
Personal Social Services

1. Introduction

Personal social services are one of the core elements of social services provided by a welfare state. They meet the vital needs and treat the problems of individuals, families, groups, and communities who have difficulty coping with various hardships that impair their ability to function, their quality of life and impede their social integration.

These populations include children at risk, teenagers in distress, battered women, families in crisis, the disabled, the mentally impaired, recent immigrants with adjustment difficulties, former convicts, the elderly, , and drug addicts.

Since personal social services are vital to the populations that constitute the weakest, most vulnerable segments of society, it is important to examine equality and justness in service allocation. This requires addressing several questions:

- a. Are the same range and quality of services available to populations with similar needs?
- b. Do all populations in need use these services in a similar way? Is preference given to users who belong to certain economic or social groups?
- c. Are resources allocated equally to different regions, localities, and sectors of the population?

Greater equity and justice in the allocation of services depends largely on two factors: first, comprehensive government involvement in shaping and allocating social services; and second, the existence of legislative infrastructure that defines clearly the extent and range of the services to be supplied and determines eligibility for them. It was in the spirit of these principles that the Welfare State model emerged in many

Western countries after World War II. It strove to provide a fitting solution to a broad spectrum of social problems and needs and to create a more egalitarian, socially just society. This model was based on two main principles that were perceived as essential: first, centralized planning, funding, and provision of social services; and second, broad social legislation. It was assumed that these elements would ensure the allocation and provision of essential social services to populations on a just and equitable basis.

The Welfare State has evoked criticism ever since its inception, but this criticism has increased in the past two decades. The criticism is directed chiefly at the level of government involvement in social services and the extent of social legislation. In many countries it has been accompanied by the emergence of new models of social services that emphasize the responsibility of local communities and nongovernmental organizations and the reduction of government involvement.

The terms *mixed economy*, *quasi-markets*, *partial privatization*, and *welfare pluralism* reflect the changes that have occurred in recent years in the structure of personal social services and the shift from an emphasis on centralization to the perception of the need to decentralize social services.

This chapter surveys the range of personal social services provided and analyzes the degree of equality in these services, in light of the extent of centralization and decentralization of these services and their legal infrastructure. Section 2 surveys the main services provided to various populations by the public system of personal social services and their development in recent years. Section 3 analyzes the main features of the structure and service patterns of this system, decentralization, centralization and legislation. Section 4 focuses on equity in the allocation of personal social services to populations in need. The final section sums up the survey and presents the main conclusions to be drawn from the data.

2. Personal Social Services: Main Components

Although the central government and local authorities fund the main services included in the array of personal social services, many others are provided by nongovernmental organizations.

a. Services for the Elderly

The elderly population in Israel (men and women over age 65) numbered 615,000 in 2000, or 10 percent of the total Israeli population. Many of them, especially the “old-old” (age 75+), have difficulties and problems that necessitate assistance from social services. Over the years, community services have evolved to help elderly persons who continue to live in their own homes. Concurrently, institutional services have developed, primarily for the frail (including the mentally frail), for the elderly in need of nursing care, and to a lesser extent for the independent elderly.

1) Community services. A few main services are provided in the community. The most prominent of these is nursing care, provided under the Long-Term Care Insurance Law, which gives every functionally impaired elderly person the right to nursing benefits in accordance with principles laid down in the law. The benefits are intended for senior citizens who are dependent to a large extent on assistance or who require supervision from others to perform activities of daily living. The allowance is not paid directly to the individual, but to the organizations that provides the care. An individualized package of services is designed by a local professional board including a combination of some or all the following: personal care at home or in a daycare center, home help, supervision, transportation to a daycare center, personal hygiene products, meals, and personal emergency alarm systems.

The number of recipients of nursing care services rose from 28,000 in 1990 to 104,000 in mid-2001 – an increase of 270

percent. During this period the number of senior citizens in Israel rose by about 50 percent. The number of recipients of nursing care thus grew out of proportion to the growth in the elderly population. In addition, local welfare departments provided in-home services in 1999 to about 9,000 elderly people who were not eligible for services under the law.

Daycare centers and social clubs have in recent years become another major component of the array of services for the elderly, especially the functionally impaired. These settings provide counseling and guidance, social activities, hot meals, physical activity, and occupational therapy. The number of such settings increased substantially during the past decade, from about 50 centers and social clubs attended by 4,000 senior citizens in 1990 to a total of 124 daycare centers and 49 clubs in 1999, with an estimated attendance of 15,000.

Senior citizens' clubs – about 850 of them – were attended by more than 82,000 people in 1999 (attendance figures for some of the clubs are not available). These clubs offer social and cultural activities, courses, lectures, games, and parties.

Supportive neighborhoods and communities are intended to provide senior citizens who continue to live at home a variety of services, such as emergency medical care, personal emergency alarm systems, help with minor home repairs, an information hotline, counseling, and mediation. The program has grown rapidly in the past few years. At the end of 2000, there were 51 supportive neighborhoods around the country, serving 8,800 clients.

Additional community services include recreational centers (for convalescence or vacations), hot and frozen meals, installation of home safety devices, minor home repairs, and other forms of assistance (such as transportation for medical visits, additional home equipment).

