Study on Building a Service Network for the Disabled Elderly

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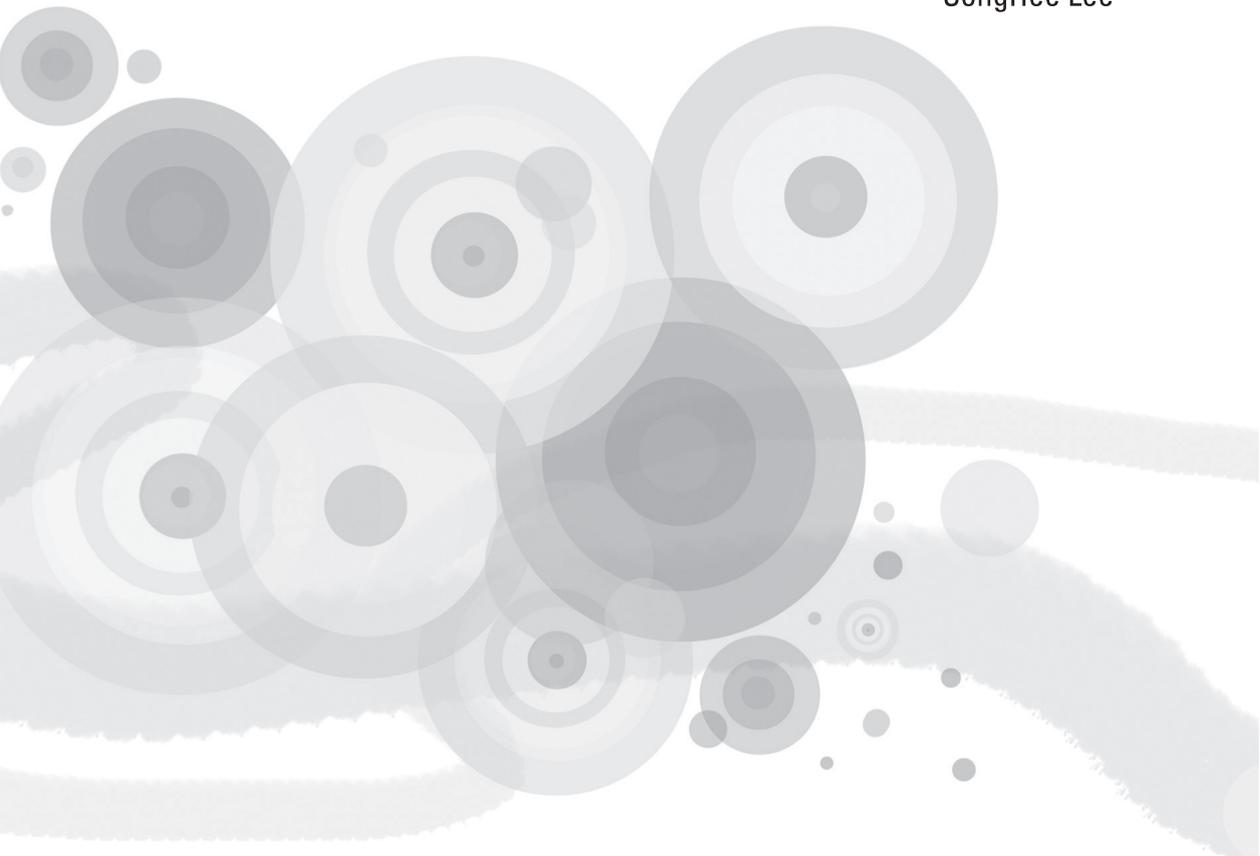
Study on Building a Service Network for the Disabled Elderly

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Introduction

Chapter 1

Introduction

Paragraph 1 Need and Purpose of Study

Aging of the population has developed into one of the serious issues in today's society. Korea has entered into becoming an aging society with over 7% of the entire population aged over 65 in year 2000. It is expected that the percentage of the elderly will double to 14% by 2019 becoming one of the aged societies and a super-aged society by 2026 with the percentage exceeding 20% (Statistics Korea, 2005). With the aging of the entire population, the disabled population is also facing aging. The increase of the disabled elderly population is a global trend along with the aging of the global population (Glen, 2001). The aging of the disabled population is in line with the aging of the entire population and this is estimated to be because the life expectancy of the disabled is increasing unlike the past[1].

To approach the concept of the disabled elderly, two areas need to be mentioned. Louis & Yang (2002) mentioned that the study on the disabled elderly has been carried out centering

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[1] The span of the lives of the disabled, which showed a low survival rateival rate or were thought to die early, has been known to have extended and this trend has been witnessed throughout the world. The reason for this can be the result of the improvement in public health, advancement in medical technology, and improved access to and opportunities for the disabled (McClean, 1997).

on 'disability with aging' and 'aging with disability' since 1980.

Disability with aging is the case of a person becoming disabled with old age due to various aging-related illnesses. The elderly are exposed to a variety of senile illnesses as a result of the aging process and this leads to many elderlies becoming disabled. Such a problem with disabled elderlies has been the main interest of the elderly welfare field. Second, aging with disability refers to the disabled persons becoming old. In the past, many disabled people had a low survival rate (spine damage) and this related to early death (developmental disorder). However, the improvement in medical and health environments and the advancement of rehabilitation technology improved the survival rate and life span of the disabled. Such disabled elderly have become the center of attention and interest in the field of the disabled welfare area.

