pursue the service through innovation in a market setting. With lack of profitability, social services are simply not attractive enough for the capitalist

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market system.

Overall, social services should be the job creator for young population in order to be an effective and sustainable tool to deal with unemployment. This is also crucial in order to boost up the social service's profile within the policymaking structure in South Korea, where social services were traditionally viewed as voluntary or mere extra income activities for near-retirees and therefore never taken seriously as a part of national human capital development. However, due to the nature of funding for the social services (majority of the funding should come from taxpayers pocket due to its unattractiveness in the market mentioned above), allocating wages for young professionals may be challenging, especially since all those trained young professionals will start at higher-than-average wages. At the same time, relatively low chance of upward mobility within the field (just like many other service industry jobs) makes it difficult for the potential young professionals to be excited about making social service as their life career.

Table 2. Career Ladder of Industrial Society and Social Industrial Society

Ladder of Industrial Society	Profession Age	Ladder of Social Industrial Society (Post-Industrial Society)
Executive and the Board Manager, Inspector Skilled Manual Worker Unskilled Manual Worker	⇒	Expert Quasi-Expert, Technician Skilled Service Worker Unskilled Service Worker

Source: Esping-Anderson (1999)

III. The Supply Side for Korean Social Service Worker

1. Current issues for social service workers

The Ministry of Health and Welfare has reported that there were around 2.127 million people hired by the social service sectors as of June 2011. This is an increase of 165,000 employees over the last year, and takes up one-sixth of the total employment growth during the same time period. Child and youth care, including babysitting, showed the strongest growth, followed by health services, community services, and non-residential social services. The growth trend is expected to continue, as government spends more on social services in the wake of global economic recessions, and the fact that South Korea still ranks bottom among OECD nations in social spending, leaving larger rooms to grow.

Lee et al. (2010:55) has calculated the estimates on demands for human resources in the social service sector in comparison to other industries/sectors. According to the study,

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sector will add 494,000 new positions by 2019, an annual increase of 3.5% from 349,000 new positions added in 2009. Amongst the sub-fields of the social services, child and youth care will add the largest number of new positions with 85,000 already added in 2010, followed by long term senior care (161,000 added in 2010), disability care (27,000 in 2010), and community social service investment (61,000 in 2010). Apart from long term senior care, all other sub-fields are operated by private social providers with a government subsidy directly to customers through e-voucher programs. Those sub-fields, therefore, uses market mechanisms as an operating ground, as well as filling in new talents.

Table 3. The Scale of Care Giver Trend in Social Service E-Voucher Program

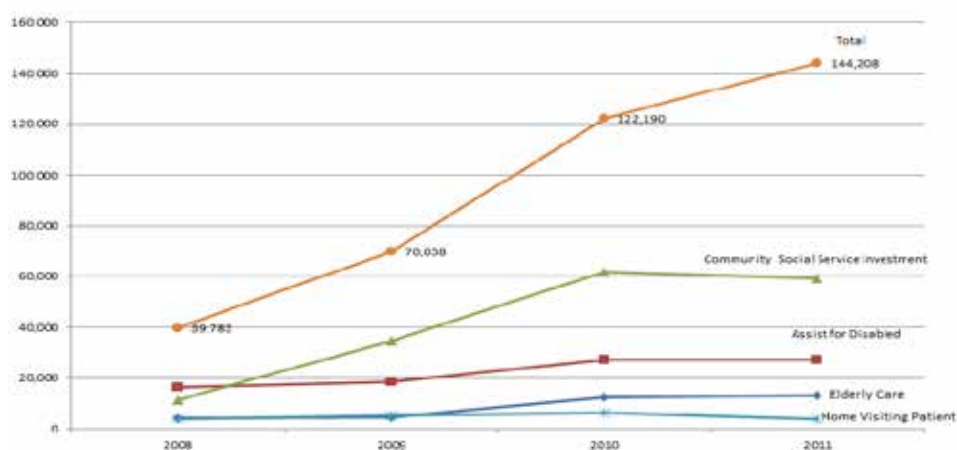
(Unit: person)

