Efficient Management and Utilization of Local Welfare Resources

Young-chul Chung Hye-kyu Kang Se-kyung Park





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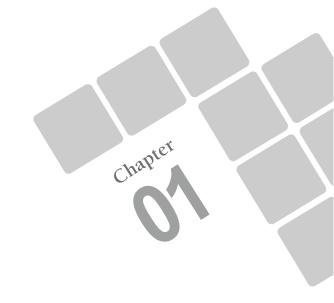
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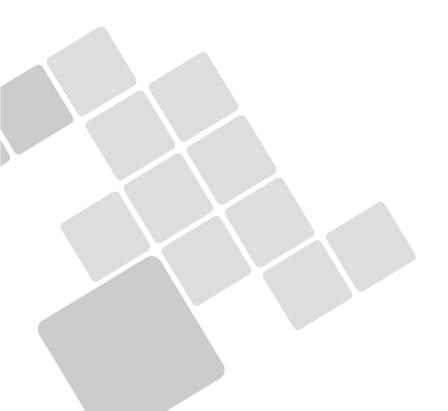
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Introduction



Chapter 1

Introduction

1. Background and objectives

The year 2010 marked Korea's entry into the era of an aging society, and by 2022, the nation is expected to become an aged society, wherein greater welfare in quite different forms is required. This is all the more true when low fertility rates and the need for diversity in a globalized world are considered. Rising elderly population and longevity have led to the need for care services, which have traditionally been provided by family members, and demand for welfare of the elderly, such as elderly care, livelihoods for the elderly, elderly safety/leisure/culture, and lifetime education has increased. As there are more double income families and women have greater access to education, women's rights have improved and more women participate in the labor market. As such, those who can take care of children and elderly parents within families for working moms and daughters are in need, giving rise to greater need for welfare services. Such services include day care, women's employment support, relief for victims of domestic violence, care for mothers after delivery, and protection of abused and missing children.

The recent global economic downturn has created "the new poor" and worsened the quality of life of those already vulnerable. As the heads of households lose jobs, fail in running businesses, and suffer income losses, the new poor—those who finds it hard to meet the basic needs of their life and medical and educational needs—is increasing.

The changing socioeconomic environment has increased demand for greater welfare services, both in quality and quantity, and this requires the augmentation of social safety nets. The government and private sector need to build organic, cooperative relations; the government is required to play a greater role and take more responsibility in protecting people against new social risks; efficient division and use of resources rose as a new national interest.

To reflect these changes, the government decided to hire 7,000 employees for social welfare services by 2014 who will be tasked to identify those in need of support and provide customized services. In order to enhance the efficiency of the delivery system, it is determined to comprehensively manage welfare data and prevent the recipients from enjoying more than one welfare benefit of the same item from 156 projects out of 292 being implemented by 13 central government departments. The government decided to enhance the structure and function of the public delivery system by implementing and operating "Sharing Hope Corps (provisional)" which is created by expanding and restructuring the existing service teams of cities and counties (Office of Prime Minister, 2011). In September 2011, the Integrated Welfare Data Management Division was established to build and operate an integrated welfare data management system (for 16 Divisions, 289 projects) in June 2012, which is an expansion of the existing social welfare management network (for 7 Divisions, 108 projects).

Recently, many pay attention to case management, community-based service delivery mechanism designed to proactively respond to diverse needs of welfare recipients and realize locally customized welfare as well as to enhance the structure and function of the public delivery system. Case management, which has risen following the movement in the 1960s to deinstitutionalization, puts emphasis on the access to, and efficient use of, comprehensive community-based services that satisfy the needs of beneficiaries. Hye-kyu Kang (2010) defined case management as an activity that mobilizes services for those with long-term and complicated problems who cannot survive in the current allowance-centered welfare system, connects such services, monitors, and solves problems. This requires a relatively longer maintenance of efforts. The Ministry of Health and Welfare and the Korea Human Resource Development Institute for Health and Welfare (2011) defined case management as a comprehensive management activity where case managers take ongoing responsibility for those who have complex problems and provide, connect and monitor services to assist and support them. In other words, case management means identifying, adjusting, coordinating or directly providing and managing official and unofficial resources based on demand survey and service plan. The key word in case management is "customized," and "integrated" "comprehensive," services for welfare beneficiaries, which will help remove duplications and omissions of welfare services and have the recipients feel that they are really receiving the benefits. Yet current public case management projects have redundant functions, duplicated works and recipients, showing inefficiency, that led the government to work on an integrated case management for the public sector.

To provide customized, comprehensive and integrated services, case managers need to identify the complicated and diverse needs of the recipients; more actively develop public and private welfare resources for efficient utilization of limited resources; and link and coordinate public/private or private/private entities for a more timely use of such resources. Se-kyung Park (2009) emphasized that strengthening private welfare resources would prove to be a strategic way to share the responsibility of national welfare and complement the public welfare system when public welfare reaches its limit.

However, community-based public or private welfare resources, particularly private resources, are not well developed or managed. Even developed resources are unevenly distributed and not based on needs of recipients. Hye-kyu Kang (2010) also pointed out that both provider and recipient of welfare services do not have full access to relevant information, depriving them of proper services and creating one-off services. The root cause is that welfare resources are not thoroughly identified at the local level and the resources are not well managed at the local or institutional level. Even when the resources are being managed, standardized principles or direction designed to match resources with needs do not exist and those in charge at institutions arbitrarily manage resources, which prevents a timely sharing of and public access to necessary information.

As such, for an integrated case management where redundant or deficient services are prevented and customized services are provided, local welfare resources should be identified accurately. In other words, with the help of comprehensive management of resources, resources should be coordinated and shared properly.

As a basic research for comprehensive management of local welfare resources, this study offers overall management and utilization measures including standardization of practical classification of local welfare resources from the point of comprehensive case management. The detailed objectives are: first, to provide a standardized classification system for local welfare resources and second, to give comprehensive management and utilization measures.

2. Contents and methods

In Chapter 1 "introduction" emphasized the necessity and importance of the study by stating the background, objective, outline, and its methods. Chapter 2 "theoretical review" discussed the concept, scope, standardization, classification, and information search for welfare resources in order to clarify the subject and scope of application of the study. Chapter 3 "analysis of welfare resources classification" analyzed the existing classification mechanisms to create a standardized classification method for welfare resources management. This chapter is structured with the current status, comparison, and review of welfare resources classification methodologies in order to establish a preliminary classification system. In Chapter 4 "standardized welfare resources

classification," to propose a standardized welfare resources classification system based on the classification comparison and analysis done in the previous chapter, a survey was conducted on welfare resources classification and management and a classification system has been proposed. The last chapter "welfare resources management and utilization" discussed vision and goal, the data and service (function) to be provided or managed, system users/managers/operators, the use and management of the system.

To this end, the following study methods have been adopted: First, for concept definition, the literature on welfare resource management, service delivery system, private welfare resource management, search system, and term classification system has been reviewed and compiled.

Second, relevant classification systems and web sites have been analyzed including Happiness E-eum Counseling Management System manual, Seoul Matrix Project service book, 2011 Manual for Households At Risk, Busan social welfare service classification, social service industry survey, Resident Service Portal, Bokjiro (welfare portal site), and Centrelink of Australia.

Third, to understand welfare resources classification and management of local governments and private institutes, and to pool their opinions on integrated resources management, visits were made to 12 institutions including Jecheon City, Namyangju Seobu Hope Care Center, Gangnam Community Mental Health Center, Central Self-sufficiency Foundation, Korea Youth counseling Institute, and Seoul Welfare Foundation, and interviews were conducted with those in charge.

Fourth, a survey was done for special agents of local

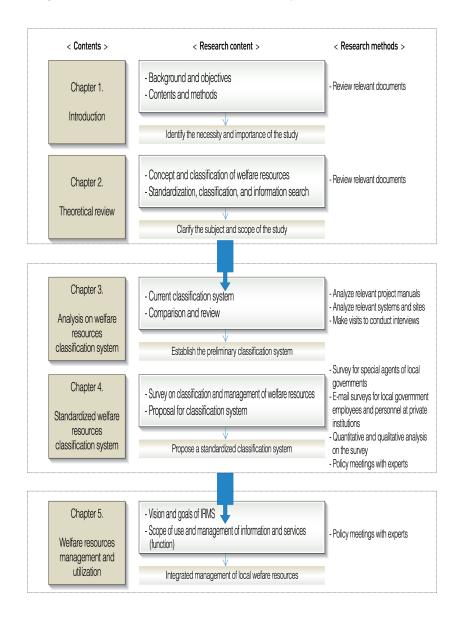
governments nationwide in order to draw their opinions on the preliminary classification system of service resources established by the researchers of this study and on an integrated resources management system (IRMS). E-mail surveys with the same questions were carried out for 13 local government and private institutions including Iksan City, Danyang-gu Office, Seobu Service Center for People with Disabilities, and Gangseo Welfare Center for Elderlies, which aim to understand the opinions of the workers at local governments and private institutions. The survey for the special agents of local governments were conducted during the "Special Training to Strengthen the Capabilities of Case Managers of Local Governments" for three weeks from October 17 to November 4, 2011, and 526 cases were returned out of 881 showing a 59.7% response rate. The survey on those in charge at local governments and private institutions was carried out for the same time period. The survey was composed of 24 questions mainly on welfare resources management and utilization, opinions on the preliminary classification system established by the researchers, and necessity and practicality of resources management system.