2) Institutional services. In the past two decades, the number of independent residents of institutions has remained stable, but the

number of frail and mentally frail elderly, and senior citizens requiring nursing care has increased substantially. In this period there has also been a rapid growth in the number of institutions under the supervision of the Ministry of Labor and Social Affairs – from about 80 in the early 1980s to around 230, housing 12,500 people, in 1999. Concurrently, there was a rapid increase in the number of sheltered housing programs and in the number of people living in them. Sheltered housing enables senior citizens to maintain an independent life-style with the support of health, social, and cultural services (there were 161 such facilities with 18,000 residents at the end of 2000). These facilities are intended mainly for senior citizens and immigrants who require income support. Additional programs are provided by the private sector.

There is no doubt that in recent years there has been a substantial expansion of services for the elderly, reflected in an unprecedented rise in the number of nursing care recipients, an increase in the number of daycare centers and clubs for the elderly, and the development of supportive neighborhoods and sheltered housing programs. This expansion has made a wide range of services available to the elderly, far exceeding the range of services available to other populations. Nevertheless, several problems remain unsolved; especially the high incidence of poverty (about one-fourth of households headed by senior citizens in 1999) and the hospitalization of destitute senior citizens in need of nursing care.

b. Services for Children

According to reports by the National Insurance Institute (NII) on poverty rates in Israel, more than one-fourth of Israeli children (26 percent) lived in households with incomes below the poverty line in 1999. Presumably, many of these children are also at risk of physical and emotional abuse or neglect, inadequate conditions for healthy development due to the financial situation and family crises, and so on. Moreover, some children belonging to households that are not poor are also at risk. The role of personal social services for children is to identify children and parents in need of assistance as early as possible and to offer interventions that will take them out of high-risk and crisis situations by offering them personal and social assistance. Although the stated policy emphasizes the importance of providing services within the community, some 75 percent of all government budgets for these services go to financing services in institutional settings, making them the main focus of an array of services for children.

1) Community services include several components. Social workers from the local welfare departments work with children at risk and parents who require assistance. They offer therapy, counseling, and guidance; help with placement of children in community programs such as clubs and daycare centers; and, when necessary, referrals to out-of-home settings. Some of the workers function as welfare officers, charged with implementing various child protection laws.

These services also operate various community programs that offer children afternoon programs. These include daycare centers, early childhood centers, therapeutic clubs, and family-style daycare settings. In the past year strong emphasis has been placed on the development of daycare centers. Other services include special programs to enhance the parenting skills of mothers and fathers and to improve their interaction with their

children, parent-child relations centers (50 such centers operated in 2000), and emergency centers for children in immediate danger due to physical abuse and/or emotional neglect (there were five such centers around the country in 2000). The Ministry of Labor and Social Affairs also operates a countrywide adoption service and oversees organizations that handle international adoptions.

According to the Ministry of Labor and Social Affairs some 60,000 children were handled by social services in 1999. This is only a partial solution for children in need of such assistance.

2) Out-of-home services: residential settings and foster care.

The number of children living in residential settings and foster homes declined in the 1980s (from 11,000 in 1980 to 8,600 in 1990). In the 1990s, however, the trend reversed direction, and in 2000 there were 10,350 children living in such settings (1,500 of them in foster care).

c. Services for Other Populations

1) Services for the mentally impaired. Although there are no precise figures on the number of mentally impaired persons in Israel, the standard estimate worldwide is that 0.5 percent of the population fits into this category. This means that there are 33,000 people in Israel with various degrees of mental impairment. The stated policy favors keeping the mentally impaired within their family setting and community by developing supportive community services; in practice, however, the main stress has been on development and funding for institutional settings.

Out-of-home services. The number of residents of residential settings for the mentally impaired, including homes, foster care, and community hostels, rose in the past decade from 5,500 to 7,800 – an increase of 42 percent.

Community based services. Concurrently, community services, including diagnostic centers and daycare centers

offering therapy and specialized nursing care for very young children aged 0–3, have expanded. Additional community based services include clubs, recreational centers, and rehabilitative work projects. About 13,000 people used the community services for the mentally impaired in 2000 (with some of them using several services concurrently).

Services for the mentally impaired are thus characterized by rapid development and substantial growth in the number of clients. Nevertheless, if we adopt the standard assumption regarding the percentage of mentally impaired in the population, we have to conclude that many do not make use of the available services.

2) Services for the disabled. Although the welfare departments serve many disabled people, many are also handled by the NII and Ministry of Defense.¹ The welfare departments focus on those whose disabilities are related to physical illnesses, sensory impairments (deafness and blindness), or related to organic damage such as brain damage and learning disabilities.

Community based services for disabled children include diagnosis, daycare centers and family-style daycare settings, special camps during school vacations, and personal attendants. For disabled adults there are social clubs; centers for diagnosis, training, courses, and vocational rehabilitation; counseling, placement, and follow-up services; and sheltered workshops. In addition, special projects exist in various localities, such as a multi-service center for the blind in Tel Aviv. Rehabilitation services also include specialized services such as those for the restoration of vision. In 2000 there were 200 vocational rehabilitation programs that offered vocational and skills

¹ Various past attempts to combine services for the disabled under one organizational roof have not succeeded. The survey below relates to services provided by the Ministry of Labor and Social Affairs and local authorities.

training, long-term training, and sheltered workshops; they served 11,500 people with disabilities.

