

# A Mixed Methodological Study of Integrated Case Management: Improving Partnership between Public and Private Sectors

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## Abstract

Korea's experience with reform of its social service delivery system at the national level inevitably suggests that a new form of networking structure is indispensable for an improved social service delivery. This network, in social work practice, refers to a partnership between various social service agencies, including both private and public sector agencies. While these agencies unfortunately have minimal shared budgetary characteristics, they share trained manpower, and a wide range of available services and networks, and thus benefit from a close relationship. Using mixed methodology, this study was intended to understand the extent of current networking between various social service agencies and to learn about social workers' experiences in this emerging networking paradigm, with particular focus on learning about barriers to integrated case management in the social work field, where an aggressive collaboration between both public and private sectors is important yet presently absent. Findings from qualitative analyses fall into the following three overarching themes, which are also supported by quantitative outcomes: (1) consensus on the need for an integrated case management in social work; (2) the existence of major barriers hindering efficient collaboration; and (3) strategies for improved practice outcomes. Implications include the need to: (1) establish a more intensive supervision system; (2) build a healthy relationship that bridges the communication gap between the public and private sectors; (3) improve community leaders' understanding of the urgent necessity for integrated case management; (4) co-develop and share local resources across public and private sectors; and (5) establish a functional organization that can play an important role as a control tower in assisting integrated case management efforts.

**Keywords:** Barriers, Integrated Case Management, Mixed Methodology, Public and Private Sector

## 1. Introduction

In 2012, the Korean government reformed the system for delivering community social welfare by establishing the Hope Welfare Support Team, an operating structure with the core aim to improve and integrate service networks across welfare, health, employment, housing and education by connecting resources from both public and private sectors. This new approach has introduced a new networking paradigm to the field; hence, it established *Integrated Case Management* at the national level<sup>1</sup>.

By attempting to build a stronger networking infrastructure, it is expected to not only overcome inter-agency resource-sharing and service coordination issues, but to also encourage a more collaborative atmosphere between the public and private sectors<sup>2</sup> with much emphasis on a more client-centered service delivery system<sup>3</sup>. Despite the absence of consensus among scholars and practitioners on the term *integrated social work case management* and lack of nationally supported standards for case management, the common understanding is that an integrated case management model is absolutely necessary

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necessary and should be founded on strategic planning to provide the best possible care for our stakeholders. This is impossible without a partnership and active participation across various agencies and professionals from the beginning of an assessment phase and throughout service planning, coordination, implementation, monitoring and evaluation<sup>4,5</sup>. In other words, a team approach is essential to efficiently and successfully help clients with complex needs.

However, Do<sup>3</sup> attributes key issues in Korea's inefficient case management to the lack of and immobility of resources, stemming from "not sharing," not to mention communication gaps, as well as non-standardized service provision forms at the agency level and nationwide. Therefore, the term "integrated case management" in Korea refers to a collaborative approach in building service delivery structures that attempts to aggressively reinforce the cooperative "relationship" between service agencies, including the private and public sectors. This approach is indispensable to maximize the use of budgetary resources, trained manpower and a wide range of available services, i.e.: a good network.

Given that integrated case management was launched quite recently at the national level and that professionals and scholars have different understandings and interpretations of the concept, it is necessary to obtain in-depth and contextualized insights from social workers, specifically on their experiences in practicing the integrated model at the micro, mezzo and macro level. At the same time, an objective view of the current state of the network level is necessary. Hence, the purpose of this study was to understand the current status of networking among various social service agencies and to learn about social workers' experiences in this emerging networking paradigm.

## 2. Methods

### 2.1 Mixed Methodology

The goal of a mixed methodological approach is to tackle a given research question by making use of more than one type of investigative perspective, i.e.: quantitative and qualitative methods. Often referred to as multiple methodology, multiple-operationalism<sup>6</sup>, blended research<sup>7</sup>, or triangulation<sup>8</sup>, this approach incorporates both in-depth, contextualized and complex insights obtained through qualitative research, as well as the more efficient and

evident quantitative research<sup>9</sup>. Researchers have recently been convinced of this particular approach's value because the blending of data provides far more comprehension than does any one point of view<sup>10,11</sup>. Particularly relevant to this research were two specific purposes: (1) to understand the current state of networking among various social service agencies; and (2) to learn about social workers' experiences in this new networking paradigm. Specifically, we (1) quantified the current networking state among various social service agencies by conducting descriptive statistical and social network analyses; and (2) collected more in-depth and contextualized insights from practitioners, specifically on their experiences in practicing the integrated model in the emerging networking paradigm, by conducting focus group interviews of 13 social workers (six from the public sector, seven from the private sector).