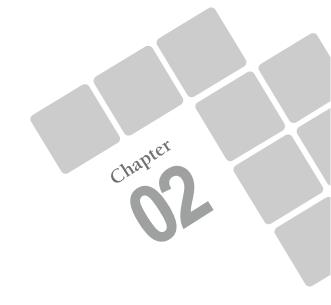
Fifth, the survey result was typologized for a quantitative analysis with simple frequency calculation and a qualitative analysis of open-ended questions.

Sixth, policy meetings with experts were held to obtain more professional opinions and consultation on resources classification system produced from the survey.

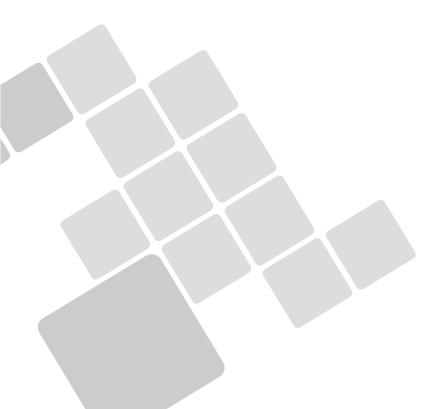
Figure 1 below outlines study contents and methodology:

[Figure 1] Contents and methods of the study





Theoretical Review



Chapter 2

Theoretical Review

In this chapter, the existing literature on welfare resources, such as concept and scope, standardization, classification system, and information search, has been reviewed in order to clarify the subject and scope of the study for better understanding.

1. Concept and scope of welfare resources

"Resource" refers to human, physical, information resources, including knowledge, technology, information on institutions, facilities, organizations, groups, programs and people, which are used to meet diverse needs in life and solve problems (Siporin, 1975:22).

Social welfare resources mean tangible and intangible services and material factors required to meet social needs, prevent and reduce social risks, and resolve social problems (Kyo-sung Kim, 2007). This includes existing human and physical resources and their potential possibilities including all material, psychological, social, environmental and human resources. In other words, social welfare resources may refer to services to satisfy the needs of recipients and the suppliers of such services.

Social welfare resources are different from general resources in the following ways (Kyo-sung Kim, 2007):

First, they become meaningful when they provide utility to people. That is, social welfare resources should be used to satisfy social needs, respond to social risks, and resolve social problems.

Second, the scope and forms of social welfare resources change with political and organizational interests.

Third, social welfare resources are generally not for profit and decommodified.

The classification of such social welfare resources can vary depending on what criteria are used.

Social welfare resources can be classified as official and unofficial resources according to who is the supplier. Official resources mean wages and services systematically offered by the nation and local governments; unofficial resources are resources offered by relatives, friends and neighbors without particular rules and limitation.

Depending on the source of financing, social welfare resources can be categorized as public and private resources. Public resources are the payment and services supplied by public institutions and organizations including the (central and local) governments, public companies and corporations using tax revenues; private resources do not come from the public system but they are sponsorship, donation, aids given by individuals and companies, and service (including those from volunteers), payment for using services. Cheol-hee Kang (1999) emphasized that in the private sector, resources development and relevant activities diversify the supply of welfare services and they complement and supplement the public services that are limited and lack promptness and flexibility.

Meanwhile, depending on the content and characteristics of

resources, social welfare resources are classified as human resources, material resources, informational resources, and social institutional resources. Human resources mean the people from whom labor, cash, in-kind benefits can be earned including welfare workers, psychologists, doctors, families, relatives, volunteers. Material resources are direct resources with economic value, such as subsidies, company sponsorship, service payment, aides, and volunteers. Information resources are valuable, useful information including those from relevant organizations and entities, welfare service information, and welfare literature and statistics. Social institutional resources indirect. mean institutionalized including relevant resources laws, implementation decrees, rules, and ordinances (Mi-sun Eom and others, 2009).

Welfare resources in comprehensive meaning, which covers all the above, will be applied to this study.

2. Standardization, classification, and information search

In general, "standard" is a unified, simplified regulation on things, concept, methods, and procedures. Standards need to be created and used for mutual understanding among the people. Standardization is the organizational behavior of establishing and utilizing the standards.¹⁾.

The first issue to consider in sharing and linking information

on local welfare resources in order to provide customized, integrated, comprehensive welfare service is to identify resources and standardize the basic units, which is required for effective communications in understanding and managing resources. In other words, the terms (names) attached to resources and their meaning have to be perceived and accepted uniformly when resources are listed. Welfare resources are the services closely related to everyday life²), and the same resources may be expressed differently depending on people and circumstances. The resources also go through changes according to government policies. Therefore, instead of setting individual standards for every resource, categorization will allow a simplified and intuitive use of resources, which will enhance the efficiency of resources utilization and management.

The basic of categorization is classification. Classification is defined as grouping concepts or incidents based on their similarity and may be based on logical, geological, chronological, origin (heredity), historic (the mixture of chronology, origin, geological concepts) attributes, alphabetical order, and mathematical (number and sign) characteristics (Yeong-mi Jung, 1997). Classification system is a series of decision-making principles that differentiate relatively similar groups, and relevant studies center on typology and taxonomy. The value of classification system comes more from its usefulness than clear categorization (Rich, 1992), and at the heart of the development of classification system stands

¹⁾ Telecommunications Technology Association (tta.or.kr), as of November 2011

²⁾ Service in comprehensive meaning, which includes cash, in-kind benefits, and services

setting criteria with clear concepts and allocating the real world objectively to each criterion (Smith, 2002). On the conditions of useful classification system, Smith (2002) proposed that it should be detailed and clear, exclusive, have not too many types, and be consistent.

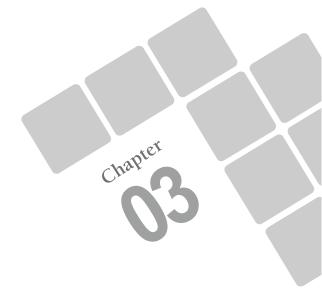
With the advancement of the Internet and a sharp rise in data and knowledge that can be obtained, a prompt collection of accurate information that can satisfy user needs has become the key, and search capability has become essential. Search on the Internet can be classified as keyword search and directory search. Keyword search means that the user searches based on the word he enters while directory search uses a set classification system. In the case of directory search, easy and effective search can be made if the user is accustomed to classification system and information is organized in accordance with the system. Yet, as the search has to follow the classification, once search gets into the wrong way, the result will become far from satisfactory. If classification system is too wide and broad, the user may get lost without knowing where he can find the information he needs. This means that when classification system for welfare resources is established, consideration has to be given to the right size of the system.

To make a better search of welfare resources, synonyms can be considered for the identical perception of similar terms³⁾ among the users. In fact, synonyms should be understood as "the terms that have similar or partially identical meaning" on the premise

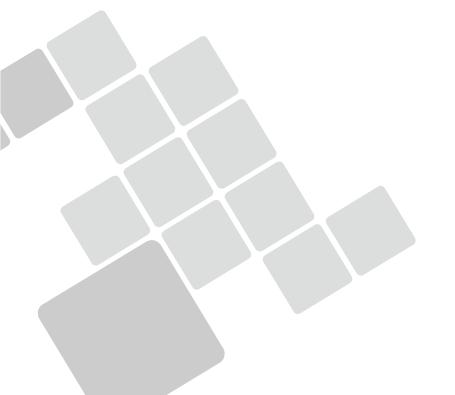
³⁾ where different terms are used for the same content

that there are no synonyms that can be replaced in every context (Min-jung Cho, 2010). The concept of such synonyms can be applied not only in terms of meaning but to acronyms, loanword, Sino-Korean words, and nicknames.

To extract information in previously set synonymous relation with a search word asked by the user, a "thesaurus" needs to be built, and the quality of search results depends on how well the thesaurus is created. In general data search, already established thesaurus can be used, but in welfare resources, extra work needs to be done since welfare resources consist of the services that are based on user needs and everyday life.



Analysis on Welfare Resources Classification System



Chapter 3

Analysis on Welfare Resources Classification System

In this chapter, existing welfare resources classification systems are analyzed, compared and reviewed by analyzing relevant project manuals, systems and web sites, making visits, and conducting interviews. Through this work, a new classification system standard has been established.

1. Current classification system

The purpose of this study is to establish a welfare resources management system for integrated case management. The focus of the study is to analyze a comprehensive (whole life cycle) case management system and the classification systems being used in the relevant systems, rather than case management projects concerning a certain span of life cycle or area such as elderly care service or Dream Start Project. An analysis has been made on the resource classification system being applied to existing systems like Happiness E-eum Counseling Management System manual, Seoul Matrix Project service book, 2011 Manual for Households At Risk, Busan social welfare service classification, social service industry survey, Resident Service Portal, Bokjiro (welfare portal site), and Centrelink of Australia.

