

ORIGINAL ARTICLE

Current Conditions and Effectiveness of the Housework Home Care Visiting Helper program in Korea

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ABSTRACT

The Housework Home Care Visiting Helper (HHCV) program provides disadvantaged people with housework assistance and care services while giving low-income people job opportunities. This study analyzes how the HHCV has been changed, and how it is operated in terms of its service providers, visiting helpers, and service users, and how effective it is in accomplishing its two goals of providing services and creating jobs for disadvantaged people. This study concludes that the HHCV was very effective in terms of service users' satisfaction with the services and creating jobs for low income people, but was not effective in terms of the quantity of services provided and in fairness of choosing beneficiaries. In addition, the jobs created were not "good jobs" which could not make visiting helpers self-sufficient.

<Key-words>

Home Care, Housework Assistance, Disadvantaged People, Visiting Helpers

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I. Introduction

Social services have been growing rapidly since the 2000s in Korea due to changes in the demographic structure and women's increasing economic activities. The rapid aging of the Korean society has increased numbers of the elderly who need care from others. The

growing participation of women into the job market has also made care need greater since women have been main carers for the elderly and young children.

The Housework Home Care Visiting Helper (HHCV) program was one of the first social care services which were introduced into the Korean society. The HHCV program was financed by the lottery fund from 2004 to supply housework assistance and home care services for low-income disadvantaged groups who had difficulties in daily life and social activities due to physical and/or mental impairments. At the same time, the program was to create social jobs for low-income people to be self-sufficient and to promote their social participation. The program was the only one then that provided aged people, disabled people, and child-headed households with indispensable housework assistance and home care services by the central government.

The scope of the HHCV program has been reduced since the Social Services Electronic Voucher program and the Personal Assistance Services (PAS) program for people with severe disabilities in 2007, and the Long-Term Care Insurance for the Elderly (LTC) in 2008 were introduced. Beneficiaries of the HHCV program with more care needs had been transferred to the LTC and the PAS.

This study analyzes how the HHCV program has been changed, and how it is operated in terms of its service providers, service workers (called visiting helpers), and service users, and how effective it is in accomplishing its goals.

II. History of the Housework Home Care Visiting Helper program

1. The beginning of the HHCV program

The HHCV program began as one of the Lottery Fund programs since 2004 which financed programs for disadvantaged people in Korea. The HHCV program had two goals: first, to provide disadvantaged people such as low-income aged or disabled people, patients with severe diseases, and child-headed households with free social services including home care and housework; second, to provide low-income people with work capacity such as the borderline poor¹ with social jobs (Yonsei University Social Welfare Research Institute-Central Housework Home Care Education Center, 2008).

The program was managed mostly by the Community Self-Sufficiency Assistance

¹Individuals whose household income is less than 120% of the minimum cost of living (poverty threshold)

Centers that were established by the National Basic Livelihood Security (NBLS) Act.² The centers actively engaged in the program since one of their main objectives was to make the NBLS recipients self-sufficient. The Lottery Fund subsidized the centers to operate the HHCV program, and the centers provided disadvantaged people (including the NBLS recipients and the borderline poor) with housework and home care visiting services through hiring low-income people (usually the borderline poor).

2. Introducing a voucher scheme

The HHCV program changed its financing methods from grant to voucher in 2008. Voucher scheme is relatively consumer-oriented while grant is provider-oriented. The change can be considered as privatization. The voucher scheme has a possibility to expand consumers' choices within predetermined ranges. In the voucher, governments give fixed amount of vouchers directly to potential service users to buy specific services such as home care services instead of financing service providers directly through grant. They can then choose their favorite providers among multiple service providers.

The voucher scheme was introduced as a social services provision method when the Ministry of Health and Welfare of Korea began the Community Social Services Investment Program. The Ministry tried to use the scheme as a strategy to increase social services providers since demands for social services were expected to explode. As a result, for-profit providers as well as non-profit organizations were able to participate as social services providers. The voucher scheme was adopted for the LTC and the HHCV program, subsequently.

3. Current operation

The financial sources of the HHCV program changed from the Lottery Fund to the General Account of the Central government in 2010. With the change, the beneficiaries with 65 years and over were transferred to the Senior Citizen Care Services. As a result, the elderly are no longer the beneficiaries of HHCV services.

