

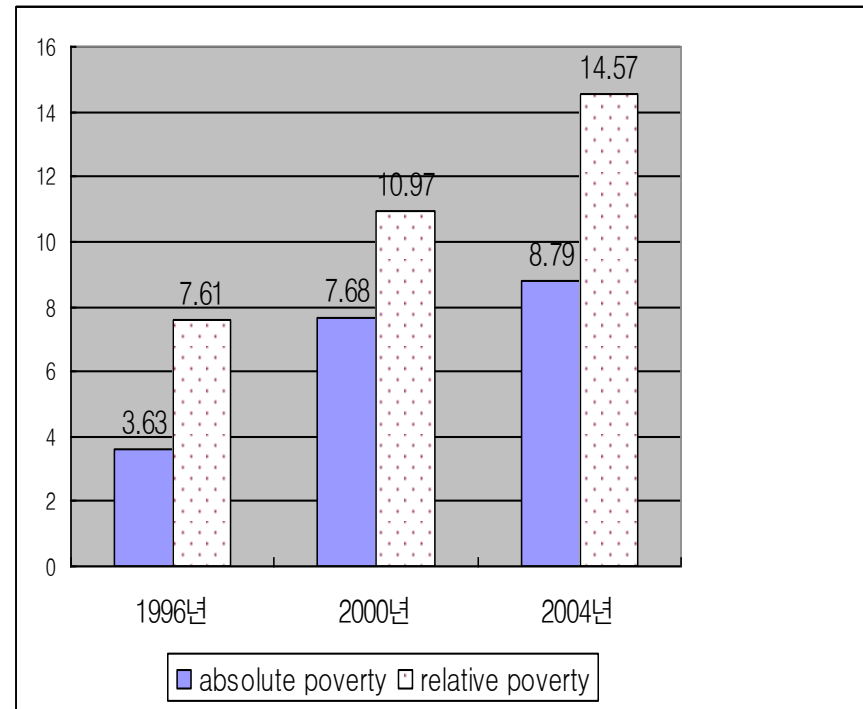
The background features a blue wavy pattern with three spheres of varying sizes and shades of blue. The largest sphere is on the left, and two smaller ones are on the right. The text is centered in the middle of the slide.


Exploring a Model for Integrated and Preventive Children's Services in Korea

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Child Poverty in Korea

- ❖ Increased child poverty in early 2000's
- ❖ Why is it a problem?
 - Childhood poverty has long lasting effects on future outcomes.
 - Childhood poverty denies “opportunities” for equal life chances.



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- ❖ **Emerging Consensuses based on Empirical Research (McLoyd, 1998; Brooks-Gunn & Duncan, 1997; Ku, 2003)**
 - **Childhood poverty has detrimental effects on health, cognitive, social, emotional, and school achievement outcomes.**
 - **Early experience of poverty has the most significant negative effects.**
 - ❖ **Limitations of the children's service systems in Korea**
 - **Fragmented**
 - **Problem-focused (as apposed to prevention-focused)**
 - **Income assistance-focused**
 - ❖ **Importance of early childhood intervention programs in reducing intergenerational transmission of poverty and inequality → By investing early in human capital of low income children.**

Importance of Early Investment in Human Capital

- ❖ **Low level of investment → Low level of human capital → Low income (Becker, 1962)**
- ❖ **Unequal investment during childhood period by families → Unequal formation of human capital → Unequal life chances → Intergenerational transmission of poverty**
- ❖ **Human capital gaps open up early, long before formal schooling begins.**
- ❖ **While the overall economic situation has improved tremendously in past 40 years in Korea, intergenerational transmission of inequality has been increasing in recent years (Bang and Kim, 2003; Kim, et al., 2004).**
- ❖ **Income-assistance programs alone are not sufficient to raise children's future → Need a targeted early human capital investment programs**

Human Capital Investment Strategy

- ❖ **Human capital is a broad concept that includes not only cognitive abilities but also noncognitive abilities such as behavioral, emotional, and social skills (Osborne, 2000).**
- ❖ **Intervention strategy should be a comprehensive one**
 - **Cognitive abilities**
 - **Health**
 - **Emotional and social functioning**
- ❖ **Early intervention is most cost effective (Heckman & Lochner, 2000)**
 - **Younger people have longer horizon**
 - **Skill begets skill**
- ❖ **'Start Programs' are important vehicle for such early intervention and investment**
 - **We Start in Korea**
 - **Head Start in US**
 - **Sure Start in UK**