### 2.2 Focus Group Interviews (FGI)

We obtained informed consent from all participants and collected data through audio-taped, semi-structured group interviews conducted by two researchers, each of whom had research experience in qualitative study. Our interview questions addressed the following topics: participants' understanding or definition of integrated case management; the need for or importance of integrated case management; overall case management experiences; barriers and success factors that may lead to successful integrated case management; and further suggestions on how we may improve present integrated social work case management.

Through data analysis, we sought to capture interviewees' subjective experiences of phenomena by identifying units of meaning in texts (i.e.: interview transcripts and researcher notes), then through synthesizing processes, identifying the essences of inquiring experiences<sup>12,13</sup> by moving back and forth, reading texts holistically and line-by-line to identify meaning units relevant to our topic of interest. We then grouped these meaning units into clusters of constructs as overarching themes and sub-themes that are most common to all interviewees.

### 2.3 Social Network Analysis

Using a spreadsheet, we asked public and private sector respondents to meticulously record their collaborative activities between January and December 2013 to meet their clients' complex needs. We asked about the names

and the types of agencies they worked with specifically for case management purposes, the purpose of collaboration (i.e.: connecting services, client referrals, exchange of information, external sources of supervision, case conferences and education on case management), whether collaboration was formal or informal, direction of assistance, frequency of contact, number of cases involving any type of a for mentioned collaboration and overall satisfaction ratings.

Our data analysis sought to quantify the collaborative efforts and to learn about the current network status by conducting a descriptive statistical (using SPSS 20.0) and Social Network Analysis (SNA) (using UCINET/Netdraw). Resource centralization tendencies were assessed within the network based on the betweenness and maximum k-core values.

## 2.4 Study Participants

Thirteen social workers actively participated in the study between May and June 2014. We selected seven participants from private sector social workers in C province with at least three years of case management experience, integrated case management, in particular. Six integrated case managers, the Hope Welfare Support Team (public sector) staff in C province, also participated in the study. Our primary reason for inviting these individuals to participate was not only that they are the first front-line professionals to actively engage in case management work, but also that case management has recently been considered one of the three most important functions imposed on those social service agencies where they are currently employed. All participants were recommended by their agency directors. The majority of these participants were females (76.9%, n=10), mostly with social welfare educational background (92.3%, n=12), with an average of 7.7 years of social work experience (minimum of three years, maximum of 19 years).

## 2.5 Results

Three overarching themes emerged from the analyses, which were also supported by quantitative outcomes: (1) consensus on the need for an integrated social work case management; (2) the existence of major barriers hindering efficient collaboration, including prolonged and deep mutual mistrust between local community agencies, limited resources, and disinterest in sharing—hence resource utilization imbalance—and incompetent agencies

and case managers; and (3) the need for strategies for improved partnership, practice outcomes, including the need for clarification on the selection of cases most suitable for integrated case management, a concrete guideline that stipulates mutual cooperation between agencies from resource development to sharing and dissemination, and strengthening of supervisors' capabilities and the supervision system. Quotes that best represent each theme or its sub-themes are included in the following with respondent identification numbers provided with each quote.

## 3. Consensus: We Need Integrated Case Management

All respondents strongly expressed the need for integrated case management to meet and exceed multiple needs of each client. They felt that external resources were critical for increasing service efficiency. They also emphasized the role of an agency director's depth of understanding of and support for integrated case management. Sample quotes are as follows:

*"An integrated case management is essentially a resource map that guides us to a better practice." (Respondent\_A)*

*"Realistically, a single agency cannot meet clients' every single need. A more integrated approach involving multiple agencies is the key." (R\_D)*

*"Integrated case management is the fastest and the best approach." (R\_E)*

*"We, private sectors, need to cooperate with each other. But, I also do think that the partnership really depends on the level of public sectors' understanding of case management and their willingness to work with us." (R\_G)*