		Elderly Care	Assist for Disabled	Support for Disabled	Community Social Service Investment	Supporting Mother and Baby	Home Visiting Patient	Rehabilitation for Disabled Child	Supporting Language Development	Total
2008	Sum	4,341	16,423		11,486	3,687	3,846			39,783
	Man	69	2,289		1,040		20			3,418
	Woman	4,272	14,134		10,446	3,687	3,826			36,365
2009	Sum	4,499	18,611	-	34,872	3,977	5,391	2,688	-	70,038
	Man	31	2,323	-	4,056	-	14	236	-	6,660
	Woman	4,468	16,288	-	30,816	3,977	5,377	2,452	-	63,378
2010	Sum	12,381	27,499	-	61,607	9,554	6,305	4,802	42	122,190
	Man	112	3,735	-	8,412	-	28	394	2	12,683
	Woman	12,269	23,764	-	53,195	9,554	6,277	4,408	40	109,507
2011	Sum	13,052	27,311	26,008	59,260	8,735	4,062	5,662	118	144,208
	Man	99	3,447	3,126	7,453	2	16	444	5	14,592
	Woman	12,953	23,864	22,882	51,807	8,733	4,046	5,218	113	129,616

Source: www.socialservice.or.kr

Figure 1. The Scale of Care Giver Trend in Social Service E-Voucher Program

(Unit: person)



Source: www.socialservice.or.kr

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Table 4. The Wage Condition of Social Service Areas (2008)

(Unit: person, %, 10,000won, time)

Scale		Age Distribution					Wage Condition	
		The Twenties	The Thirties	The Forties	The Fifties	Total	salary	Working Hour per Week
Social Service Related Jobs	Public Administration Service	62,106	174,409	192,644	112,238	541,397	304	57.4
	Educational Service	445,801	549,466	414,155	211,282	1,620,704	232	49.6
	Health and Medical Service	229,659	198,643	123,678	100,612	652,592	224	58.4
	Social Welfare Service	32,883	43,943	52,767	66,481	196,074	133	59.9
	Sum	770,449	966,461	783,244	490,613	3,010,767		
Others		3,253,382	5,015,300	5,781,484	6,673,069	20,723,235	199	59.8
Total		4,023,831	5,981,761	6,564,728	7,163,682	23,734,002		
Ratio		The Twenties	The Thirties	The Forties	The Fifties	Total		
Social Service Related Jobs	Public Administration Service	11.5	32.2	35.6	20.7	100.0		
	Educational Service	27.5	33.9	25.6	13.0	100.0		
	Health and Medical Service	35.2	30.4	19.0	15.4	100.0		
	Social Welfare Service	16.8	22.4	26.9	33.9	100.0		
	Sum	23.5	33.5	28.1	15.0	100.0		
Others		15.7	24.2	27.9	32.2	100.0		
Total		17.0	25.2	27.7	30.2	100.0		

Source: Cho et al. (2010:21)

With all the increases in quantities, however, improvements in work conditions does not seem to catch up with the trend. According to the recent data, there are around 3 million people working for the broader social service sectors (including educational services, which takes 53.8% of the total social service workers), which is 12.7% of the total active labor pools (Cho et al. 2010:15-19). Women take 78% of the total workforce in social welfare services, and 50.9% of the social service workers have less than secondary educations. This is mainly due to the preference over under educated employees among daycare businesses, which takes the bulk of total social service works. They worked long hours (around 59.9 hours per week, the longest amongst all social service disciplines) and paid the least amount, around 1.33 million Korean won per month (about 1200 USD/month).

Despite negative conditions in many of social service professions, there are some positive signs among other sectors of the social services. Particularly the Community Social Service Investment (CSI) program, which the government initiated in 2007, showed the possibilities to provide new types of employments with better conditions than other social services jobs such as daycare. The community service program showed its strengths on diversity and flexibility, where it can provide multiple services in diverse formats and media based on local population needs, both for users and employees. Currently, there are around 500 different programs operated under community services scheme as of 2011.