A. Happiness E-eum Counseling Management System⁴⁾

Happiness E-eum Counseling Management System is designed to support case management in the public sector with the main functions of counseling, case management (work support, knowledge support and collaboration support), service coordination, and regional resources management.

Service classification system used in the regional resources management is based on the purpose of the service and classified in three levels: high-, mid- and low-level classifications. High-level classification consists of seven classifiers: health, basic needs, protection, improvement of social skills, income/economic, organizational service support, knowledge/technology learning. The mid-level classification is made up of 20 classifiers: health support, physical health and treatment, mental health and treatment, hygiene, food, medicine/bedding, transportation convenience, living environment, home, protection, individual and family life, culture and religion, social acclimation and social skills. employment support, income guarantee, service organization activities, program infrastructure building, program support, education, and life knowledge. The low-level classification is composed of 70 classifiers including health product support, health management service, counseling, mental health service, and car service, with 396 programs under this classification system being run.

⁴⁾ Samsung SDS, Interpretation of Happiness E-eum (Integrated social welfare management network) counseling Management System, March 2010

As of April 2011, only 15.5% of the resources registered in counseling case management system is being used (utility rate), which shows identified resources are not fully utilized. In the current system, the quantity of resources identification cases is considered in performance assessment while its quality is often neglected. Particularly in terms of the utility rate based on the classification service high-level classifier system, the "organizational service support," which has more to do with running an organization and less to do with offering services, demonstrated a utility rate of only 4.0%. In terms of the utility rate by resource type, social welfare facility had a low rate of 5.1%, which proves that social welfare facilities and local governments are not fully linked or do not share information as they should (Table 1).

(Table 1) Standard service classification and resource registration and use by resource type in Happiness E-eum counseling Case Management System

(Unit: number (%))

| (0111) | | | | | |
|------------------------------|--------------------------------|-----------------|-------------------------------|--|--|
| Item | | Total resources | Resources used (utility rate) | | |
| | Health support | 24,881 | 4,373 (17.6) | | |
| | Basic needs | 21,572 | 5,279 (24.5) | | |
| | Protection | 7,636 | 1,144 (15.0) | | |
| | Social skills | 27,466 | 2,218 (8.1) | | |
| High-level classification | Income guarantee/Economic | 18,545 | 5,810 (31.3) | | |
| | Organizational service support | 20,086 | 809 (4.0) | | |
| | Knowledge/technology learning | 23,095 | 2,654 (11.5) | | |
| | Total | 143,281 | 22,287 (15.6) | | |
| Resource | Public/educational | 1,756 | 362 (20.5) | | |

| Item | | Total resources | Resources used (utility rate) | |
|------|------------------------------|-----------------|-------------------------------|--|
| type | institutions | | | |
| | Social welfare facilities | 64,504 | 3,281 (5.1) | |
| | Locally identified resources | 63,609 | 14,631 (23.0) | |
| | Local governments | 13,342 | 4,013 (30.1) | |
| | Total | 143,281 | 22,287 (15.6) | |

Source: Korea Health and Welfare Information Service, Resource Analysis by Case Management Standard Service, April 2011

B. Seoul Matrix Project service book⁵⁾

Seoul city launched Seoul Matrix Project in March 2010 with the aim of integrating welfare services, which had been run by area and by social class. For this project, Seoul Matrix Welfare Center was established under Seoul Welfare Foundation to provide information on welfare services and coordinate services by building an organic, cooperative relationship with autonomous districts, resident centers, social welfare facilities, and private welfare institutions.

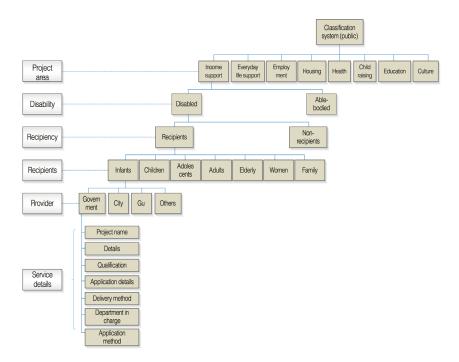
For greater convenience of utilizing information, the service book arranges services by the provider (central government, Seoul city, autonomous districts, and other public institutions) after classifying services (projects) by area. The services are listed up under the categories of provider, project name, recipients, eligibility information, support detail, delivery method, department in charge, and institution to apply to. The service

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⁵⁾ Seoul city and Seoul Welfare Foundation, 2010 Service Book for Seoul Matrix Welfare (public and private areas), 2010.

(project) areas are classified with nine high-level classifiers—income support, life support, employment, housing, health, child raising, education, culture, functional maintenance, and improvement—and 27 mid-level classifiers including cash support, in-kind support, everyday life support, food assistance, job coordination and job training service.

Other classifiers include disability, recipiency, recipient, provider and delivery method (figure 2).



[Figure 2] Seoul Matrix Project public sector classification

C. 2011 Manual for Households At Risk⁶)

According to the Case Management Manual for Households At Risk published by the Ministry of Health and Welfare and Korea Human Resources Development Institute for Health and Welfare in 2011, needs are classified in nine high-level classifiers; safety, health, maintenance of everyday life, family relation, social relation, economy, education, job, living environment and rights protection. The mid-level classifiers are 18 including safety within family settings, physical health, mental health, family care (support), asset management, knowledge learning and improvement, and improvement of education. Other classifiers include family type and recipient type.

D. Busan social welfare service classification⁷)

Busan city's social welfare service classification system categorizes 11,500 programs offered by 284 institutions in Busan based on the United Way of America Services Identification System II with some changes and alteration to fit the city. The social welfare service classification shows service system specified by purpose, service, programs and the hierarchical structure of program creation, and performance.

Under the classification system, social welfare is divided into

⁶⁾ Ministry of Health and Welfare Korea Human Resources Development Institute for Health and Welfare, Manual for Households At Risk, 2011

⁷⁾ Busan Social Welfare Development Institute, Study on Busan Social Welfare Service Classification and Performance Index Development, 2008.

seven purposes including income guarantee and economic opportunities, health, basic needs, opportunities for knowledge and technology learning, protection, social skill improvement, and organizational activity. Service systems under each purpose category number 20 including employment support, income guarantee, health support, hygiene, education, and individual and family life.

E. Social service industry survey8)

The social service industry survey is designed to analyze service provision of social welfare providers in Korea. In the study, "main projects" refers to the US social service job classification and social services classification. The study comprehensively reviews and categorizes services in accordance with the Ministry of Health and Welfare laws and subordinate statutes on social services. The services are classified into eight service categories: elderly care, house protection, life and mental support, child care and protection, education leisure culture, employment support, rehabilitation and independent living support, and local social service and others. Under the categories are 68 unit projects.

⁸⁾ Hye-kyu Kang, Se-kyung Park, Kyung-hwann Ko and others, Study on the Supply of Social Service Industry and its Ways to Advance, Korea Institute for Health and Social Affairs, 2009.

F. Resident Service Portal (oklife.go.kr)

Resident Service Portal has been established and run since 2007 as part of an effort to innovate the delivery system of community support services, which was based on the result of "BPR/ISP to build an innovative integrated information system for community support services" conducted between August and December, 2006. The web site, run by the Ministry of Public Administration and Security, allows people to search and apply for services in eight categories: welfare, health, employment, housing, education, sports, culture and tourism. Main menus include "service for residents," "sharing forum," "participation," and "information," of which service for residents and sharing forum menus offer services related to welfare resources.

In the service for residents menu, people can search public and private services by interests, region, and service facility. Services can be searched based on eight areas such as welfare, health, education and based on 11 interest life events such as disabled. housing, female, low income, education. employment/business startup and so on. Representative services of each interest area are selected to form 49 service groups, and when search is made for 276 central government services and 232 local resources in cities, guns and gus (including private services), service details, data, and customers' voice appear. Service facilities are grouped into 14 categories: elderly, child/adolescent, infants, women, family, disabled, mental/health, homeless, low income, tuberculosis/Hansen's disease, single mom family, general, other facilities and community center. For these facilities, map service is also provided.

G. Bokjiro (bokjiro.go.kr)

Bokjiro is a web portal run by the Ministry of Health and Welfare, which offers comprehensive welfare information and allows people to apply online for childcare allowances and compensation for nursery fees and tuition fees for kids. The national welfare portal opened in August 2005, main menus include "online application," "welfare news," "open welfare facilities," "documents," "counseling," and "welfare service for happiness." Services related to welfare resources are provided in the "welfare service for happiness" menu.

In the welfare service for happiness, search on 150 welfare services can be made by life cycle, recipient, and need, and on each search result, service guidance, news, service information, FAQ, and counseling cases are provided. Service needs are categorized into eight support areas: low income, housing, housing loan, medical support, job, employment training, childcare and education, and self-employment. This classification is mainly based on the support for people's livelihoods, which were expanded in the second half of 2008.