Out of home services include various institutional settings, foster care, and hostels (sheltered housing). Although only a minority of the disabled live in such settings, in recent years (1996–2000) the number of disabled persons living in these frameworks has increased from 900 to 1,470. These people are eligible for services that include medical and paramedical care, counseling and rehabilitation.

3) Services to individuals and families. These services help individuals and families in crisis or who are experiencing various levels of distress: parents with poor parenting skills; single-parent families; families in crisis due to domestic disputes and violence or due to loss, illness, unemployment, incarceration, disability, or substance abuse; homeless individuals and families (street people); and elderly people who are alone.

The services are provided by social workers through the local welfare departments, in family counseling centers and in other settings. In 2000, family counseling centers operated in about 80 localities and served 9,500 families. Additional services are provided by welfare officers charged with implementing social welfare laws relating to family life and the protection of family members (there were 500 welfare officers in 1999); aid units affiliated with family courts; centers for prevention and handling of domestic violence (in 1999, 25 centers worked with 5,000 families); and paraprofessional workers who help families in distress.

These services also deal with special needs of families, such as convalescence and vacations after illnesses and help with the purchase of basic household equipment; offer assistance to street people and lonely elderly people; solve pressing housing problems by making maximum use of Housing Ministry assistance; and provide aid to households in need by covering

medical expenses otherwise not covered by the health funds (dental care, transportation to doctor's appointments, and so on).

In recent years several programs have been developed that focus on individuals and families in distress, such as *Yahdav*, which is designed to strengthen the level of functioning of mothers (and served about 400 women in 40 localities in 2000); *Dror*, which is designed to give support to young families and now has 100 families in 12 localities; and neighborhood aid centers, which provide mediation and counseling services to residents of disadvantaged neighborhoods (at present only in Jerusalem). These programs operate on a fairly limited scale.

4) Correctional services for children and teenagers. These include treatment and social supervision, rehabilitation of juvenile offenders and prevention of delinquency, and treatment and prevention services for children, teenagers, and young adults in severe distress who are at risk of slipping into deviant and criminal behavior.

The target population of these services includes those teenagers who neither attend school nor work, or attend school and work on an irregular basis, and teenagers who are associated with non-normative social groups and engage in antisocial behavior. Many of these youngsters live in households in which there is abuse, chronic unemployment, or a family member in poor health. Some of them are delinquent or homeless, use psychoactive substances, suffer from emotional disorders and learning disabilities, have been released from jail or other correctional institutional settings, or have been rejected by the army. It should be noted that the Ministry of Education also works with teenagers at risk through its Youth Division and the Youth Advancement Departments in local authorities.

Services for teenagers and young adults are provided by several agencies:

The Youth Probation Service deals with juvenile delinquents aged 12–18 who have been referred by the police or

courts. The service also deals with children up to age 14 who have been involved in offenses against morality (as suspects, witnesses, or victims), and with children who have been victims of physical, emotional, or sexual abuse by their parents. Probation officers are responsible for preparing briefs for court, carrying out court-ordered probation, making psychological and psychiatric diagnoses, and providing individual and group therapy. They also handle referrals to support services that provide material assistance, tutoring, institutional placements, help with admission to academic programs and finding employment, and follow-up. The number of juveniles referred to the probation service is steadily increasing: it rose from 21,000 in 1995 to 31,000 in 1999.

The Youth Rehabilitation Service focuses on children and teenagers aged 12–18 who are not in school. The service runs *Miftanim*, which are community-based daycare facilities that provide individual and group therapy, counseling, academic studies, vocational training, and job hunting skills. Thirty-six *Miftanim* operated in 2000. Although this number has not increased in recent years, the number of participants has risen from 1,700 in 1999 to 2,600 in 2000.

The Youth and Young Adults' Care Service works with a broader population (aged 14–30). The work includes liaison with training and study centers and helping young people gain admission and adjust to them, making referrals to therapists, providing legal aid, offering material support, setting up self-help groups, and developing programs such as life-skills workshops, job-hunting workshops, training of sports counselors, and a community theater. In 2000, the welfare departments worked with 13,300 teenagers and young adults in 131 localities (not including those dealt with by the Youth Advancement Departments of the Ministry of Education). A considerable number of teenagers in need of assistance

(including many who belong to immigrant families) do not receive services.

The Service for Young Women in Distress. The local welfare departments work with girls and young women in distress aged 13–22 in the Jewish sector and up to age 25 in the Arab sector. The services include individual and group therapy, therapeutic clubs, halfway houses for young women in need of intensive therapeutic support, and shelters that offer young women in severe distress a place to sleep, protection, and treatment. In 2000 the service ran two shelters and 11 halfway houses. About 15,750 girls and young women were treated by these services in 2000. Although the number has risen in recent years, data indicate that the services treat only a fraction of the girls and young women in need of assistance. Immigrants who have arrived in the past decade are particularly likely not to make use of these services.