The NBLS recipients and the borderline poor in need of housework assistance and/or home care services may apply for the HHCV services at Eup-Myon-Dong offices³ if they are one of these categories: disabled people, severely diseased patients, child-headed households, and single-parent households. Public social welfare officers at the offices confirm the applicants' information on the Social Welfare Unified Management Net⁴ and

² It is a main social assistance program for the poor in Korea.

³These are the lowest public administrative units in the Korean governmental hierarchy in which public officers give various public services directly to citizens.

⁴It is a network of the databases in which all the recipients of social welfare benefits are

verify their health conditions and needs for care and housework. After these processes, the public officers decide their eligibilities for the HHCV services. The HHCV program does not have a manual for eligibility tests, which sometimes raises doubts about the fairness of the processes. The applicants may have to wait for the HHCV services since the waiting lists for the HHCV tend to be long.

The HHCV services include: personal care, housework assistance, daily activities assistance, and nursing assistance. The fee for the services is 9,200 Won⁵ per hour irrespective of types of beneficiaries and services. The HHCV has two categories depending on beneficiaries' care needs: 24 hours per month or 18 hours per month. The beneficiaries pay deductibles according to their income level and service hours. The NBLS recipients with 24 hours pay 8,400 Won a month, and those with 18 hours can use the services free of deductibles. The borderline poor with 24 hours pay 23,760 Won, and those with 18 hours pay 17,820 Won (Ministry of Health and Welfare, 2012).

The HHCV program has been reduced in terms of numbers of service providers, service users and visitinghelpers. Table 1 shows that its service providers have been reduced 9.20% from 314 to 285, its service users reduced 14.9% from 9,297 to 7,911, and home visit helpers 4.7% from 2,974 to 2,835.

Table 1. Recent changes in the HHCV program

	1 st Quarter 2011	1 st Quarter 2012	Change
Service providers	314	285	-9.20%
Visiting helpers	2,974	2,835	-4.70%
Average work hours per month	56	54	-3.60%
Service users	9,297	7,911	-14.90%

Source: Lee et al. (2012), Report for the Housework Home Care Visiting Helper Program.

The Community Self-Sufficiency Assistance Centers still had the largest share of its service providers, 74.4%, and the Social Welfare Centers the 2nd largest share with 9.1% in 2012. Recently, the share of social enterprises has been rising rapidly, with 7.0%.

III. Current conditions of the Housework Home Care Visiting Helper Program

enlisted.

⁵Approximately US \$ 8.5. US \$ 1.00 is approximately 1,100 Won in April, 2013.

1. Service Providers

Almost all the HHCV service providers, 95.7%, were non-profit, while for-profit providers were still only 4.3% in July, 2012. Though for-profit care service providers are increasing very rapidly in the HHCV program, it is still strongly public-oriented compared to the LTC services. It seems to be due to its beginning as the first central government-supported home care services.

The service providers of the HHCV program hired 12.3 regular employees, and 7.0 temporary employees in average. Only a quarter of the service providers had staff who had the exclusive responsibility for the HHCV program, and the rest of them had staff who had to take charge of other programs too. It is very important for a service provider to have an exclusively responsible staff because s/he is essential for maintaining service quality. Visiting helpers work alone at their service users' home without any co-workers, which may sometimes become a psychological difficulty to them. Therefore, they need emotional support as well as professional support from supervisors time to time. An exclusively responsible staff may act as a supervisor who supports visiting helpers emotionally as well as professionally. In addition, a staff is needed to monitor quality of services delivered by visiting helpers to service users. Without adequate monitoring, it is very difficult to maintain quality of care services, especially services delivered at the service users' residences.

Most of the service providers (84.0%) supplied care services other than the HHCV services: 41.3% in-home services of the LTC; 37.3% Welfare Nursing Care; 33.3% the PAS. They hired 12.4 visiting helpers, and had 39.0 service users for the HHCV in average in 2012. All the service providers delivered the HHCV services to users with disabilities, and 74.7% to users with severe diseases, 50.7% to users of grandparent-grandchild households, and 45.3% to users of child-headed households in 2011. The average number of service users with disabilities was 45.0 persons, that of service users with severe diseases 9.1 persons, that of grandparent-grandchild households 3.4 persons, and that of child-headed households 3.8 persons.