H. Centrelink of Australia (centrelink.gov.au)

Centrelink was created as an organization to play a central role in integrated welfare delivery system in 1997. Currently, Centrelink provides about 190 services from 31 government departments including the Ministry of Human Services. Centrelink's welfare resources-related service is provided to individuals with options describing their time in life and life events: those who are studying or training; in a crisis or needing special help; looking for work; ill, injured or have a disability; planning for or needing help in retirement; self-employed or a farmer; moving or having moved to Australia; a parent or a guardian; caring for someone; and needing help after someone had died.

2. Comparison and review

Table 2 below demonstrates service resources classification system, which is at the center of the existing welfare resources classification system reviewed in the previous section.

⟨Table 2⟩ Comparison of existing welfare resources classification system

| Happiness E-eum counseling Case Managem ent System (purpose) | Seoul Matrix Project service book | Househol | Busan social welfare service classification (purpose) | Social service industry survey (Industry) | Resident Service Portal (Recipient and events) | Bokjiro (Better livelihood) | Centrelink of Australia (Time in life and events) |
|--|---|-----------|---|--|--|-----------------------------------|--|
| | culture | | | education, | culture/leisure | | |
| knowledge/t echnology learning | education | education | knowledge/te chnology learning | leisure, cultural service culture service | | | study or training |
| | | | | childcare, protection | | hild support | |
| | housing | | | residency protection | ltinding homes | housing support | |

| Happiness | | | | | | | |
|------------------|---------------------|------------|----------------------|--------------------|---------------------|--------------|-------------------------------|
| E-eum counseling | Seoul Matrix | Manual for | Busan social welfare | Social service | Resident Service | Bokjiro | Centrelink |
| Case | Project | Househol | service | industry survey | Portal | (Better | of Australia (Time in life |
| Managem | service | ds At Risk | | (Industry) | (Recipient | livelihood) | and events) |
| ent System | book | | (purpose) | () | and events) | | and oromo, |
| (purpose) | | | | | | loan support | |
| | | | | service | | for housing | |
| | | | | | | low income | |
| | | | | | low income | family | |
| | | | | | | support | |
| income | | | income | | | | in a crisis and |
| guarantee/e | income | economy | guarantee | | better | | needing |
| conomy | support | , | and economic | | livelihood | | financial help |
| | | | opportunity | uahahilitatian | | | ' |
| | | | | rehabilitation and | employment/ | job training | looking for |
| | | job | | independent | business | support | work |
| | | | | living support | startup | Support | WOIK |
| | employme | | | employment | | | |
| | nt | | | support | | job support | |
| health | health | health | health | | health/medica | medical | ill injured |
| Health | IIIeailii | Health | Health | | I support | support | ill, injured, disabled |
| | | | | | disabled | | uisabieu |
| | | maintenan | | support for | | | |
| basic needs | life support | ce of | basic needs | everyday life | | | |
| | | everyday | | and mental | | | |
| | : | life | | support | | | |
| improveme | maintenan ce and | social | improvement | | | | |
| nt of social | improvem | relations | of social skill | | | | |
| skill | ent of skill | Telations | OI SOCIAI SKIII | | | | |
| protection | 0.11 0.1 0.11 | | protection | caring | | | |
| organizatio | | | service for | local | | | |
| nal service | | | organizational | community | | | |
| support | | | behavior | service and | | | |
| опрроп | | | DCHAVIOI | others | | | |
| | | | | | life in | | expecting or |
| | | | | | retirement | | in retirement |
| | child | | | | women | | |
| | raising | | | | birth/childcare | | |
| | raionig | | | | | | f = |
| | | | | | | support for | farmer, |
| | | | | | | | |

| Happiness E-eum counseling Case Managem ent System (purpose) | Seoul Matrix Project service book | Manual for Househol ds At Risk | Busan social welfare service classification (purpose) | Social service industry survey (Industry) | Resident Service Portal (Recipient and events) | Bokjiro (Better livelihood) | Centrelink of Australia (Time in life and events) |
|--|---|---|---|--|--|-----------------------------------|--|
| | | | | | | the self-employ ed | self-employe d, residents in farming regions |
| | | safety | | | | | |
| | | family relation | | | | | |
| | | living environme nt/rights enhancem ent | | | | | |
| | | | | | | | immigrants |
| | | | | | | | parent or guardian |
| | | | | | | | caring for someone |
| | | | | | | | in financial need after |
| | | | | | | | death in the family |

In the eight cases, most frequent classifiers in service resources are: education (knowledge, technology, education), health (medical support, illness), income (economy, livelihood), employment (job, business startup, job seeking, training), basic needs (support for everyday life), housing (house), and improvement of social skills. Safety, family relationship, living environment and rights enhancement appeared in only one case. Accordingly, high-level classifiers are decided with "need-based" items that repeatedly appear and with independent items that show rising needs such as caring, rights enhancement and legal

affairs, and mental health and psychological/emotional support, which produced 10 areas: income support; employment and work; housing support; education and childcare; health, medical support and health improvement; caring; mental health and psychological/emotional support; culture and leisure; rights enhancement and legal affairs; and everyday life support. The high-level classifiers are tentatively selected to be as exclusive as possible and they have 68 major mid-level classifiers (Table 3).

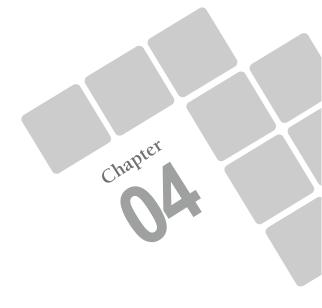
⟨Table 3⟩ Initial welfare resources classification (proposed)

| High-level | Detail | Mid-level classifier |
|-------------------------------|---|--|
| | | Employment and work |
| | | Housing |
| ① Income | Cash provided for expenses incurred by | Education and childcare |
| support (6) | major life risks | Health and medical service |
| | | Life |
| | | Others (sponsorship) |
| | Career counseling (vocational | Career counseling (aptitude test, work |
| | psychology/aptitude assessment), | information) |
| ② Employment | capability enhancement to find a job, job | Job coordination |
| and work (6) | information, employment support, | Support for business startup |
| and work (o) | participation in work projects by recipient (rehabilitation, public employment project) | Job ability development • training |
| | | Rehabilitation projects |
| | (community, passes on project) | Introducing public work |
| | | House environment improvement (energy |
| | Services to improve living environment in | efficiency enhancement project) |
| 3 Housing (4) | and out of house and in-kind support for | Living environment improvement |
| © riedeing (i) | better housing environment | Safety service |
| | g - an an | Mass housing for the vulnerable (the elderly |
| | | and disabled) |
| | | Childcare and child education |
| | | After school education |
| Childran and | Investment in human resources for all life | Learning support |
| ① Childcare and education (9) | cycle and life-long education | Special education |
| | cycle and me-long education | Lifelong education |
| | | Parenting counseling |
| | | Academic counseling |

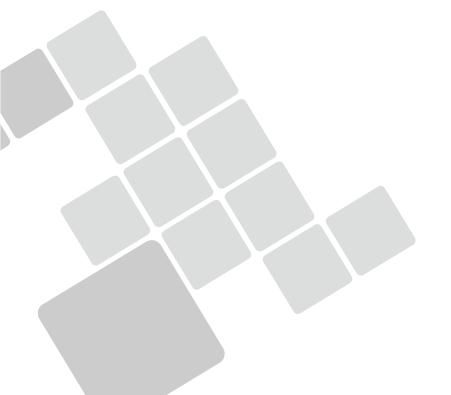
| High-level | Detail | Mid-level classifier |
|------------------------|---|---|
| | | Support for adolescents at risk |
| | | Adoption support |
| | | Illness treatment: acute |
| | | Illness treatment: chronic |
| ⑤ Health, | | Medical checkup |
| medical support | Treatment of illness and disability, health | Medical support (chronic diseases, obesity, |
| and health | maintenance | nutritional management) |
| improvement (7) | | Medical rehabilitation |
| | | Support for assisting devices |
| | | Special treatment: music, play, art therapy |
| | | Long-term care for the elderly: facilities |
| | | Long-term elderly care: at home |
| | Caring services for the elderly, disabled, | Day/short-term elderly care |
| (7) | mothers after delivery who cannot take | Long-term care and home care for the disabled: |
| 6 Caring (7) | care of themselves for physical and mental | facilities |
| | reasons | Support for activities of the disabled |
| | | Support for delivery and postpartum care |
| | | Other care services |
| | | Support for the mentally ill (counseling, |
| | Prevention and early diagnosis of mental illness, mental health service for therapy and rehabilitation, return to | treatment, rehabilitation, return to society) |
| | | Mental health education (including sex |
| Mental health | | education) |
| and | | Alcohol and drug addiction |
| psychological/ | society/Effective management and | Game, Internet and gambling addiction |
| emotional | psychological, emotional support to relieve | PTSD treatment |
| support (8) | tension and stress in society and | General counseling |
| | relationships | Mentoring (sisterhood project) |
| | | Protection of victims of violence (sexual |
| | | violence, school violence) |
| | | Culture and art activities |
| | | Sports |
| | Services and in-kind materials to give | Culture art events, performances and |
| 8 Culture and | opportunities to enjoy free time and | exhibitions |
| leisure (7) | recharge through cultural, leisure activities | Leisure, experience, and tour |
| | recharge unough cultural, leisure activities | Sharing: volunteer |
| | | Sharing: donation, sponsorship |
| | | Community participation |
| □ Dights | Pights protection and relief convice | Rights protection (rights and interests) |
| Rights enhancement | Rights protection and relief service including handling complaints, Support for | Legal relief: for civil, family, and criminal cases |
| | legal protection in accordance with lawful | Law for life: real estate |
| and legal affairs | logal protection in accordance with lawful | Law for life: counseling on bankruptcy, credit |
| (4) | procedures | Law for life. couriseling on parkruptcy, credit |

