A Work in Process or a Much Needed Change?
Regulating Personal Social Services in Israel

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Regulating Personal Social Services in Israel

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With Yasmin Boaz*

Abstract

Israel’s personal social services, like those of other Western countries, are provided by organizations belonging to different sectors. The present study takes a look at the regulatory practices that characterize the Ministry of Social Affairs and Social Services. We asked two questions: (1) How are Israel’s personal social services regulated? What are the strengths and weaknesses of the existing regulatory processes? And (2) How are personal social services regulated in other countries? The study is based on several sources: secondary document analysis, interviews, and two case studies –

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community-based housing for people with mental retardation, and after-school programs for at-risk children and youth. We also looked at examples of regulatory mechanisms in the UK and the Netherlands. The study findings indicate that, despite the change in personal social service delivery and despite ongoing debate over how activity in the field should be conducted and supervised, there is still a need for more effective regulatory policy in Israel’s Ministry of Social Affairs and Social Services.
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Executive Summary

Recent decades have witnessed change in the area of social service policy as a whole, and particularly with regard to the provision of personal social services. Different countries have taken different approaches, but in most cases the change has involved incorporating organizations from additional sectors into the service-provision system. The state has thus come to be regarded as a service-provision enabler, rather than as the direct provider of services. The state sets the standards, designates the funds and supervises personal social services. These changes have called public attention to the regulatory sphere.

Regulation is an umbrella term that carries several different meanings; one group of researchers has defined it as follows: “government-sponsored control, influence and monitoring – performed by relatively detached and dedicated agencies – of a mix of public and private-sector bodies delivering public services, in an attempt to ensure that politically desirable goals are achieved,” (Goodship, Jacks, Gummerson, Lathlean and Cope 2004 p. 16). In light of this definition, it is not surprising that the manner in which government agencies (ministries) ensure service provision to the public has taken on considerable significance in the current era.

In the present study we looked at two main issues: (1) How are personal social services regulated in Israel? What are the strengths and weaknesses of existing regulatory processes? And (2) How are personal social services regulated in other countries? The study findings indicate that, despite the change in personal social service delivery, and despite ongoing debate over supervision, Israel’s Ministry of Social Affairs and Social Services has not yet oriented itself toward the implementation of a comprehensive regulatory framework.
The study looked at the regulatory practices associated with two service areas, community housing for people with mental retardation, and after-school programs for at-risk children and youth. These services were assessed in three Ministry\textsuperscript{1} districts at the provider, local-authority, district and administrative-Ministry levels. Variation in regulatory practice was found between the two services, stemming from differences of historical development. The community-based housing area is more closely regulated due to a longstanding supervisory tradition, while the after-school programs are less closely regulated. Alongside these regulatory differences, similarities were found that spring from the need to create a more systematic framework for both fields. The examples from two other countries, the UK and the Netherlands, as presented in this study, point to these countries’ development of regulatory systems that feature both “hard” regulation (i.e., minimal standards) and “soft” regulatory mechanisms (focused on service quality). Both countries have created regulatory systems that are more comprehensive and transparent that that of Israel.

The Ministry of Social Affairs and Social Services has displayed in recent years a growing interest in advancing regulatory mechanisms. The present study recommends that activity in these areas continue to be pursued intensively and that the following policy directions be considered:

- Establish a dedicated regulatory body to define “the rules of the game” – the entity’s role would be to develop regulatory policy informed by a comprehensive approach to supervision and regulation at the various levels of the service-delivery hierarchy.

\textsuperscript{1} For purposes of brevity, the “Ministry” refers to the Ministry of Social Affairs and Social Services. Where another government ministry is being discussed, it will be referred to by name.
• Build regulatory models that incorporate hard regulation methods, in the form of clear, easily-implemented standards, adherence to which can be readily assessed (from above), while also reinforcing soft regulation mechanisms based on more complex methods of service-quality measurement within the service-fields framework (from below).

• Coordinate knowledge obtained from diverse sources – professionals, parents, service providers, service users – and create structured mechanisms by which information from these sources can be obtained.

• Reinforce supervisory tools, not merely by increasing the number of supervisors or creating a sanctions hierarchy, but also by strengthening transparency and providing information to the public regarding the services offered.

• Foster reciprocity, collegiality and trust between the parties involved; offer positive incentives. Strengthening the reciprocity component of the supervisor-supervised relationship is felt to be particularly important in social services.

• Raise the professional cadre’s commitment level to the regulatory process. It is also important to provide social workers with specific training initiatives and strengthening social worker learning opportunities/and knowledge in areas such as management and regulatory policy.
1. Introduction

Reform is about building capacity to do the old things in different ways and to discover new things that need doing.

(Jones and Kettel 2003, p.12)

Recent decades have witnessed a transfer of responsibility for Israeli personal social service delivery from the government to the voluntary and private sectors. This process is part of a broader trend toward the privatization of social services that characterizes both Israel and other Western countries. Areas such as foster care, services for people with mental retardation or disabilities, services for mental health patients in the community, etc., are largely provided by organizations in the third and private sectors (Katan 1996, p. 137; Katan 2007, p. 101).

The driving force behind this change in service delivery is the pressure that has been exerted on the welfare state to provide services to target groups whose share of the population as a whole is growing, while also slashing budgets (Hughes 1994). This dilemma characterizes other processes taking place in countries around the world with regard to public services and/or products of various kinds.

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2 Privatization is defined as a public policy of transferring products and assets from public-sector to private-sector management and ownership (Katz 1997). Regarding personal social services, some employ the term “partial privatization,” meaning that the state transfers only the service delivery component to nongovernmental organizations while continuing to fund, supervise and set eligibility criteria for these services (Eisenstadt 1996; Katan 2007).

3 According to Gidron, Bar and Katz (2003, p. 13), the “third sector” may be defined as “the array of not-for-profit organizations in a [given] state” and as “civil society” – a “sphere of activity that encompasses not only formal organizations but also social networks, informal organizations and non-organized individual activities.”
(Vigoda-Gadot 2007). On the one hand these processes embody potential for improving and advancing the provision of personal and social services; at the same time, however, they constitute a source of governmental, administrative and ethical difficulty (Auerbach 2007, 2008; Telias and Katz 2002; Korazim-Korosy, Lebovitz, and Schmid 2005). The shift taking place in the social services sphere places responsibility on the government for three main areas: setting policy, defining service standards and funding services while also monitoring and supervising service provision (Katan 2007). Thus, one of the main areas of government-ministry activity is that of regulation. Regulation may be defined as “activity founded on rules intended to guide, regulate and supervise activity in a particular area or relating to a particular issue” (Limor 2005, p. 160). This work is concerned with the regulation of personal social services in Israel, and it explores issues central to the field: firstly, how are personal social services in Israel regulated? And, relatedly, what are the strengths and weaknesses of Israel’s existing regulatory processes? We strive to broaden the perspective with international examples, looking at how personal social services are regulated in other countries, particularly in the UK and the Netherlands, in the hope of learning from their example. Our discussion concludes with the presentation of possible directions for regulation of personal social services in Israel.

2. Literature Review: The State’s Changing Role – From Provider to Enabler

One major process that has characterized the welfare state over the last few decades is the inclusion of nongovernmental sectors in the service-provision sphere. Starting in the 1980s – a period regarded by researchers as the retrenchment of the welfare state – the manner in which social services were delivered began to change (Gal 1994;
Doron 1994; Katan 2000, 2007; Pierson 2006; Hudson and Lowe 2009; Dean 2006; Smith and Lipsky 1993). These services, which in the past had been provided mainly by government agencies, are now delivered by a large number of organizations belonging not just to the public sector but to the private and voluntary sectors as well. The terms “mixed economy,” “quasi-market,” and “creeping privatization” all relate to the fact that a range of entities are now involved in social service provision (Katan 2007, p. 103).

Current welfare-state developments can be seen in the light of shifting attitudes toward the role of the state and to changes in the way that public-administration organizations operate. Since the 1980s, the state’s mode of activity has been in a process of change. Various reforms, e.g., those associated with the “new public management” philosophy and its orientation toward business-sector work methods, competition, economizing practices, performance measurement, decentralization, and privatization (see Vigoda-Gadot 2007), and other processes that have been taking place since that time and up to the present day, have all contributed to a major shift in attitudes toward the state. The former “providing state” outlook has been replaced by an “enabling state” outlook whose guiding premise is that the state is responsible for ensuring optimal service delivery, but not necessarily for providing services itself (Goodship, Jacks, Gummerson, Lathlean, and Cope 2004; Rhodes 2000). To a large degree, ideological debate over whether the state or the market should provide services gave way to a discussion of “what works” (Goodship et al. 2004).

Some of these trends have taken hold in countries, even among the Scandinavian states, where social-democratic ideologies generally prevail. These countries are known for their comprehensive, publicly-funded service systems and for their inclusive approach to the various population sectors eligible for state social services. In Denmark and Sweden, for example, researchers have detected trends toward fiscal decentralization and toward transferring responsibilities to the local
authorities, toward increasing the managerial autonomy of public entities, toward goal- and outcome-oriented management, and toward strengthening regulatory mechanisms (Dery and Schwarz-Milner 1994; Maor 2002; Pierre 2001).

These changes are also appearing in Israel, where the basic premises underlying neo-liberal economics have been gaining strength (Doron 2003; Doron 2007, pp. 33-34). Some researchers argue that these principles are leading to an intensification of the trend toward privatized social services, in which the responsibility for service provision lies with nongovernmental organizations – thereby signaling a retrenchment of the welfare state (Eisenstadt and Rosenhack 2001; Doron 2007). Despite claims of welfare-state retrenchment, some argue that it is more worthwhile to focus on changes in how the welfare state operates: the state is not necessarily losing its authoritative status, and it continues to be a key player in social service activity – or at least, under certain circumstances, it has the capacity to be a major factor in promoting the public good (Eisenstadt 1996; Levi-Faur 1998). And yet, in order to exercise its authority, the state has to adapt its mode of operation to the changes taking place in an era of liberalization and globalization. One manifestation of these changes is the strengthening and development of regulatory mechanisms to ensure supervision of privatized services (Majone 1994, 1997). The ideological debate over this issue is important and substantive, and a separate discussion could well be devoted to the question of whether and in what circumstances personal public

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4 For an overview of how the welfare state and social services developed, see Doron 2004.

5 According to Katan (2007), there has been no public debate regarding the privatization of personal welfare services. See also Annual Report of the State Comptroller, 59B (State of Israel 2009). In recent years these issues have been subjected to academic and public scrutiny in various forums, such as the Van Leer Jerusalem Institute. For further discussion, see: vanleer.org.il/heb/content.asp?id=62.
services should be delivered by nongovernmental organizations – a topic that has been making headlines with greater frequency in the wake of controversy over the privatization of Israeli prisons. However, the present study is concerned not with this issue, but rather with assessing the current situation in light of the fact that Israel’s personal social services system has delivered in the past, and is increasingly providing today, numerous services through providers from a variety of sectors.

3. **The Personal Social Services System**

The term “personal social services” denotes the range of state social service programs intended to enhance the welfare of individuals and families and to ensure their optimal development (Yanay 2006, pp. 5). These programs do not exist to provide material assistance but rather to offer social care and aid in the form of personal social services. These services are meant to address the needs of individuals, families, groups and communities that lack the ability or the wherewithal to cope with problems that compromise their functional status and quality of life, and that hamper their social integration (Katan 1996). There are a myriad of services offered to target population sectors in crisis – sectors whose individual members are functionally impaired or at risk for developmental problems. The services provided include: care for children and teens in distress or suffering from neglect;

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6 There are three main personal social service delivery modes (Brodsky, Habib, and Mizrahi 2001, pp. 63-64; Gal 2008, pp. 5-8): **in-kind services** (essential services provided directly to the population that needs them); **non-restricted cash transfers** (which can be utilized by recipients as they see fit); and **restricted cash transfers** for the purchase of services that benefit recipients have to formally request or for which they are required to obtain receipts from service providers.
assistance to elderly people in need of long-term care programs, and
their families; venues for dealing with marital issues; preparing pre-
divorce reviews; home-based childcare, and more (Weiss 2000, pp.
87-89; Yanay 2006, p. 5; State of Israel, Ministry of Social Affairs
and Social Services, 2009). The population that turn for services was
estimated at 1,200,000 persons in 2006 (State of Israel, Ministry of
Social Affairs and Social Services, 2009). Israel’s legal framework
for providing personal social services is based on the Social Welfare
Law, 1958 (hereinafter: “the Law” or “the Welfare Law”). This law,
as well as the regulations and directives derived from it and issued by
the Ministry of Social Affairs and Social Services’ Director-
General (the Social Work Regulations),7 constitute, to a large degree, the
foundation on which these services are based. Researchers have noted
the law’s limitations – due to the fact that it places the responsibility
for establishing personal social services on the local authorities but
fails to explicitly define the scope of the services to be offered,
eligibility criteria, or the scope of the services to which the local
authorities should be committed (Doron 1994; Hovav 1997; Yanay
2006; State of Israel, Ministry of Social Affairs and Social Services,
2009; Schnitt 1996). For these reasons, researchers claim that it is
necessary to adapt legislation to suit the existing service structure, to
define a social service “basket,” to stipulate funding arrangements and
specify means by which delivery of these services should be
supervised (Doron 1994; Yanay 2006; Yanay, Braun, and Kosher
2007). One weakness of the existing legislation can be seen in the
great variability of the scope and nature of the services provided by
the local authorities. This variability is also due to service-funding
issues: the Social Affairs Ministry provides 75 percent of the funding

7 The Social Work Regulations (SWR) bear the imprimatur of the Director-
General of the Ministry of Social Affairs and Social Services, and they
constitute secondary legislation according to the Social Welfare Regulations
(Care of the Needy) (Amendment), 1997 (Hovav 1997, p. 25).
for these services while the local authority allocates the remaining 25 percent (Yanay, Braun, and Kosher 2007). In reality, though, there are significant discrepancies between the local authorities (for an in-depth discussion of this topic, see Auerbach 2007; Doron 1994; Katan, Yanay, and Sherer 1996; Kalcheim 1997; Schnitt 1996).

Data from the State Comptroller’s Report (2005) indicate the centrality of non-governmental providers as suppliers of personal social services (Table 1).

Table 1. **Extent of services purchased for central divisions of the Ministry of Social Affairs and Social Services, 2004**

<table>
<thead>
<tr>
<th>Branch</th>
<th>Major area of activity</th>
<th>Expenditure for non-governmental services (NIS million)</th>
<th>Overall expenditure on services purchased (NIS million)</th>
<th>Proportion of non-governmental services purchased</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
<td>2,019</td>
<td>2,340</td>
<td>86%</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>Care of disabled persons</td>
<td>208</td>
<td>223</td>
<td>93%</td>
</tr>
<tr>
<td>Division of care of people with mental retardation</td>
<td>Care of people suffering from mental retardation</td>
<td>656</td>
<td>908</td>
<td>72%</td>
</tr>
<tr>
<td>Division of personal social services</td>
<td>Care of children, youth and the elderly</td>
<td>1,155</td>
<td>1,209</td>
<td>96%</td>
</tr>
</tbody>
</table>

Based on this table, 86 percent of the services provided by the Ministry of Social Affairs’ three main divisions⁸ are delivered by nongovernmental entities. Not only that, but 70 percent of the Ministry’s budget is earmarked for the purchase of services⁹ (Ministry of Finance and Ministry of Social Affairs and Social Services, Budget Proposal for 2009-2010, Appendix 4). Service privatization, despite its advantages, also has negative consequences for the personal social services delivery system. These consequences include: an overall retrenchment of state involvement in social services; limited or overly fierce competition between service providers, on the one hand, or an absence of competition and the creation of quasi-monopolies due to increasing service-provider power, on the other; a multiplicity of organizations, leading to systemic inefficiency and, possibly, to coordination and supervision problems; state dependence on external parties; service provision inequities between different parts of the country; lack of continuity in service provision; a loss of professional knowledge and an impairment of the state’s ability to guide, inspect and supervise activity; qualitative changes in the functioning of social service professionals; compromised governmental authority; possible over-involvement of service providers in the setting of professional policy; accountability issues (Katan 2007, pp. 108-112; see also Korazim-Korosy, Lebovitz, and Schmid 2005). These drawbacks underscore the need to strengthen regulatory mechanisms in the personal social services sphere.