The Youth Protection Authority is responsible for facilities in which children and teenagers are held under court orders. These youngsters have criminal records as well as a variety of emotional problems; they may also suffer from profound educational and social retardation due to severe neglect. Treatment in these facilities is offered in individual and group settings. It includes educational, academic and vocational courses, training in social and cognitive skills, and preparation for induction into the IDF. These facilities housed 900 boys and girls in 2000.

Services for youth in distress have been split between a number of different departments. In a similar way, services offered by the Ministry of Social Affairs and the Ministry of Education have also been split-up. This results in service duplication, a lack of focus in service efforts, and an imbalance in resource distribution.

5) Correctional services for adults. These include social services of a supervisory nature.

The Adult Probation Service works with persons aged 18 and over with criminal convictions referred for treatment by the judicial system. Probation officers provide most of the treatment and make psychosocial diagnoses, provide therapeutic intervention, prepare briefs for relevant agencies, carry out probation orders and supervise court ordered community service. The number of people handled by the service is steadily increasing; in the past five years the number has increased by about 75 percent to 35,000.

Another element of correctional services is the **treatment of drug abuse victims**. Treatment is based on cooperation with the Antidrug Authority in the Prime Minister's Office and is carried out primarily by the local welfare departments. Services include diagnosis; individual, group, and community detoxification programs; treatment and follow-up after detoxification to assist with a drug-free reintegration into the community.

Another service focuses on the **treatment of women in distress**. It offers several services to battered women and victims of sexual assault. The primary service consists of shelters that provide treatment and counseling for the women and their children, a school program for the children, basic living expenses, legal advice, and housing assistance upon leaving the shelters. In the past five years the number of shelters has risen from seven to 13, and the number of women in them has increased from 470 to 700 (in addition to 1000 children). The service also provides halfway houses to facilitate a return to normal community life (the number of such houses rose to 28 in 1999). The service also operates emergency hotlines for battered women. Women who have been sexually assaulted receive assistance from crisis centers; since 1995, the number of such centers has increased from eight to 12, while the number of women treated by them has risen from 6,600 to 11,500.

6) The Community Work Service. This service promotes community work through community workers, primarily those employed by local authorities. These workers perform a variety of functions, including identifying the needs of populations, planning and developing services, helping to form civic advocacy or service organizations, fostering community leadership, and developing a community orientation among workers in the social services. The community workers are also involved in Project Renewal, which operated in about 100 disadvantaged neighborhoods around the country in the year 2000.

In summation, this survey describes the development of a complex system of personal social services offering a wide range of assistance for populations in need and reveals several of the system's main problems: multiple government agencies sharing responsibility for and treatment of similar populations, such as disabled persons and youth; incomplete coverage of the needs of other populations; and sizable differences in the pace and extent of development of services for different populations, as reflected in the rapid growth of services for the elderly, for example, in contrast to the slow development of services for other groups (e.g., youth and families in distress). The survey also notes that several essential services for families in distress and other populations are available in only a few localities. This point illustrates one of the main issues in this article: the degree of inequality in the allocation of services. There are several reasons for this inequality, such as the structure and functioning of the personal social services system, the division of powers and functions between central and local government, and the nature of the legislation that guides the allocation of services.

3. Structure and Activity Patterns of the Services

The local authorities, through their welfare departments under the Welfare Services Law (1958), are the main agents responsible for providing personal social services. Nonprofit organizations and private businesses are also involved in some service provision. Services are funded chiefly by the central government through allocations that are earmarked by the Ministry of Labor and Social Affairs to the welfare budgets of the local authorities (financing 75% of these budgets). Most local authorities also receive a grant from the Interior Ministry for various activities, including certain social services. The grant is not a set amount and is larger in localities in development areas.

Welfare budgets of the local authorities are not a global budget; they are divided into main items, each of which is divided into sub-items. The authority is obliged to keep to this budget division without transferring money between items. If it diverges from the budget, the authority must cover the excess from its own sources. A few years ago, an attempt was made to “elasticize” the budgets of some localities by allocating a global sum to the local welfare department to be used at its discretion. The attempt was unsuccessful in most of the localities that participated.

The participation of the central government in local government outlays is paid out in monthly increments. Inspectors from the three district bureaus of the Ministry of Labor and Social Affairs and the central office monitor the financial activity of local governments. This method of budgeting and follow-up gives the supervisory echelons of the central government considerable control over the welfare activities of the local authorities. However, the authorities may allocate additional financial resources to social services from their own or other external sources, in addition to the transfers

from central government budgets. Local authority funding of welfare budgets has indeed exceeded the mandatory 25% and reached 42% in 1997 – up from 38% in 1980. Local authority funding varies from locality to locality and from year to year; in some places, such as Tel Aviv, it even exceeds 50 percent.

The central government's influence on the activities of local welfare departments is reinforced by its responsibility for implementing and enforcing the social welfare legislation that stipulates the services required of the local authorities, especially with respect to protection of children at risk, women who are victims of domestic violence, and senior citizens. Although it is primarily the local authorities that provide the services stipulated in the laws, the central government appoints the welfare officers who enforce these protective laws and oversee their activities.