Chapter 3_Analysis on Welfare Resources Classification System

| High-level | Detail | Mid-level classifier |
|---|--|---|
| | | Household support (washing clothes, cleaning) |
| | | Meal support |
| | | Care for sick people |
| | | Body care (bath, hair cut) |
| (A) Cupport for | Services and in-kind support to enable a healthy and happy life by satisfying basic needs in everyday life | Disease control |
| Support for Support for Support for | | Moving support |
| everyday life (10) | | Rental service for assisting devices and |
| | | protection devices |
| | | Energy support (cooling, heating) |
| | | Clothing |
| | | Food |



Standardized Welfare Resources Classification System



Chapter 4

Standardized Welfare Resources Classification System

In Chapter 4, a standardized classification system has been proposed by pooling the opinions of special agents, local government employees, workers at private institutions and experts in the relevant fields on the welfare service classification system proposed in the previous chapter.

1. Survey on classification and management

In this section, a structured survey has been given to special agents of local governments in order to apply the welfare service classification system proposed in the previous chapter in the real environment. The survey includes open-ended questions and e-mail questionnaire for local government and private organization employees.

A. Survey overview and content

The survey questionnaire consists of: the current status of welfare resources management and utilization; resource classification system; and necessity and utilization of resources management system. The survey was conducted for the special agents of local governments who participated in the three-week course on "Special Training to Strengthen the Capabilities of Case Managers of Local Governments" from October 17 to November 4, 2011. During the period, e-mail questionnaires were collected from workers from 13 local governments and private institutions including those in Iksan city, Gangnam Community Mental Health Center, and Seobu Welfare Center for the Disabled.

The questionnaires returned from special agents that are considered to be meaningful amounted to 526 cases, showing a response rate of about 60%.

B. Result

In local governments, individual workers in charge identify local resources when necessary (88.2%) and 40.3% said that sufficient local resources are being identified and utilized while 18.5% responded otherwise.

On the question "when welfare projects are carried out, which resources lack the most," about 900 responses were collected with the most common response being "mental health and psychological/emotional support," followed by "caring," "income support," "housing support," and "medical support and health improvement." (Table 4)

⟨Table 4⟩ Insufficient welfare resources at local governments

| Area | Proport ion (%) | Details |
|--|-----------------|---|
| Mental health and psychological /emotional support | 35.0 | Mental disease (treatment, counseling, facility), alcohol addiction (treatment, counseling, facility), general counseling (psychological and emotional support), counseling for adolescents and children, sexual violence (counseling, facility), multi-cultural family (counseling, facility), depression counseling, addiction (treatment, counseling, facility), family relation improvement and family treatment, mentoring, parental education |
| Caring | 14.2 | Child/adolescent (facility, shelter), disability (facility, shelter, caring), elderly (facility, shelter, caring), homeless shelter, temporary protection facility, welfare facilities (social welfare facility), caring for children, home caring services, caring for the diseased, other caring services |
| Income support | 10.8 | Financial support (living expenses), donation, support for medical expenses, support for single parent families, support for the disabled |
| Housing support | 9.7 | Housing support, house environment improvement, rental housing, support for moving |
| Medical support and health improvement | 8.5 | Hospital and doctors, dental resources, ophthalmic resources, medical rehabilitation, other medical resources |
| support for everyday life | 6.9 | Side dishes, meal delivery, housekeeping, repair service |
| Case management | 4.2 | Lack of resources, difficulty in coordinating resources, insufficient case managers, budget, car, relieving the limit of purposes in case management budget, professional knowledge |
| Human resources | 4.2 | Volunteer workers, technical experts, talent donors, life-long education lecturers, IT network experts, counselors |
| Learning | 2.2 | Educational support, support from academic institute |
| Culture and leisure | 1.8 | Sponsors, cultural programs |
| Employment and work | 1.6 | Job coordination, job training, rehabilitation facilities |
| Legal support | 0.8 | Legal cases, human rights protection, legal aid |

In terms of public resources of local governments, 42.4% of the cases are being handled manually and shared by individual workers and 37.6% use related systems (or site). Booklets are used in 16.0% of the cases while resources are not particularly managed in 12.9% of the cases, showing similar management and utilization patterns of public resources at the central government.

In terms of private resources of local communities, 51.0% said individual workers manage resources manually and share among them, and 53.0% said they use related systems (or sites). Also, 23.0% of the respondents said they use booklets and 6.3% said they do not particularly manage resources. All in all, private resources are better managed in terms of manual work, utilization of related systems and use of booklets than public resources.

To the open-ended questions on the issues, difficulties and things desired to improve in resources identification, management and utilization of local governments, 300 responses were collected, which can be categorized into: resource identification; resources management and utilization; resources coordination; and relevant system. In terms of resource identification, difficulties regarding identifying resources were given out including the lack of resources themselves, workload increase arising from resource identification work, lack of personnel in charge, and close cooperation required from government employees (since as special agents, they find it hard to identify resources). For resources management and utilization, issues pointed out include: one-time occurrence of resources as the number of resource development cases forms a criterion for the local government's performance;

data that are not updated or efficiently used; financial support required not just for resource development but for operation and maintenance; and lack of clear guidance for resources management. In terms of resources coordination, respondents pointed out the lack of information sharing with the personnel in charge at the partner organizations and their lack of understanding about case management. With regard to related system, they said that the wanting of an integrated system resulted in duplicate applications and the recipients and areas to which welfare service fails to reach. Also, the absence of a system that comprehensively shows resources information drives the workers to check applications one by one to find duplicate applicants. (Table 5)

⟨Table 5⟩ Issues regarding resource identification, management and utilization at local governments

(Unit: %)

| Area | Proport ion (%) | Details |
|----------------------------|-----------------|---|
| Resource identification | 42.4 | Lack of resources, increase in workload due to resource development, need of the persons in charge for resource identification and management, need of aggressive efforts of civil servants to develop resources, need of case management promotion and stronger awareness, unofficial system of resource development |
| Management and utilization | 20.9 | Lack of consistency (one-off resources), problems in networking because resources are not up-to-date, insufficient support including time and budget for resource maintenance, unclear directions on resources management |
| Coordination | 18.0 | Lack of information sharing and cooperation with partner organizations, poor understanding shown at relevant institutions about case management, complicated approval procedures when institutions use resources |
| System | 19.0 | Lack of an integrated system (duplicate application, the areas |

| Area | Proport ion (%) | Details |
|------|-----------------|--|
| | | where services fail to reach), lack of system that comprehensively shows resource information (need to check each application for duplication) |

About the need to build a welfare resources management system, most respondents (94.5%) said such a system is needed. Regarding a welfare resources management system to be built in the future, 79.5% said they would use it to search for the public service resources of the central and local governments; 58.6% said to share and network resources with other local governments and institutions; 41.6% said to manage their own resources as a local government or individual.

On the question regarding the type of resources most desired to have a welfare resource management system, 30.3% of 400 respondents said facilities by recipient (living, rehabilitation, protective), nursing homes and shelters; 22.5% said mental health and counseling facilities; 14.8% said medical facilities and organizations including volunteer and religious organizations; and 6.3% said public welfare organizations. The responses represent the opinions of special agents working at local governments and workers from private organizations would have different opinions. The exact percentage of each response from private institutions cannot be presented here because of the insufficient number of private entities surveyed, but during the site visits, the workers at private institution expressed strong desire for public services of the central and local governments and public health center programs. As seen in the study done

by Korea Health and Welfare Information Service and Korea Health Promotion Foundation (2011), 83 out of 253 public health centers run specialized health services as shown in Table 6, which means health programs implemented by public health centers nationwide would be used as useful local welfare resources.