The scope of the concept of disabled elderly changes depending on where the focus of the two areas of disabled elderly lies. To take an approach from the welfare perspective for the disabled, first, the interest on the aging with disability could be highlighted. In this case, the disabled elderly could be defined as a "person who became disabled at an early stage of his/her life and came to experience old age". Louis & Yang (2002), however, asserted that such distinction is based on a fixed idea. Senility and disability are concepts that continue throughout life in general, so the disabled elderly need to be thought of as an entity and continuity that cannot be strictly divided into areas of disabled welfare and elderly welfare. Disabled elderly experience 'double risks' as the risks resulting from the experiences of both a disabled

person and of the aging process (Foreman, 1998). The disabled elderly area is an area shared by both the elderly and the disabled, so it is necessary to connect and find shared services. (Campbell, 1996).

Recently, policy proposers have had a strong tendency to consider the elderly and the disabled under a single umbrella in order to enhance the efficiency of administrative and service delivery systems. From a macroscopic perspective, it can be thought to be an effective and practical approach. It can be more so considering the increasing number of consumers and limited financial resources. The elderly and disabled areas share major issues in areas such as labor, health, family support and local society participation. With the aging of the disabled group, this issue is requiring cooperation from the two areas. From a microscopic perspective, there are many difficulties in taking approaches from the elderly and disabled areas. The disabled and elderly areas have different histories in the formation of policies and differences also exist in service philosophies and content. In specific support, there are inconsistencies in who they are and what they need (Putnam, 2002). Therefore, detailed discussions need to be carried out on identifying the inconsistencies and the common elements between the two areas so as to put social welfare plans for disabled elderly into action.

From an ideological point of view, the self-reliant living philosophy of the disabled welfare area and the shared areas in the elderly area can be discussed on the basis of consumer-oriented philosophy. Accordingly, it is necessary to develop a detailed service linking method by seeking areas shared

and differentiated by the elderly and the disabled based on the consumer-focused philosophy.

However, until now, the positivist research and practical efforts on the disabled elderly field were not done sufficiently. Disabled elderly have been excluded from the social·policy interests. Only recently, research to find out the status of the lives of disabled elderly and to improve their lives is in progress. However, no research is done to seek the differences and common elements between the disability and elderly areas. Consequently, this study aims at searching the commonalities and differences between the elderly welfare and disabled welfare with the focus on caring service. The reason the focus is on the caring service out of various services from the two fields is because it is one of the most important services that is most agreeable with the needs of disabled elders since the caring service incorporates psychological factors such as consideration, love, and trust for the welfare and wellness of the service receiver. Specifically, the national long-term care insurance for the elderly and the personal assistance service for the seriously disabled fall under this category. The outcome of this study will contribute to the linking of consumer-oriented services in the disability and elderly fields.

Paragraph 2 Study Method

To conduct this study, the following four methods were used. First, literature, specifically on theories related to disabled

elderly and services for disabled elderly, especially care services in Korea and abroad, was examined as literature research. More specifically, theoretical review on disabled elderly in the fields of disability study and geriatrics and literature review was carried out to review the policies on disabled elderly at home and abroad.

Second, the 2008 Survey on the status of the Disabled was used for analysis as secondary data to find out and to make proposals about the status of the lives and the desires of disabled elderly.

Third, with the Focus Group Interview (FGI), the required services, reasons and obstacles for networking disabled elderly services were identified by interviewing the disabled elderly and the working-level workers providing related services.

Fourth, a workshop was carried out during the study course. Three workshops were carried out in total. During the first workshop, opinions of the specialists in the field were collected on whether the direction and content of the study were adequate with the study theme. During the second workshop, opinions on the overall progress of the study and future considerations to be made were collected as a mid-study check. In the final workshop, review of the finished report and opinions on policy tasks including future implementation tasks were collected so as to incorporate the final report.
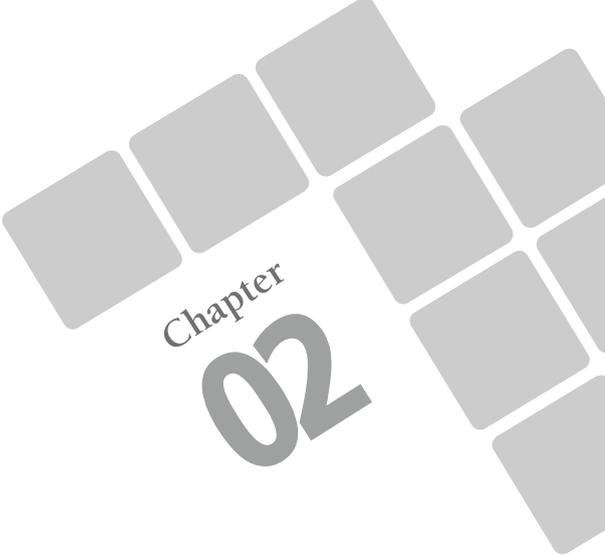
Theoretical Contemplation

Chapter 2
Theoretical Contemplation

Paragraph 1 Disabled Elderly

1. Concept of Disabled Elderly

The studies on aging and disability have been conducted in two major areas since the 1980s. One was disability with aging or aging into disability and the other is aging with disability (Verbrugge & Li-shou, 2002). In the first case, disability with aging or aging into disability is experiencing disability in the course of aging. "Disability caused by aging" is when a person becomes disabled due to by various illnesses related to old age. Because many senior citizens eventually become disabled, such a disabled elderly problem has been one of the main interests of the elderly welfare area. As such, the disability from old age or lated-long disabled elderly leads a person to experience disability for the first time at an old age and to fight with the result of disability (Hye-jeon Park·Seung-wook Lee, 2007). This is a group with a high possibility of becoming neglected by society as the group has to face the aging and disability issues simultaneously with old age.

The elderly experiencing such disability can be called the disabled elderly as a result of old age. Most elderly suffer from a variety of illnesses with old age following the development

stages. As a result, many elderly become disabled. Such elderly have been the center of interest mainly in the elderly welfare field.