We Start Project in Korea

2004.6. Conclusion of an agreement between Korea National We Start Association and Gyunggi-Do with the slogan “ending the intergenerational transmission of poverty” Gyunggi-Do We Start Neighborhood Making Project began

2004.7. Three neighborhoods(Ansan, Seongnam, Gunpo) in Gyunggi-Do were selected as a model area for We Start Neighborhood Making Project

The beginning of Korean We Start Project

2008. Currently, the project has been expanded to 20 neighborhoods throughout the country

2007. The We Start model has been accepted as a national model by central Korean Government – “Dream Start” program started in 16 neighborhoods

2008. Dream Start has been expanded to 32 neighborhoods

2014. Dream Start is now in 220 communities covering all local government areas in Korea .

What is We Start?

❖ What is We Start?

Korean support program for children in poverty helping the children from poor families to receive the adequate care by society and government

We: We work together & Welfare+Education

Start : General name used for support programs for children in poverty (US: Head Start, UK: Sure Start)

❖ What Is We Start Neighborhood?

A model area which provides disadvantaged children with integrated services of health, education and welfare

The Background of We Start Neighborhood Making Project in Gyunggi-Do

**Intergenerational transmission
of poverty: The problem of
social integration**

**Entry into the low-fertility,
aging society: The importance of
investment for children**

**The limitations of
problem-focused,
categorical measures**

**Need for
community-based,
comprehensive
child welfare
program**

The Conceptual Framework of We Start Neighborhood Project in Gyunggi-Do



Raising children's future
- Equal opportunity for disadvantaged children

Directions for We Start Neighborhood Making Project in Gyunggi-Do

Healthy Development of Children in Community

Comprehensive, prevention-focused program by age group
Provision of individualized services
Empowerment of the community and families

A Healthy Birth

Child care,
Health,
Nutrition
Program

Kindergarten
/Education
Program

Case
Management,
School
Social Work

The Goal of We Start Neighborhood Project in Gyunggi-Do

child

Foundations for the healthy development until 12,
Provision of opportunities for the future growth

family

Enhancement of family functioning as a primary caretaker of the children

community

Making a health, welfare, educational community for supporting the healthy development of children in the neighborhood

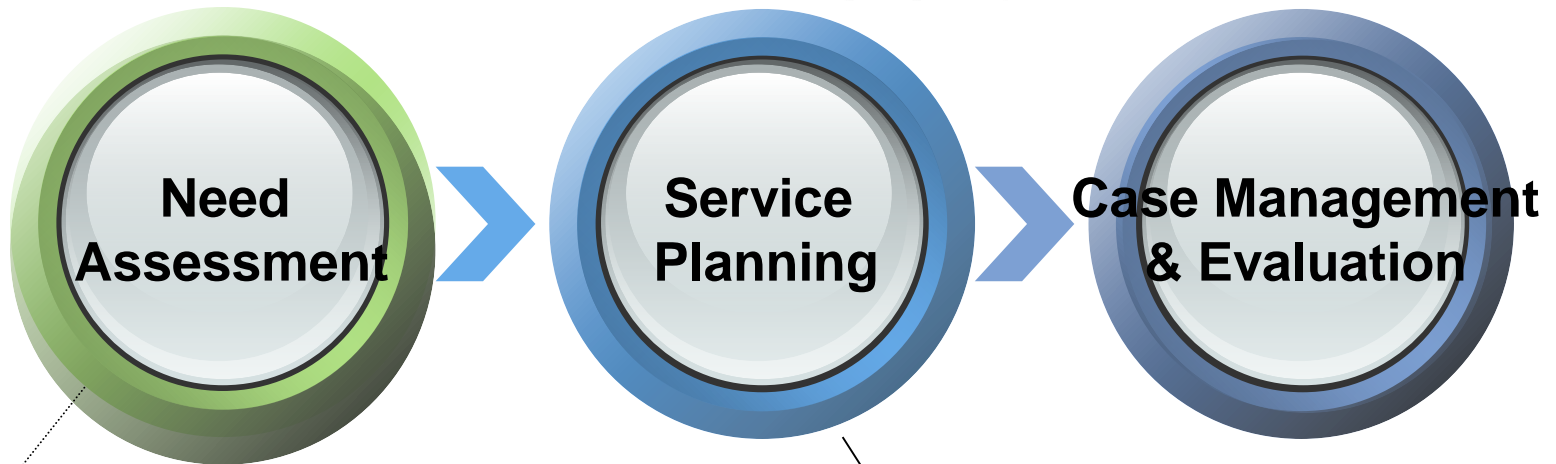
Main Problems of Children Served by We Start