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⁸ Three of the five main divisions responsible for caring for various populations (not including administrative divisions): people with mental retardation, correctional services, personal and social services, rehabilitation services, and the division for special activities.

⁹ Amounting to NIS 3,950 million, out of a total Ministry of Social Affairs and Social Services budget of NIS 5,500 million for 2010.
4. The Nature and Purpose of Regulation

A. Definitions and Development

The term “regulation” is a broad one that encompasses a number of different definitions (Levi-Faur 1998; Levi-Faur, Gidron, and Moshel 2010; Hood et al. 1998; Black 1998; Majone 1994). Some of these definitions imply an expansive view of regulation as any measure of “sustained and focused control exercised by a public agency over activities that are valued by a community” (Selznick 1985, p. 363). Other definitions take a more confining view of regulation as activity carried out by an agency specifically charged with monitoring activity in a particular field, and whose activity is not the outcome of primary legislation, but rather of secondary legislation formulated by the regulatory agency, e.g., directives, regulations, etc. (Goodship et al. 2004; Gidron and Moshel 2010).

Regulation emerged in the United States in the late 19th century, as a means of exerting control over market activity in an era of industrial development. Its purpose was to safeguard the public interest and to address market failures. One early example of regulation was an attempt to rein in the power of railway owners in a monopolistic environment. This was the first effort in an extensive regulatory tradition that developed in the United States and which eventually encompassed such agencies as the Interstate Commerce Commission and the Food and Drugs Administration (FDA) (Arbel-Ganz 2003; Galnoor 2007; Levi-Faur, Gidron, and Moshel 2010). In Europe, unlike the United States, no regulatory tradition developed, due to the differing mode of activity embraced by the European countries. Most European states adopted a model of government ownership in various

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10 Regulation can also emerge as the result of activity in the civil society and business spheres, at both the national and international levels (Levi-Faur, Gidron and Moshel 2010; Black, 2002).
areas, such as the communication/media industries, electricity, railways, water infrastructure, gas, etc. (Majone 1994, 1997). In its early years of existence the State of Israel chose, similarly, to become the owner of most service-provision and infrastructure companies (Arbel-Ganz 2003; Galnoor 2007; Levi-Faur, Gidron, and Moshel 2010). Due to this, the majority of Israel’s regulatory mechanisms are part of the government-ministry framework (Galnoor 2007).

A rise in the use of the term “regulation” can be attributed to Majone, who coined the phrase “regulatory state” in response to a growing employment of regulatory mechanisms in Europe. One concept that has emerged in this regard is that of the “audit explosion” thought to reflect the scope of regulatory activity (Maor 2002; Rhodes 2000). Despite the fact that regulation is generally perceived as something historically related to the private market, recent years have witnessed a growing recognition that intra-governmental regulatory mechanisms (Hood et al. 1999) – including those that arise in the context of social service policy (Haber 2010; Mabbett 2010) – need to be understood as well.

This paper will not be concerned with the many different facets of regulation as a concept, but rather with the regulation practiced by the Ministry of Social Affairs, that is, with intra-governmental regulation. The following definitions will help us to delineate the boundaries of our discussion. Intra-governmental regulation is broadly defined as: “[…] arm’s-length oversight involving the setting or monitoring of standards, and based on some element of authority” (Hood et al. 1999, p. 21). This definition effectively includes the following features: (1) a bureaucratic agency whose purpose is to shape the activity of another framework; (2) a certain degree of organizational separation between the bureaucracy exerting regulatory

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11 For further information on the development of regulation as a concept, and on its manifestations in various spheres (the commercial sector, voluntary organizations), see Levi-Faur 2010, and Black 2002.
control and its target entity; (3) the regulator has a kind of authority or
official mandate to monitor the behavior of those being regulated, and
to demand changes where relevant (Hood et al. 1999, p. 8). This work
will, accordingly, be concerned with the way in which Israel’s
Ministry of Social Affairs inspects and supervises, as a government
agency, the activity of the public, voluntary and private organizations
(functioning at a certain distance from the government agency itself)
that provide personal social services. It should be emphasized that the
inspection and supervision referred to herein are those taking place in
a framework of procedures derived from secondary legislation (as
opposed to primary legislation of the Knesset).

B. Classification, Tools, Dilemmas, and Difficulties

Classification

Different kinds of regulation exist. Peter May (2007) posits a
typology of three regulatory regimes employed by different
governments:

The first and oldest model, that known as prescriptive regulation,
is characterized by prescriptive rules for the kind of activity desired.
This model features numerous regulations that are to be adhered to.
The second model – the systems-based one – assumes that the creation
of regulatory systems to supervise activity ensures the existence of
supervisory and inspection mechanisms to address the required
activity and to bring about the desired results. A third, performance-
based regulation, posits that by focusing on outcomes one can
ascertain the degree to which regulatory goals have been met. Each of

Supervision and oversight are tools for implementing regulation although not
the only tools, as indicated by Hood et al. (1999). The current study focuses
primarily on supervision and oversight in the wider sense of regulation as will
be explained.
these models has advantages and disadvantages; in practice they often co-exist and complement each other (May 2007, p.10).

Another important concept in the research literature is that of self-regulation. Like regulation, self-regulation is an umbrella term that can be defined in a number of ways (Hertogh and Westerman 2009). Self-regulation is “the situation of a group of persons or bodies, acting together, performing a regulatory function in respect of themselves and others who accept their authority” (Black 1996, p. 27). The degree of involvement of central-government agencies can be plotted along a continuum. On the one hand, regulation in which the state plays a major role is regulation that shapes laws, standards and procedures; in this kind of framework government bodies also oversee adherence to the said laws, standards and procedures. At the other end of the spectrum lies the self-regulation model: that in which activity is regulated by entities and/or groups in a way that ensures minimal (or no) involvement on the part of the central government.

Another distinction noted in the literature and of importance to our discussion is that between “hard regulation” and “soft regulation.” Hard regulation is characterized by requirements of adherence to minimum standards, while soft regulation is concerned with determining “best practice” – i.e., determining what optimal activity in a given sphere should look like. These mechanisms generate more sensitive criteria for assessing service quality, and often draw on the body of information amassed by professionals close to the service provision (Goodship et al. 2004).

- **Tools**

Hood et al. (1999) map intra-governmental regulatory tools from a broad conceptual perspective that focuses on the government’s ability to exert control over bureaucracy. These authors identify four categories: oversight, competition, mutuality, and contrived randomness.
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Oversight – Setting standards, defining goals or formulating laws based on knowledge, expertise or authority. The oversight process involves collecting information, preparing reports or answering required questions; it takes place within a hierarchical sanction framework.

Competition – This relates to a standard-setting style that features competition between organizations and a mechanism for collecting information from the entities under supervision; this model is based primarily on incentives, rather than guidelines. At the heart of this approach lies the premise that desired changes will come about due to each competitor’s desire to be perceived as “the best.”

Mutuality – A standard-setting approach that involves those responsible for achieving the relevant goals and objectives; it is based on the exchange of information originating in group member networks. Desired changes are thought to be driven by the influence and persuasion exerted by colleagues within the group.

Contrived randomness – Creating unpredictable mechanisms, collecting information on a random basis (unanticipated questions, spot checks). The assumption is that desired change will come about due to the awareness of unpredictability (Hood et al. 1999, pp. 48-50).

To a large degree, and despite the fact that the starting point for governmental regulation is the concept of oversight, one can usually identify “hybrid” mechanisms that incorporate elements from each of the tools described (Hood et al. 1999). In this paper we will focus primarily on oversight tools, but we will also try to examine the place of these tools vis-à-vis the other regulatory mechanisms, those devoid of any direct supervision components.

Two countries, the UK and Australia, exemplify the aforementioned approaches. Despite the hybrid framework that prevails in numerous spheres in those countries, researchers have pointed to the centrality of the oversight and competition model.
(compared with past models that were based on mutuality and contrived randomness) as a regulatory tool widely adopted in the UK over the twenty-year period 1975-1995 (Hood et al. 1999). Regulatory mechanisms were found to have undergone a specialization process and to have become more intensive, complex and formal. Thus, the demand for a retrenchment of activity on the part of the public sector and its personnel was mirrored by a significant increase in the number of organizations, workers and budgets devoted to oversight, particularly in those sectors where both private and public organizations were involved in service delivery (Hood et al. 1998). In 1995 Hood et al. looked at 134 separate regulatory bodies responsible for regulating services in the public sector. These agencies employed 14,000 workers and cost the British taxpayer £766 million – 30 pence out of every £100 spent by the government (Hood et al. 1998, p. 62).

In Australia, by contrast, John Braithwaite (2002) describes a model that may be classified as a supervision-mutuality hybrid. In a project designed to develop regulatory mechanisms for nursing homes, a group of researchers replaced prescriptive regulation in the form of an old and highly explicit set of laws with 31 outcome standards. The standards were set through a process of dialogue and consensus between the various relevant stakeholders. While the inspection team devoted some of its time to examining care plans, reports, quality of care assessments and other documents, discussions were also held between residents and staff about how to improve service quality. The information amassed was summarized at a

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13 A model based on “restorative justice,” a concept taken from criminology. This concept denotes a process by which all parties involved in a given offense join forces to address the outcomes and future consequences of the offense. The main values at play in this process are those of healing, embracing moral standards, stakeholder involvement, concern, respectful dialogue, forgiveness, responsibility and regret. Braithwaite combines this concept with a “responsive regulation” approach (Braithwaite 2002, p. 11).
meeting between the inspection team and the administration – a meeting in which nursing home owners, staff, residents and families participated as well. The project was completed in 1997 during the tenure of a conservative government; in the wake of deregulation the governmental inspectorate was abolished and the nursing homes became more vulnerable in a system of limited resources, in which accreditation was delegated to a private entity (Braithwaite 2002).

- **Problems and dilemmas**

The inclusion of diverse agencies in social services provision is a complex process that gives rise to a number of supervision-related issues (see Korazim-Korosy, Lebovitz, and Schmid 2005; Mandelkern and Sherman 2010; Katan 2007):

**Increased resources due to oversight.** Oversight requires increased resources. Major costs and a rise in worker numbers were found at the public-administration levels due to reinforced regulatory mechanisms. The entities under supervision also had to devote time and human resources to the preparation of reports (Hood et al. 1999; Goodship et al. 2004). It is difficult to estimate the regulatory compliance costs borne by the supervised organizations. In the UK it has been estimated that these costs amount to twice the sum expended by the government on regulation (Hood et al. 1999).

**The ability of oversight mechanisms to assess service quality.** Difficulties exist in this area, and some argue that there is an ethical paradox stemming from the implementation of regulatory methods that emphasize developing criteria and that rely on statistics and indices to assess the quality of social services. These methods are not effective in assessing the real status of service consumers, and they cause attention to be diverted from serving people to producing reports (Humphrey 2003; Jordan 2008). Another argument that has been raised is that, while quality service costs money, there is a
tendency to demand that supervised entities cut costs (Humphrey 2003).

**Supervisor dependence on those they supervise, and vice versa.** A government agency’s dependence on service providers leads to a phenomenon called “the captive regulator,” a potential outcome of the relationship that develops between supervisors and those they supervise, as well as of the need for the services offered by the provider, who is often the only provider. This dependence compromises the regulator’s ability to oversee and to impose sanctions. Another factor that intensifies dependence is regulator loss of knowledge, inasmuch as most knowledge is amassed at the service-provider level; situations arise in which those being regulated argue that their regulators are incompetent to regulate (Galnoor 2007; Korazim-Korosy, Lebovitz, and Schmid 2005; Mandelkern and Sherman 2010; Goodship et al. 2004).

**Oversight centralization.** It has been argued that regulatory priorities are shaped by prevailing attitudes in the central government and do not reflect actual needs on the ground. On the one hand, emphasis is placed on system decentralization and local responsibility vis-à-vis national-level policy and criteria-setting; on the other hand, in problematic situations the central government shirks its responsibility (Humphrey 2003).

Several new trends have arisen in order to address these concerns. Firstly, while outcome is continually assessed through result and output measures, less emphasis is being placed on competition as a means of achieving the lowest price, and more attention is being devoted to obtaining “best value;” the service provider that offers the citizen the best value per price. The literature points to the importance of professionals and academics joining forces and combining practice with theory in order to develop meaningful quality criteria (Orme 2001). Secondly, emphasis is being placed on administrative
autonomy for those organizations that fulfill their functions effectively, and on extending “carrots” rather than “sticks.” In the UK this trend is reflected in decentralization and in a freer hand for local authorities, alongside an insistence on more meticulous assessment of local-authority performance. The central government still oversees local authority activity, particularly in situations where the latter has fallen short (Rhodes 2000; Richards and Smith 2002; Goodship et al. 2004). Thirdly, it is being emphasized that, in creating regulatory mechanisms, one should aspire to effectiveness and reliability, that is, that these mechanisms should indeed be necessary, fair, affordable, easy to manage and implement, and that they should take into account the needs of small business and ordinary people (Rhodes 2000, p. 153). Fourthly, emphasis is being placed on the importance of involving professionals in supervisory work. The supervisor, his character, his level of commitment and the way in which he feels that supervision should be conducted are regarded as significant variables in the regulatory enterprise (Goodship et al. 2004). It has been found that the greater the regulator’s difference in background from those whom he is charged with overseeing, the more formal his behavior and the more limited his involvement and participation in the processes under his supervision (Hood et al. 1998). Supervisors who employ participatory work models, give praise and strive to build trust between the various parties involved have been rewarded with greater compliance (Braithwaite 2002).

To conclude, despite existing difficulties and the fact that research in this field is only in its beginning stages, some argue that regulatory mechanisms have improved service-provision quality, driven service standardization, and raised public awareness of the best-practice approach. These processes have also led to the inclusion of service recipients in the shaping of regulatory mechanisms (Goodship et al. 2004; Humphrey 2003). Thus, the ability to build effective regulatory mechanisms entails an understanding of the difficulties associated
with them, and of the need to develop multifaceted approaches for their implementation.

5. Regulation of Personal Social Services in Israel

A. Research Method

The goal of the study was to investigate the Ministry of Social Affairs and Social Services’ regulatory framework for personal social services, via qualitative research methods based primarily on the analysis of documents and interviews with informants active in the field.

The research was based on three main sources:

1) Secondary analysis of official government documents, mainly from the Ministry of Social Affairs and Social Services, the Myers-JDC-Brookdale Institute and the State Comptroller’s Office, relating to the oversight and provision of social services; position papers emanating from various entities within the Ministry; and academic literature on the supervision of personal social services.

2) In-depth interviews with informants involved in the provision of personal social services, at four levels: the service-provider level; the local authority level – social workers employed by local authorities; the district level – the relevant supervisors; and the administrative/central-government level – the Ministry of Social Affairs and Social Services.

Due to the personal social services system’s complexity and diversity, as well as the difficulty of addressing the system in its entirety with the limited resources available for the present study, it was decided to focus on two specific areas: community-based housing for people with mental retardation, and after-school programs for at-risk children and youth. The study also concentrated on three specific
districts: the Tel-Aviv and Central District, the Jerusalem District and the Beersheba and Southern District.