⟨Table 6⟩ Specialization of public health center programs

| Aron | Composition | Dotaila |
|--------------------------------|---|---|
| Area | Composition | Details Children's health class Healthy school program Summer |
| Health | Education to improve health awareness and practices | Children's health class, Healthy school program, Summer class for better health, Healthy living environment program, Healthy community program, Korean traditional medicine college, Family health care program, Love life program (suicide prevention), Happy silver class for the elderly |
| management and education | Information on disease prevention and personal health care | Health support center for babies and infants, Health promotion programs of community centers for children |
| | Health maintenance services | u-Health care system, rehabilitation center for disabled children, Mental health program for children and youth, immunization against influenza for the elderly aged 65 and older |
| Medical | Disease diagnosis and treatment | Depression checkup for pregnant women, prevention of atopy |
| checkup and disease control | Medical checkup | Free ultrasonography service for low income families, medical checkup service for low income families, health checkup program for residents |
| Chronic disease | Chronic disease care | Metabolic syndrome program, chronic disease care service |
| management | u-Health chronic disease care | Smart care service pilot project, remote treatment of chronic disease at public health center |
| Medical examination | Medical expense support | Artificial joint operation support for low income senior citizens, depression and dementia project, free medical examination for those aged 65 and over, medical expense support for multi-cultural families |
| | Dental examination | Dental clinic for the disabled, dental care service for multi-cultural families |

| Area | Composition | Details |
|----------|--|--|
| | Mobile examination | Mobile examination of Silver Home Doctor, home visits |
| | WODIE EXAMINATION | for medical service |
| | u-Health | Remote dementia clinic, remote video medical |
| | u-nealill | examination |
| - | Encouragement on giving birth | Subsidies for giving birth, childcare support program, support for postpartum service for low income families, health insurance support for newborns |
| Others | Volunteering and working opportunities | Nono Home Care (for elderly) |

Source: Korea Health and Welfare Information Service Korea Health Promotion Foundation, A Study on the Application of an Integrated Health Information System of Special Health Services at Local Governments, 2011

On the open-ended question regarding suggestions for a welfare resources management system, the responses are classified into two: resources development/classification and management system, and system functions.

On the resources development/classification/sharing and management system, first, the respondents suggested the necessity of building a task force and human resources responsible for local resources development, and resources management and promotion. As demonstrated in the survey result above on problems regarding local governments' resource identification, management and utilization, case managers perform both resources management and development, which puts them in a hard spot due to their position (since they are not government employees) and heavy workload.

Second, they emphasized the necessity of creating a classification system by recipient needs, expressing concern that too detailed system puts burden on classification work itself.

When carrying out case management, a classification system not based on the needs of recipients takes longer time to search and causes difficulty in coordinating the right resources. As pointed out in Chapter 2 Theoretical Review, too vast classification system undermines the effectiveness of search.

Third, they put an emphasis on the fact that the system has to be used as a tool to support work, rather than be established with the purpose of building one or as an performance assessment tool (e.g. the number of resource registration cases). This is an expression of concern that resource development may become an assessment criteria for the performance of local governments as in the cases of resource management and utilization.

Fourth, not only the creation of the system but the use of it is important and requires regular review on its usefulness. As in counseling case management system, sustained revision and changes for improvement are necessary to build a useful, helpful system for users.

Fifth, respondents said that the resource registration programs being used by public and private institutions should be integrated and shared rather than building a new system that will make them repetitively feed data and increase workload. This is a very important point that is not a separate, different system, but a system integrated and connected with the existing system is needed.

Sixth, in terms of resource sharing, balanced distribution is required when demand for a particular type of resources soar, and incentives need to be given to have the private sector share their resources. Resources need to be shared at the nation, city and province levels offering an option of making open to the public or not. In fact, when local resources are not sufficient and limited, resource sharing entails much trouble. Depending on whether to share resources within a particular area, city/gu, greater city/province, or nation, proper management should be done. For more active, successful use and operation of an integrated management system, not only public but private entities need to be involved. This will require incentives for private institutes such as sharing of the recipient details of public services.

Seventh, respondents emphasized that a review should be given on ways to enable private case managers to check which welfare benefits those under case management are receiving.

Eighth, a connection with the public health center's integrated information system should be considered for sharing service details as numerous resources are offered by public health centers. The necessity of utilizing resources through the public health center programs has been discussed already. The system supports about 40 projects by public health centers, which implements 70 subsidized projects in 16 work areas. As of February 2011, 174 out of 236 public health centers use the system with a distribution rate of 74%. As 100% distribution of the integrated system is planned in the near future, the efficiency of work is expected when connected with the integrated resources management system (IRMS).

On system functions, the respondents pointed out the importance of the convenience of search the most. In the case of Happiness E-eum Counseling Case Management System, search does not work efficiently, causing inconveniences. The respondents suggested a cut in search time, search by related words, and diverse conditional search. For greater convenience of search, functions need to be added such as automatic completion of search phrases, search word recommendation, related search word, go-to function, recommended search words, real-time popular search words, and search word ranking. Also, thesaurus for search words should be created. For diverse conditional search, information needed to apply conditions should be provided.

Second, the respondents suggested an automatic extraction of related services in accordance with needs and conditions. For integrated service customized to recipient needs, all conditions applicable to each service need to be built in advance.

Third, registration, change, and deletion of resources should be easy without system errors. The ease and convenience of system use is generally what users expect in using work system.

Fourth, general management functions including real time resource management, which shows available resources, and unified management of similar resources turned out to be necessary. As the purpose of the IRMS is a timely use of user need-based service, the system should handle the quantity along with the list of resources. Only when the number of available coupons, people, items, and budget are managed real time, such right information leads to appropriate coordination of resources.

Fifth, a variety of search functions are requested: coordination service and applications by recipient (to check duplication of resources), monthly service details by recipient (family members), services and application details by recipient family, coordination status by resource, and a scheduler by recipient. Since more diverse functions are required for recipient history management,

as suggested in the management system above, recipient history management can be linked not only with resource management system but also with case management system. As a support system to manage recipient histories, search work can be done in connection with resource management system based on case management system.

Sixth, assessment and monitoring of resources development and sharing were suggested, which shows that quality management and a thorough guidance for sharing and distribution of developed resources are essential. Assume that coupons allowing taking classes at local academic institute for a month have been issued. Regular assessment and review on the use and sharing of these resources need to be made to see whether the recipient and supplier are satisfied and the service plays the role as sustained resources.

Seventh, respondents also proposed to create communities where the users can request needed resources, make comments on the use of resources, and share know-how on resources development. This function is to share help and information in developing and using resources among case managers and this will be of much help in building close and immediate relationship among themselves.

2. Proposal for classification system

In this study, the preliminary welfare resources classification system, which was created based on survey responses of special agents from local governments, and the results of mail questionnaires and face-to-face meeting with civil servants, those in charge at private institutions and experts, have been revised and changed.

The basic principle for resources classification is to base classification on recipients' "needs" and "purpose" of applying for services as the study is designed to categorize the type of "resources." That is, at the high-level classification, "welfare need" is at the heart with "purpose" of service being considered. At the mid-level classification, "purpose" of service and "support type" are considered. The categories and items are structured as exclusive as possible, but some mid-level classifiers do not clearly fall onto one high-level classification. In such cases, they are classified into a high-level classifier under which the scope of recipients and their needs are considered to be greater in practice. For example, "caring service for the ill" can fall into both "health, medical support, and health improvement" and "caring" classifiers; "caring for children after school" can be categorized into both "childcare and education" and "caring." In this study, however, they are classified into "health, medical support and health improvement" and "childcare and education," the mid-level classifiers with greater scope of recipients and needs. (Table 7)

In revising high- and mid-level classification, "safety" and "family and social relationship" have been suggested as a necessary classifier to identify and diagnose issues that recipients have other than the proposed 10 high-level classifiers. Such need-centered items are indeed essential to understand and diagnose the troubles

of recipients, but the welfare resources they need in fact are those in the existing classifiers, that is, housing support, caring, and mental health and psychological/emotional support, which leads to the conclusion that "safety" and "family and social relationship" do not have to become a separate high-level classifier.