According to the Welfare Services Law (1958), by virtue of which the local welfare services operate, each local authority must set up a welfare bureau to provide aid to those in need. The law does not, however, stipulate clearly and in binding legal terms the rights of the needy to care and assistance or the scope and nature of the services to which they are entitled. The provision of services, therefore, depends to a large extent on the availability of financial and human resources in the welfare departments. Other laws designed for the protection of children, the mentally impaired, and the elderly from physical or psychological abuse also do not ensure the allocation of the resources needed for the specific services that must be provided.

Only two arrangements for vulnerable populations are anchored in legislation: nursing care for elderly people who live at home and are in need of personal assistance and care; and allowances for special services for severely disabled people up to old age. The extent and terms of eligibility for these services are stipulated in legislation, and therefore their allocation does not depend on the availability of financial resources.

The gaps created by these oversights in the Welfare Services Law are filled by the central government in the form of administrative orders (Social Work Regulations) issued by the director general of the Ministry of Labor and Social Affairs and distributed to the welfare departments in the local authorities. These orders specify the Ministry policies, guidelines, and requirements regarding the structure and functioning of the local welfare departments and the workers and the services that must be supplied to the population. Professional inspectors are responsible for enforcing these orders on the local level on behalf of the central government. They work with the local services and supervise the departments on a regular basis. Indeed, many of the professional and administrative decisions made and carried out on the local level are based on the regulations and the inspectors' instructions.

Thus, according to the present division of labor between central and local government, the local authorities are responsible for providing a wide range of services to populations in need, but they do not have full control of the shape that these services take, the criteria for eligibility, or a large share of the necessary resources. The central government, in contrast, is responsible for financing most of the services and for setting the rules and determining the professional and administrative nature of activity of the local welfare departments, without having direct responsibility for providing the services. Although from time to time the central government declares its desire to increase the independence and power of the local authorities in this regard, few concrete measures have been taken. Instead, local authorities and other community agencies that attempt to express their independence by developing unique community programs encounter numerous difficulties in seeking the support of the central government that they need for funding these programs.

The relationship between central and local government in the realm of social services, as in other realms, is quite vague due to confusing centralization and decentralization trends and an absence of legislative infrastructure that stipulates the provision of specific services.

How are the structure and patterns of activity as described above reflected in the degree of equity in the provision of personal social services? Does the extensive involvement of the central government in funding and directing services enhance equity? Are the growing decentralization trends, especially in large, strong localities, tipping the balance in the direction of less equity?

4. Equity in the Allocation of Personal Social Services

To explore the degree of equity that prevails in the allocation of personal social services, we must confront several difficulties stemming from the structure, characteristics, and unique patterns of activity of these services and from various traits of their target populations. One problem is linked to the wide range of needs and difficulties of these populations. These populations therefore require a wide range of services in varying proportions and combinations. Another problem stems from the fact that these personal social services are provided by a large number of organizations: government ministries, local authorities, volunteer organizations, and private businesses. Government ministries, the National Insurance Institute, local welfare departments, local nonprofit organizations, volunteer organizations, and private businesses operating on the national and local levels, for example, provide services for the elderly. Further assistance is provided by informal support networks composed of relatives, friends, neighbors, and self-help groups. These service providers are found in differing compositions in

different localities. Often they complement each other, but sometimes their work overlaps.

This complexity makes it difficult to ensure equity and justice in the allocation of services and further complicates the assessment and measurement of equity. However, a partial picture can be obtained from data published by the Central Bureau of Statistics (CBS) and the Interior Ministry about urban localities and regional councils in Israel. The report includes demographic data on the population of each locality, the number of clients of the welfare department, central and local government expenditure on personal social services, the number of social workers, and so on. CBS publications on the grouping of Israeli localities into socioeconomic clusters add several relevant main indicators. These data make it possible to compare different localities that belong to the same or different socioeconomic clusters.² A significant difference in average expenditure per client households and individual clients in different localities, for example, may indicate a large degree of inequality. However, these data can provide only a partial and preliminary picture; in order to obtain a more complete picture a systematic investigation must be done of the specific services provided in the different localities for populations with identical needs.

Below are several indicators of the degree of equity and uniformity in the allocation of resources to welfare services by locality:

² The data presented below relate to 48 urban localities: 24 of them (12 Jewish and 12 Arab localities) from the lowest three clusters (all the Arab localities are in the lower clusters), 12 from the middle deciles, and 12 from the upper deciles. The data on expenditure, the number of workers and the number of individual clients and client households, and the population of the localities refer to 1997, the latest year for which we have these figures. The socioeconomic distribution of localities relates to 1999.

a. Average expenditure on welfare services per individual client and client household. This is an indicator, albeit a partial one, of the scope of services provided to populations in need.

Table 1. Average Expenditure on Welfare per Individual Client and per Client Household, by Cluster, 1997
(Aggregate data, NIS)

Average expenditure	Clusters 1-3 (weak localities)		Clusters 4-6* (intermediate localities)	Clusters 7-10* (strong localities)
	Jews	Arabs		
Total	3,031	1,934	2,721	3,460
Central government expenditure per client	2,007	1,236	1,649	1,914
Local expenditure per client	1,024	698	1,072	1,546
Total	8,765	7,610	6,880	7,365
Central government expenditure per client household	5,745	4,865	4,168	4,110
Local expenditure per client household	3,020	2,745	2,712	3,255

* These aggregates are for Jewish localities only.