These particular services were chosen because they are notable for including different sectors in service provision. Both fields are characterized by service provision in the community, translating into a broad and varied deployment at the local authority level – a fact that makes them difficult to regulate. These services were also chosen for the dissimilarities between them. Community-based housing for people with mental retardation is a more organized field in terms of legislation and tradition of care. The after-school programs, by contrast, constitute a service enterprise that is less structured as a field of care and more closely guided by the local authorities. In this field, interviews were conducted in two major cities (Beersheba and Jerusalem) with three service providers, two local authority social workers, and three district/national supervisors. In the field of community housing for people with mental retardation, interviews were conducted in two major cities (Tel-Aviv and Jerusalem) with three service providers, two district inspectors, three local-authority social workers, and one additional service provider from Petah Tikva (a locality belonging to the Central District). Eleven position-holders in the Ministry of Social Affairs were also interviewed and three researchers from the academic world and JDC-Israel who have been or are currently involved in the field. A total of 30 interviews were conducted (see the complete list in Appendix 2).

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14 The choice of large cities distorts the study findings, as things are generally done differently in small local authorities – differences that become apparent when one looks at inequities in social service distribution between local authorities. However, by focusing on these large cities we gain a sense of magnitude and breadth regarding both the service-recipient population and the frameworks in question.

15 Including one former senior Ministry official and one lower-ranking interviewee.
The interviews were semi-structured; the interviewees were presented with specific questions (see the question list in Appendix 1), and considerable leeway was given throughout the interviews. The interviews with senior Social Affairs Ministry officials had an open format with the intent of exploring the essence of regulation and its interpretation by the office holders. The interviews were recorded and transcribed and a set of findings, to be described below, was arrived at based on the major themes that arose from them, as well as on the basis of an analysis of the official documents and a secondary analysis of research articles.

3) Documents from British and Dutch government ministry sites; conferences (three conferences – two in Israel and one conference on regulation held at the University of Groningen, under the auspices of the Netherlands Institute for Law and Governance), secondary analysis of international studies on the regulation of social services. The two aforementioned countries were chosen for three main reasons: firstly, because the professional literature has identified them as exemplifying two different welfare regimes (Esping-Andersen 1990): a liberal regime in the UK and a social-democratic regime in the Netherlands – although the Dutch regime has also been characterized as more conservative in orientation (Doron 2003).16 Secondly, these countries are relatively advanced, compared with other countries, in developing regulatory processes for the various social service spheres. Moreover, the UK and the Netherlands offered easy access to material relevant to the present study.

16 No comparison was made with the United States, despite the latter country’s central role in the development of regulatory processes, due to fundamental differences between the American approach to the welfare state and that of Israel and the European countries.
Because the present study also aims to delineate possible directions for regulatory activity, our analysis is informed by the SWOT model (Strengths, Weaknesses, Opportunities, Threats).\(^{17}\) The model, whose purpose is to foster strategic organizational management, had its origins in the managerial literature (Pahl and Richter 2007), and was later imported into the field of public administration (Auerbach 2004; Shafritz, Russell, and Borick 2009). This technique makes it possible to shed light on the weaknesses, strengths, threats, and opportunities faced by an organization, and to both understand its current status and to channel its activity toward the achievement of its objectives. It is important to note that, despite the extensive use that has been made of this model over the years, it has been criticized for oversimplification (Hill and Westbrook 1997). Nevertheless, the present authors feel that the specific use for which the model is being introduced here will be useful in understanding the issues.

The findings section is divided into three parts. The first part presents major issues that emerge from a historical review of the development of oversight and from a look at the current situation, as described by senior officials in the Ministry of Social Affairs and other interviewees, and as portrayed in documents devoted to the topic. In the second part we present issues that arise from the regulation of two specific areas: community-based housing for people with mental retardation, and after-school programs with a conclusion.

\(^{17}\) The model was developed during the 1960s and 1970s; its origins are attributed to a group of American researchers at the Stanford Research Institute, the figure most closely associated with the model being Albert Humphrey. The model was incorporated into Harvard University’s curriculum. What is distinctive about it is that it brings both intra-organizational and extra-organizational perspectives to bear in the shaping of organizational modes of operation (Pahl and Richter 2007). Research studies in many fields, including education, security policy, voluntary-sector activity and nursing, have made use of this model over the years.
using the SWOT model. In the third part we present two examples of personal social services regulatory mechanisms – from the UK and the Netherlands.

**B. General Findings: The Development of Personal Social Services Regulation**

The unique character of personal social services regulation makes it a difficult topic for discussion. The most important (or primary) variable with regard to these services and their delivery to the public is quality of care, which is more complicated and difficult to measure than the delivery of services and goods of an economic nature (Hovav 1997). Nevertheless, the structure of the personal social services system and the nature of the services that it provides, as described above, requires dealing with the field’s regulatory framework (Eisenstadt 1996; Doron 1994; Yanay, Braun, and Kosher 2007; Korazim-Korosy Lebovitz, and Schmid 2005; State Comptroller 2009). A long-running debate has been ongoing within the Ministry of Social Affairs and Social Services regarding the oversight of service delivery. From the late 1970s on attempts have been made to assess the supervisory method; one of the first of these was the “Shoresh Document” of November 30, 1979. This document has been followed over the years by State Comptroller reports and Ministry of Social Affairs’ publications.18 Discussed below are three major issues raised by these documents and in the interviews:

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18 For a more in-depth historical description of the various committees that have dealt with the issue, see Achdut, Shevi, et al. 2007; Brauer, Ohayon, et al. 2000; Hovav 1997; Kalcheim 1997.
• **Difficulties in defining the supervisor role**

The discussion of the supervisor’s role revolves around two main issues: one is that of the supervisor’s function and powers, and the other is that of the tension between the supervisor’s role as advisor/guide on the one hand and evaluator of the service on the other hand.

The supervisor’s job is not clearly or unequivocally defined. Most of the information available on supervisor duties appears in the Social Work Regulations (SWR) and in tenders for the manning of supervisory positions; one can see that there is no clear overlap between the two (Achdut, Shevi, et al. 2007; Hovav 1997; Kalcheim 1997). According to the Social Work Regulations, supervisor functions are many and varied, and include continuous monitoring and control of processes and services; authorizing construction plans; ascertaining that legally determined mandatory conditions are met; determining the nature and type of framework for activity and the population to benefit from it; signing agreements with framework operators with whom the Ministry of Social Affairs is interested in entering into arrangements; taking part in professional committees; providing supervision and guidance to clients; receiving committee reports and following up on them; and authorizing expenditures that deviate from predefined limits or budgetary frameworks (Hovav 1997, pp. 26-31). The vague job description and multiplicity of duties have created a situation in which different supervisors carry out their tasks in different ways, guided by various laws, regulations and procedures as well as their personal experience and subjective professional approaches (Hovav 1997; State Comptroller 2004; Peretz, Zemach-Marom and Abutbul 2005; Kalcheim 1997; the interviewees).

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19 The study is based on a survey administered to 79 after-school program counselors in 2004. The study found differences between the districts regarding the nature of the supervision carried out, and the methods employed. The Ministry of Social Affairs supervisor was found to be less
Discussions of supervisory roles (Hovav 1997, p. 92) also point to considerable similarity between the duties of supervisors who oversee local authority social service departments, nongovernmental organizations, and services provided by the state. There has been no discussion of the specific orientations needed in order to supervise the services delivered by different providers.

This lack of clarity regarding the supervisor’s role raises another problem with regard to supervisory authority, i.e., the powers vested in the supervisor. Based on the interviews, it appears that a supervisor’s inability to impose sanctions constitutes a key problem when service deficiencies come to light (State Comptroller 2004). This is a problem for two reasons: firstly, due to concerns that closing frameworks will leave target populations without service, as in many cases no alternatives exist; and secondly, due to a lack of Ministry support for the imposition of financial or other sanctions. Generally speaking, it is very rare that a framework is shut down. This is the picture that emerges from the interviews with senior Ministry officials. For example, one interviewee, a division director, claims that in his area of responsibility no framework has ever been closed; another senior functionary, one whose work involves him in all of the Ministry frameworks, notes that, to the best of his knowledge, only two frameworks were closed due to improper functioning over the course of three years. As these interviewees see it, supervisors do not tend to use framework closure as a sanction.

The second issue relates to the dilemma between the supervisor’s advisory/guidance role and his duty to exert supervisory control (Achdut, Shevi, et al. 2007, pp. 4-5). There is an ongoing debate over whether these “two hats,” which are currently at the heart of supervisory work, should be separated, or whether they should be left involved in the supervisory process. For the complete findings, see Peretz, Zemach-Marom and Abutbul 2005.
as they are. Those who favor separation note the problems posed by supervisor identification/personal relationships with and closeness to those they supervise – a situation in which responsibility is blurred due to participation in decision making processes and to the formation of friendly relationships that compromise the supervisor’s supervision and control abilities (interviews with senior Ministry officials; State Comptroller 2009; Mandelkern and Sherman 2010). Those opposed to separating the supervisory and advisory functions feel that this merging of roles contributes to a sense of trust between the parties (the supervisor and the supervisee), to the disclosure of problematic situations without fear and without concealment, and to an understanding that in fields of such complexity there is no such thing as “black or white.” According to them, the fact that the parties involved are acquainted with each other makes it possible to identify situations that fall into “gray areas,” and is a key factor in improving quality of care (interviews with senior Ministry officials and academics; Shapiro and Fromer 2010).

- **A lack of clarity in the division of responsibilities between the local and central governments**

Local-central government relations are a complex issue in Israel. The decentralization trends that characterize many Western countries are problematic in the Israeli context (Auerbach 2008; Dery and Schwarz-Milner 1994). Some argue that there has been no real process of decentralization vis-à-vis Israeli local government, which largely functions as a “subcontractor” of the central government (Dery and Schwarz-Milner 1994). Others feel that, despite the foregoing, there has indeed been a de facto decentralization, with local government becoming a key player in the Israeli governmental system (Kalcheim 1997). The lack of a clearly-defined relationship between the two levels of government is revealed in the case of Israel’s personal social services system.
The Ministry of Social Affairs has a hierarchical structure that is based on three segments: the administrative-Ministry level; the district level, which links the Ministry with the local authority; and the local-authority level – the social service departments. Over the years there have been attempts to delegate responsibilities from the state to the local authorities, particularly the larger ones; however, no real change has taken place in this area (Dery and Schwarz-Milner 1994; Hovav 1997; State Comptroller 2004; Kalcheim 1997). This policy leaves the supervisory and budgetary responsibility exclusively to the Ministry of Social Affairs and Social Services. According to Kalcheim (1997), the Ministry of Social Affairs has not managed over the years to exercise meaningful supervision of the departments. In his view, due to the departments’ differing needs and services it is preferable to forgo a centralized system whose role and nature are undefined; rather, the supervisory system should be adapted to existing needs on the ground and operated within limited areas (1997). Ofek (2009) found that, in 48 local authorities, 75 percent of interviewees felt that the district supervisors had a positive impact on social service department activity. The remaining quarter of respondents felt that the district supervisors had little impact. They noted, among other things, the existence of a discrepancy between the supervisory goals and the practical needs of the population; they also felt that the relationship between the supervisory team and the department was not a close one. However, only a third of the respondents reported having a specific perspective on supervision or a clearly-formulated work method vis-à-vis the supervisors. By contrast, half of the respondents stated that their departments had virtually no clear method or approach to supervision (Ofek 2009).
- Difficulty in creating a structured supervision system – implementation of the RAF method

Another difficulty relates to the introduction of a structured method into a system as complex and fragmented as the personal social services system. The RAF method was identified as an effective means of achieving this goal, in light of the positive reviews it received in places where it was implemented (Hovav 1997; Shapiro and Fromer 2008, 2010).

The RAF method for introducing structure into supervisory activity was developed by the Myers-JDC-Brookdale Institute and the Ministry of Social Affairs. The method was intended to reinforce control and supervision processes and was developed primarily to ensure quality of care and service in long-term care facilities. The method has been employed for the past twenty years in out-of-home frameworks operated by five Ministry divisions. The Ministry recently adopted this method as its primary oversight system and aims to expand its use to additional areas, such as rehabilitation day care centers, the Service for Children and Youth – RAF Community and RAF Social Service Departments (Myers-JDC-Brookdale Institute 2007; Myers-JDC-Brookdale and the Ministry of Social Affairs 2010; Hovav 1997; State of Israel, Ministry of Social Affairs 2009; Shapiro and Fromer 2008). The method is based on a “tracer” approach and on quality assurance principles (Hovav 1997, p. 75). A

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20 The tracer approach was first employed in the United States and is based on in-depth investigation of selected problems (“tracers”) from which residents suffer (Hovav 1997, p. 75).

21 The quality assurance model is concerned with the continuous improvement of quality of care within the system, and with ongoing assessment of quality of care. The model comprises four stages: systematic data collection aimed at identifying shortcomings; data analysis aimed at understanding deficiencies; intervention in facility staff activity aimed at correcting the shortcomings; follow-up of corrected shortcomings and evaluation of outcomes (Hovav 1997, p. 76).
comprehensive study by Shapiro and Fromer (2008) found that, over the years of the method’s implementation, differences emerged between services, between supervisors and between the facilities operating in each service area. As a rule, oversight via this method is carried out in activity cycles that are meant to conform to a timetable: each cycle begins when a facility seeks to renew its operating license. At this stage the facility staff completes forms regarding the residents and their problems, in accordance with set criteria. Originally, the oversight cycles were supposed to be annual, but this has not always been possible. There is near-total consensus among those involved in the field that the RAF method has greatly improved facility supervision and that its advantages greatly outweigh its disadvantages. The method’s success may be attributed primarily to the “order” that it imposes: it introduces structure and method into oversight, creates a shared language, raises issues that have to be addressed, and reinforces direct contact with clients and staff (Shapiro and Fromer 2008, 2010).

Nevertheless, certain difficulties are associated with the method’s implementation:

- **Developmental complexity**

  The RAF method, despite its many advantages, is difficult to develop. The method entails cooperation between Ministry divisions and, at times, between different government ministries. Each division is responsible for a different population, and each population has its own care requirements. Moreover, each division has its own supervisory history, and sometimes the divisions are unwilling to switch methods or find it difficult to implement the new method. Willingness to adopt the method varies from division to division. In some cases reservations regarding RAF are rooted in a division’s care ideology or in its distinctive tools of care, which may or may not fit in with the method’s structured
cyclicality (Shapiro and Fromer 2008; interviews with senior Ministry staff and with individuals in the field). The development process is a lengthy one, due to the divisions’ desire to incorporate within the method elements that are important to them; thus, the process of implementing RAF within the various services is a lengthy one.

- **Little follow-up in the field.** One major difficulty is that not enough follow-up is actually taking place in the field. Inspectors visit facilities but do not always fill out the forms.

- **Burden of contracts and tenders.** Another problem is the lack of clarity that characterizes supervisory requirements as set forth in contracts and tenders; these documents make vague stipulations that state supervision be carried out by whatever means will be found appropriate. When service providers are asked to make an additional investment they are unwilling to take on the additional costs.

- **Discrepancy between RAF requirements and the Ministry’s information and computer systems.** Out of 250 local authorities, 50 are not computerized at all, that is, the reporting forms are completed by hand and delivered to the Ministry of Social Affairs for data entry; 125 are connected to computerized information systems; and the remaining 75 local authorities are in the process of computerization. The Ofek Report (2009) noted that only 15 local authorities exhibit compatibility between departmental needs and existing computer systems. It is hard to create a uniform computer system when different local authorities receive their computer services from different providers.

- **Problems arising from differing professional approaches.** The organizational culture of the Ministry of Social Affairs and Social Services is care-oriented and features attentiveness to the needs of
the individual and a desire to improve the individual’s status and to develop services that will meet his needs. An approach that stresses measurement and numerical data can be, at times, foreign to the professional “social welfare” ethos, making it hard to elicit staff commitment to the RAF method (interviews with senior Ministry functionaries and with personnel in the field).

- **Additional problems** are due to supervisor workloads and due to the reality of Israeli life, e.g., war in the north, unrest in the south (interviews with senior Ministry staff and with personnel in the field).

The method’s advantages notwithstanding, there seem to be problems with its implementation: “Not fast enough and not extensive enough” (a senior Ministry official). Ministry of Social Affairs data indicate that, as of this writing, the method is being employed in only a third of the relevant service frameworks (475 out of a total of 1,538 frameworks). When one takes an even broader view informed by Ministry data on the existence of 7,000 frameworks, the proportion of frameworks implementing the RAF method drops (around 7 percent).