Meanwhile, "aging with disability" refers to the case of a person with long-term disability getting old and becoming elderly. Such persons are called those aging with disability. These persons have been mostly the interest of disabled welfare groups. In other words, the life-long disabled elderly refer to the people who have become disabled or severly disabled before their birth or at the time of birth at a young age before they became elderly (Hye-jeon Park et al., 2007). This group is very susceptible to become isolated from the society as they age with the pain and sorrow caused by their disability and so face the old age problems on top of their disability (Eun-hee Choi, 2003).

To summarize the aforesaid concept, the 'people who experience disability with aging' is the definition of the disabled elderly with old age and 'the disabled who have aged' is the definition of the life-long disabled elderly. The terminology disabled elderly is a broad terminology used to refer to elderly who have disability, covering both the elderly disabled with old age and the disabled elderly. In this study, all such elderly are to be called 'disabled elderly'. The 'disabled elderly' is a more general term with the elderly disabled with old age and the life-long disabled elderly a more specific definition.

The definitions of the disabled elderly and the late-long disabled elderly cannot be easily distinguished using language definitions, but a concept to be understood in-depth through differentiation and the dynamics of the common factor between the two

terminologies. For this, a study to identify the differentiation and the commonality between the two areas must be conducted. The common factors lie in the sharing of 'double risks' called aging and disability (Foreman, 1998). However, they have specific differentiation in their experiences and desires. To understand the common factors along with the different factors, a study needs to be carried out (Campbell, 1996). The designing of the system based on the common factors have limitations in that the experience of having lived a long time as a disabled person are not sufficiently taken into account. The life-long elderly disabled have a differentiated service desire. To seek the direction of the network between the elderly area and the disability area focusing on disability and aging, an understanding on the differential experience is required. Below, advanced research on the aging experience of the elderly disabled, the recently discussed issue, i.e. the people who have lived as disabled for a long period of time is contemplated. This study will contribute to the understanding of a differential experience to seek the connection of services between the two areas.

2. The aging experience of the disabled

This study aims at focusing on the late-long disabled elderly to understand the different experiences between the disabled elderly and the elderly disabled.

A. Physical changes of the aged disabled elderly caused by aging

The core issue raised concerning the physical functional changes of the disabled is premature aging. Premature aging[2] means the disabled who have had a long disability aging experience that is much faster than the non-disabled. The terminology "accelerated aging" is also mentioned. Trieschman (1987) conducted a qualitative study of those disabled as a result of spinal cord injury and who have lived with the disability for over 30 years. The study results emphasized that such elderly disabled experienced faster aging compared to the regular elderly. Such phenomenon is defined as premature aging. The life-cycle factor deeply related to premature aging that was brought to attention, was the effect of the disabled period. In other words, after 15 to 20 years since the first disability occurrence, the disabled person experiences rapid physical, psychological, social and environmental changes. Premature aging was pointed out as one of the important problems with not only those with physical disability, but also those suffering from developmental disorders. A study on the premature aging of the disabled suffering from Down Syndrome was also conducted.

The people who have lived with the disability for a long time along with a premature aging experience that changes into a secondary condition. The secondary condition is the condition

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2) This word is sometimes translated as geromorphism, but to make a distinction with progeria, the study used the term premature aging.

directly or indirectly related to a major injury resulting from new functional and health deterioration since the occurrence of the primary disability. Such a state is known to contribute to premature aging (Capoor & Stein, 2005; Wilber, Mitra, Walker, Allen, Meyer, et. al., 2002). Premature aging and secondary conditions become main factors comprising the experiences differentiating the life-long disabled who have lived with the disability for a long time with the disabled elderly.

   To summarize, the premature aging and the secondary condition are core concepts in understanding the different experience between the elderly disabled and the regular elderly. The elderly disabled who suffered from polio, spine cord injury and cerebral palsy experience drastic physical functional changes after 15~20 years since the disability was first recognized, or as they reach 40~50 years of age. Such unexpected problems become causes threatening the independence of the elderly disabled, reducing the productivity and decreasing the quality of a subjective life (Sheets, 1999).

B. Psychological changes in Life-long Disabled Elderly along with the aging process

   One of the variables causing psychological changes related to old-age for life-long disabled elderly is depression. Depression was pointed out as a result of important psychological changes in an aging research of elderly with no disability. However, precedent research shows that physically challenged persons have double or triple the probability of experiencing depression in

the process of aging compared to elderly with no disability (Fuhrer et al., 1993; McColl & Walker, 1997). Because depression is a symptom that can threaten a subjective life of an older physically challenged person, it is a more important issue.

The frequency of the occurrence of the depression symptom was 2-3 times higher in the disabled persons than those with no disability. The frequency of a depressive disorder showed to be 25% to 40% compared to the 8%~11% for those with no disability. In other words, one out of three disabled persons is suffering from mild or serious depression symptoms. This is an outcome of 4 times higher compared to the those with no disability living in local society. Because of the depression symptom, people feel burdened by the disability and daily issues (Fuhrer et al., 1993). However, according to the outcome of the longitudinal studies on the disabled suffering from spinal cord injury carried out in 1990, 1993, and 1996 it is reported that no significant difference in the stress level was shown between the elderly population with no disability and the elderly disabled population.

The depression symptom of life-long disabled elderly is a factor threatening the quality of a subjective life, so it is important. The RRTC on Aging with a Disability conducted research for 350 elderly disabled and the depression score and the score on the quality of subjective life were collected. From 350, 185 people did not show any depression symptoms, 113 showed weak depression, while 52 showed severe depression symptoms with 47% of the total number of respondents having depression symptoms. In the case of the group with no depression symptoms,

the score on the quality of average life for the disabled was not much different from that of the person with no disability. Such a result proves that the quality of life and depression have an inverse relationship. When there were no depression symptoms, the score of the quality of life was the same between the disabled and the person with no disability (Kemp & Mosqueda, 2004). The changes in the melancholy factor resulting from the aging process and the change of the quality of subjective life as a result are important variables in understanding the psychological experience of the elderly disabled.