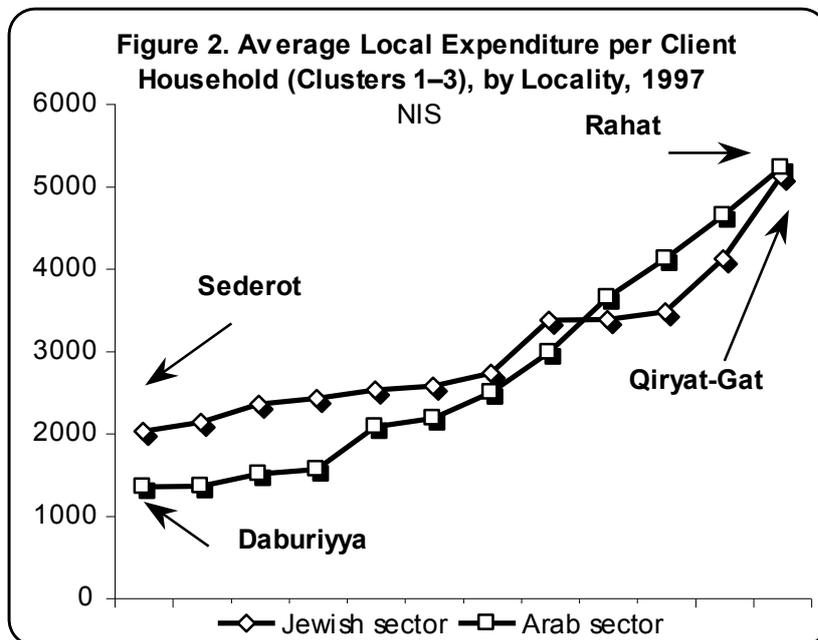
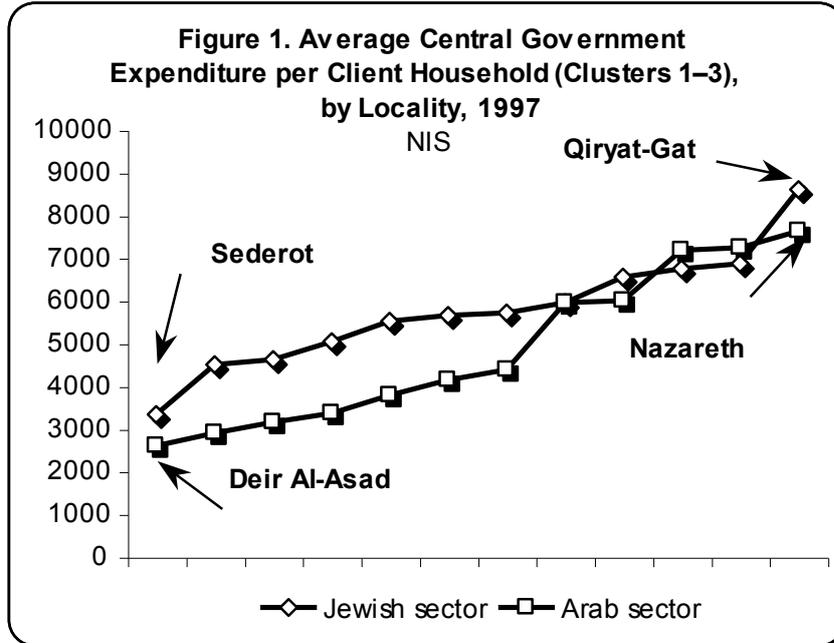
The data clearly show that there are large disparities between Jewish and Arab localities in the low clusters. Due to family size in the Arab sector, these disparities are particularly evident in expenditure per individual client. Central government expenditure per individual client is 62 percent greater in the Jewish sector than in the Arab sector, whereas local (independently financed) expenditure per individual client is 47 percent higher in the Jewish sector than in the Arab sector. There is also a disparity in favor of the Jewish localities in terms of central government and local expenditure per client household, but it is much smaller.

Average central government expenditure per individual client in the strong localities (clusters 7–10) is 16 percent higher than in the intermediate localities, 55 percent higher than in the Arab localities, and only slightly lower than in the weak Jewish localities. The strong localities are at an even greater advantage in terms of local expenditure per individual client, which is higher than in all the other groups: 44 percent higher than in the intermediate localities, 51 percent higher than in the weak Jewish localities, and 120 percent higher than in the weak Arab localities.

As for average expenditure per client household, it turns out that the strong localities allocate more of their own independent resources to client households than the other localities do. Although central government expenditure per client household is the lowest in the strong localities, it differs only slightly from that in the intermediate localities.

Total expenditure per client household is the highest in the weak Jewish localities (due to a high share of central government expenditure), but total expenditure in the strong localities exceeds that in the intermediate localities (due to independent spending) and is just slightly less than that in the Arab localities.

Figures 1 and 2 show average central government and local expenditure per household in Jewish and Arab localities in the low clusters. The large disparities between localities in the same clusters are worth noting.