Table 2. Types of service users for the HHCV program

	Percent of service providers	Average Service users
Users with disabilities	100.0%	45.0
Users with severe diseases	74.7%	9.1
Users of grandparent and grandchild	50.7%	3.4
Users of child-headed household	45.3%	3.8

Source: Lee et al. (2012), Report for the Housework Home Care Visiting Helper Program.

Continuing education is very important to maintain the quality of care services. The service providers carried out 7.8 educational programs in average for their visiting

helpers in 2011, which is not enough considering the importance of education for care services.

Another important aspect for quality of care services is case management. Case management in the HHCV service providers, however, was seriously problematic. Though more than two-thirds of the providers insisted to perform service users' needs assessments, just over one half of them had case management sessions. In addition, the term "case management" seems to be one of the mostly misused words among the services providers. They used very often the term improperly without properly understanding it.

Even though government expenditures for care services have been high-rocketing for more than 5 years, financial conditions of the HHCV service providers have been getting worse rather than getting better. Almost all the providers (93.5%) expressed financial difficulties in personnel expenses, and 85.7% pointed out the shortage of government expenditure for social jobs for low-income people. Almost two-thirds of them complained about difficulties in recruiting visiting helpers, but these difficulties were, they insisted, due to their financial deficits. They could not compensate their visiting helpers with reasonable wages, and hire an exclusively responsible staff because the fees for the HHCV services are set too low. As a result, a quarter of them had personnel problems of frequent quitting by staff and visiting helpers.

2. Visiting Helpers

Almost all the visiting helpers (99.7%) were women, and 63.7% of them were in their 50s or over. As expected, women in their 40s and 50s dominated personnel in care services. Care service sector such as the LTC is a major source for female employment in many OECD countries (OECD, 2011). Feminization of visiting helpers is a general phenomenon since pay levels are too low to support family. Thus, the majority of visiting helpers work to supplement their husbands' income.

Educational levels of visiting helpers were relatively low. Though more than one half of them were high school graduates or over, 42.6% were middle school graduates or less. The latter are considered to be disadvantaged in the regular labor market since graduation from high school is considered as basic educational level in the labor market.

The family composition of visiting helpers shows that 74.4% of them had spouses and 25.6% did not, which means that a quarter of them had to earn their own living expenses. Thus, they may continue to look for other job opportunities in the long run unless the fee levels of the HHCV will be raised up to cover their living costs.

Table 3. Socio-demographics of visiting helpers

	Categories	Percent
Gender	Male	0.3
	Female	99.7
Age	30s	2.2
	40s	34.1
	50s	47.5
	60s	16.2
Educational Level	Elementary school graduate	13.4
	Middle school graduate	29.2
	High school graduate	51.9
	Junior college or over	4.4
Family Composition	Alone	13.1
	Without spouse	12.5
	With spouse	74.4

Source: Lee et al. (2012), Report for the Housework Home Care Visiting Helper Program.

More than one-third of visiting helpers did not work, and almost a quarter of them worked the Self-Sufficiency Work Program at the Community Self-Sufficiency Centers before they participated in the HHCV program. Only one-eighth worked at for-profit companies. About one-thirteenth of them worked for other care services. In other words, the majority of them had entered the labor market through the HHCV. In this sense, the HHCV program played an important role as a path for housewives and low income women to begin their economic activities.

Table 4. Previous employment status of visiting helpers

	Frequencies	Percent
Self-Sufficiency Work	84	22.8
Other care services	29	7.8
Self-employed	22	6.0
Employed	46	12.5
Housewives	146	39.6
Other	42	11.4
Total	369	100.0

Source: Lee et al. (2012), Report for the Housework Home Care Visiting Helper Program.

Visiting helpers worked 20.1 days a month, and 7 hours a day in average. They worked 74.7 hours for the HHCV program and 81.0 hours for other home-care programs a month in 2011. Thus, home-care could be considered as their main job even though they had to work for several care services. They earned 487 thousand Won (approximately US \$440) a month from the HHCV program, and 524 thousand Won (approximately US \$475) a month from other home care services.

Table 5. Working conditions of visiting helpers

	Mean	Standard Deviation
Work days per month	20.2	4.1
Work hours per day	7.0	1.9
Work hours per month in HHCV	74.7	48.1
Work hours per month in other care	81.0	52.7
Wage from HHCV (thousand Won)	487	16.2
Wage from other care services (thousand Won)	524	4.4

Source: Lee et al. (2012), Report for the Housework Home Care Visiting Helper Program.