C. Social Experience of Life-long Disabled Elderly

A study on the changes of social support and social role in the aging process of life-long disabled elderly was conducted. First of all, it was pointed out that physically challenged persons were highly likely to experience the change in social support due to aging. In the case of the physically challenged, they experience the change in the support structure as they get older. For instance, they experience changes such as the death of a spouse or a primary caretaker and such loss becomes a big crisis in their lives. Their support structure also experiences change in quantity and quality. The changes and losses in the visible support and invisible support to the elderly disabled persons may bring about a serious crisis (Krause, 1996; Krause & Anson, 1997).

McColl and Rosenthal (1994) carried out an in-depth interview study with people who have suffered from spinal cord injuries,

who were over 45 years of age and with more than 15 years since the injury took place. They soon discovered that the physical, emotional, and social changes of the participants were related to the aging process, worries over the aging process, and the useful resources of a successful aging process. They also pointed out that the lack of appropriate social support and inadequate financial resources can influence negatively to the aging process of the disabled. This means that the change in the social support system out of the changes resulting from old age can become an important crisis to the disabled.

In a phenomenological study on the aging experience of 28 males and 3 females suffering from spinal cord injury, Iwakuma (2001) remarked that the change in the social support system such as the death of the primary care giver can be a great risk. He also pointed out that the bond with fellow disabled persons is an important resource in experiencing the aging process of the disabled. He proposed 6 topics as a result of the study. First was 'damage changing over time'. Second was, although the respondents worried over how their body would adjust to the aging-related changes, 'contact with other life-long disabled elderly' allowed them to receive feedback. As they watch other people adjusting to old age, younger disabled persons better cope with the future. Third, the disabled feel that they 'experience the aging process differently from the people with no disability'. Fourth, many respondents said that they can prepare for the effects of old age better thanks to 'their experience with the disability'. Fifth, respondents said that they 'worried about their family, especially their spouse, because they depend significantly

on their care. When their spouses get old and experiences physical changes, they worry about what the changes mean to them. Lastly, the disabled people 'are less afraid of the deterioration of the physical functions than the people with no disability'.

From the social support perspective, the death of a family member, especially the spouse in the golden years can become a serious crisis because the disabled depend a great deal on their protection. However, the information obtained from their fellow disabled people and the family support become important resources for life-long disabled elderly. Fellow disabled people give them information needed to prepare for the changes in the future.

D. Comparison between the late-long disabled elderly and life-long disabled elderly

Verbrugge & Li-shou (2002) compared and researched the people who have become disabled prior to the age of 20 and after 20. The disabled who have become disabled during childhood had many more disturbances related to ADL and IADL than those disabled in adulthood. But the participation level to the society was much higher for the former group than the latter group. The health status became a difficult cause for both groups and a reason lowering the social participation for both groups. The disabled during childhood referred to their health state as more satisfactory than the disabled during adulthood, experiencing the negative impacts of less health. The life-long disabled elderly during childhood had many more functional disabilities with

greater possibility for their health state, but a higher subjective cognition and social participation level. This can be said thanks to the adjustment of their physical functional change due to having lived a long time as a disabled person, and with little influence on social participation.

3. Characteristics of a Late-long Disabled Elderly[3]

The elderly refers to a person in the process of the deterioration of physical and mental functions and abilities, a person who cannot normally function in daily life.

Late-long disabled elderly have the following difficulties. First, difficulties vary in size and number including social and economic life in old age, support for the elderly, health for the elderly, but the most important issue is the maintenance of basic physical functions. A substantial part of Korean disabled elderly experience is in difficulties in Instrumental Activities of Daily Living (IADL) or Activities of Daily Living (ADL). Second, the elderly feel a sense of alienation resulting from disorder related to sense and cognition. Third, conflict between the elderly and younger generation exists due to the support form. Economic growth and industrialization of society that led to formations of nuclear families. As a result, the support form changed with the number of elderly households increasing. The traditional concept of family support is changing and the younger generation is feeling a burden

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3) Kim Jeong Hwa, the Third RI KOREA medical subcommittee seminar, 2008. Compile using data.

in supporting the elderly, resulting in a great number of elderly entering care facilities. Fourth is related to the problem of the supporting family. Historically, the family was entirely responsible for supporting the disabled elderly, but the burden of the family is very great because and depending on the disability severity of the chronic and degeneration illnesses of the late-long disabled elderly, protection or long-term care is required with caution and interest devoted to the problem behavior.

As such, only passive measures are sought after for the problem of late-long disabled elderly, on a continuous rise, and the protection and support for the disabled elderly which are left entirely to the family. Amid the situation where home services for the elderly is insufficient, the important interests of the welfare for the elderly will depend on providing long-term and intensive protection and support of the disabled elderly to ease the difficulties of the family's burden.

Paragraph 2 Connecting services in the disability and elderly fields

1. Linking services in the disability and elderly fields

A. Cultural differences between disability and elderly fields

When discussing the linking of services in the elderly and disability fields, we need to pay attention in the cultural differences between the two fields (Eustis, 2000; Torres-Gil & Putnam, 2005;

Zolar, 1988). In summary, the cultural differences between the two fields are as follows: first, the disabled elderly in the elderly field do not tend to use the terminology 'disabled'. Second, life-long disabled elderly tend to emphasize self-efficacy in the service field. Third, the disabled field tends to have a distrust of arbitration and intervention of specialists compared to the elderly field. Fourth, the disabled field places emphasis on integration into the local society and asserts support for public transportation means, access to public facilities and support for supplementary aids. The elderly field does not make so much emphasis on the integration into the local society. The content mentioned until now are overall differences and may show differences depending on the person. The review of the overall cultural tendency will become important information in linking the services of the two fields.