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22 This figure refers to all frameworks bearing the symbol indicating that the Ministry transfers service-provision budgets to it. These are frameworks run by associations or private companies, local-authority and foster family (the figure was obtained from the Ministry of Social Affairs' Information Systems Division and includes some 1,700 foster families, per 2004 data – for more information on the foster families see Korazim-Korosy, Lebovitz, and Schmid 2005).
Table 2. **The number of frameworks and clients who participate in RAF, 2010***

<table>
<thead>
<tr>
<th>Framework</th>
<th>Total number of frameworks</th>
<th>Of these: frameworks participating in RAF</th>
<th>Number of clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>The service for the elderly</td>
<td>185</td>
<td>185</td>
<td>9,800</td>
</tr>
<tr>
<td>The child and youth service – boarding services</td>
<td>96</td>
<td>96</td>
<td>5,367</td>
</tr>
<tr>
<td>The child and youth service – after-school programs (early testing)</td>
<td>1,000</td>
<td>45</td>
<td>675</td>
</tr>
<tr>
<td>Youth protection authority</td>
<td>53</td>
<td>48</td>
<td>1,000</td>
</tr>
<tr>
<td>Rehabilitation division</td>
<td>70</td>
<td>70</td>
<td>3,000</td>
</tr>
<tr>
<td>Division of care of the people with mental retardation</td>
<td>54</td>
<td>21</td>
<td>3,050</td>
</tr>
<tr>
<td>Rehabilitation day care centers</td>
<td>80</td>
<td>10</td>
<td>1,000</td>
</tr>
<tr>
<td>The child and youth service – community RAF</td>
<td>In development</td>
<td>In development</td>
<td></td>
</tr>
<tr>
<td>RAF for social service departments</td>
<td>In development</td>
<td>In development</td>
<td></td>
</tr>
<tr>
<td>Service for treatment of addictions</td>
<td>In development</td>
<td>In development</td>
<td></td>
</tr>
</tbody>
</table>

*Source*: Myers-JDC-Brookdale Institute and the Ministry of Social Affairs and Social Services (2010).
The Ministry of Social Affairs and Social Services notes that one main area touched on by Ministry policy is that of modifying and upgrading the oversight system. Indeed, the Ministry policy framework for 2008-2012 calls for changes in Ministry supervisory activity via improvements in the instruments available to supervisory staff, and through the creation of structured supervisory tracks vis-à-vis the social service departments (Ofek 2009). The Committee on Reform in the Social Service Departments (Ministry of Social Affairs 2009, pp. 34-35) recommends a number of measures aimed at expanding supervision of external service providers. The Committee stipulates that the responsibility for supervision of services and service providers lies with the Ministry of Social Affairs and that it be carried out via the local departments: the Ministry of Social Affairs will continue to develop the RAF method and expand oversight of the social service departments; supervision will be conducted in accordance with pre-defined rules and criteria; service standards will be set and approved, including uniform guidelines for the publication of local authority tenders, pre-defined remuneration and sanctions, service-provider selection criteria, and the obligations binding on all parties; standards will be set for all required outputs, including physical and manpower outputs; a clear division of labor will be formulated between the areas to be supervised by the local authorities and those to remain under central-government supervision; uniform supervisory instruments will be developed for use by the local authorities, including ones for self-supervision; mapping and classification of all nongovernmental social service providers. This database will serve policymakers and supervisors at the central-government and local-government levels; the Ministry of Social Affairs and Social Services and the Center for Local Government will formulate rules of ethics to govern relations between the social service departments and the service providers. A committee is currently
deliberating over regulation in the Ministry (as of this writing the committee’s report had yet to be submitted).

6. Test Cases: Community-Based Housing for People with Mental Retardation and After-School Programs for At-Risk Children and Youth

The findings of the present study are set forth in detail in the following three subsections. Subsection 6A deals with community-based housing for people with mental retardation. Subsection 6B deals with after-school programs for at-risk children and youth. Subsection 6C summarizes and presents trends shared by the two personal social service areas, as indicated by the findings.

A. Community-Based Housing for People with Mental Retardation

The Division of Services for People with Mental Retardation cares for a population which, due to developmental issues or to impaired development of cognitive functioning, exhibits limited adaptive skills and requires services in accordance with the Welfare (Treatment of People with Mental Disabilities) Law, 1969. Community-based housing for people with mental retardation, an issue which we will be focusing on in this paper, differs from housing in residential facilities (out-of-home residential housing),\textsuperscript{23} and is intended to integrate into the community those people with mental retardation who are capable

\textsuperscript{23} Housing in residential facilities is geared toward populations requiring intensive support and whose needs have to be met under one roof. In Israel there are 63 residential facilities for people with mental retardation, but the present work is not concerned with these frameworks (see Ministry of Finance and Ministry of Social Affairs and Social Services, \textit{State Budget Proposal for 2009-2010}).
of living in the community and of receiving there all of the services that they need. Some 2,400 people with mental retardation are estimated to be living in 260 housing units (Ministry of Finance, Ministry of Social Affairs and Social Services, State Budget Proposal for 2009-2010), including residential apartments in the community (up to six people), “group homes” (8-12 people) and hostels (12-30 people).24

Today, subsequent to organizational changes in the Division of Services for People with Mental Retardation aimed at unifying supervisory functions in the area of housing25 (in residential facilities and community-based housing frameworks), the Division employs 15 supervisors, each responsible for eight to ten frameworks. One hundred and forty-six entities operate housing frameworks, 64 of which are residential facilities while the remainder are community-based frameworks – the area with which the present study is concerned. The frameworks operate on a contractual basis: a tender is issued by the Ministry of Social Affairs and Social Services, and the service provider is compensated financially per resident. In general in Israel, services for people with mental retardation are regulated by legislation and through the Social Work Regulations (SWR). Supervision in this area is based in several different laws, including the Welfare Law, the Helpless Persons section of the Israeli Penal Law, the Law of Supervision of Hostels and the Ordinances for the Supervision of Hostels, the Basic Law: Human Dignity and Liberty,

24 Different interviewees gave slightly different figures regarding resident numbers. The above figure is based on the responses of a supervisor in the field.

25 The Ministry recently underwent an organizational change in which the supervisory function was moved from the Community Division to the Division of Services for People with Mental Retardation, meaning that from now on there will be one supervisory entity responsible for all types of residential facilities and all community-based housing frameworks (hostels, residential apartments, cluster housing, group homes).
the Penal Law and the Regulations Regarding Care of People with Mental Retardation. The Division’s procedures regarding care of those with mental retardation guide both ongoing activity in this area and supervision of the activity. A number of forms have been developed by the Division to serve various needs, e.g., site visit summaries, night inspections, facility questionnaires on leisure, inspection specifications, and questionnaires about the facility. All of these forms were developed over the years by the professional division, in cooperation with additional entities (the Myers-JDC-Brookdale Institute, Akim), in order to establish standards for care and supervision of care.

- **Who supervises?**

The sole supervising entity for services to people with mental retardation is the Ministry of Social Affairs and Social Services. There was a clear and unequivocal consensus on this issue among interviewees at all levels: service providers, local authorities, supervisors, and Ministry administrative staff. All of the interviewees agreed that direct supervisory responsibility lies solely with the Ministry, while funding is shared by the Ministry and the local authorities (at a 75-25 percent ratio, respectively). Thus, for example, one supervisor noted: “We don’t want local authority involvement in supervision – it’s not the local authority’s job to supervise. Supervision is the state’s job, and the local authority is not [the] state. It has [its own] interests.” By “interests,” the interviewee was referring to local authority heads’ opposition to the establishment of community-based housing frameworks within their localities and the placement of residents from outside their localities in their locality frameworks.

One service provider in a large local authority described a slightly less clear relationship: “For many years it [the local authority] took the place of state supervision, while recently the Ministry of Social
Affairs and its supervisors have taken back the reins and are trying to push the local authority aside.” This service provider expressed confusion and noted that Ministry supervisors were requiring him to report solely to them, and not to the local authority. In response, he was reporting to everybody, although it was still not clear to him in which areas he should be reporting to the Ministry and in which areas to the local authority. One reason for this confusion is that the service provider works with several different Ministry divisions and has to operate differently vis-à-vis each of them. The interviewee defined his situation as one of “serving two masters,” and noted that meeting with all of the parties involved takes a great deal of time.

Although the local authority is regarded as a partner in setting and changing standards, its primary area of activity is that of care – meeting the needs of the individual. Thus, the local authority will intervene if, for example, a resident needs a psychiatrist and the facility operator does not fund this. Some local authorities look into the finances of service operators – not in a supervisory context, it was stressed, but rather as a way of monitoring resident well-being – and assist the operators in areas that fall within their purview, e.g., lowering water tariffs. The local authorities are also involved, to differing degrees, in maintaining contact with resident families and in finding employment for residents. In some local authorities, social workers talk with residents one-on-one and interview new association employees. By contrast, in other local authorities no regular site visits are conducted on behalf of the authorities, which do not regard this as their responsibility. One director of a sheltered housing facility stated that “we have almost no supervision on the part of the municipality, and the Social Affairs Ministry’s supervisory staff updates the municipality. Only in exceptional cases does the local authority intervene, but it is always kept informed.” Levels of local authority involvement differ from one authority to another.
A Work in Process or a Much Needed Change?

Some of the local-authority interviewees find fault in the local authorities’ exclusion from supervisory activity, and expressed a sense of growing concentration of powers. One local authority social worker said in this regard: “The process, if you look at it historically, is more one of concentration and centralization within the Ministry, than of delegation of powers. For things that we once would have initiated, limits have been placed on us and sole authority has been given to the Ministry.” Some expressed a desire to expand local authority responsibilities, though at the same time they acknowledged that “it is not reasonable to expect that the Ministry will relinquish its responsibilities in this area.”

- **Features of supervision**

**Frequency and level of intensity.** Supervision is manifested in ongoing work relations with the service providers and social workers. The visits include both pre-planned and surprise inspections (the latter having lately become more frequent). Site visit frequency by supervisors is not well-defined. Some interviewees stated that visits occur once every 3-4 months, although sometimes visits can take place week after week: “There is no set frequency, and the frequency is not high” (service provider). One supervisor noted that, unlike the situation with regard to residential facilities, where the more severely impaired residents live, supervision of the hostels is less intensive. One local authority social worker stated that, “especially regarding the issue of hostel privatization, very few governmental bodies are supervising what goes on there,” inasmuch as the hostel population is less impaired and is capable of asking for help.

Fifty years ago, agriculture used over 80 percent of the water supplied in Israel, and essentially all of that was of drinking quality. Today, as seen in Table 4, agriculture’s share of consumption is smaller, and most water in this sector is marginal: recycled, saline, and
floodwater. The quantity of freshwater used in the urban sector is larger than in agriculture.

“Exceptional-case supervision.” The interviews revealed the existence of a supervisory feature that may be designated “exceptional-case supervision.” What is meant by this is that in problematic situations special supervisory emphasis is placed on the service provider: “There are no anonymous interviews with residents or family members; rather, many informal discussions are held with residents and staff, and exceptional events are meticulously investigated” (supervisor). One has the impression that the reporting of exceptional cases and problems to the supervisory team affects the frequency of supervisor site visits.

**Supervisor workload.** Housing supervisors are responsible for large numbers of frameworks. One supervisor reported that over 30 frameworks were under his supervision (including hostels, apartments and residential facilities).

**Supervisor personality and relationship with service providers.** Great importance was attached to the supervisor’s “persona.” Interviewee discussion of the boundary between the supervisor’s advisory/guidance and critical/supervisory roles left the impression that in the past supervisors used to lean heavily toward the advisory role, to the point where they simply did not prepare supervisory reports. Today the Ministry places greater emphasis on supervisory activities.

When the service provider-supervisor relationship is too close, supervisory activity is compromised and the supervisor will protect the framework in question. This is a problematic situation, according to one senior Ministry official. The strength of the supervisory enterprise lies in full supervisor access to supervised frameworks. The weaknesses of supervision stem from the fact that supervision is
conducted primarily vis-à-vis the framework director, rather than vis-à-vis residents, families and staff. One hostel director interviewed noted that his supervisor conducted unstructured discussions with counselors and residents at the hostel during his site visits. The hostel director went on to say that “every supervisor has his own perspective – there is no specific uniform approach […] We see that every supervisor emphasizes different things – whatever he finds most important” (hostel director). The interviewee explained that there are technocratic supervisors concerned to mark things on their checklist – supervisors for whom one can “put on a show,” while other supervisors understand the complexities of the site. This interviewee also noted that the supervisor’s personality plays a major role. Another interviewee, a service provider, called attention to the special nature of “his” supervisor, whom he portrayed as warm, honest and candid, a good listener, always helpful and capable of communicating harsh criticism elegantly. He described his supervisor’s meticulous supervision of all supervisory areas: housing, personal development plans, nutrition, food quality, cleanliness, the building’s physical state, and individual resident needs. The atmosphere created by this particular supervisor was felt to be one in which all interactions were positive and open (residential framework director).

A senior Ministry official noted the importance of good relationships between supervisors and those working “in the field,” inasmuch as “the goal is not to punish,” but rather to keep the channels of communication open. One supervisor also called attention to the importance of the supervisor-supervisee relationship: “I don’t think of myself as solely holding the title of ‘supervisor,’ but rather as being more in the nature of an advisor, and so people aren’t afraid of me and they’re more cooperative and tell me everything […] I’m always walking a tightrope – between being a regulator and being an advisor/counselor/helper […] Ultimately we’re social workers and so the line is a fine one and very hard to walk. If you don’t step just
right, everyone loses” (supervisor). According to him, a supervisor who wears only a supervisory hat can always be deceived; he will find it difficult to understand what is really going on.

**Supervisor professionalism and breadth of knowledge.** The assumption is that the supervisor’s experience, competence and familiarity with the field are important tools that enable him to identify ongoing problems, rather than focusing solely on point-specific criticism at any given time. The supervisor’s experience and his repeated encounters with different areas of activity help him to properly understand the situation at hand. If several faults have been found, one can generally argue that there is a problem, even if one hasn’t seen the entire picture. In this context, “external regulation is perceived as insufficient; it’s important to adopt tools of internal regulation as well” (senior Ministry official). For example, involving external parties – doctors, nurses, nutritionists, dentists, speech/language clinicians, and recreation workers – in these frameworks is desirable because these professionals possess more structured information about what goes on in the frameworks (senior Ministry official). “There are detail-oriented supervisors who investigate their specific areas, and there is comprehensive supervision that looks at everything going on in the framework” (supervisor).

**External inspection by other parties.** Other parties also perform inspections of the frameworks run by service providers. They may be entities external to the Ministry, such as the Ministry of Health (once a year) or the Fire and Rescue Services (annual supervision), which require inspection of the electrical system’s functioning. Residents of community-based frameworks are exposed to numerous service providers, both in the context of supported employment and in the context of therapeutic day care. Parents are also involved and call attention to problematic treatment of residents, and for this reason there is less reporting of irregularities (senior Ministry official).
Internal supervision by the directors/service providers. Internal supervision is yet another option that the system is trying to implement, although it is still unclear how exactly it ought to be incorporated: “We’re always thinking about what kind of internal supervisory mechanism might be effective for the frameworks” (supervisor). The director of a sheltered housing framework affiliated with a major organization active in the field explained that the organization scrupulously monitors what goes on in the frameworks (service provider – sheltered housing director). Another service provider noted that he incorporates features of the RAF method (with which he became familiar during its implementation by a different division) into his own services, and described how the method benefits him in his work.