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Table 5. Contents and Examples of the Community Social Service Investment (CSI) program

Business Field		Program Example
Support for Life Environment	Residential Environment	Sanitation for public facilities such as community centers and playgrounds Disinfecting Senior Citizen Center
	Health Care	Nutritional support, Senior/Mental health assistance,
	Care Environment	Services for senior services including recreational activities, mobile laundry services, senior community establishment etc.
	Family Culture	Supporting family-oriented activities, such as traveling, bridging the gap between generations
Support for Improving Child's Ability	Support for Child Development	Language classes/Science Class/ Youth Leadership Class. Running communal spaces for children such as library
	Support for handicapped child	Supporting children with disabilities, Providing maintenance/rental services for necessary equipment such as wheelchairs, Developmental programs for children with mental illnesses, Therapeutic classes
	Support for Health Development	Classes for Children's mental development, counseling/intervention services for children in trouble, Intervention,
Support for Social Activity	Support for Children	Daycare services for working mothers, Special care for young adult with developmental disabilities
	Support for Special family	Multicultural family services, Single parent support system, family counseling services
	Combination of Labor & Welfare	EAP services for working people, Customized employment and social services

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Table 6. Market Condition Examples of the Community Social Service Investment (CSI) program

Business	Description	Wages (Monthly)
Intervention Service in Early Stage for Chile Health Development (Daejeon)	Cognitive Behavioral therapy, Linguistic therapy, Mobile services up 10 times per month	1.7 million Korean Won (KRW) (1500 USD)
Psycholinguistic Therapy for Children and Adolescents (Gangreung)	Art/Music therapy, Psychotherapy/counseling up to 4 to 8 times per month	2-3.5 million KRW (1800-3100 USD)
Business for Chile Health Development (Chungju)	Physical/Cognitive/Linguistic Therapy up to 10 times per month alongside parental counseling	1.3 million KRW (1100 USD)
Health Development Service for Aged People in Farming and Fishing Village (Jeonnam)	Physical training, Medical Check-ups, Dance Sports and Spa therapy, with some alternative therapies such as laughing and singing classes	1.2-1.5 million KRW (1050-1350 USD)
Customized Exercise Prescription Service (Gongju)	Customized physical training for seniors, pregnant women, physically disabled person (In conjunction with University Entrepreneurial Venture)	1.5 million KRW (1350 USD)
Service for the Aged to Prevent Degenerative Diseases (Mokpo)	Massage Therapy, Physical Therapy	1-1.6 million KRW (900-1400 USD)

Source: Lee (2008)

2. Managing training programs for care service worker

As mentioned before, social service professions, care services (such as babysitting or senior care) and educational services (such as after school teachers) takes the majority share of the total social service professions. The former focuses on personalized cares for seniors, pregnant women and infants, while latter is oriented toward school aged children. In terms of professional trainings for care service workers, there is currently no centralized system of certifications; each service providers, most of them privately operated, operate their own training programs. This is mainly due to the fact that the government approach in this matter has always been reactive to rising social issues, instead of being proactive and establishing holistic structures.

Lack of harmonized structure of training had caused severe backlogs in training and placing necessary professionals in timely manner, as some of candidates had to start from the scratch when they want to move from one institution to the other. For instance, the Ministry of Health and Welfare had tried to create the uniform 30 hour training for all care service workers, but faced challenges in coordinating efforts among different

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government agencies responsible for different types of care services. Under the current system, senior care and maternity care goes through completely different training tracks, and responsibilities to administer the process is unclear among multiple agencies in both public and private sectors.

Another obstacle facing professional development of care service workers is the lack of coherence in government policy regarding mobilizing care service as a new growth area for job creations. Currently, care service workers are widely regarded as a ‘career for low-income households’ with below average wage levels earmarked from the government. Though this may provide some job opportunities for low income families, it may have negative consequences in turning away larger pool of talents, who are mainly young and looking for careers with average salaries.