B. Elements hindering and accelerating the linking of the disability and elderly fields

Putnam (2002) conducted a study on the factors accelerating and hindering the service network for people suffering developmental disorder, physically challenged persons and working-level elderlies in the state of Missouri. The elderly population over 65 years of age living in the state of Missouri stood at 13.5%, a little higher than the national number of 12.4% (U.S Census Bureau, 2005). The state of Missouri has organizations such as Area Agencies on Aging, Centers for Independent Living, Mental Retardation and Developmental Disability offices providing services to late-long elderly disabled

unlike other areas. Putnam (2002) conducted a qualitative study with 57 specialists participating in the service network for those suffering developmental disorder, physically challenged persons and the elderly. The result of the study included administrative limitations and difference in awareness as organization traits that hinder the linking of services, weak cooperative structures and limited specialist investment as an alliance maintenance, different service agenda and philosophy in the environment perspective. Elements that accelerate the linking of services were administrative support and awareness similarity as organization traits, strong cooperative structure and special investment as an alliance maintenance, and common interest with potential partner and resources in the environment perspective.

## C. Direction of successful linking of services in the disability area and elderly area

1) Overcoming cultural differences (from needy person to needs fulfilled)

Putnam (2002) proposed the need for cultural changes in the two fields as an alternative to overcome cultural differences in the disability and elderly fields. The elderly and disability fields are very different, and conflicts between the two exist. The disability service emphasizes consumer-driven and self-determination aspects more than the elderly service. The disability problem is understood as the result of interaction between the individual and the environment rather than a personal birth defect.

In this aspect, the efforts to change the environmental and social attitude along with the intervention on the individual are important. Meanwhile, the aging service places more weight on the medical model, focusing on the structural intervention to improve the individual ability by focusing on the defect or injury. We experienced a cultural revolution in the way we provide social welfare service in the 20th century. The products of our social welfare service have become classified and specialized. However, it is high time that similar changes occur in the social welfare thinking for long-term protection for young, middle-aged and old-aged disabled. In other words, efforts to link the services between fields focusing on the needs should be made through cultural changes.

2) Core elements needed for successful linking of services

Ansello and Wood (1997) and Janicki & Ansello (2000) described the core elements required to link services for those suffering from developmental disorder and elderly as structural elements, mandatory elements and maintenance elements. The structural elements required for a successful linking of services are efficient cooperation, outreach, and capability development. Second, mandatory elements needed to begin and maintain cooperation were proposed. Cooperation between the systems expose strong and weak points of other systems and a careful plan is required to provide successful services is created. Third, the 5 factors maintaining the link are, ownership, adequacy, resources, actual membership, and the participation of the management.
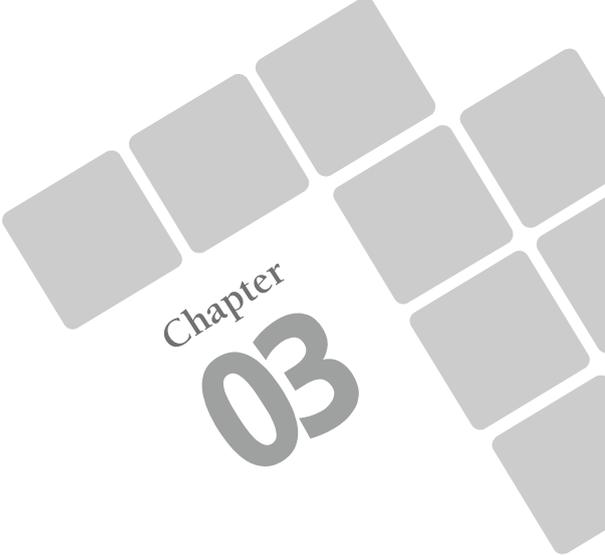
Chapter

03

Status of the Care Service
Provided to the Disabled Elderly

Chapter 3

Status of the Care Service Provided to the Disabled Elderly

Paragraph 1 Care Service in the Welfare of the Disabled

1. Project Supporting Activities of the Disabled

The care service in the field of disabled welfare currently carried out by the Ministry of Health and Welfare is the project supporting activities of the disabled. The project supporting activities of the disabled provides a service supporting activities to the disabled who find it difficult to carry on daily activities and social activities due to physical and mental reasons so as to aid the independence and to enhance social participation of the disabled[4].

Qualifications for application are anyone over 6 and less than 65 years of age registered as having grade 1 disability under the Welfare of Disabled Persons Act (15 grades in total) regardless of the income level. The disabled persons who have applied for long-term care, but have received disability grade recognized as disabled, excluded from receiving long-term care, are also included.

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4) With the enactment of the 'Act on Supporting Activities of the Disabled' (January 2011), the 'Disabled Activity Aid System' was introduced in October 2011. Existing recipients of personal assistance salary are converted to recipient of supporting activities.

The subjects over 6, but less than 65 years of age are selected after receiving a grade 1 from the disability grade inspection. The subjects must also receive over 220 points at the home visit inspection using the Personal Assistance Service Recognition Survey. Those becoming 65 years of age are not subject to the home visit inspection based on the disability grade inspection and recognition survey.

The services provided are the following. First, services for personal affairs assisting baths, bedpan, changing clothes, face-washing, eating meals, etc. Second, services for housework such as shopping, cleaning, meal preparation, rearing of children are provided. Third, services on a daily basis such as finance management, time management, schedule management are provided. Fourth, services assisting communication such as reading, writing, and fifth, services to move around such as guide assistance, going to and from school, going to and from work, outdoor and cultural activities are provided.