Each visiting helper cared for 1~10 service users, and a half of them cared for 4 or less users. If a visiting helper has 4 users, s/he may work 96 hours a month at most considering that the maximum service hours for a service user is 24 hours a month, which is insufficient for adequate living. Therefore, most of them also worked for other care services programs.

Table 6. Number of Service Users for a Visiting Helper

	Frequencies	Percent
1	67	19.6
2	38	11.1
3	35	10.3
4	29	8.5
5	47	13.8
6	52	15.2
7	39	11.4
8 or more	34	10.0
Total	369	100.0

Source: Lee et al. (2012), Report for the Housework Home Care Visiting Helper Program.

A visiting helper visited a service user 2.0 times a week in average, and provided 2.7 hours of care services each visit, and 22 hours a month in average.

Table 7. Number of visits and service hours of visiting helpers

	Mean	Standard Deviation
Visits a week	2.04	0.56
Service hours per a visit	2.71	0.62
Service hours per month	22.01	14.24

Source: Lee et al. (2012), Report for the Housework Home Care Visiting Helper Program.

The visiting helpers provided all the service users with housework assistance, seven-tenths of them with emotional support, six-tenths of them with individual activities assistance, and 34.4% of them with physical care. Thus, housework assistance seemed to be needed more than care services for the HHCV program users.

Table 8. Types of Services in the HHCV

Types of services	Percent of Service Users
Physical care	34.4
Housework assistance	100.0
Individual activities assistance	59.5
Emotional support	72.1
Other support	35.3

Source: Lee et al. (2012), Report for the Housework Home Care Visiting Helper Program.

The households of visiting helpers earned 1,814 thousand Won, and spent 1,425 thousand Won a month in average. More than one half of their households had debts, and the average amount of the debts was 26,500 thousand Won. The majority of them were in surplus even though their earnings were low compared to the median household income⁶.

⁶The monthly median income for the whole households was 2,930 thousand Won in 2011, and the monthly mean income was 3,598 thousand Won. Korea Institute for Health and Social Affairs, The 2012 Korea Welfare Panel Survey Descriptive Report.

Table 9. Economic conditions of visiting helpers

	Mean	Standard Deviation
Earnings (thousand Won)	1,814	1,344
Expenditure (thousand Won)	1,425	726
Debts (thousand Won)	26,504	27,362

Source: Lee et al. (2012), Report for the Housework Home Care Visiting Helper Program.

Visiting helpers had worked as carers a quite long period. Their average work period as carers was 49.3 months. One-fifth of them had worked for 6 years or more (Lee et al., 2012). Their long experiences as carers make quality of their services relatively high compared to other care services. It can be said that the HHCV program supplied them relatively stable jobs even though the pay was not good.

Nine out of ten visiting helpers had experienced education programs by the HHCV Education Center. The average education hours in a year, however, was only 10 hours, which is not enough for carers at all. All the visiting helpers had a Care Giver Certificate which is required to be a visiting helper according to the HHCV regulations. Less than 1% of the visiting helpers had a Social Worker Certificate or a Nurse's Aide Certificate.

The visiting helpers were satisfied with their care job itself and their supervisors, but not with their pay and frequent changes of their supervisors. Out of 23 Job Satisfaction Scale items, the highest mean scores were recorded for items related to the effect of HHCV services to users (4.6 point⁷) and for items related to supervisors (4.3 point, 4.2 point), while the lowest mean scores were recorded for items related to low wages (2.3 point, 2.5 point) and frequent changes of supervisors (2.5 point) (Lee et al, 2012).

As a result, One-third of them (29.0%) were looking for other job opportunities during the last year even though they seemed to have the feeling of accomplishment with their jobs. Among them, more than 20% had another job while working for the HHCV program.

Those who were looking for other jobs wished to work full-time equivalent with flexible working hours most (27.0%), full-time job (22.5%), and part-time job (22.5%). Thus, flexible working hours seemed to be one of the reasons that they had chosen to work as visiting helpers. Their average monthly reservation wage was 1,340 thousand Won, which is about 300 thousand Won higher or 30% more than their current average wage.