- **Lack of adequate care within families and neglect problem after school**
- **Physical, mental health problem: 37% of the children were diagnosed**
- **Lack of Learning Skill: poor academic achievement at school**
- **Adjustment problem at school**
- **Lack of opportunities for various learning and cultural experience**
- **Poor parenting skill and low self-esteem of the caretaker**

Service Flowchart of Ansan We Start

Case Management Team

Direct service provision by age group



Various needs of children and their families

Purchase of services
Program development

Community networking

Main Programs of We Start



Case Management for Children Families in Poverty

Developmental Screening
Health protection
Dental care, nutrition
Mental health
enhancement program
Mental health Screening
for school age children
Support for medial cost
Prenatal care

Home visitation
program
Child care center
Comprehensive
child care services
Small group program
Support for the
children of foreign
workers

After school program
Enhancement of
academic achievement
School social work
Cultural experience
activities
Preparation program
for junior high school
Provision of school
meals

Service
networking
Family support
program
Parent self-help
group
Parent/teacher
education
Home maker
program

Staff of We Start Project Team

• We Start Staffs(Public Officials)

	Age Group	Main duties
Manager (social welfare)	Overall case management	Supervision of case meeting, service purchase and resource development, service quality management, service networking among case managers
Health coordinator (nursing)	Pregnant woman 0~2	Case management of pregnant woman, infant and families, health service mediation for children(0-12) and their families, health networking within the community
Child care coordinator (child care)	3~6	Case management of toddlers and education program mediation, Management of We Start child care center, networking of child care centers
Welfare coordinator (social welfare)	7~12	Management of study room/school social work, provision of family support service

Staff of We Start Project Agencies

• We Start Staffs(Private Providers)

	Age Group	Main duties
Home visitation (mental health nurse)	Pregnant woman 0~2	Main case manager, provision of information and services, and service networking, manager and cooperater of health services
We Start child care center (daycare teacher1, social worker1)	3~6	Main case manager, provision of comprehensive child care service, executor of the child care center program
We Start Study room(social worker 3)	3~6	Study room teacher and case manger development and application of study room program
We Start School social work(2)	7~12	Case manager for We Start children and referred children from school, development of school social work program

Evaluation of We Start Program

- ❖ Follow-up study of participating children and parents in 3 Gyunggi-Do neighborhoods during 2006
- ❖ The evaluation results showed:
 - Improvement in health status of infants and toddlers
 - Improvement in social functioning of toddlers
 - Decrease in problem behaviors of school aged children
 - Improvement in school adjustment of school aged children
 - Improvement in family environment such as parent bonding, parenting attitude

Accomplishment and Implications of We Start Project

- ❖ **Systematic Interventions for Disadvantaged Children and Their Families**
 - Development of individualized service system
- ❖ **Comprehensive Service Delivery System Based on the Characteristics of Children in Poverty**
 - Provision of integrated services of health, education and welfare
- ❖ **New Collaboration Model between Public and Private Agencies and Community Networking Service System**
 - Mediation of public services and development of new collaborative service model

Challenges and Implications for We Start

- ❖ Securing stable funding
- ❖ Need to serve as a model program: development of performance standards
- ❖ Develop and maintain qualified workers
- ❖ Need for stronger parent and community involvement
- ❖ Improve collaboration among public and private service providers
- ❖ Need for rigorous evaluation research – to document program effectiveness and use it as a program supporting tool