Paragraph 2 Care Service from Elderly Welfare Perspective

1. Elderly Care Service Business

A. Basic elderly Care Service (formerly Life Management Assistant Dispatch Project for the Elderly)

The elderly care service is divided into the elderly basic care

service (formerly Solitary Elderly Care Manager Dispatch Business) and the elderly comprehensive care service (formerly elderly care voucher) depending on the service content. The basic care service aims at building a comprehensive social safety network for solitary elderly through identification of the actual condition and welfare needs of solitary elderly, checking safety on a regular basis, linking and coordination of health and welfare services, and education on living. The targets receiving the service are solitary elderly over 65 years of age who do not require a care service. The income, health, residence, social contact levels are analyzed through a survey of the solitary elderly status to select subjects with the highest service needs. Service plans are developed by each individual so that a customized welfare service is provided. Four different types of the services are survey of the status of solitary elderly, safety checking service, service linking and coordination and education on living.

B. Comprehensive Elderly Care Service (formerly Elderly Care Voucher)

Comprehensive elderly care service is provided to the elderly who cannot carry out daily activities on their own so as to provide housework and activities supporting services to help them set up a base for security of the aged and a base for social and economic activities.

The subjects receiving the service are the elderly aged over 65 who have received long-term care insurance grade A or B and whose monthly income is 150% less than the national

household average income. The service provider is designated by city, province and district and chosen from the home care welfare facility for the elderly and the local rehabilitation center. The services provided include meal and face-washing assistance, changing clothes, changing body position, maintenance and improvement of physical function, restroom usage help, purchase of necessities outside of the home, cleaning and washing clothes. Weekly protection services include physical and mental function recovery service (functional training such as leisure, physical therapy·working therapy·language therapy), meal provision and taking baths, education and counseling on elderly family members.

2. Long-term Care Insurance for the Aged

Long-term care insurance for the aged provides services to aid housework that requires physical activity for the elderly who are very old or who suffer from illnesses related to old-age and have difficulties carrying out daily activities such as taking baths or housework. This is a social insurance system to help build stability in the elderly life and to lessen the burden of the family members.

The elderly who can apply for the long-term care insurance are those subscribed to the long-term care insurance for the aged (same as national health insurance subscribers) regardless of income level and the recipients, receiver of medical care benefits. The elderly over 65 years of age and those suffering from old age-related illnesses under 64. The elderly subject to benefits are the elderly over 65 or those who have received grades 1~3

at the long-term care grade determination committee and who have difficulties to carry on daily activities and who have suffered for over 6 months from geriatric illnesses such as dementia, stroke or Parkinson's Disease.

The benefits are divided into the facility benefit, home care benefit and special cash benefit. Facility benefit refers to entering into an elderly care facility equipped with the facility, equipment and specialists required for care for a long period of time and receiving training to aid physical activity and to maintain/improve physical and mental abilities. The special cash benefit is a benefit provided to the elderly residing in a region lacking in care facilities such as islands and remote areas inevitably receiving long-term care from family.

Home care services include visit care service, visit bath service, visit nursing service, daily and nightly protection service, and short-term protection service.

Paragraph 3 The Care Service and Its Implications

After examining the care services in the disabled welfare field and elderly welfare field, it was seen that the care service in the elderly welfare field was much better organized compared to the disabled welfare field, playing the role of customized service. In particular, the elderly care service is carrying out services linked to health and welfare services for the solitary elderly belonging to the vulnerable elderly class, linking service through exploration of welfare resources, showing evident efforts to fulfill the most needed desires. It was also making efforts

to prevent duplication of services in other fields. In the disabled welfare field, the Personal Assistance Service (the activities supporting the disabled) and the elderly long-term care insurance in the elderly welfare field are carried out. These two projects have differences in operation method, one in taxation and the other in insurance type, but the service content is the same as they provide assistance in housework and physical activities, bath visits, nursing visits, etc. This is because the needs of the people in the two fields have relatively the same needs. The difference between the two care services lies in the age restriction of 65 to prevent provision of duplicate services. Once the subject is past 65 years of age, the life-long disabled elderly must move on to the elderly long-term care insurance from the personal assistance service group. To provide a customized service meeting the needs of the user, allowing the user to pick the service most needed is one alternative. If the method cannot be selected, it may be desirable to provide services linking relevant organizations and resources.
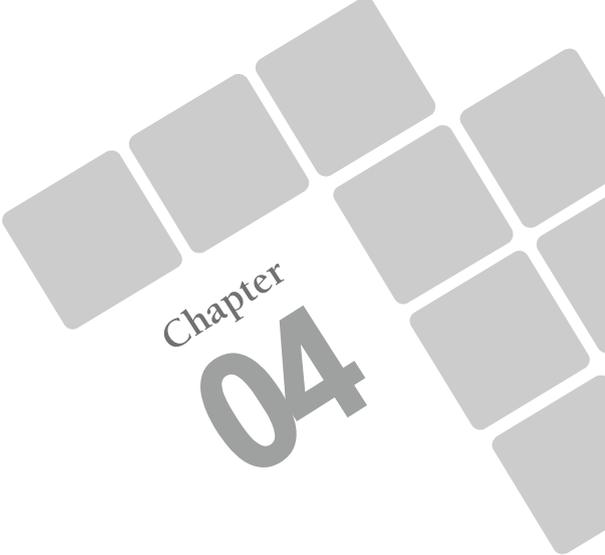
Chapter

04

Linking Disabled Elderly
Services in Korea and Abroad

Linking Disabled Elderly Services in Korea and Abroad

Paragraph 1 Linking disabled elderly services in Korea and abroad

1. Status and linking examples of disabled and elderly welfare center projects in Korea

A. Comparison of Welfare Center for the Disabled and Welfare Center for the Aged

To find out the status of services provided in addition to care services provided currently to the disabled and the elderly, the projects carried out by the Welfare Centers for the Disabled and the Elderly that are carrying out various projects with the highest utilization rate by the disabled and the elderly were examined. The common and different service areas were compared and analyzed.