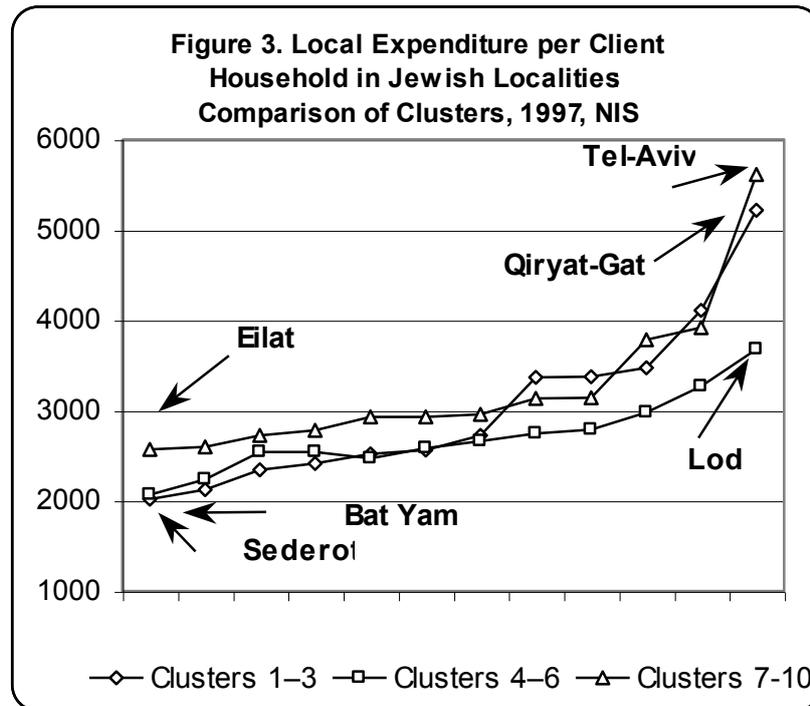
Of the Jewish localities in the socioeconomically low clusters, Qiryat Gat enjoys the highest expenditure per household from both central and local government (NIS 8,607 and NIS 5,217, respectively). At the other extreme in both instances is Sederot (with central government expenditure of NIS 3,333 and local expenditure of NIS 2,015 per household). Similar disparities exist in the Arab sector, too: Nazareth enjoys the highest level of central government expenditure and Deir el-Asad has the lowest, with a significant gap between them. The highest local expenditure in the Arab sector is in Rahat, whereas the lowest is in Daburiyya.

Table 2 and Figure 3 show average central government and local expenditure per client household in 36 Jewish localities that belong to the various (aggregated) clusters.

Table 2. Average Central Government Expenditure per Client Household in Jewish Localities, 1997

(NIS)

Clusters 1-3		Clusters 4-6		Clusters 7-10	
Sederot	3,333	Bat Yam	3,118	Giv'atayim	3,143
Qiryat Malakhi	4,509	Jerusalem	3,494	Ramat Gan	3,300
Bene Beraq	4,624	Netanya	3,856	Eilat	3,344
Mitzpe Ramon	5,046	Kefar Yona	3,869	Rishon Lezion	3,637
Ofaqim	5,531	Ashdod	3,938	Kefar Sava	3,797
Yeroham	5,663	Ashqelon	3,993	Petah Tiqva	4,230
Or Aqiva	5,712	Lod	4,059	Haifa	4,282
Netivot	5,734	Beersheva	4,420	Ra'ananna	4,381
Acre	6,556	Tirat Hakarmel	4,551	Ramat Hasharon	4,465
Dimona	6,757	Ramle	4,598	Tel Aviv	4,546
Beit She'an	6,864	Afula	5,038	Herzliya	4,554
Qiryat Gat	8,607	Safed	5,078	Holon	4,636



It turns out that there are significant disparities between localities in terms of central government expenditure per client household. The greatest disparities are between weak localities, but they also exist among intermediate and strong localities. Holon, for example, has an extremely high level of expenditure (NIS 4,636), 47 percent more than the lowest expenditure in its group – in Giv'atayim (NIS 3,143). Among the intermediate localities, Safed enjoys a very high level of expenditure (NIS 5,078), substantially higher than the lowest expenditure in the same group, found in Bat Yam (NIS 3,118).

Local expenditure per household also shows large disparities between localities: particularly noteworthy among the strong localities is the high local expenditure in Tel Aviv (NIS 5,610), which is more than double (118 percent) the lowest expenditure

in the same group of localities – NIS 2,568 in Eilat. It is worth noting that average local expenditure in most of the strong localities exceeds that in the intermediate and weak localities. Moreover, the highest local expenditure in any of the localities was in Tel Aviv.

b. The average caseload per social worker is a decisive indicator of the quality and extent of services that the worker can provide. Presumably, a social worker dealing with a large number of households cannot give them the same attention that would be provided by a social worker with a smaller caseload.

Table 3. Average Number of Households per Social Worker and Welfare Department Worker,* by Type of Locality, 1997

	Arab	Jewish localities		
	localities	Weak	Intermediate	Strong
Per social worker	45–188	56–164	83–163	123–260
Per welfare department worker	44–125	39–132	70–125	94–195

*The term encompasses all employees (social workers, administrative workers, nonprofessional workers, and so on).