Table 7. Caregiver Entry Condition and Support Statement

	Course of Study and Time	Educational Institution	Educational Cost
Nursing Home	<ul style="list-style-type: none"> ○ Caretaker Service License Class 2 ○ Receiving trainings from designated institutions ○ Receiving 120 hours of training from related institutions other than designated ones 	<ul style="list-style-type: none"> ○ Designated Caretaker institutions (senior care included) ○ 5 nationally designated On-the-job training centers. 	<ul style="list-style-type: none"> ○ Caretakers are responsible of their own insurance payments (such as Employment Insurance) ○ Government Subsidizes 100% of the training
Senior Care	<ul style="list-style-type: none"> ○ Caretaker Service License Class 2 ○ For services in remote rural areas, institutional requirements will be exempt (on-site training will be conducted) 	<ul style="list-style-type: none"> ○ Designated Caretaker institutions (senior care included) 	<ul style="list-style-type: none"> ○ Caretakers are responsible of their own insurance payments (such as Employment Insurance) ○ Individual Service providers are on their own for training expenses
Activities Assistance for the Disabled	<ul style="list-style-type: none"> ○ Basic Training: 40 hours ○ Experienced Care Service workers (at least 360 hours from previous year) : 20 hour Basic training 	<ul style="list-style-type: none"> ○ Regional designated training institutions ○ Candidates recruited by individual service providers ○ 8 hour on site training for first time practices 	<ul style="list-style-type: none"> ○ Basic Training: 100,000 KRW (90 USD); government takes half the cost ○ Training for experienced: 50,000 KRW (45 USD); government take the half
Helper for Maternal and Newborn	<ul style="list-style-type: none"> ○ Basic Training: 80 hours - Basic 40 hours - Specialized: 40 hours ○ Experienced Care Service Workers : 40hours 	<ul style="list-style-type: none"> ○ Assigned by local authorities on basis of accessibility by candidates (up to two can be assigned by each jurisdiction) 	<ul style="list-style-type: none"> ○ Up to 150,000KRW (135 USD) supported by government

Source: Kang et al (2010:30)

Since training procedures are basically on the hands of individual service providers, heavy burdens are being placed for future care service workers, who sometimes may have to pay for their own training if the agency he or she applied is too small to offer trainings. There are also regional disparities in training as well; since independent training agencies for care services require certain amount of participants to run the program, some areas may not have enough participants to get the program running in their own areas. Even if training is available, quality control seems to be almost non-existent. There are no verification processes on whether potential candidates had completed the program with competent level of understandings; there are even cases that some participants may just attend the program and get certified without an intention to join the field, wasting valuable resources to train people who will actually enter the service.

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Most of programs are focused on health/medical aspects of the services, rather than interactive part such as counseling and relationship building with target population.

Table 8. Nursing Related Care Giver

	Carer	Home Supporter	Nursing Helper	Care Worker	Professional Carer
Legal Base	None (run by private providers)	Senior Welfare Act	Social Security Act	None (run by private providers)	Disability Benefit Act
Service Place	Households, Medical Institutions,	Households	Households, Medical Institutions	Household, Medical Institutions	Households, Service Providers
Training Institute and Time	Korean Red Cross	Designated by Ministry of Health and Welfare (Paid 40 hours, Un-paid 20hours)	Designated by Ministry of Health and Welfare (Course works: 50, hours Practical: 30 hours On Site training 40 hours)	Level 1: Universities and Colleges Level 2: (200-300 hours of course works required)	Designated by Ministry of Employment and Labor (40 hours (16 hours on site training required))

Source: Kim et al (2007:38)

Care service workers who are currently part of e-voucher transfer system are required to update their profiles on centralized system, though they are not required to put professional profiles (such as experiences and relevant licenses etc.) on the system. Despite the importance of professional development provisions for care service workers, it is still unclear whether the government is going to add professional profiles on the system due to its complexity in implementation. Hospice care is the one example of this dilemma; although it works at the medical site and sometimes acts as the quasi-health service provider, their professional records are not kept or asked by the government. In most cases, they work on the contract basis with guardians of the patients (which put them out of the e-voucher transfer system). In addition, their services are certified based on multiple legislations (such as Social Security Act, Disability Benefit Act, and Senior Welfare Act etc.) and multiple private institutions.