The results showed that medical rehabilitation projects, job rehabilitation projects and social services were the projects commonly offered by the two Welfare Centers. Meanwhile, the Disabled Welfare Center offered rehabilitation projects such as diagnosis project, education rehabilitation project and social psychological rehabilitation project different from the Elderly

Welfare Center. The Elderly Welfare Center offered sports and leisure activities as different projects. This proved that the disabled focused more on rehabilitation than the elderly and the elderly put more emphasis on sports and leisure activities. Such a result shows a difference in needs between the disabled and the elderly. This way, the projects that need linking and the projects that don't need to be linked can be identified.

B. Example of linking services for the disabled and the elderly in Korea

In this chapter, the example of the elderly and disabled welfare centers that are providing linked services in an integrated or combined welfare center for the disabled elderly will be examined.

1) Example of linked services: Integrated elderly and disabled welfare center

The projects providing common services and different services between the two fields are the following.

First, the service commonly provided for the elderly and the disabled are underwater therapy and massage, which is part of the regular projects of medical rehabilitation, one of the home care welfare projects. Second, in relation to leisure, the outing programs were carried out commonly by the two centers. Third, in the case of the visit care project, the disabled welfare team and the elderly welfare team were jointly conducting similar projects. In addition, some projects conducted by the elderly

welfare center and the regional social rehabilitation team centering around home care welfare also showed that the disabled elderly over 65 years of age were using the services.

The followings are difficulties of linking services of the two fields.

First is, difficulty in executing the budget as the budget is divided administratively. In the early stage of the project, programs were combined by project type mixing the disabled and the elderly, but after the budget was divided up for the elderly and the disabled, there are difficulties when a joint budget is executed. Second is, difficulty in evaluating the welfare center. Because programs for the elderly and the disabled are conducted, duplicate services were provided and there were confusions when dividing up the performances, leading to a low evaluation performance score. Also, in the evaluation of the welfare center, difficulties of the working-level people to prepare and carry out the evaluation of both welfare centers added a burden on their work load.

2) Example of service linkage between organizations: Linking of the nursing visit and bathing visit services by the Personal Assistance Service and Elderly Long-term Insurance

The advantages of linking the services of bathing visiting and nursing visiting services provided by the Personal Assistance Service and other service providers during the pilot project period of the Personal Assistance Service were the following.

First, the users of the linked service showed a high satisfaction level. Second, information was exchanged to stimulate service

linkage and active interaction took place among service providers. Third, related organizations developed and carried out programs linking with other organizations in the local community to explore the content of the services.

These examples illustrate that the following things are required to link services between organizations. First, the organization providing Personal Assistance Service must make an effort to provide services meeting the characteristics and needs of the disabled in the local community so as to realize an independent life of the disabled through self-determination rights. Second, the organization providing a bathing visiting service needs to review the conversion of service reflecting the characteristics of the disabled and the surrounding environment, unlike the bathing service provided by the existing Personal Assistance Service. Third, the user requiring the home nursing service already was using the home nursing service or the health center's customized health management service, wishing to continue the existing free of charge service. The pilot project monitoring result showed that the user was not using the home nursing service because he/she was worried that the number of hours using Personal Assistance Service would lessen. The satisfaction rate was very high after using the actual service and some users wished to continue the service even after the end of the pilot project. Therefore, information on the home nursing service and the difference between the free nursing service provided by the health center must be communicated to the users of the existing Personal Assistance Service and workers at the organizations, so that more active linking of services can be realized.

Lastly, the need to build a cooperation system with the relevant organizations in the local community to link services is required to promote the service and to increase the number of users.
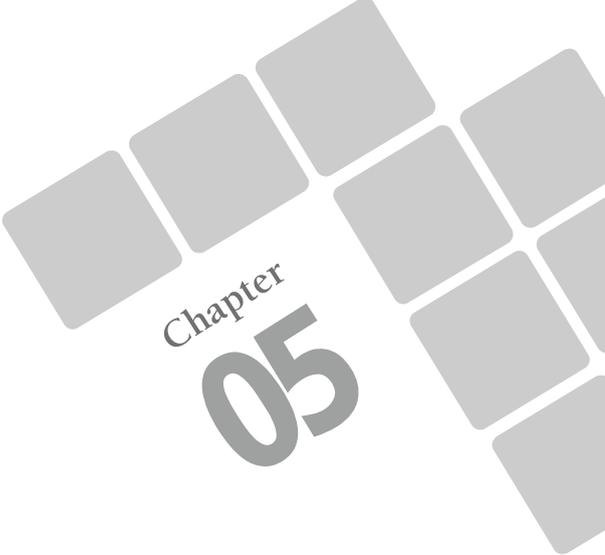
Conclusion and Recommendations

Chapter 5

Conclusion and Recommendations

Paragraph 1 Conclusion

Review of literature studies, the status and linking examples of the disabled elderly in Korea and overseas, analysis and FGI of the actual condition of the disabled elderly were carried out. As a result, the commonalities and differences in the disabled elderly services were identified and the outcomes are the following.

1. Commonality between the services provided in the elderly and disabled fields

First, with regard to service content, common services provided by the Welfare Center used by both the disabled and the elderly include massages from the home care welfare project, underwater treatment from the medical rehabilitation program, oriental medicine treatment, physical therapy, outing or sports program from the leisure program, self-help program, informatization training program, and side dish provision service.

Second, in regard to service needs, spinal cord injury or difficulties in moving around, the needs for nursing services from medical services including care service for the severely disabled bedridden persons similar to the care for the elderly. Accordingly, home nursing services such as catheter management,

bed sore management were commonly provided . The home nursing service commonly provided in the Elderly Long-term Care Insurance, a care service, and the Personal Assistance Service for the disabled fall under this category.