Inspection features. The service providers pointed out that supervisors work with special forms developed by the Division for Mental Retardation, and that they look at several key parameters: personnel – monthly verification by position-holder name; menus (developed by nutritionists) – checked against the food actually served; budgets – budget implementation as compared with start-of-year planning (supervision focuses on the culture and recreation budget and does not look closely at what is done with the money). Every year or two a balance sheet is issued when the contract is renewed: “It can happen that I’m supervising a framework and won’t have the slightest idea of its financial status” (supervisor). One service provider interviewed also mentioned the checking of culture and recreation receipts, noting that: “Financially they don’t look at numbers – income and expenses aren’t assessed in a fiscal way. It’s more important to the supervisor that the money actually reached the hostel residents in some way or other. They don’t really enter into the financial issue” (interview – a hostel director).
From the foregoing it appears that the RAF method could effectively serve existing supervisory needs if it was implemented. One supervisor described his mode of operation: “Today I rely on the general objectives to which I’m committed, such as safeguarding residents’ well-being, ensuring that helpless persons aren’t harmed, safety issues […] but I haven’t been presented with any specific, explicit guidelines that I have to monitor.” Interviewees remarks give one a sense of the change that has been taking place of late in Ministry operations: “There are regulations that have been issued by the Ministry, it’s a book of procedures, not exactly regulations” (local authority social worker). Local authority personnel involved in the field emphasized that actual supervisor presence is more noticeable; they also mentioned that the Ministry is seeking to apply ISO standards at all of the hostels.

The supervisory system is also meeting provider needs for guidance and support vis-à-vis parents (families). In the past there was no supervision of hostels; it was only a recently-implemented structural change that brought the hostels within the purview of residential facility supervision. According to senior Ministry officials, this development has been positively received. Local authority personnel noted that supervision has been much more intensive over the past year, and that supervisors are more personally involved with the residents’ individual behavior plans. This change in approach has also been facilitated by a staff addition of ten supervisors.

**Data coordination deficiency.** One issue that was raised by interviewees was a lack of data coordination that would facilitate systematic follow-up of situations and reports. The reports are filed away and no program exists to monitor how deficiencies are being corrected. One service provider noted that after supervisor visits he receives lists of remarks that have been submitted to the Ministry apparatus, but that no official documents are employed in other operating contexts (service provider). Interviewees did, however,
point out that a follow-up program is currently under development. By contrast, data are available from the “Messer” system – the Ministry of Social Affairs and Social Services’ payment system – making it possible to monitor the number and placement of residents.

The authority question. Interviewees pointed out that supervisors have no authority to impose sanctions in instances where shortcomings are discovered, or to withhold money from service providers. They generally do not close facilities, nor do they have secondary sanctions available to them; this results in lengthy waiting periods until identified deficiencies are corrected. Other, Ministry-based interviewees argued that the prevailing approach calls for cooperation with service providers and that supervisors need to be sufficiently assertive to call attention to faults and to explain how they ought to be corrected, without having to impose sanctions.

- Contracts and tenders

Service provider activity is defined through contracts and tenders. One feature of the process is services are defined as “set for life,” meaning that most contracts are “historical” and are extended from year to year. Contracts are terminated only in extreme situations. The tender-issuing process is also perceived to be a lengthy one: there is a unit that is responsible for writing the tender document – [it does so] after the professional division draws up a preliminary draft defining the needs, the contract is submitted to external parties that write the tender, and legal and accountancy staff are consulted. Contracts are drawn up in conformity with the regulations of residential facility supervision, which also constitute the basis for supervisor activity. However, supervisors do not actually refer to contracts in their work, and contractual-arrangement documents have formal meaning only. The fact that the Ministry controls the tender process is regarded as a means of ensuring good governance. By contrast, one local authority-based interviewee argued that this process limits the local authority’s
influence – a problematic situation inasmuch as it is the local authority that best understands the population’s needs.

A social worker from a large local authority raised a question about the parameters and standards that appear in tenders. His feeling was that there is a lack of transparency regarding standards, that emphasis is placed on the economic dimension rather than on the professional quality of the services, and that most of the associations that submit bids win: “[…]A tender is issued and there are winners but it isn’t clear what their selection is based on, what the parameters were […] If nearly all of the associations are accepted anyway, most win, then what does that say about a tender where everyone is accepted?” One supervisor pointed out that the manner in which agreements are entered into frequently poses limitations on supervision: “If I want every resident to have a personal development plan and it’s not written in the Ministry regulations, the operator will come and tell me that with the manpower available to him he can’t do it. That’s why we give in to the operators so often – it’s the outcome of structural problems that blunt the authority and strengths of the position” (a supervisor).

- **The RAF Method**

RAF is looked upon as a desirable method to adopt and implement within the system, but this has not yet been done. The plan is that, within the context of RAF-2, the Division for Mental Retardation will also implement the method in its various frameworks. One local authority-based interviewee stated that the RAF method, as currently employed in the rehabilitation field, makes things easier as it is structured and facilitates supervision (local authority social worker). A service provider also noted that RAF is starting to appear on the agenda but that the process “is still in its beginning stages,” as is a

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26 The interviewee refers to RAF-2 as a kind of second-generation RAF method.
general understanding of the method itself (service provider). Another service provider called attention to the method’s advantages, to which he had been exposed through its implementation by another division, as a method that defines the service provider-supervisor relationship: “In RAF relations are based on a teacher or educator or counselor or coach footing, and there are no cop-and-robber relationships … The supervisors used to feel they were being deceived, because they didn’t have the tools to determine whether the organization before them did the job or not” (service provider).

- **Regulating the field – how?**

**Structuring supervision.** According to a senior Division position-holder: “The issue is that there has to be greater structuring of supervision. If a supervisor doesn’t come with a list of things that have to be checked, then there’s a problem and it’s hard to assess it in practice.” The goal is for the supervisors to arrive at the facilities once every two weeks with orderly site visit plans, laptops and an awareness of what has to be checked, so that they can monitor the rate at which deficiencies are being corrected. The Division official emphasized the importance of computerization, and of the laptop as a tool for systematizing work methods and for follow-up. A supervisor also noted that: “On the whole we have to move in the direction of developing standards, because at present there aren’t any.” There can be no doubt of the need for a clear, nationwide coordination of procedures, and more than one party should not be involved in supervision.

**Level of intensity and positive contribution.** A social worker in charge of the relevant area within a local authority noted that “although supervision has become intensive, I’d be happier if it became more intensive. Each supervisor should be given fewer housing frameworks to inspect, and that would be good for supervision. The state should take responsibility because there are
operators whose interests are not always pure.” One service provider said: “I think supervision should be increased, because it keeps serious problems from arising in the facilities.” The interviewee also called attention to the need for a stronger guidance system. He also noted that supervision does not make his job harder but rather helps him to assess the quality of his efforts. Another service provider argued that: “There should be complete transparency in the supervisory process. Supervision, in my view, should set a bar for quality and define criteria that are clear and uniform for all operators […] Overall supervision is going in a more positive direction and in my opinion the goal should be to move toward more measurable and more scientific methods.” Another supervisor noted: “I feel that the biggest problem is the situation in which we find major defects and lack the authority to address them through sanctions […] Because there is a lot of responsibility but there are no tools for implementing sanctions when needed.” One example of this would be a situation in which, despite the fact that positions have not been filled as required, money cannot be withheld from the service provider.

**Strengthening the local authority social workers.** The interviewees conveyed the need to strengthen the role of the local authority social worker. As they see it, social workers should stay in touch with residents even after they enter housing frameworks. This kind of contact can serve as yet another regulatory tool, as it provides information from another source.

**Reinforcing feedback mechanisms.** Feedback mechanisms should be strengthened, including positive feedback; reports are sent to Ministry administrators and to service directors, with no recurring feedback (senior Ministry of Social Affairs functionary).

**Quality of service and quality of supervision.** The interviewees indicated that supervision currently emphasizes savings over service quality, and that there are not enough supervisors with expertise in the
mental retardation field. They also noted that supervisor salaries are too low and that supervisors earn less than the directors of the frameworks delivering the services.

Regarding the quality of inspection, one service provider said that current supervision is good but that supervisors should come to providers with demands that are reasonable given the budgets that the state makes available. The supervisor should be aware of what is actually going on and not dictate things from on high (service provider).

“Despite the fact that the supervisors are around a lot compared with other divisions, I’m not sure that the supervisors really know what’s going on in the facility. Does he know what the morning routine is? Are all of the caregivers doing their jobs properly, without hitting or cursing? I hear that there’s a culture of yelling nowadays at some places. It bothers me that I don’t know what’s going on there.”

In order to address these issues, the interviewee suggested increasing the frequency of surprise inspections (senior Ministry official).

B. After-School Programs for At-Risk Children and Youth

After-school programs are educational-therapeutic frameworks for children during the after-school hours that seek to enhance children’s emotional, educational and social status while also improving parental functioning. The various after-school programs offer a wide variety of activities and services, including informal activities, homework help, meals, and emotional therapy where needed. There are generally groups of around 15 children in the programs which generally operate in public buildings from the time the school-day ends until the evening. Personnel include counselors, house mothers and social workers. The present study focuses on after-school programs for children aged 6-12. In Israel there are about a thousand programs (Myers-JDC-Brookdale Institute and the Ministry of Social Affairs
and Social Services, 2010), including “intensive” ones\textsuperscript{27} operated jointly by local authorities and the Ministry of Education whose staff involved educational counselors and truancy officers\textsuperscript{28} as well as non-intensive after-school programs (Ministry of Social Affairs and Social Services website).

In contrast to the other sphere of activity discussed, that of community-based housing for people with mental retardation, it is the local authority that has to demonstrate the need for and plan after-school programs – with the approval of the Ministry of Social Affairs and Social Services. Programs can be opened directly by local authorities (in a minority of cases), or by external service providers, via a tender and contract process. The responsibility for issuing a tender lies with the local authority, but payment is transferred directly from the Ministry of Social Affairs to the service provider or association, not through the local authority.

- **Who supervises?**

From local authority personnel one has an impression of uncertainty regarding who bears responsibility for supervising the after-school programs: “A decision has to be made about who is supervising what.” One interviewee, a local-authority after-school program coordinator, described the problematic nature of the field in the following words: “We have to decide who is responsible for what, and formally define it […] When they say supervision, they ought to tell us how to supervise […] there is no position defined in the Social Work Regulations that describes what I do […] and if I don’t exist then I surely don’t know how to assess myself or others – there’s a

\begin{itemize}
  \item \textsuperscript{27} After-school programs that operate four or five days a week and provide children with hot meals as well.
  \item \textsuperscript{28} The truancy officer’s role is to identify pupils at risk for dropping out of school, pupils who are absent and pupils whose school attendance is irregular.
\end{itemize}
need for a program and a specific division to deal with what I do.” (local authority social worker). Another local authority employee said that the Ministry of Social Affairs is responsible for supervision without any clear definition of what falls within the purview of the local authority, and what is under the authority of the Ministry: “This division is based on goodwill and a willingness to take responsibility” (local authority social worker). The interviewee also expressed his awareness that efforts to structure the supervision process have been underway for the past two years.

Despite the sense of a lack of clarity regarding their function within the local authorities, the district supervisory staff appear to accord the local authority social service departments a key role: “The agency director [in the local authority] supervises the after-school programs, we [district supervisors] – [perform] a kind of indirect supervision – we supervise the departments that develop services for at-risk children” (district supervisor). Another district supervisor added: “The field isn’t entirely disorganized, there are restrictions and tariffs for each framework and its basic order is determined by the Social Work Regulations, and the after-school programs are addressed by the SWR as well – manpower, rules, limits, standards and buildings. This is the longest-standing expression of regulation in the field” (supervisor).

- **Features of supervision**

**Frequency and level of intensity.** Based on the interviews, supervisory mechanisms do not appear to be structured. Supervision and guidance are centered mainly around the time of the establishment of new frameworks. One supervisor noted that with regard to certain after-school programs, which he visited very infrequently (once in two years), he relies on the local authority: “It’s enough for me to see an after-school program once, I don’t go back to the program, but [I do come] to hold or attend training sessions, steering meetings with the
after-school program coordinator in order to exchange information. I continue to inspect the content aspects of the program; in that area I’m very consistent, but not the physical aspects” (district supervisor). Local authority-based interviewees also pointed out that Ministry of Social Affairs’ representatives almost never visit the after-school programs: “If a representative comes once a year, that’s a lot” (local authority social worker). “There’s a difference between the degree of supervision carried out in the larger local authorities, where there’s less supervision due to economies of scale and constant preoccupation with service development, and the smaller localities, which find it harder to obtain budgets and to allocate personnel for after-school programs” (supervisor).

According to the interviewees, there is no orderly supervisory process or set frequency. Nor is there ongoing information regarding the associations that operate after-school programs; one has to phone the relevant personnel in the local authorities and inquire. There is greater supervisory presence when new after-school programs are being established, as noted previously, and when something irregular occurs.

**Inspection practices and work procedures.** According to the local-authority social workers, the after-school programs operate in an atmosphere of ongoing and daily contact between the parties involved. A social worker employed by one local authority stated that his professional experience in the field had enabled him to develop his own supervisory work procedures, based mainly on his personal familiarity with the programs, much trial and error, and the development of practical methods for assessing activity, such as an employee evaluation form.

However, most inspection takes place orally or, if necessary, in writing: “We haven’t managed to figure out how many after-school programs there are, and there is no mapping at the district level” (supervisor). Moreover, the supervisors explained that, even when
reports are written, they do not conform to a set format, and they find it hard to ascertain whether the recommendations were implemented. Local authority personnel also point to a lack of formality – there are no reports on their work with the after-school program staff. From time to time things are written down in an orderly notebook regarding each after-school program, but “there is no set format and it’s too bad we don’t currently have one” (local authority social worker). One factor that, according to the supervisors, makes it difficult to create a formal and systematic model is supervisor workload. Another factor is the newness of the after-school program field as an area of supervision: “Today the Ministry recognizes that more supervision is needed, but there are no formal tools to facilitate supervision of a community-based service. The situation is the same all over the country judging from what we hear at national supervisory meetings” (supervisor).

**Coordinating and collecting information from different sources, and the limits of supervision.** Regarding the question of whether anonymous interviews are conducted with directors, after-school program staff, users or their parents, we were told that there is an informal dialogue, and that attention is paid to what the children have to say, and to referrals. One example of this is the children’s criticism of the food and the like. “Comments by the various parties involved are very important” (local authority social worker). Emphasis was placed on the limits of supervision; one local authority social worker noted: “Even if I were to visit the after-school program once a day I wouldn’t manage to see everything, and so I tell the advisors, parents and counselors that you can work to produce change, and so I take comments by all of the parties involved very seriously, including comments by parents.”

Parents are regarded as having a major influence on oversight, as they are able to contact the relevant local authority functionary, the one responsible for approving new after-school program employees
(who are hired only after screening and are considered to be the “eyes and ears” of the local-authority coordinator).

**Limits of authority.** The interviewees called attention to the difficulty of supervising the non-profit organizations: “It’s hard to criticize those to whom you owe your existence.” Funds for most after-school programs are raised by parties external to the local authority; this means that local authority after-school program coordinators “walk a fine line – since, from the point of view of the local authority, I need them” (local authority social worker).

**Lack of expertise in the “financial” realm.** Local authority social workers’ inability to deal with financial issues, and their lack of familiarity with finance/accounting, were pointed out by the interviewees. Despite the fact that financial statements are received from the associations on a quarterly basis, one interviewee noted that he finds it strange to go over a financial statement, since he is not an accountant and his orientation is only toward what he himself can conclude from the statement. A social worker from a different local authority stated that “periodically we conduct [an audit], but nothing structured.” When a financial problem arose with an organization, the matter was investigated by an external accountant. It was also noted that “according to the tender, the associations have to submit a financial statement once a year. Who looks at the financial statements? That’s the million dollar question. We look at them, but it’s not as though we understand them well enough” (local authority social worker).

**Differences by type of after-school program ownership.** With regard to the combined-ownership after-school programs [the Ministry of Education and the Ministry of Social Affairs], the Ministry of Education is more dominant in supervision (compared with the
Ministry of Social Affairs) (local authority social worker). In the non-profit organization-operating after-school programs there are social workers who are regarded as a kind of supervisor on behalf of the local authorities.