⟨Table 7⟩ Basic principles of welfare resource classification system

| | Detail |
|---------------------------------------|---|
| Basic principles | - High-level: centers on "needs" and "purpose" of service support |
| | - Mid-level: consider "purpose" and "support type" |
| Exclusiveness of categories and items | - In case of mid-level classifiers which cannot be clearly categorized into one high-level classifier: they belong to the high-level classifiers with greater needs and scope of recipients in practice e.g.) "Caring for the ill" can be classified into both "health, medical support and health improvement" and "caring," but the item falls into the former. "Caring for children after school" can be classified into "childcare and education" and "caring," but the item falls into the former. |

Except for "income support" out of 10 high-level classifiers, nine classifiers have been revised and the welfare resource classification system is composed of the following nine high-level classifiers and 69 mid-level classifiers as in Table 8 below:

⟨Table 8⟩ Revised welfare resource classification system

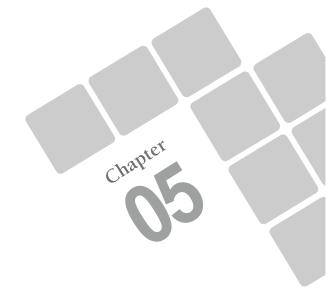
| High-level | Detail | Mid-level (revised) |
|----------------------------|---|---|
| 1. Employment and work (9) | Career counseling (vocational psychology/aptitude assessment), capability enhancement to find a job, job information, employment support, | Career counseling, vocational capability development (aptitude test) Job coordination Support for business startup Vocational training |

| High-level | Detail | Mid-level (revised) | | | | | |
|--|--|--|--|--|--|--|--|
| | | Vocational education | | | | | |
| | participation in job | Rehabilitation support (rehabilitation project) | | | | | |
| | projects by recipient | Public work | | | | | |
| | (rehabilitation, public | Temporary work (part-time job, sideline) | | | | | |
| | employment project) | Financial support for employment and work related | | | | | |
| | | expenses | | | | | |
| | | House environment improvement (wallpapering, | | | | | |
| | Environment, services to | flooring, infectious disease control, facilities for | | | | | |
| | improve living | convenience) | | | | | |
| 2. Housing (6) | | <u> </u> | | | | | |
| _: :::caog (c) | | Temporary housing (shelter) | | | | | |
| | | Rental housing (purchase, lease, rental apartment) | | | | | |
| 3. Childcare and education (9) | housing environment | Energy support (heating cooling) | | | | | |
| | | Housing related expenses | | | | | |
| | | Childcare and child education | | | | | |
| | | After-school care (after-school education, study | | | | | |
| | | guidance) | | | | | |
| | Investment in human | Extracurricular activities | | | | | |
| | | Special education (children and teenagers with a disability) | | | | | |
| | , | Parenting and academic/career counseling | | | | | |
| | and me-long education | Child protection support (negligence, abuse, violence, | | | | | |
| | | delinquency, adoption) | | | | | |
| | projects by recipient (rehabilitation, public employment project) Environment, services to improve living environment in and out of house and in-kind support for better housing environment Investment in human resources of all life cycle and life-long education Health, medical support and health improvement (8) | Dropouts support | | | | | |
| 2. Housing (6) Environment, services to improve living environment in and out of house and in-kind support for better housing environment Investment in human resources of all life cycle and life-long education 4 Health, medical support and health improvement (8) Treatment of illness and disability, health maintenance | | Parent education | | | | | |
| | projects by recipient (rehabilitation, public employment project) Environment, services to improve living environment in and out of house and in-kind support for better housing environment Investment in human resources of all life cycle and life-long education Health, medical support and health mprovement (8) | Child raising and educational expense support | | | | | |
| | | Disease treatment | | | | | |
| | | Health support (chronic disease, obesity, nutrition, | | | | | |
| 4 Health | | medical checkup, home visits) | | | | | |
| improvement | Treatment of illness and | Caring for the ill (hospital and home care) | | | | | |
| | | Rehabilitation | | | | | |
| | • ' | Support for assisting devices (rental, repair) | | | | | |
| · | | Special treatment (music, play, art therapy) | | | | | |
| () | | Medicine support (prosthesis, health supplements) | | | | | |
| (8) | | Public health, medical, and health improvement support | | | | | |
| 5. Caring (7) | Caring/protection | Long-term care (facility and home) | | | | | |

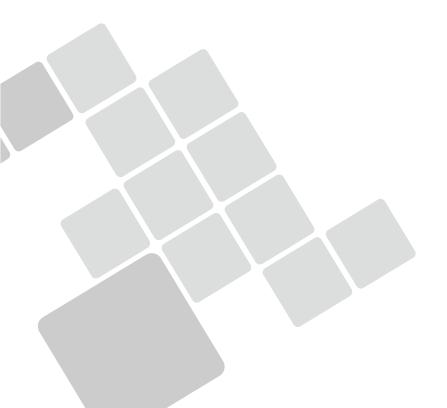
| High-level | Detail | Mid-level (revised) |
|--|--|---|
| | service for the elderly, | Short-term protection |
| | disabled, mothers after | Weekly protection |
| | delivery who cannot take | Delivery and postpartum care |
| | care of themselves for | Caregiver for a family member |
| | physical and mental | Other care services |
| | reasons | Financial support for care services |
| | | Mental disease support (counseling, treatment, rehabilitation, return to society) |
| | Prevention and early | Counseling for those at risk (suicide, depression, |
| | diagnosis of mental | violence, addiction) |
| | illness, mental health | Mental health education (including sex education) |
| 6. Mental health | service for therapy and | Alcohol and drug addiction |
| and | rehabilitation, return to | Game · internet, and gambling addiction |
| psychological/e | society/Effective | Smoking |
| motional | management and | PTSD |
| support (11) | | ADHD |
| | | General counseling (school life, social incompetence) |
| support (11) psychological, emotional support to relieve tension and stress in society and relationship Services and in-kind | Protection for victims of violence (sexual violence, | |
| | school violence) | |
| | | Monetary support for mental health-related matters |
| | | Culture and art activities (performance, exhibition, |
| | Services and in-kind | movie) |
| | materials to give | Sports activities |
| 7. Culture and | opportunities to enjoy | Reading |
| leisure (7) | free time and recharge | Leisure, experience and tour |
| | through cultural, leisure | Sharing: volunteer |
| | activities | Sharing: donation, sponsorship |
| | | Community participation |
| 8. Rights | Rights protection and | Rights protection (human rights) |
| enhancement | relief service | Legal relief - civil, family, criminal cases |
| and legal affairs | Support for legal | Financial Law assistance (real estate, credit |
| (4) | protection in accordance | delinquency, bankruptcy counseling) |
| (+) | with lawful procedures | Monetary support for legal expenses |
| | Services and in-kind | Household support (cleaning, washing clothes) |
| 9. Support for | support to enable a | Meal service (lunchbox, side dishes, meals, |
| everyday life (8) | healthy and happy life by | restaurants) |
| | satisfying basic needs in | Body care (bathing, hair cut) |

Chapter 4_Standardized Welfare Resources Classification System

| High-level | Detail | Mid-level (revised) |
|------------|---------------|--|
| | | Transport support |
| | | Daily necessaries (clothing, food, electronic goods, |
| | | household items) |
| | everyday life | Support for livelihood |
| | | Support for utility charges (Communications |
| | | expenses) |
| | | Sponsorship (without designated purpose) |



Welfare Resources Management and Utilization



Chapter 5

Welfare Resources Management and Utilization

In Chapter 5, regarding the establishment of an integrated resources management system (IRMS) designed to deliver customized case management, the vision and goal, information and service (function) to provide or manage, system user and manager/operator and access to information have been discussed.

The ultimate goal of building an IRMS is to realize welfare customized for each local area. Case management customized for recipients need has the vision to create a future where welfare awareness is enhanced without anyone being left behind. To fulfil the vision, three goals have to be met: first, establish an integrated welfare resources information system; second, build a systematic and efficient resource sharing and coordination system; third, create a balanced welfare distribution system. These will also lay the foundation for building customized case management system and help draw up a national welfare resources plan. (Figure 3)

As seen in Chapter 2 and 4, information to offer or manage in the IRMS includes: central and local governments' welfare benefits and service information; sponsorship, donation, sponsored materials, relevant programs/projects; the list of public health centers/hospitals, mental health centers, counseling centers, occupational/employment centers, social contribution organizations,

educational institutions, relevant facilities and organizations that provide such resources; and services (programs) provided by related institutions. For a balanced distribution of welfare resources, information on the quantity of services offered needs to appear.



[Figure 3] Vision and goals of an IRMS

⟨Table 9⟩ Information to offer or manage in an IRMS

| Information | Detail |
|------------------------------|---|
| Welfare benefits and service | - The information and quantity of public welfare benefits and |
| (central government) | services provided by the central government |
| Welfare benefits and service | - The information and quantity of public welfare benefits and |
| (local government) | services provided by each local government |
| Sponsored/donated money and | - The list and quantity of donated/sponsored money and goods |
| goods | provided by individuals or organizations |

| Information | Detail |
|---|--|
| Public health institutions | Information on hospitals, dental clinic, medical care hospitals, public health centers, drugstores, special treatment institutions Service information provided by public health institutions and its quantity |
| Mental health and counseling institutions | Psychological treatment, alcohol addiction hospital, counseling center, suicide prevention center, internet addiction counseling center Service information provided by mental health and counseling institutions and its quantity |
| Work/employment centers | Rehabilitation, job security center, government sponsored educational institutions, job training centers Service information on job/employment centers, and its quantity |
| Related facilities | Facilities for each group of people in need of help, homeless facilities, long-term care facilities, facilities for single moms, child protection facilities, multi-cultural family facilities, facilities for the elderly, shelter Service information on the facilities, and the quantity of service |
| Organizations | Sponsoring, volunteering, religious, case management organizations Service information of the organizations, and the quantity of service |
| Social contribution organizations | Social contribution companies, welfare foundations, social welfare corporation Service information of the organizations, and the quantity of service |
| Educational institutions | School, academic institutes, educational institutions, special education institutions Service information of the educational institutions, and the quantity of service |
| Programs/projects | - Corporate social welfare projects, welfare organizations' services, public health center programs |

As shown in below, based on the survey result in Chapter 4, functions to offer or manage are: search and inquiry of welfare benefits and service provided by the central and local governments; search and inquiry of services (programs) provided

by private institutions; search and inquiry of sponsorship, sponsored materials and volunteering; search and inquiry of information resources; automatic service extraction by condition; resources management of institutions; case management support; real time resources management; resource sharing; resource coordination/distribution; resource assessment and monitoring; community; welfare map; and a variety of information search and inquiry.