The table shows a sizable disparity among the localities in each cluster. The largest number of client households per social worker and welfare department worker is in one of the strong localities; the smallest number is in one of the Arab localities.

The substantial disparities between Jewish and Arab localities in terms of expenditure by central and local government are not reflected in these data. A comparison of the Arab localities with the weak and intermediate Jewish localities shows that one of the Arab localities has the most households per social worker on average, but another Arab locality has the fewest. There may be several explanations for these disparities:

1. Arab families are large, and they therefore need more funding.
2. A larger percentage of the welfare budgets in Arab localities is devoted to employing workers.
3. The number of budgeted workers in the welfare department, as appears in the data, does not necessarily reflect the actual number of welfare workers. In many localities, a substantial portion of the workers are employed by municipal companies, nonprofit organizations, or personnel agencies. This occurs more in the Jewish sector than in the Arab sector.

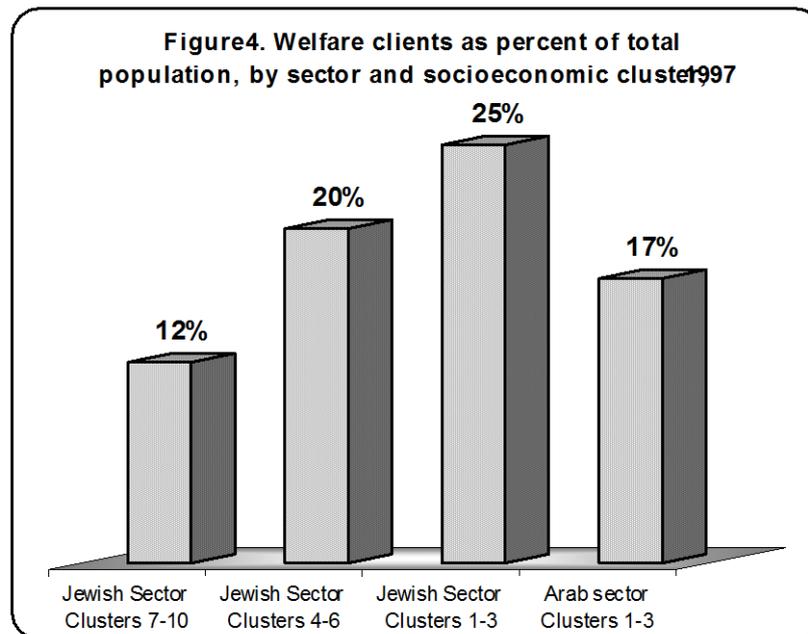
It seems that the smaller disparities between Jewish and Arab localities may not indicate greater equality.

c. The percentage of local residents who are clients of the welfare department provides another look at disparities between localities. The assumption is that socioeconomically similar localities will have similar percentages of clients, and that the percentage of clients in strong localities will be considerably less than that in weak localities.

Figure 4 compares the percentage of clients in different localities. It turns out that the percentage of clients in Arab localities, all of which are socioeconomically weak, is about 30 percent less than in the weak Jewish localities, and is even less, although not by as much, than in the intermediate Jewish localities.

It seems that the welfare departments in Arab localities are not as successful in their outreach efforts. This may be due to unwillingness among some families to apply for welfare services, the problems in reaching the families, or the existence of other community agencies that serve these families instead of the welfare departments.

Although the above data refer to only one specific year, the same trends have appeared in previous years.



5. Conclusion

Several significant points emerge from the survey:

1. There are sizable gaps between Jewish and Arab localities in terms of expenditure per individual client and per client household.
2. The analysis of central government expenditure shows a preference for weak localities (mainly Jewish ones), but not enough of a distinction is made between central government expenditure in intermediate and strong localities.
3. There are substantial disparities in central government expenditure on different localities in the same socioeconomic cluster. This means that the government is not fulfilling its crucial function of increasing equality among localities and is not narrowing the gap created by differences in local (independently financed) expenditure. The central

government thus gives preference to some localities over others, even when they appear to be socioeconomically similar. An analysis of the causes of this requires a separate discussion, but the fact that it occurs shows a lack of clear criteria for the allocation of central government resources, which are so vital to ensuring greater equity in the allocation of services.

4. The preference given by the central government to some weak localities is balanced out by patterns of local expenditure, which indicate clearly that the strong localities allocate more to welfare services than the weak and intermediate localities do. Greater local participation thus enables the strong local authorities to have a major impact on the level of welfare services provided to their residents.
5. Alongside the sizable gaps between localities in terms of local and central government expenditure, there are disparities in terms of the number of welfare workers and the percentage of client households.

The central government's considerable impact on local welfare services has not produced a system that provides services justly and equitably. Therefore we can assume that households and individuals with identical needs who live in different localities do not receive assistance of similar quantity and quality. The disparities between localities are explained by the decentralization trends reflected in different levels of local expenditure, by the absence of clear criteria for the allocation of government funding to different localities, and by the absence of legislation mandating the provision of services to populations in need on a uniform, equal basis.

This survey thus demonstrates the necessity of developing "baskets" of specific services for populations in need, anchoring them in legislation, and formulating clear, uniform criteria for central government participation in local welfare budgets.

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