Long-Term Caretaker is the new category of the care service workers that started in 2008 when Long-term Care Insurance was established for seniors. Class 1 long term care takers are eligible to work on the senior home and conduct counseling and caretaker services in related facilities after receiving 120 hours of education (50 on-site hours) in designated institutions. Class 2 license requires 40 hours of training, and it allows similar activities that are allowed by Class 1 certification, though their job descriptions

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are limited to manual caretaker services.

Since its inauguration, demands for long term caretakers has been skyrocketed and so as the vacancies for the position as well. At the same time, however, service providers in the field are suffering from worker shortages, which led to the increased employment of under-qualified professionals and therefore lower quality services for recipients. This is due to poor work environment faced by long term caretakers (Jung, 2010). Average salaries was around 1 million KRW (900 USD) per month, and their hourly wage was only around 6,219 KRW (less than 5.50 USD), which was only 58% of average wage workers in the country.

3. Professional licensure regime for social service

Professional licenses are created in the field where high level of technicalities and expertise are required to function in full capacity. As of 2010, there are 1,504 professional fields that require licenses in the whole service industry, and 58.1% of them belong to greater social service sector (health, education, social welfare service, and public services). Current social service license regime comprises of three government-certified types, 3 national technical licenses and various privately-regulated licenses.

Current professional license regime in social service can be characterized by four main features. First, government plays minor role in operating the regime, with multiple private institutions runs similar license schemes. There are 32 professional license schemes operated directly by the Ministry of Health and Welfare, and only 3 of them were for social service fields other than health/medical disciplines. This shows the negligence by the government in promoting professional quality of the social services due to minimalist social welfare policy which were mentioned at the beginning of this paper. There are also risks that multiple private actors may manipulate potential candidates for the social service fields, as lack of standardized system often leads to lack of proper channel to receive accurate information about the field. Private actors tend to distort the information for their own benefit; this is especially true in current social service professional license regime where multiple private actors are competing against one another.

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Table 9. The License Types for Social Service

	License Types
National License	Social Workers (psychiatric/clinical)
National Technic License	Consumer Counselor, Vocational/Career Counselor, Clinical trial counselor
Private License (Samples)	Developmental therapy specialist, Rehab/recreational therapy specialist, sign language translator, Special education teacher/administrator/therapist, Babysitter, Youth development psychologist, Child development specialist, Child recreational counselor, Child traumatic damage rehab counselor, Senior rehab specialist, Family counselor, Multicultural family counselor, Sexual abuse counselor, School bullying counselor, Psychological counselor (reading/drawing/analytical/rehab/developmental), Clinical art counselor, Professional counselor, Anger management counselor, Social service manager, Household safety manager, Volunteer coordinator, Fundraising specialist, Hospice volunteers etc.

Source: Lee et al (2010:64)

Second, there is a fundamental barrier that prevents “professionalization” of the field. Social service in general involves both therapeutic (intervention) and prevention tools in dealing with people’s needs. However, South Korean government puts restriction on usage of term ‘therapy’, as it is only reserved for medical activities. This limits the growth boundaries of the social services in general, and puts into conflicts of interests against other related professions (i.e. health/medical). Although social services plays vital role as a first respondent of the traumas faced by ordinary people before it gets into clinical problems, current restrictions forces them to take mere counseling roles with very limited intervention tools before traumas get full-blown problems. With lack of activities allowed, the whole field is also facing problems for its internal growth, as the opportunities to professionalize the field are being narrowed, thus de-motivating service providers to further enhance their skills.

Third, there is a lack of supervision amongst different private license regime, as there are virtually no official mechanisms to assess the qualities of different systems. Some of those private license granting organizations even form a cartel and focuses more on increasing their own benefits by over-issuing the licenses without considering the market conditions and its professional qualities. As unqualified licenses are being poured into the labor market without restrictions, they drag down the quality and credibility of the whole license system. For service recipients’ point of view, low quality practices by licensed professionals in social services make them to distrust the system itself, which leads to the slowed growth (or even recession) within the social services. The ultimate victims will be the new professionals with licenses, who would witness the degradation of

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their qualifications, and less jobs than originally expected.