*"Perhaps the best way to raise awareness is to educate agency directors on the need for integrated case management." (R\_D)*

### 3.1 Barriers

With respect to barriers hindering integrated case management, the following three sub-themes emerged:

#### 3.1.1 Deep Mistrust

Participants mentioned the existence of a prolonged and deep mistrust between the private and public sectors and within the C province community as one of the most critical issues hindering a good partnership. While all respondents identified the need for a partnership between the private and public sectors, differences revealed

themselves in gaps in understanding of case management and lack of agreement on their roles, incongruity between strategies and firm values, as well as egoistic attitudes that have created unfriendly and even competitive relationships. Sample quotes are as follows:

*“An interagency trust as well as mutual trust between practitioners is a must. Integrated case management is only possible when we aim at the same goal.” (Private sector R\_D)*

*“An agency refers their client to us, but then when we ask for their records, they tell us that we are on our own (they won’t share). Why on earth are they referring in the first place? I’ve had a few arguments. (Private sector R\_F)*

*“They (private sector) complain that the public sector had jumped into the case management business... (and they say) it would have been better for them to just increase the budget than to give us a job.” (Public sector R\_G)*

### 3.1.2 Limited Resources: The Drying-up Well

The term “limited resources,” in this case, does not mean that the community lacks resources. Rather, it indicates that while there are various resources available, the practitioners’ ability to obtain and combine resources is limited, mainly because of “non-sharing” between agencies, as well as the lack of an information-exchange system, which can assist networking activities. As a result, resources have become centralized, meaning that too many agencies rely on very few resources (or agencies) for help. This has been a major networking barrier in facilitating an integrated case management. Sample quotes are as follows:

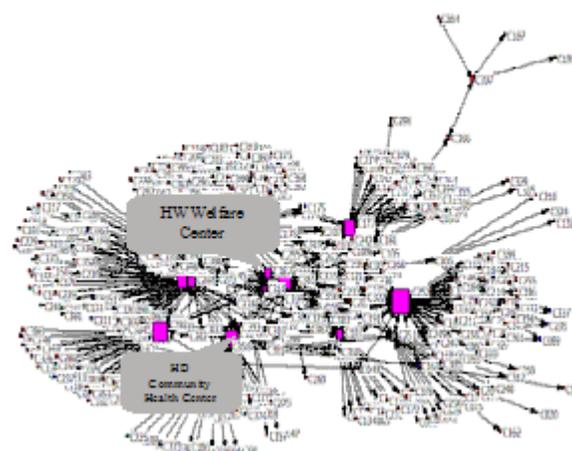
*“We see the drying-up well. Larger cities have more resources; smaller cities have fewer resources.” (Public sector R\_E)*

*“We see and feel the necessity to meet multiple needs of our clients, but we are stressed out because we know we have few resources to choose from.” (Public sector R\_G)*

*“Like alcohol counseling centers, we only have one in this local community. It’s just too difficult to work with them.” (Private sector R\_G)*

“Non-sharing” of resources was also clearly observed in the quantitative outcomes. Of the 8,671 cases reported to have received integrated case management, only 9.3% involved information or resource sharing. The vast majority were connecting necessary services. Moreover, there was a tendency toward collaboration with like agencies. For instance, private sector agencies were greatly inclined to work with similar private sector agencies, while public

sector agencies’ cooperation activities were mostly with volunteering societies or civic organizations. This indicated that public sector agencies and private sector agencies were less interested in collaborating together. Furthermore, both private and public sector agencies were barely involved in connecting with mental health services, despite their greatly expressed needs.



**Figure 1.** Social network analysis result on current networking status.

The SNA results consistently identified frustration with limited resources and the non-cooperative atmosphere expressed in the interviews. As shown in Figure 1, the drying-up well phenomenon was evident in that too many agencies greatly depended on limited resources to meet client needs that could not be met in their own agencies. Particularly, the HW Welfare Center for the Disabled and the HD Community Health Center were among the most centralized and overloaded agencies in supporting various other agencies. While this is understandable given the great scarcity of resources available for the disabled compared to the enormous needs in the C province, the results reinforce the need to further conclude an agreement among agencies covering issues from resource development to sharing and dissemination, suggested in the following section on strategies for improved partnership.