A consideration of three after-school programs providers in two large local authorities points to the existence of three types of relationship reflecting differing regulatory styles. The first of these is characterized by continuous and regular contact between the after-school program social worker and the local authority; in this case, despite the fact that there is no set frequency of supervision on the part of the local authority, there exists a dialogue that reflects partnership. As the director put it with regard to the Ministry: “In the Ministry of Social Affairs there is no formal reporting or submission of orderly reports. By contrast, the Ministry of Education has detailed reports [...] This is because the Ministry of Education transfers funds per-framework, while the Ministry of Social Affairs transfers them per-child, and so [the Ministry of Education] needs more supervision and in more places and areas of activity, in order to see if the framework is functioning.” At the same time there is also supervision by district supervisors, including surprise inspections. In the second type of relationship regulation is more structured, both on the part of the local authority social worker and in terms of the close weekly supervision conducted by the Ministry of Education.

The third type of relationship is much looser, as in the case of an after-school framework that functions as a sub-association of another non-profit organization, with no framework code; most of this after-school program’s budget is self-financed, not publicly funded (the non-profit association operates without a tender), and although there is

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29 In the study conducted by Peretz, Zemach-Marom, and Abutbul (2005), a survey of 79 mini-club counselors suggested a slightly greater involvement on the part of the local-authority social services department, compared with the Ministry of Education.
cooperation with the municipality, the district supervisor does not come on a regular basis but rather upon request: “The children who come to us from the social services [department], the supervision of them is pretty clear and there are also children who are not under anyone’s supervision. We think the duty of reporting falls on us but I haven’t signed any paper that subjects me to the supervision of a specific authority” (service provider).

- **Contracts and tenders**

Contracts and tenders, some of them historical, are regarded as the basis on which after-school programs activity takes place. For example, one local authority social worker explains that he has never seen a contract, despite the fact that he has been in his current position for over two years. Moreover, contracts do not serve as a basis for supervision. Another interviewee laments the complexity of the situation: “This privatization forces social workers to be engineers, lawyers and economists […] We do have legal assistance but we have to do the basic structuring ourselves – and that’s absurd. I think that I should be adhering to [professional] principles while lawyers should be formulating tenders, but it doesn’t work and I know this is true of the Ministry of Social Affairs as well.” (local authority social worker).

The preparation of tenders and contracts is regarded as a complex process characterized by two main features. The first feature relates to local authority demands on the associations, inasmuch as it is they who bring in most of the professional and, in some cases, the financial resources. The role of the local authority, which is supposed to determine how matters are conducted, is perceived as problematic: “As I see it, the whole “putting out to tender” of the social services issue is problematic […] The state gives a sum of money and expects the local authority to add money or value, such as buildings or transportation. And the local authority says I have money or I don’t and instead the authority demands it in the tender from the operator.
[...] They ask the associations to add money on top of what the state gives – which in my opinion is absurd” (local authority social worker).

The second feature of the tender and contract process relates to the difficulty of developing tenders. According to two interviewees: “It’s a long process, it’s hard on the [local] authorities and they hate the process but they want the associations, so they enter into internal arrangements with them. I ask them to at least adhere to the SWR in their contracts with associations or in tenders, so it will be binding on the associations” (supervisor). “It’s not with the legal office as it should be, but rather the division director, who understands nothing, is supposed to write tenders” (supervisor). This is the situation suggested by one service provider whom we interviewed, who operates without a tender or framework code; according to him, the local authority “is desperate for help [but] didn’t issue a tender.” Despite the service provider’s strong desire for recognition and “legal existence:” “For a year and a half we’ve been pressuring … endlessly for the tender to happen … The municipality has an organizational or administrative problem, and it’s apparently due to this that the tender isn’t being issued. This is very distressing for the association” (service provider/after-school program director). Another interviewee noted that: “A lot of after-school programs have no framework code and so they don’t get Ministry of Social Affairs budgets and aren’t supervised by us. But that would never happen with after-school programs that operate with a framework code” (supervisor).

*The RAF method*

At the district level there is a clear aspiration to promote adoption of the RAF method by, among other means, training sessions and explanations. As of this writing, RAF has been developed for after-school programs and is regarded as a means of conveying Ministry expectations to service providers. However, the method, which is still under development, is not, as yet, being applied in most of the local
authorities. Nevertheless, it is currently operative in some departments (supervisor).

The supervisors called attention to two dimensions of the problem with the implementation of RAF. One has to do with the need for data communication between the Ministry and the local authority: “We in the Ministry are unable to adopt the method; it’s going to take a lot of time; that’s the main difficulty.” The second problem stems from the differences between services: “There has to be some kind of standardization with the other [community-based] services.” (For example, an experiment that was conducted in thirty after-school programs was terminated due to the difficulties noted above, while there are expectations of another pilot framework to focus on the RAF method with a community orientation, called “Community RAF” (supervisor).)

At the local authority level one interviewee who is implementing RAF noted that the forms are complicated and that those who do not understand them mark things off at random, despite the fact that they complete these RAF forms twice a year. The interviewer also maintained that “the method is ‘child-oriented’ and less geared toward assessing staff work; also, the forms for parents are problematic since you can’t reasonably expect [a parent] to fill out an inspection form and return the form to the counselor who cares for his children” (local authority social worker). Another local authority social worker said that he is familiar with the system but not sure that it has been introduced into all of the after-school programs, and he thinks that it will indeed generate serious examination of work procedures.

With regard to the service providers, one of the three mentioned that the RAF method has been introduced into more and more after-school programs, although the providers were not asked directly about the method.
Regulating the field: how?

Structuring supervision. The supervisors maintained that an effort should be made to understand the dimensions of their workload, and that tools should be developed to enable them to be more productive and effective on the job. They also mentioned the Ministry’s desire to equip supervisors with laptops – technological advancement is regarded as the key to improving supervisory processes and, thereby, to doing a better job. The supervisors also recommended additional manpower and budgetary allocations for supervision, implementing the RAF method, creating clear procedures that can be implemented that will also ensure effective supervision, producing a collection of the relevant standards, advancing an after-school programs law along the lines of the residential facilities law, as well as developing and professionalizing the after-school program field as a service area. The ideal situation would be one in which specific district supervisors were assigned to the after-school program field. Currently, the supervisors responsible for after-school programs are part of a comprehensive team charged with supervising the local authority social services department and the relevant community services; different issues are emphasized at different times, meaning that attention is not necessarily being focused on the after-school programs.

Strengthening social worker status vis-à-vis the associations. Local authority-based interviewees stressed the need for clearer specifications: Who is responsible for what? What is the nature of the partnership, particularly the partnership with the Ministry of Social Affairs? They also emphasized the need for a job definition in the SWR. They noted the need to distinguish between different local

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30 It should be noted that the supervisors pointed to a growing computerization of local authority offices, which makes it easier to plan activities based on the target population’s actual needs.
authorities and their capabilities, and to understand the rise in status of the service-providing associations, due both to budgetary considerations and to the associations’ role in guiding public discourse and the public agenda: “You can’t tell them to just operate and shut up” (local authority social worker).

The service providers interviewed expressed, overall, a sense of being adequately supervised; they feel that the various agencies involved are cooperating effectively. They noted that their relations with the other agencies are good, and that the cooperative atmosphere is due both to a respectful attitude toward the non-profit organizations, and to interaction that is not driven merely by supervisory needs. For example, one service provider stated that: “Supervision should be more frequent and supervisors should be flexing their muscles more, so they can truly have an influence and effect change vis-à-vis the ministries and the system where necessary. But it’s still appropriate to see my side as well, and not to take into account just the state’s side. And it shouldn’t be a ‘because I said so’ kind of supervision, as if they change their approach then the supervision would be much more effective” (service provider). It is also important to look at the standards – which non-profit organizations are meeting them and which are not. “It’s not enough for the non-profit to have money or a good project idea.” The state does not understand that the associations are not merely operators but also partners from a budgetary point of view (service provider).

C. Shared Trends in Personal Social Services Regulation

Despite the differences that have been noted between the services, an attempt was made to bring all of the findings together and to produce a comprehensive statement. While this statement necessarily paints a simplified picture of today’s complex personal social services system,
it also has the potential to teach us much about regulatory trends. The comprehensive statement is informed by the SWOT model.

Table 3. A comprehensive picture of regulatory trends – SWOT analysis

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Supervision and inspection.</strong> More prevalent in out-of-home institutional residential settings than in community-based services.</td>
<td>Regulation is centralized and the local authorities’ role in supervision, even of services within their purview, is virtually unstructured.</td>
</tr>
<tr>
<td><strong>Ministry contracts/tenders.</strong> Entered into with the service-providing frameworks.</td>
<td>Contracts are not actually used as a supervisory tool.</td>
</tr>
<tr>
<td><strong>Fiscal supervision</strong> exists. For example, quarterly statements and at contract renewal, end-of-year balance sheets are submitted.</td>
<td>The local authorities’ ability to exercise fiscal supervision is limited.</td>
</tr>
<tr>
<td><strong>Primary legislation.</strong> Regulations (the SWR) and specific procedures guide the care provided to the relevant populations.</td>
<td>The legislation and regulations do not deal adequately with defining the role of supervision or with redefining specific jobs, e.g. the local authority after-school program coordinator.</td>
</tr>
<tr>
<td><strong>Information.</strong> The computer system has collected information on 7,000 frameworks (80 sites, 2,200 people); many local authorities are in the process of being computerized (125 are connected to a central system, 50 remain not computerized, 75 are in the process of computerizing).</td>
<td>Existing information does not provide an adequate basis for decision making. The computer system’s capabilities are not compatible with the needs of the RAF method. This incompatibility poses obstacles to RAF implementation.</td>
</tr>
<tr>
<td>Involvement in supervision and regulation is more prevalent in new frameworks and in special situations.</td>
<td>There is less inspection and supervision of existing or non-problematic frameworks.</td>
</tr>
</tbody>
</table>
**Personnel.** There are personnel responsible for supervision (200 supervisors), and there is a need for more of them.

There are too few supervisors to handle the growing number of community-based frameworks. The supervisors have no “teeth” (there is no backup, no measures are taken), no anonymous interviews are conducted, there are no clear timetables for site visits.

**The RAF method.** RAF is being developed and adopted to a greater degree; wherever the method has been implemented it has elicited positive feedback.

The method is difficult to implement, due to the following: lack of consensus among the divisions; problems stemming from the method’s complexity; inadequate computer infrastructures; insufficient knowledge and, at times, conflicting professional approaches at the social-worker level.

Integrating guidance with supervision fosters awareness of the complexity of the services offered in the field.

Until recently, the tendency was toward guidance and partnership and less toward regulation.

Supervision and inspection depend, to a significant degree, on information from informal/irregular sources (parents, teachers, arrangements within the non-profit associations).

Supervision and inspection of these parties is not a structured part of the regulatory process.

**Involvement of multiple sectors in supervision.** A variety of sectors are involved in supervision.

There has been an attitude change at the senior level toward the Ministry’s role as regulator.

There is often a lack of clarity regarding who is responsible for what, and who is supervising whom.

These attitudes have not yet trickled down to the various levels of the Ministry.
Regulatory development. Directions for activity have been set for regulatory development. There is no comprehensive view, nor sufficient resources or personnel to develop and ensure adoption of the regulatory method.

A number of different tools are being used to implement regulation by a variety of parties. Consensus does not always exist between the parties: the Ministry, the local authorities and the service providers. This makes coordination and knowledge transfer between them difficult.

There is a recognition that the nature of the Ministry’s role has changed due to the changes that have occurred in service provision. There is a value controversy regarding the role of professionals in the process.

There is a lack of transparency in the regulatory process.

Opportunities

- The last few decades have witnessed a trend toward recognizing the need for stronger regulatory mechanisms.
- Research on regulatory mechanisms in the personal social services sphere is developing and will likely aid in the development of regulatory mechanisms.
- In recent years, there has been a policy of and emphasis on information system development and computerization in government ministries.
- Considerable knowledge has been amassed by the various sectors active in the field.

Threats

- Regulatory development entails professionalization, financial resources and manpower; however, the emphasis is on budget cuts and savings.
- Knowledge about regulatory mechanisms should be developed and adapted to the Israeli context.
- Information system development is slow and requires resources.
- Cooperation between the sectors is not easily accomplished.

* As noted, this model sets forth the strengths, weaknesses, threats and opportunities facing organizations, for the purpose of fostering strategic organizational management. The table emphasizes the strengths and weaknesses observed in the system. The opportunities and threats are outcomes of factors external to the organizations and were less central to the present study.
7. International Comparison: Examples of Regulatory Mechanisms for Personal Social Services in Selected Countries – the UK and the Netherlands

In this section we will focus on two countries: the UK and the Netherlands. The UK’s Care Quality Commission will be presented as an example of the macro perspective. With regard to the Netherlands, we will be looking at how regulatory mechanisms are implemented, with particular attention to care quality improvement systems in nursing homes – the micro perspective.

A. The UK’s Care Quality Commission: Exemplifying the Macro Perspective and “Hard” Regulation

On April 1, 2009 the Care Quality Commission – the UK’s sole regulator of social and health services for adults – began its activity. The Commission is an entity of the type referred to in the UK as non-departmental public bodies (NDPBs), meaning that it is an organization external to the activity of a minister-headed “department” (what in Israel would be referred to as a “ministry”).

The purpose of the Commission: Regulating the field of healthcare and social services for adults, ensuring that quality services are provided to all who need them (private homes, hospitals, institutions, or other frameworks). Since April 2010 all independent service providers in the UK have been required to undergo a registration and authorization process. All service providers, including hospitals and ambulance companies, have to be registered and supervised providers.

All registered providers have to meet care quality criteria and standards for the period of their registration. Opinions received from
the public are the “heart” of the inspection reports produced by the Commission.  

**Main activities for which the Commission is responsible:**
Registering providers of healthcare and personal social services to ensure their compliance with the requisite standards; supervision and inspection of personal social services and healthcare services for adults; use of the powers vested in the Commission to enforce compliance; informing the public regarding the quality of service provided by different companies so that clients can compare and make informed choices; closing services that fail to comply with the relevant standards; improving healthcare and social services through continual monitoring of compliance with the criteria set by local service coordinators and providers; carrying out comprehensive investigations when specific concerns come to light regarding non-compliance on the part of specific providers; reporting to the general public on inspection findings. The reports are also useful to the service providers themselves, as they enable them to learn from other providers how to deliver optimal service.

**Sanctions imposed on service providers:** Range from issuing penalty notices and warnings to the public, to closure of branches or departments of institutions that do not meet the standards set for their operation. In especially grave instances, or when providers fail to correct the deficiencies identified during inspection, the Commission is authorized to revoke service provider registration and remove them from the market.

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31 To see a typical inspection report issued by the Commission, see the following link:

32 On similar issues in the Israeli context regarding long-term care facilities for the elderly, see Luski and Givon (2005): “Efficiency and Quality in Old-Age Nursing Homes: Non-Versus For-Profit Facilities,” pp. 319-320.
The Commission has three main tools for exercising its powers:

- **Setting standards and conducting inspections**

  The Commission sets minimum standards that are binding on all service providers seeking the status of registered provider. The standards are formulated and updated via ongoing consultation on the part of the Commission with clients and caregivers, professional organizations and experts in the healthcare and personal social services fields. These consultations have an effect in the form of changes to standards or to Commission policy and work methods.

  Within the framework of the Care Standards Act, 2000, outcome-oriented criteria were defined for every service. For example, 38 standards were defined for nursing homes for adults aged 65 and over, including: the possibility of choosing a nursing home suited to client needs (based on the information provided by the nursing home, the way in which individual needs are assessed in the nursing home, the degree to which the institution meets the client’s needs, etc.); day-to-day nursing home activity; the degree of protection provided and the manner in which the nursing home addresses client complaints; the environment that the nursing home provides to its residents; the quality of the caregiving staff; the way in which the nursing home is managed (including finances and the existence of care quality improvement systems within the nursing home).³³

  There are three types of supervision: 1) central supervision through reports prepared by Commission inspectors, who are social workers by training and, for the most part, former directors of service-provider organizations who have undergone special supervisory training.