⁷The scale is a 5 point Likert scale for each item, and the most satisfied is given 5 point.

3. Service users

Service users of the HHCV program were mostly NBLS beneficiaries (93.4%), and the rest (6.6%) were the borderline poor. The number of their household members was 4 persons or less. The share of two-person household was the highest with 40.4%, and that of three-person household was the second highest with 24.0%. The share of one-person household was over one-eighth.

Shares of service user households with severely diseased members or disabled members were quite high: households with members with severe diseases were 23.1%; households with members with disabilities were 21.6%. Therefore, the service users seemed to be very vulnerable in terms of social service needs.

Table 10. Socio-demographics of service users

	Categories	Percent
Income group	NBLS beneficiaries	93.4
	Borderline poor	6.6
Number of household members	1	13.4
	2	40.4
	3	24.0
	4	13.4
	5 or more	8.7
Household member with disease	Yes	23.1
	No	76.9
Household member with disabilities	Yes	21.6
	No	78.4

Source: Lee et al. (2012), Report for the Housework Home Care Visiting Helper Program.

The HHCV service users were significantly low in their functioning levels. Almost four-fifths needed help for cleaning or doing laundry due to their health conditions. Only 7.4% were able to clean their home or do laundry without any help. Three-fourths needed help for preparing nutritional meals, and only 10.4% were able to prepare meals without any help. Almost two-thirds needed help for doing daily life activities such as going to a bank or public offices, and less than one-fourth were able to do without any help. Three out of ten service users had difficulties even in expressing their own feelings or opinions.

Table 11. Functioning levels of service users

	Categories	Percent
Cleaning or doing laundry	Able to do without any help	7.4
	Need help due to health problems	78.0
	Able to do but not properly	14.6
Preparing nutritional meals	Able to do without any help	10.4
	Need help due to health problems	74.3
	Able to do but not properly	15.3
Going to a bank or public offices	Able to do without any help	23.3
	Need help due to health problems	64.9
	Able to do but not properly	11.8
Expressing one's own feelings or opinions	Able to do without any help	51.0
	Need help due to health problems	30.2
	Able to do but not properly	18.8

Source: Lee et al. (2012), Report for the Housework Home Care Visiting Helper Program.

Service users had received the services for the period of 1.97 years in average. They had 1.90 visits a week by visiting helpers, and each visit lasted for 2.69 hours in average in 2001.

Table 12. Service history and service amount

	Mean	Standard Deviation
Length of current services received (years)	1.97	1.84
Visits per week	1.90	0.45
Hours per visit	2.69	0.72

Source: Analysis of the Housework Home Care Visiting Helper Program Survey Data in 2012.

The relationships between service users and carers are very important in quality of care services since it is affected by emotional as well as physical aspects. Therefore, whether a service user continues to receive care services from the same visiting helper is important in quality of care services.⁸ About one-third (29.8%) of all the service users

⁸OECD countries emphasized improvement of the continuity of care (OECD, 2011).

experienced changes of visiting helpers in 2011, which could be a significant source of their grievances. This might have worked seriously against the effectiveness of the HHCV program.

The most frequent reason for change of visiting helpers was circumstances of visiting helpers, and the second most frequent reason was situations of service providers. The change of visiting helpers due to service users was only 20.0%. Thus, it seemed that most service users did not want to change their visiting helpers, but they were forced to.

Table 13. Continuity of the HHCV services for a year

	Categories	Percent
Change of visiting helpers	Not changed	70.2
	Changed	29.8
Reason for change	Request from service users	20.0
	Circumstances of visiting helpers	54.5
	Situations of service providers	21.8
	Other reasons	3.6

Source: Lee et al. (2012), Report for the Housework Home Care Visiting Helper Program.

Levels of service satisfaction of service users were very high. The mean scores of three 5-point Likert scales of satisfaction with using services, satisfaction with visiting helpers, and the mean score of service effects were 4.65, 4.69, and 4.41, respectively. These were very high even though the HHCV services were free of charge or subsidized heavily.

Table 14. Service satisfaction and service effect of service users

	Mean	Standard Deviation
Satisfaction with using services *	4.65	0.52
Satisfaction with visiting helpers **	4.69	0.52
Service effects ***)	4.41	0.55

Source: Analysis of the Housework Home Care Visiting Helper Program Survey Data in 2012.