Forth, diverse programs within the community service scheme make it challenging to get necessary professional talents on site. According to the “Rights to Access Social Services” act, all community service programs receiving e-voucher transfer system must report their service providers and their qualifications to the Ministry responsible. Unlike other single entity social services, however, community services require customized professional qualifications for all of its 500 operations, and they often involves multiple regulatory agencies with different rules to follow. Without a single umbrella organization to streamline the human resources management procedures, community service operators are facing fundamental limitations in increasing their capacity.

IV. Policy Agenda for Korean Social Service Professional Development

With rapid changes in traditional family and community values, which acted as primary caregivers, the needs for government-sponsored care services for broad range of population are also increasing as well. However, current human resources structures for the care services (or social services in general) cannot keep up with the increased demands, as it was designed to accommodate the minimal range of population with limited services provided by often small individual private service providers. Lack of capacities for current system to provide quality professionals into the field has caused a widespread inefficiency, as well as low quality services for recipients.

Social services in general are facing issues regarding attracting and retaining quality labor pools due to its poor work conditions, along with lack of quality controls and credibility toward the license regime, which awards the professionals in the field an authority and proper job qualifications. This is especially true in the care service, where most of the works are concentrated on simple manual services with lack of professional accreditation to motivate providers to improve their services. Government may intervene by increasing subsidies for providers, though it requires strong political consensus among stakeholders. Nevertheless, it is evident that the field requires government intervention in order to fully develop social services into professionalized and respected career path.

Demands for social services especially increase during the time of economic recession, where spending on both public and private sectors are being reduced dramatically. Recession, however, also limits the capacity of government spending on social spending, since economic uncertainty and fears over fiscal mismanagement prevents authorities to take bold action into many social services which are often labeled as questionable investment with uncertain outcomes.

With both internal and external factors surrounding the social service regime, it is necessary to reform the current human resources program (both training and recruiting) within the sector to be more efficient with higher standard of qualities. After all,

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demands for social services are going to increase for some time with ongoing global economic downturns.

First, wages for social service works need to be increased in order to attract young talents to participate as a service provider. Despite some studies, such as Escobedo et al (2002), suggest that social service works do offer relatively high job satisfaction even with low wages, it is important to distinguish the differences whether someone wants to stay on the field as a lifetime career. There needs to be a re-establishment on the minimum level of wages for social service workers to a level comparable with other public sector works. To do that, professions within the social service sector needs to be respected as a full-pledged career rather than voluntary works for one's moral awareness.

Secondly, there needs to be a re-evaluation on so called 'works for welfare' approach on social service works, which had justified the low wages in exchange for job opportunities for low income households. This practice may end up creating a systematic low income working class in the field, regardless of their skills and qualifications. Different fields of the social service professions need to be treated differently based on their level of competency and skills required. Wage levels and other benefits should follow on the differentiated level and qualities of each area. To put this into practice in an efficient manner, independent mechanism on human resources management for social services is required outside of the general social service provision plans.

Thirdly, customized qualification codes for service providers need to be implemented to serve better on needs among different target populations (e.g. seniors, child and youth, disability rehab etc.). This will also reduce the redundancies and increase sustainability of the training program for new entrants into the field. The Ministry of Health and Welfare's plan to create two tier training system for care service workers (comprehensive foundation training for all care service workers, and advance to the specialized trainings for each areas) can be the solid stepping stone for the reform.

Forth, current private license systems need to be re-organized by the government. One solution will be to amalgamate similar licenses into a single government-certified license. In the process, the role of 'therapeutic interventions' in social services needs to be revisited, and more researches are required to understand the role of social services in this previously suppressed role. Mobilization of National Competency Standards (NCS) should be considered as a starting point for this sector-wide reform.

Finally, more structural approaches are needed in maintaining electronic registration system for social service providers. This is a key step not to ensure the qualities, but also to ensure the credibility to recipients. Some of the key areas need to be formalized and improved will be: the procedure to approve the registration of the service providers, background checks, and follow-up procedures on renewal of service workers' credentials and qualifications.

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