Such results illustrated that the need for care service and nursing service as one of the medical services was present for both the disabled elderly who have difficulties in moving around and the severely disabled bedridden elderly.

2. Differences in the Services of the Elderly and Disabled fields

The differences in the services between the two fields are as follows.

First, the need for the service is different. In the case of the elderly, the need for medical protection including care is high, thus placing importance on the role of the specialist. In the case of the disabled, the desire for the thought of independent life and participation in the social activities is high, being closed-minded for the mediation and intervention of the specialist. The opinions of the disabled person is stronger than the thoughts of the specialist.

Second, with regard to the characteristics of the user, there are differences in social and cultural backgrounds between the two fields. In the programs used by both the elderly and the disabled, the difference in education level and social and cultural awareness toward disability resulted in the elderly not treating the disabled as colleagues and having prejudices and feeling pity and being uncomfortable around the disabled. Also, the people

in the service providing organization lacked the knowledge on the differentiated approaches in the disability types and characteristics in the field for the elderly. The lack of consideration for the disability may have led to the discrimination against the disabled elderly.

Third, restrictions in the administrative part including the separate budget execution existed. In other words, administrative difficulties existed when conducting a mixed program for the two fields to meet the common needs with a joint budget. When evaluating social welfare facilities, the performance of the linked projects between the two fields were not recognized and the budget execution had to be divided into two separate fields.

To summarize the differences between the two fields, the disabled in the elderly group tend not to use the terminology disabled, but the disabled in the disabled group define themselves as such, showing a difference in the disability identity between the two groups. Another difference lies in the need for medical protection in the elderly group whereas the disabled group emphasizes social participation according to the social model. The elderly group places importance on the role of mediation and intervention by specialists while the disabled group mistrusts mediation and intervention by specialists. The elderly were positive toward facility protection, but the disabled emphasized integration into the local community. Therefore, the efforts to link services in a continuous and systematic manner shall be the alternative to overcome the differences between the two fields.

3. Factors accelerating and hindering the service linking in the elderly and disabled fields

The factors stimulating the linkage of services between the two fields are administrative support (organizational support and orientation), similarity in recognition (awareness of common desires of consumers in each field), strong cooperation structure and specialized investment, knowledge and resources of potential partner. Factors hindering the service linking were administrative restrictions (duplicated evaluation procedure and separated handling of budget, possibility of the employee participation, maintenance of the organizational mission), difference in awareness (prejudice over consumers in other fields), weak cooperation structure (poor cooperation administrative organization, limited participation access), limited specialized investment, different service agenda, etc.

Paragraph 2 Recommendations

Recommendations to link the two fields - disability of the disabled elderly and welfare for the aged - and to link care services of the two fields are the outcomes of this study that have been proposed. The basic principle in recommending ways to link is to provide a service that is user-oriented, gauranteeing selection that is right and customized.

1. Ways to Link Services among Service Providing Organizations

First, the network among service providers of the two fields needs to be built. Currently, the elderly and disability fields are recognized as two different fields, establishing and carrying out projects separately. However, with the number of disabled elderly continuously on the rise, it is necessary to build a network among service providers of the two fields within the regional community so that various types of efficient services can be provided. This can be done by linking existing policies for the disabled with similar elderly welfare projects.

Second, information on the strategies and programs of the service providers of the two fields needs to be shared. To enhance the linking process, information on the training programs, strategies allowing the link through mutual mobility between the two fields, concept of disabled elderly, mentor support enabling the link of services through mobility to the two fields needs to be shared.

Third, an interim linkage organization to link the services of the two fields is required. To boost the cooperation required to link the services on disability and the elderly, linking jobs such as the formation of cooperation in the region, improvement of awareness on the local disabled elderly, a resource survey of the regional society, provision of cross training among organizations, and inspection of the needs of the disabled elderly are required. Also, the role of the interim linking person who provides personnel linking jobs to link services will also become important. Through this, it is necessary to build a multi-faceted

cooperation structure.

Fourth, common terminologies between the two fields need to be used and review of the terminologies is required. Basically, a joint review process to select common terminologies for the disabled elderly is required so as to support the needs and to communicate the local resources in the two fields is needed. This will enhance the communication when linking the services of the two fields and help in providing a customized service to fulfill the needs of the users.

Fifth, specialized training and common training programs between the two fields for those working in the service providing organizations are required to provide specialized service and to link services.

Sixth, it is necessary to provide a wide range of information and guidelines among organizations in the two fields.

Seventh, administrative procedures between organizations need to be simplified when linking services.

2. Ways to Link Service Content (Care Service)

Next, the proposals to link service contents with the care service in the elderly field and disability fields in the center.

First, people must be able to select and use the services according to the disability state and different needs of the disabled elderly. In the case of the elderly with light disability, the desire to move and participate in social activities is high, but have difficulties in moving around. Seriously disabled people lying in a bed have a higher need for care service and medical service

than the desire for social participation. This is related to the fact that the disabled person who was a recipient of the disabled activity support system would prefer service content customized to the characteristics of old age rather than those of the disabled.

Second, a review of the efficient connection between the aged and bedridden people with severe disabilities having similar long-term care needs - Personal Assistance Service and Long-term Care Insurance for the aged.

Selective application of the two services, Long-term Care Insurance for the aged and the Personal Assistance Service, taking the functional disabilities of the disabled elderly are needed. The benefits of the two services should be compared and the best service should be received upon the person's decision.

Third, measures to fulfill the needs of the disabled elderly who did not qualify to be a recipient of the Long-term Care Insurance should be met using the elderly care voucher program or the local health and welfare service.

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