⟨Table 10⟩ Functions to offer or manage in the IRMS

| Services | Detail |
|---|---|
| | Detail |
| Search and inquiry of welfare benefits and service provided by the central and local governments | - Search and inquire information on welfare benefits and services provided by the central and local governments |
| Search and inquiry of services (programs) provided by private institutions | - Search and inquire information on services (programs) provided by private organizations |
| Search and inquiry of sponsorship/sponsored materials/volunteering | - Search and inquire information on donation, sponsored materials and volunteers from local governments, social welfare foundations, social welfare volunteer organizations |
| Search and inquiry of information resources | Search and inquire the list of public health organizations, mental health and counseling institutes, work/employment centers, social contribution organizations, educational institutions, facilities and organizations that provide resources Search and inquire welfare-related academic data, statistics, social institutional information |
| Automatic service extraction by condition | - Automatically extract services in accordance with the user's needs and conditions (surroundings) |
| Resource management of institutions | - Apply additional welfare management functions by each institution |
| Case management support - coordination and offering of services by recipients and by month - services provided to a recipient's | Need to apply not only to IRMS but also to case management system Make inquiry on the list and details about the services by individual recipients and by month Make inquiry on the list and detail about the services by |

| Services | Detail |
|--|---|
| family - coordination by resource - scheduler by recipient | a recipient's family . Make inquiry on coordination of welfare resources . Plan an overall schedule required for individual case management of recipients |
| Real time resource management | - Check availability real time by managing the quantity of resources |
| Resource sharing | - Check and apply for sharing of resources depending on whether an organization opts to share resources |
| Resource coordination/distribution | - Apply for and approve/reject coordination of shared resources, and subsequent distribution |
| Resource assessment and monitoring | - Assess and monitor the quality management of welfare resources and efficiency of its sharing/distribution |
| Community | - Provide forums to request resources, share utilization cases and resource development know-how among civil servants, case managers, between civil servants and case managers, and among private case managers |
| Welfare map | - Offer geographical information on local welfare resources, details and monitoring history on on-/off-line map |
| Variety of information search and inquiry | Directory search Key word search Automatic completion of search words, recommendation of search word, related search words, go-to function, recommended search words, real time popular search words, most popular search words Need to build a thesaurus |

Case management support is a function that should be applied not only to an IRMS but also to case management system as well. For case management support, functions such as search by individual, search for monthly coordinated and offered services, search by a recipient's family, utilization of coordinated resources, and individual scheduler are proposed.

As mentioned in Chapter 2, data search and inquiry can use both directory and keyword search. In terms of directory search, a matrix can be drawn⁹⁾ with high-level and mid-level classifiers which allow for "needs," "purpose," and "resource type" along the row and with a variety of factors along the column such as the level of access to information on resources (confidential, open to basic local governments, open to greater city governments, open to all), in-kind materials (goods, human services, facilities, programs)/cash (cash, loan guarantee), life cycle and recipient groups (children/teenager, adult, elderly, disabled, female, all life), family type (multi-cultural, mother-child, single parent/grandparent-grandchild families, child breadwinners), and the level of income (Table 11).

⁹⁾ More conditions can be added to provide services customized for individuals.

 $\langle Table \ 11 \rangle \ Welfare \ resources \ classification \ matrix$

| | | Access | | | | | Resource type | | | | | Life cycle and recipients | | | | | Family type | | | | ~ | | | | |
|----------------|---------------|------------------|----------------|------------------------------------|-----|-------|------------------------|------|--------------|------|-----------------------|-----------------------------------|--------|---------|----------|--------|-------------------|------------------------|---|---|-----------------|--|--|--|---|
| | Mid- level | | | | | | In-k | kind | | Ca | Cash | | | | | | | | | Single | | | | | |
| High- level | | Confid ential | city govern | Great er city gover nment | All | Goods | Human resour ces | | Progr ams | Cash | Loan guara ntee | Childr en and teena gers | Adults | Elderly | Disabled | Female | All life cycle | Multi- cultur al | | parent /Gran dpare nt-gra ndchild | bread winner | | | | |
| Classifier 1 | Classifier 1 | | | | | İ | | | | | | | | | | | | | | | | | | | |
| | Classifier 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| | Classifier 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| | * | | | | | | | | | | | | | | | | | | | | | | | | |
| | Classifier 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| | Classifier 2 | | | | | ļ | | | | | | | | | | | | | ļ | ļ | | | | | , |
| Classifier 2 | Classifier 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| | * | | | | | | | | | | | | | | | | | | | | | | | | |
| | Classifier 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| | Classifier 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| ~ | Classifier 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| | * | | | | | ļ | | | | | | | | | | | | | | | | | | | , |
| | | | | | | | | | | | | | | | | | | | | | | | | | |

Regarding keyword search, a variety of functions are provided including automatic search word completion, search word recommendation. related search word. go-to recommended search word, real-time popular search words, and the most popular search words. Also, a thesaurus needs to be built. For example, heater installation, boiler installation, heating support mean the same service to install a heating device but are expressed differently. The creation of thesaurus will allow a search with any word out of the three to come up with all three services. In order to establish a thesaurus of welfare resources, the currently used welfare resources list (service name, program name) have to be grouped into synonyms with each synonym having definition and meaning of the service. Therefore, before the creation of an IRMS, what should come first is synonym grouping of resources developed locally and programs delivered by relevant organizations and explanation of each synonym group.

e.g.) Heater installation service, boiler installation service, heating support - Installation service of heating devices (boiler) at home

The users of an IRMS can be classified into five: central government employees, local government employees, local government special agents, those at relevant organizations and private facilities, and the general public. This grouping has something to do with the scope of use and needs to be aligned with the implementation stages of the integrated case management and resources management systems. Civil servants from central and local governments and special agents of local governments

are the fundamental users of the system who use the system first while those in charge at relevant organizations and private facilities, and the general public can be designated as partial or gradual users of resources. In other words, in the first stage, if the system is built for civil servants from the central and local governments and special agents, with limited access to information on case management (history) and relevant functions on the case management system given to those at relevant organizations and private facilities. In the second stage, such information is open to those at relevant organizations and private facilities. In the third stage, the general public can enjoy welfare information of greater scope. (Figure 4)

Stage 3 Stage 2 Stage 1 · Civil servants of the central government Civil servants of · Civil servants of local governments the central government · Special agents of · Civil servants of local governments · Civil servants of the local governments Those in charge at central government · Special agents of private facilities · Civil servants of local governments General public local governments Those in charge at · Special agents of private facilities local governments General public (partially) · Those in charge at private facilities (partially)

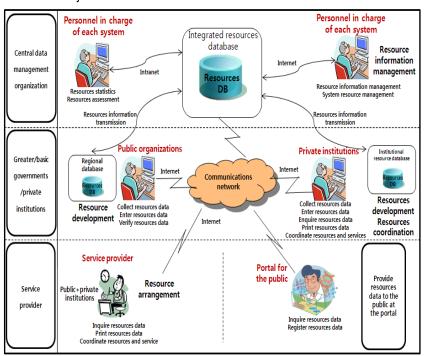
[Figure 4] Phased access to data by user in the IRMS

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Those who manage and operate data are the central government data management organization, (those in charge of) province/city information operation, those in charge at each institution. The central government data management organization needs to play a reliable role as a public intelligence agency by collecting and handling (enter, revise, delete on the system) data on welfare services given by the central government in a timely manner. Those in charge of province/city information management collect and handle timely information on welfare services in their own areas. Information operators should be employed for provinces and larger cities and in smaller cities, special agents should be deployed for "Sharing Hope Corps," an organization currently being pushed for as a closest unit to case management. Having organizations and personnel specialized in information management is intended to prevent excessive workload and decrease in work efficiency when employees have case management work added to their original counseling and resources management work.

Only the organization and personnel with full responsibility should have the authority to enter, change, delete data in their areas, and for this, log management should be done. Quantity management, coordination and distribution of resources can be added depending on different responsibility in case management.

The conceptual model of the IRMS is shown in Figure 5.



[Figure 5] Conceptual model of the integrated welfare resources management system

The management, operation and utilization of the integrated welfare resources management system is closely related with the integrated case management system model, which means the scope of application and implementation and the management system of the IRMS can change depending on the application time and scope of the integrated case management system model. If the IRMS is decoupled with the case management model and work system, it may cause inefficiency in terms of flow of information. Therefore, IRMS should be established in parallel

with the integrated case management model and supportive case management system.

For efficient distribution of resources, availability of resources should be identified in a timely manner, which applies both to public and private resources. More aggressive and work-oriented measures including incentives provided by the government need to be implemented to make private resources timely and useful.

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