³³ For more information on these objectives and criteria, see the UK Department of Health’s 2003 report, National Minimum Standards for Care Homes for Older People: cqc.org.uk/guidanceforprofessionals/adultsocialcare/nationalminimumstandards.cfm.
Within half a year of its establishment, every new care framework is visited by an inspector, who gives advance notice of his arrival and who, on the inspection’s conclusion, reports his findings. The frequency of supervision is determined in accordance with the quality of the framework, the complaints that have been lodged against it, and the requirements made of it. 2) Issue-based supervision – supervision oriented toward a specific issue, e.g., the way in which drug therapy is handled by care frameworks. 3) Random inspection, conducted in response to problems or complaints lodged against a particular framework. In addition, all service providers are required to submit annual evaluation reports in which they assess the degree to which their frameworks comply with the relevant standards.

- **Participation of service recipients and other external parties in the supervisory process**

The Commission operates a structured framework for recruiting service recipients to supervise services. These supervisors are called “experts by experience.” They are service clients who, via local and regional organizations (entities that specialize in the various service areas and which have been authorized for supervisor recruitment by the Commission), are recruited for supervisory work. The guiding premise is that service recipients have considerable knowledge of, and experience with, service provision issues, and that other service recipients will cooperate with them, thereby facilitating the collection of reliable information regarding care frameworks.

- **Websites to maximize transparency**

The Commission’s website is yet another means by which it advances the cause of regulation. By means of the site, all citizens and service providers have transparent access to data on all healthcare and personal social service providers throughout the UK, subdivided by geographic region and type of service. The site ranks all service providers by the quality of service that they deliver. The rankings are
based on a star system: a framework whose service has been assessed as inadequate will receive one star, while a framework thought to provide good service will receive three stars. The comparison enables all service providers to see what their strengths and weaknesses are and drives lower-ranking providers to upgrade their services so that they can attract new clients. The fact that information on all registered providers appears on the site ensures that citizens will not turn to providers who are not registered or whose registration has been suspended (all of the above information was retrieved during June-August 2010 from the Commission’s website: www.cqc.org.uk).

B. Self-Regulation of Nursing Homes in the Netherlands: Exemplifying the Micro Approach and “Soft” Regulation

In the Netherlands, in contrast to the UK, the healthcare and personal social services systems function as one integrated system. The main distinction between the different types of service is one of duration: short-term care for grave or urgent situations (regular hospitals) versus long-term care (nursing care in homes for the aged) (Hardy et al. 1999).

The Care Institutions Quality Act was formulated in 1996 based on the assumption that mechanisms to ensure care quality (care that meets high standards, that is effective and efficient, and that is client-oriented) should be implemented in all service-providing systems, public and private. In order to achieve this level of care, organizations must demonstrate that they are making a systematic, deliberate effort to maintain and improve service quality. In practical terms, this means that: 1) quality of service has to be measured, e.g., via satisfaction surveys or other quality indices; 2) the findings obtained

34 The nursing home example presented here is based on the work of Enequist (2009).
through these measurement practices have to be assessed in terms of predefined standards and objectives; 3) based on these assessments, organizations have to make needed changes in their service procedures and policies. The expectation is that these processes will bring about continual improvement in service quality (Sluijs and Wagner 2003).

The term “responsible care” is not explicitly defined in the law. The lawmakers preferred to give professionals in the field latitude in defining what responsible care should look like. The assumption is that the professionals are the ones with the requisite knowledge, experience and familiarity with client needs and so are capable of defining quality care better than lawmakers. The Care Institutions Quality Act created a broad legislative framework that defines objectives and relies on the organizations active in the sector to provide the details, so long as the overall objectives are being achieved (Enequist 2009). In practice, additional professional entities, such as organizations that deal with managerial norms, insurance companies, and the like, have also contributed via their published reports and documents to defining “quality care” (Enequist 2009). This kind of regulation is regarded as outcome-oriented, and is based largely on self-regulation mechanisms that the organizations themselves are expected to develop.

After numerous inspections carried out during 2001-2005 indicated that providers were failing to comply with legal care quality standards, the Dutch Ministry of Health, Welfare and Sport established a Steering Committee on Responsible Care. Evaluations indicate that a third of the relevant organizations failed to improve their quality of care mechanisms (Sluijs and Wagner 2003; Enequist 2009). The Committee comprises representatives of professional organizations (e.g., nurses), professionals in the field, service providers, Ministry inspectors, representatives of insurance companies and resident organizations, and additional relevant government ministry personnel. The Committee publishes a conceptual framework for “quality care”
that includes standards for care quality according to which Ministry inspectors assess service providers. These standards include for example: the number of falls sustained by elderly nursing home residents, elderly client weight loss, and 14 additional variables. All service providers have to provide data relating to these criteria in the annual reports that they submit to the Health Inspectorate. The data are compared with information received from other providers and are published on a website whose name may be translated as “Making Better Choices” (www.kiesbeter.nl).

In the Netherlands, each district has its own supervision and inspection office. These offices are administered by the trade association of health insurance providers, which purchase care services for the state. Each provider has to sign an agreement with the district supervisory office, which ensures funding for the service that it is committed to providing. One basic requirement for finalizing this kind of agreement is that the provider operates an authorized quality management system comprising certain uniform components that define care quality and monitor improvements in it. These system components facilitate comparison between the various service providers. The systems also document all provider commitments: care, fire insurance, work atmosphere, food hygiene, etc. (Enequist 2009).

Care quality has become a key concept for Dutch service providers. The quality approach had its beginnings with W. Edwards Deming in the 1930s and achieved widespread implementation in the United States during the 1980s. Deming’s Plan-Do-Check-Act (PDCA) cycle is a model for continuous quality improvement. The model is being implemented in Dutch nursing homes, which are expected to plan their activities, implement them, assess the degree to which the outcomes are consistent with the planning, and take action in accordance with the outcomes – thereby triggering a new planning
cycle. In this way a process of continuous quality improvement is
generated (Enequist 2009).

Nurses in old-age homes are involved in the drafting of legislation
and guidelines through their participation in staff meetings and
working groups. They are able to offer their observations on
legislation and bring their knowledge to bear on the policymaking
process. Extensive use is made of various kinds of implementation
protocols, meaning that a transition is underway from working with
unwritten protocols to working with written protocols and documents.
Protocols can be changed easily to ensure continuous improvement in
the quality of service to elderly clients, and a clear message is
conveyed to the lower-level nursing staff and to nursing home
residents regarding the way in which services are to be provided
(Enequist 2009).

C. Concluding Discussion of the Research Findings

Recent decades have witnessed change in the way in which personal
social services are delivered. In most Western countries the trend has
been toward involving different sectors in service provision; Israel is a
participant in this trend. Criticism is frequently voiced regarding the
economic model, the culture of contracts and the financial orientation
of service delivery, which do not create an atmosphere conducive to
improving the status of individuals or to advancing social values, and
which may even contravene these values (for further discussion of
these arguments, see Jordan 2008). There are those who contend that
these trends reflect a shirking of the state’s responsibility vis-à-vis its
citizens, and that they are harmful to the welfare state in general
(Eisenstadt and Rosenhack 2001; Doron 2007).

The present study took Israeli service-provision methods as a
given, the implicit issue being that of how, despite the complex
structure of the personal social services system, the state could
function as a meaningful participant in that system and act responsibly vis-à-vis the Israeli populace. Thus, the questions raised by the study are: What regulatory mechanisms are deployed by the Ministry with regard to personal social service delivery? What are the strengths and weaknesses of these mechanisms? And how do other countries implement regulation in this area? In response to these questions some policy directions will be proposed.

For purposes of this study, regulation was defined both narrowly and broadly. The more narrow definition relates to the idea that personal social service regulation falls within the governmental purview – i.e., government agencies vested with authority in this area – and that it is not a product of activity engaged in by nongovernmental, civil-society or private-sector organizations. The broader conceptual framework relates to the idea that regulation is not merely a matter of supervision but also one of introducing control and command – producing a coherent plan of action with regard to personal social services delivery – based on the authority vested in those involved, not on changes in primary (Knesset) legislation.

The study findings:

- **Methodicalness and clarity.** Ministry of Social Affairs and Social Services supervision is the product of many years of activity. Various committees have deliberated over the question of what kind of supervision should be exercised over Israel’s personal social services. These deliberations have led to an upgrading of methods. However, certain key dilemmas, such as tension between the supervisor’s oversight and advisory roles, and the issue of central-local government relations, have yet to be satisfactorily addressed. A consensus has emerged in recent years that

35 As noted, a Ministry committee is concerned with this issue today.
supervisory and regulatory mechanisms should be advanced. Yet notwithstanding this consensus, one can hardly ascribe methodicalness to current supervisory activity and there is a lack of clarity regarding the mode of activity of those involved in the field.

- **Differences between services.** The services provided differ greatly from each other; in particular a distinction has to be made between community-based and institutional services. While for the former it is harder to develop a supervisory framework, for the latter, or for those services that developed in the institutional tradition (e.g., the residential facility model which was also adopted with regard to community housing for people with mental retardation), it is easier to implement regulatory activity.

- **The RAF method.** RAF has been chosen by the Ministry as its preferred method for implementing supervision and for ensuring improved quality of care. The method has been recognized as effective, though not without certain difficulties. Over two decades since its initial adoption it has yet to be implemented in all service areas (though one might argue that the implementation process is currently in full force and that the method’s ultimate success is yet to be seen).

- **Differences between professional’s perceptions and expertise and the regulatory methods.** This tension poses a difficulty, part of which stems from the value orientation regarding trends in the Ministry of Social Affairs (i.e., the use of out-sourcing). A lack of consensus, on the one hand, and, on the other, a lack of knowledge in places where ideological consensus does exist, make it difficult to implement regulatory mechanisms, particularly with regard to those actively involved in the field. Administrative, supervisory and regulatory functions require skills and professional orientations that are missing in the traditional training of social workers. Social work programs stress the care rationale in a context of assisting
individuals, and less emphasis is placed on the managerial, administrative and regulatory aspects of the system. Several researchers have noted these weaknesses in the field (Doron 1994; Weiss, Gal, and Katan 2005).

- **The hard regulation-soft regulation distinction.** The RAF method, which is oriented toward improving care of the individual and is largely regarded as a form of soft regulation, does not offer a simple, easily-implemented and general standards mechanism that would facilitate aggregate assessment of existing frameworks. We also found, in this context, that contracts and tenders are not actually being referred to by supervisors and that the Social Work Regulations and existing protocols do not provide a sufficiently structured framework for supervisory activity.

- **Structuring and defining work methods.** Many interviewees pointed to a need for greater structuring of work methods as a means of ensuring efficacy. Some complained of inadequate job definitions, particularly at the local government level. Coordinators of various activity areas, for example after-school programs, noted a lack of clarity in the way that their supervisory function is defined. Also in the area of housing for people with mental retardation, and despite the field’s longstanding supervisory tradition, a need was recognized for greater clarity, improved supervisory tools and formality on the job. Many interviewees also protest the paucity of funding for salaries, manpower and computer systems. The service providers felt, for the most part, that they are not involved enough and that there is an adequate level of supervision.

- **The need for computerized information.** The Ministry of Social Affairs and Social Services’ computer system, despite recent improvements, does not adequately serve the needs on the ground, nor does it address the need for aggregate data for administrative
purposes within the Ministry. The Ministry has considerable experience with system improvement and concentrated efforts are being made in this direction at present; however, the lack of support systems and end-user (supervisor) equipment, e.g., laptops, makes it difficult to implement policy in this regard.

- **Central versus local government.** The highly complex relationship between central and local government as reflected in some service areas frequently gives rise to confusion among those employed in the field regarding the supervisory aspect of their job. In certain situations, need drives the development of service-providing frameworks which are supervised inadequately, to say the least.

Our consideration of examples from the British and the Dutch regulatory experience revealed both differences in mode of action and similarities regarding the way in which regulatory mechanisms operate. The UK represents a model of hard regulation, with standards being set by a Care Quality Commission that requires all providers of care to adults to register with it. By setting a limited number of clearly-formulated standards and assessing compliance with them in the various activity areas, the Commission has successfully implemented a regulatory framework for the field with which it is concerned. The Commission employs professional supervisors and uses information obtained both from the public and from non-professional supervisors who are recruited via organizations and who are themselves service recipients – thereby ensuring support for the regulatory activity. This mode of action fosters transparency and makes the state a key player in defining the minimum standards for service providers in the field. The Netherlands, by contrast, offers an example of a soft-regulation model, one in which nursing homes practice self-regulation within a broad legislative framework that defines “responsible care.” This model, in which service providers are
required to exhibit comprehensive quality management, helps to advance a policy of service quality assurance.

Both countries exemplify a trend toward greater transparency, in which websites enable the public at large to assess the data collected and, on this basis, to make informed choices with regard to service providers. The websites are also useful to the service providers themselves, who, through them, can learn from the experience of other providers and improve their own services. In both countries organizations have arisen specifically to address service quality: in the UK a non-departmental public body that is charged with setting standards, and in the Netherlands a steering committee that encompasses all those involved in the field. Both of these frameworks have produced comprehensive systems for regulating service provision.
A Word About the Present Study’s Limitations

Before presenting a summary and conclusions regarding possible directions for the regulation of Israeli personal social services, it is worth noting the limitations of the present study. Firstly, investigating personal social service systems is a complex task due to the nature of these systems, both in Israel and abroad. The systems are characterized by a high degree of fragmentation, due to the diversity of the services and to the multi-organizational environment in which they are provided. Fragmentation has actually intensified in the present era. Our study used two specific services as “case studies,” meaning that its ability to generalize to the system as a whole is, by nature, limited. Secondly, the number of interviewees (30), compared with the number of those actually involved in the field, was relatively small. Thirdly, our focus on a limited number of large local authorities, lends a bias to the findings. It should be noted that resource constraints drove the decision to concentrate on large local authorities that “cover” a considerable proportion of the personal social service client population – a choice that, as previously stated, also biases the study findings. These reservations aside, the mix of sources for the study, including a secondary analysis of relevant documents and prior research that, on the whole, points to similar trends, reinforces the findings. The present research is also significant due to its focus on different levels of the personal social services hierarchy, from the Ministry level to the district, local authority and service provider levels. It seems important for future study to investigate the differences in supervision between different types of organizations: public, private and voluntary.
Based on the foregoing, the question arises of what policy directions should be adopted regarding personal social services in Israel. Firstly, it is important to note that the Ministry of Social Affairs and Social Services is currently discussing and addressing the issue of regulation and improved regulatory mechanisms. Secondly, it is apparent that several of the initiatives taken up in this study, including structuring supervision, setting clear rules and criteria, redefining contracts and tenders, dividing tasks between the local authorities and the central government, mapping the various kinds of frameworks and developing a database, improving managerial capabilities, etc., are presented as modes of action which the Ministry is planning to adopt in the immediate future. And thirdly, it should be noted that not every model adopted by another country is suited to Israel and to the way in which the personal social services sphere developed here; care needs to be taken in adapting features of foreign models to the Israeli environment. Nevertheless, both the findings relating to Israel and the trends in the other countries that we looked at provide a roadmap for developing ideas and a possible model for the Israeli system.


8. **Summary and Conclusions: Possible Directions for Regulating Israel's Personal Social Services System**

A consideration of Israeli regulation as a whole, and of the present study's findings in particular, affirms the aptness of the term employed by Levi-Faur, Gidron, and Moshel (2010): “regulatory deficit.” The personal social services sphere has undergone changes that were not accompanied by a suitable regulatory framework. An investigation of this sphere, which lies at the heart of social policy, requires focusing on the issue of how the state is strengthening its status. It seems that in this context there is a need to develop regulatory policy. The objectives of such policy are to enhance the government’s ability to control the way in which services are provided, and to ensure the adoption of quality improvement mechanisms. Accordingly, the following directions are worth exploring:

- Establishing a specific regulatory body to define the “rules of the game” – the entity’s role would be to develop regulatory policy that would in turn foster a comprehensive view of what supervisory and regulatory activity should look like at the various levels of the service-provision hierarchy.