### 3.1.3 Frustrations Among Agencies and Managers: It is Just too Difficult

Respondents expressed their frustration with incompetence, i.e.: limited practice knowledge and skills, particularly with respect to mental health practice;

unclear guidelines for client selection, assessment, determination of who is in charge of the case; conflict of attribution; communication and continuity issues in following up with cases. Sample quotes are as follows:

*“We try, but, in the end, nothing’s done.” (Private sector R\_B)*

*“I feel like I’m left all alone to make every decision on what to do with the case, from service planning to provision, and termination. With whom am I to consult? Our (name only) supervisor, office manager, cannot even provide clinical supervision.”(Public sector R\_G)*

*“We (practitioners from public and private sector) gather together for a case conference. We talk, but then we go back to our office, and that’s it. This is because we don’t have a solid system to support (integrated case management).” (Private sector R\_B)*

*“We are just too confused what to do with the case after a case conference. The issue is who is in charge?” (Public sector R\_D).*

*“It seems we’re all doing our own things, separate ways. But this is a huge source of stress for our clients.”(Private sector R\_D)*

### 3.2 Strategies for Improved Partnership

To improve partnership between agencies, particularly public and private sector agencies, participants unanimously suggested establishing a solid, integrated case management system. Additionally, clear guidelines most suitable for integrated case management at the beginning phase of case selection, a concrete policy that stipulates mutual cooperation between agencies from resource development to sharing and dissemination, as well as strengthening of a supervision system were also considered extremely crucial in the practice of integrated case management. Sample quotes are as follows:

*“We need clarifications in terms of who is in charge as well as clear and concrete duty assignments among participants (in practicing integrated case management).” (Private sector R\_A, R\_D)*

*“Perhaps a system or a practice protocol (manual) that outlines whom to collaborate with, how and to what extent we should cooperate may help us better do our job.” (Public sector R\_G).*

*“We need a competent supervisor who can provide quality supervision, because this (integrated case management) is not as simple as it sounds.” (Private sector R\_A).*

*“An advisory panel might be helpful.” (Private sector R\_D).*

## 4. Conclusion

As observed from the quantitative and qualitative analysis results, social workers, regardless whether in the public or private sectors, conclude that an integrated approach to case management is absolutely necessary. However, given various challenges that hinder effective and efficient collaboration, the following proposals are recommended to establish and sustain a stronger integrated case management system in South Korea. First, establish a healthy relationship that bridges the communication gap between the public and private sectors. Effective integrated case management is only possible through a combination of private sector workers’ professionalism and the administrative power of the public sector<sup>14</sup>. However, the reality is that our community has developed a deep and prolonged mistrust that has resulted in lack of communication and insufficient collaboration. So, while practitioners echo the need for integrated case management involving both public and private sectors, their actions have been inconsistent with what they preach. To resolve these issues, it is recommended that both public and private sectors should come to an agreement based on relationship of deep trust. Also, the forming of a consultative group to conduct an integrated education for practitioners from both groups is necessary. Second, it is essential in this process to increase community leaders’ efforts to gain deeper understanding of the urgent need for integrated case management. This is important in that the leader’s vision and actions impact the culture, service planning and delivery processes. Third, co-develop and share local resources across public and private sectors. These activities will likely bring about a close and tight networking relationship. As Choi<sup>15</sup> claimed, “a good network is prerequisite to successful integrated case management,” and sharing of resources is only possible through networking. Our SNA result showing unbalanced centralization of resources suggests the need for a good reevaluation of our networking system and a strengthened computer system by increasing accessibility to all practitioners. Fourth, establish and sustain an intensive supervision system by developing an advisory panel of professionals who can provide supervision on various topics and issues (e.g.: mental health). Training senior supervisors is also an urgent matter. Furthermore, developing an integrated case management manual will reduce confusion and provide guidance on role assignments for both sectors. It is suggested that these activities

be based on full understanding of the community characteristics and culture<sup>16</sup>. Fifth, emphasize the need for a functional organization that can play a centralized role, a control tower, in building a stronger and effective integrated case management system. This control tower will not only be at the center facilitating partnership between public and private sectors, but also improving community case management and welfare capacity.

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