* Mean scores for these 5 items: life was improved and became convenient; satisfied with the current services; the services were helpful for overcoming users' problems; willing to use the services in the future; willing to recommend the services to others. The range of the scale is 1-5, and the highest point is 5.

** Mean scores for these 5 items: visiting helper could be got through; visiting helper understood me well; visiting helper cared for me skillfully; visiting helper was kind; visiting helper was on time. The range of the scale is 1-5, and the highest point is 5.

*** Mean scores for these 6 items: house became cleaner; body and mind became healthier; difficulties in daily activities became lesser; senses of alienation and isolation became lesser; relationships with family members, relatives, and significant others became better; life became happy. The range of the scale is 1-5, and the highest point is 5.

Though the service users were very satisfied with the HHCV services, more than a half of them (53.7%) wanted more service hours. And about two-thirds of them wanted 15 hours or less as additional hours.

IV. Conclusions

Care services in Korea have several distinctive features. First, care services programs are fragmented according to target groups such as aged people, children, and disabled people. Care services for aged people are provided by the Long-Term Care Insurance for the Elderly and the Senior Citizen Care Services; care services for children are by the Child Care Program; care services for disabled people are by the Personal Assistance Services, separately. Second, care services programs have very strict eligibility criteria, which results to exclude many aged or disabled people with moderate care needs. Thus, care needs of a whole family could not be considered adequately. As a result, there is a high possibility of getting no care services when a family has two or more family members with moderate care needs, but not enough to be eligible for the above services (Lee et al., 2012).

The HHCV program is the only care services program which can cover various types of service users: people with disabilities or severe diseases, single-parent households, grandparent-grandchild households, and child-headed households. It can be said that about 85% of the service users are eligible for the HHCV based on their physical or mental impairments, and the rest of them are eligible based on their family structure.

The HHCV program has two goals as mentioned before: first, to provide disadvantaged people with home care and housework to improve their quality of life; second, to provide low-income people with social jobs. How effective was the HHCV program in terms of these objectives?

The effectiveness of the first objective can be assessed through the service users. They were very satisfied with the services, and they felt their lives improved and became better. Moreover, they were disadvantaged people with mostly low functioning who needed home care and housework. Without the HHCV services, they would have suffered from inadequate living conditions. More than a half of them, however, felt the quantity of the services was not enough. Thus, it can be said that the HHCV program is very effective in terms of the first objective even though the quantity of the services is

needed to be increased. In addition, the processes of choosing eligible service users lack fairness and openness.

The effectiveness of the second objective can be assessed through the visiting helpers. All of them except one were women, and about two-thirds of them were in their 50s or older. In addition, more than one-third of them had been housewives before they participated in the HHCV program, and about one-third of them had been involved in the Self-Sufficiency Work Program by the Community Self-Sufficiency Centers or in the Social Jobs by the Ministry of Labor. Only one-eighth had jobs in the general labor market. Therefore, the HHCV program can be said that it supplied jobs for low-income disadvantaged or career-interrupted women.

The results of their job satisfaction measurements were not consistent: high in job itself and supervisors, but low in pay and frequent changes of supervisors. Service providers could not pay the visiting helpers reasonably because the rates for the HHCV services are set too low. In addition, the hours they worked for the program were too little. Thus, they could not earn enough money for adequate living if they were main bread-earners. The low rates, moreover, did not allow service providers to hire exclusively responsible HHCV program supervisors. The supervisors had to manage other programs as well. Thus, many of them were burned out, and were forced to quit their positions as HHCV program supervisors, which sometimes resulted in visiting helpers' resigning. Therefore, regarding the second objectives, the assessment of the effectiveness of the HHCV program is inconclusive. It was successful in supplying jobs for disadvantaged people, but the jobs were not "good jobs" at all.

In conclusion, the HHCV program has been playing a very important role in Korean home care services for almost 10 years. It has provided the lowest income group with housework and home care services which are essential for their adequate living. Moreover, it has supplied jobs for disadvantaged group to be self-sufficient. However, it must be emphasized that the quantity of the services is minimum, and the quality of the jobs is very low. Without proper financial supports from the governments, its services would be minimum and low-quality and it would produce low-wage laborers in large quantity. The fairness and openness of the eligibility tests must also be considered.

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