- Developing regulatory models that incorporate hard-regulation methods (standards that are clear, easily assessed and implemented, and that are initiated from the top-down) while also reinforcing soft-regulation mechanisms (more complex methods for measuring service quality within the relevant field, and that have been developed from the bottom-up). As in the RAF method and/or additional mechanisms for ensuring service quality, additional partners, e.g., service providers, should be involved in developing these methods, and efforts should be made to ensure, where
possible, that supervisees are not subjected to an unrealistic regulatory burden.

- Involving local government in the regulation of personal social services, particularly with regard to services provided in the community. Given the large number of community-based frameworks, local government involvement in supervising these frameworks should be encouraged, and clear roles defined for all concerned. Local government can also assist with service-provider self-regulatory mechanisms, on condition that the parameters for evaluating this self-regulation are well-defined.

- Receiving information from different sources, e.g., professionals, parents, service providers, and clients, and creating structured mechanisms for channeling information from these sources.

- Strengthening the supervisory toolkit, not merely via supervisors and a sanctions hierarchy, but also by fostering transparency and informing the public about the services provided (as in the British and Dutch websites).

- Reinforcing reciprocity, collegiality and mutual trust, and offering positive incentives. These are all measures that strengthen the element of reciprocity in supervisor-supervisee relationships, which are felt to be particularly important in the social services sphere (Braithwaite 2002). Creating mechanisms for cooperation and information sharing would increase reciprocity and thereby complement efforts to strengthen supervision (Hood et al. 1999).

- Strengthening the commitment of professionals, and mobilizing social workers for regulation through specific training initiatives and by strengthening their supervision and professional knowledge in areas like fiscal management and regulatory policy and its rationale. The role of the social workers in the local-authority social service departments should also be redefined.
A model that combines supervision and reciprocity, and that involves multiple sectors, may be an effective model for regulatory policy in the area of personal social services. In Appendix 3, we present a conceptual model for possible assessment of the Ministry’s regulatory activity, particularly with regard to community-based frameworks, based on client population, local-government capabilities, and service-provider competence.

The following two interviewee quotes will aptly preface the study’s concluding remarks:

*The entire issue of supervision in social work is under-addressed. As though we don’t know how to work with it or interact with it because we’re still learning. And I say this from the perspective of many years in the field, and it doesn’t apply just to me, but to everyone ... Social work is based on practitioner values and ethics, which many social workers do have, but there are problems with this, since a great deal of the information depends on the social worker’s experience and the way in which he interprets the situation, and so it’s hard for me to see it as a form of supervision, but rather as a kind of partnership (local authority social worker).*

A high-ranking Ministry official noted:

*No one explained to us what regulation is, just as for years people were too embarrassed to ask what privatization is. Some of our people are afraid of the non-profit associations and do not understand what their role is as a regulator. The state should decide how much it wants to invest in this. The state took the advantages of privatization without its obligations; no one had an interest in investing in this area. Now the matter is at the top of the Ministry’s agenda, and should be settled over*
the next few months. The issues that we’re concerned with have become more complicated, and we’ve been rewarded with budget cuts. They took the privatization part without changing the ministerial role – they’re working on it, but there aren’t enough resources for the issue as a whole.

To conclude, some of the failures that we are seeing, such as difficulties in cooperation between the parties involved in service provision, complex local-central government relations, provider demands, differing professional approaches, information system incompatibility, coordination problems, and insufficient transparency, are not necessarily unique to the regulatory sphere or to the Ministry of Social Affairs and Social Services. However, alongside trends toward partial privatization, the involvement of multiple sectors and outsourcing, there is an evident commitment to shaping new mechanisms, in this case regulatory mechanisms that will clearly define the state’s role in today’s new era of personal social services provision. This role is a challenging one and is likely to entail additional learning and adjustment processes in the future. What appears to be essential at present, however, is heightened awareness on the part of the Ministry, and an effort to delineate its priorities accordingly.
Appendices

Appendix 1. Questions Posed to Interviewees at the District, Local Government and Service Provider Level

Please tell me a little about the hostel/after-school program: how long has it been operating, who operates it, how many clients/staff members does it have, to whom is the service being provided/who is the operating party (the local authority, the Ministry of Social Affairs)?

1. On what are the activities of the hostel/after-school program based? Is there a contract, an agreement, protocols, regulations?
2. In what manner do external parties supervise the hostel/after-school program activity?
3. Who supervises [a local authority social worker, a regional supervisor…]? 
4. When does supervision take place? With what frequency does each supervisor visit?
5. What supervisory method is used? How does the supervisor assess the hostel/after-school program activity?
6. Are economic/fiscal matters overseen?
7. In what areas is oversight exercised (finances, facilities, health, food, interpersonal relations – staff attitudes toward children/people with mental retardation, etc.)?
8. How would you describe the supervisory figure/the nature of his work (advisory, instructional, supervisory)?
9. In your view, is the supervision effective? Why?
10. Are interviews conducted with administrators, staff, hostel/after-school program clients [the children’s parents]? Are these interviews anonymous?
11. What problems are there with the supervision and what are the strengths of the current supervisory process?

12. Is there self-supervision?

13. Does the supervision serve as a management tool, one that helps the manager to improve work procedures at the hostel/after-school program (or not)?

14. In your opinion, what, if anything, should be done differently in the area of supervision? [How could the oversight and regulatory processes be made more efficient?]
### Appendix 2. List of Interviewees

<table>
<thead>
<tr>
<th>Interviewee – name and job description</th>
<th>Interview date</th>
<th>Interview venue</th>
<th>Mapping – remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>After-school programs – Beersheba</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Yaffa Yisrael – Director, Ministry of Social Affairs, Service for Children and Youth, Southern District</td>
<td>10/12/2009</td>
<td>Beersheba</td>
<td>District supervision – joint interview with Gitta</td>
</tr>
<tr>
<td>2. Gitta – Southern District supervisor</td>
<td>10/12/2009</td>
<td>Beersheba</td>
<td>District supervision – joint interview with Yaffa Yisrael</td>
</tr>
<tr>
<td>3. Liat Ermerman – after-school program Coordinator in the Beersheba Municipality’s Social Services Department</td>
<td>24/12/2009</td>
<td>Beersheba</td>
<td>Local authority</td>
</tr>
<tr>
<td>4. Oriya Malul – after-school program director</td>
<td>24/12/2009</td>
<td>Beersheba</td>
<td>Service provider – joint program of the Ministry of Education and the Ministry of Social Affairs, operated by the municipality</td>
</tr>
<tr>
<td>5. Association director</td>
<td>10/2/2010</td>
<td>Beersheba</td>
<td>Service provider</td>
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### Appendix Table 2. (continued)

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<tbody>
<tr>
<td><strong>After-school program – Jerusalem</strong></td>
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<tr>
<td>7. Zipporah Lafler – Director, Child and Youth Division, Jerusalem Municipality</td>
<td>30/5/2010</td>
<td>Jerusalem</td>
<td>Local authority</td>
</tr>
<tr>
<td>8. Aharon Ronen – Deputy Director General, Yad Rachel, Jerusalem</td>
<td>7/12/2009</td>
<td>Jerusalem</td>
<td>Service provider</td>
</tr>
<tr>
<td><strong>Hostels for people with mental retardation – Jerusalem</strong></td>
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<tr>
<td>10. Irit Hoffman – Director, Rehabilitation Department, Jerusalem Municipality</td>
<td>3/12/2009</td>
<td>Jerusalem</td>
<td>Local authority – joint interview with Ahuva Azrieli</td>
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Appendix Table 2. (continued)

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<tr>
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Hostels for people with mental retardation – Tel-Aviv

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<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>13. Amnon Orgad – Supervisor of Housing Frameworks, Central District</td>
<td>18/4/2010</td>
<td>Tel-Aviv</td>
<td>District</td>
</tr>
<tr>
<td>14. Chani Denis-Mor – Director of the Service for People with Developmental Disabilities, Tel-Aviv Municipality</td>
<td>30/6/10</td>
<td>Tel-Aviv</td>
<td>Local authority – responsible for hostels for people with mental retardation</td>
</tr>
<tr>
<td>15. Dorit – director of an apartment in the Akim’s Tel-Aviv sheltered housing operation</td>
<td>11/7/2010</td>
<td>Tel-Aviv</td>
<td>Service provider</td>
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<tbody>
<tr>
<td>Senior personnel in the Ministry of Social Affairs and Social Services</td>
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<tr>
<td>17. Yekutiel Sabah – Director, Ministry of Social Affairs Research, Planning and Training Division</td>
<td>29/7/2009</td>
<td>Jerusalem – Ministry of Social Affairs</td>
<td></td>
</tr>
<tr>
<td>18. Menachem Wagshal – Deputy Director General, Ministry of Social Affairs</td>
<td>29/9/2009</td>
<td>Jerusalem – Ministry of Social Affairs</td>
<td>Currently also serves as head of the committee charged with shaping Ministry of Social Affairs regulatory policy</td>
</tr>
<tr>
<td>19. Dr. Chaya Aminadav – Director of the Division of Services to People with Mental Retardation</td>
<td>10/5/2010 and 11/5/2010</td>
<td>Telephone interview (hour and a quarter)</td>
<td>Telephone interview conducted in two installments</td>
</tr>
<tr>
<td>20. Ido Nachum – Director of the Supportive Housing Service</td>
<td>22/3/2010</td>
<td>Jerusalem – Ministry of Social Affairs</td>
<td>Ministry administration</td>
</tr>
<tr>
<td>21. Motti Vinter – Director of the Division for Social Services</td>
<td>30/5/2010</td>
<td>Jerusalem – Ministry of Social Affairs</td>
<td>The division responsible for the after-school programs</td>
</tr>
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Appendix Table 2. (continued)

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>23. Chaim Posner – Deputy Director, TEVET, JDC-Israel</td>
<td>27/10/2009</td>
<td>Jerusalem – JDC-Israel</td>
<td>Formerly (during 1985-2005) held senior positions in the Ministry of Social Affairs, e.g. head of a major division and Ministry Deputy-Director General</td>
</tr>
<tr>
<td>24. Dr. Dalia Nissim – National Supervisor, Knowledge Management and Instructional Methodologies in the Division of Services to People with Mental Retardation</td>
<td>11/3/2010</td>
<td>Jerusalem – Ministry of Social Services</td>
<td>Formerly National Supervisor of Development Plans in the Division of Services to People with Mental Retardation; currently also heads a relevant online professional forum</td>
</tr>
<tr>
<td>25. Arik Scheib – senior division director, information systems and data processing</td>
<td>25/1/2010</td>
<td>Tel-Aviv – Ministry of Social Affairs</td>
<td>Also present at the interview was consultant Ofer Schweiki</td>
</tr>
<tr>
<td>26. Liat Argaz Arielli – Director of the Internal Audit Division</td>
<td>27/7/2010</td>
<td>Telephone interview</td>
<td>One hour</td>
</tr>
<tr>
<td>27. Ravit Nakar – Budget Coordinator for Local Authorities</td>
<td>27/7/2010</td>
<td>Telephone interview</td>
<td>Brief conversation due to pressure in the Finance and Budget Division</td>
</tr>
</tbody>
</table>
Appendix Table 2. (continued)

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</thead>
<tbody>
<tr>
<td>Additional interviewees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Prof. Shimon Shapiro, Tel-Aviv University, School of Social Work</td>
<td>8/9/2010</td>
<td>Myers-JDC-Brookdale Institute</td>
<td>Researched the RAF Method</td>
</tr>
<tr>
<td>29. Dr. Tamar Zemach-Marom</td>
<td>30/5/2010</td>
<td>Myers-JDC-Brookdale Institute</td>
<td>Responsible for developing the RAF method, in cooperation with the Ministry of Social Affairs</td>
</tr>
<tr>
<td>30. Dr. Chana Katz – lecturer, Sapir College, Administration and Public Policy Department</td>
<td>28/10/2009</td>
<td>Sapir College</td>
<td>Formerly employed at the Ministry of Social Affairs and ELKA in developing instructions for supervisors</td>
</tr>
</tbody>
</table>
Appendix 3. A Conceptual Model for Structuring Regulatory Mechanisms

As indicated by the above diagram, the model posits three variables for defining directions for regulatory activity. The first of these is the capability level of the local authority (particularly its social services department); the second is the status of the population in need of service; the third is the means by which services have historically been delivered by the provider. The possible situations are detailed as follows:
Situation A – represents a service provided to a low-risk population; the local authority in which the service is provided is defined as high-capability in terms of expertise, management, resources, manpower and experience. In this kind of situation, regulatory mechanisms can rely more heavily on the structure and supervision provided by the local authority itself.

Situation B – represents a service provided to a low-risk population; the local authority is defined as high-capability, as in Situation A, and has prior experience, a supervisory history, and indications of quality service on the part of the provider. In this kind of situation, one can rely more heavily on provider self-regulation and on local authority regulation.

Situation C – represents a service provided to a high-risk population in a low-capability local authority. In this kind of situation the Ministry has to be extensively involved in regulation and supervision of the service-providing framework.

Situation D – represents a service provided to a high-risk population in a low-capability local authority. Here as well the Ministry needs to be extensively involved in supervision; however, where service providers have a track record of quality service, the Ministry supervisory system may be complemented by reinforced provider self-regulation mechanisms.

- It should be noted that the model presented here does not diminish the importance of Ministry supervision and accountability in regulating all frameworks. However, given the difficulty that 200 supervisors may be expected to encounter in overseeing the 7,000 frameworks operated by the Ministry, it would seem worthwhile to develop a model for structuring regulatory priorities and supervisory activity. The above model is merely a preliminary illustration of possible policy directions to consider.
Appendix 4. Ministry of Social Affairs Budget by Area, 2010

Gross budget NIS 5,524 million


http://www.mof.gov.il/BudgetSite/StateBudget/Budget2009/MinisteriesBudget/socialBudget/Lists/List2/Attachments/2/revacha.pdf
References

English


www.cqc.org.uk.


cqc.org.uk/_db/_documents/Financial_accounts_for_the_period_1_October_2008_to_31_March_2009__-_CQC.pdf.


regulation.huji.ac.il/dp.php.


regulation.huji.ac.il/dp.php


Hebrew


Arbel-Ganz, Ori (2003), Regulation – The Oversight Authority, The Israel Democracy Institute.


Auerbach, Gedalia (2004), The Basis of Local Authority – Section 8 – Administration and Management in the Local Authority, The Open University.
molsa.gov.il

Brodsky, Jenny, Jack Habib and Ilana Mizrahi (2001), “A Review of Long-Term Care Laws in Five Developed Countries: Austria, Germany, the Netherlands, Japan, and Israel,” *Social Security*, 60, pp. 46-89.


Luski, Israel and Yehudit Givon (2010), Regulation of Non-Profit Organizations, Hakibbutz Hameuchad.


molsa.gov.il

Myers-JDC-Brookdale Institute and the Ministry of Social Affairs and Social Services (2010a), Implementing the RAF Method in the Ministry of Social Affairs and Social Services: A Multi-Year Plan – Presentation.


Ofek, Abraham (2009), Research Report: An Evaluation of Reform in the Social Services Department, State of Israel, Ministry of Social Affairs and Social Services.

molsa.gov.il


molsa.gov.il


molsa.gov.il/MisradHarevacha/youth?ChildrenAtRisk/ChildrenUnder12


mof.gov.il/BudgetSite/StateBudget/Budget2009/MinisteriesBudget/socialBudgetLists/List2/Attachments/2/revacha.pdf


molsa.gov.il.


