# Personal Social Services

The personal social services focus on solving problems of individuals, families, groups, and communities that are unable or find it difficult to cope with various kinds of distress that seriously impact on their functioning and quality of life and impede their social integration. These services serve the most vulnerable groups in Israeli society, such as children at risk, disabled or needy elderly, teenagers in distress, battered women, families in crisis, the disabled, the retarded, recent immigrants with adjustment difficulties, ex-convicts, and drug addicts.

Various service organizations are active in the arena of personal social services and are in charge of providing these groups with assistance, which includes advice, treatment, provision of information, mediation, instruction at the individual, family, and group levels, and material aid. These organizations also engage in developing, funding, and operating various community and institutional services: institutions, clubs, and day centers for the elderly, hostels and community housing for the retarded and the disabled, shelters for girls in distress and for battered women, clubs and afternoon centers for children, rehabilitation centers for the disabled, family counseling centers, and detoxification centers for alcoholics and drug addicts.

# 1. Government Expenditure for Personal Social Services

Because government is a major player in funding the personal social services, patterns of government spending for these services have a decisive effect on their operation. The personal services budgets in the 1990s have been very different from those of the 1980s. The decisive influence in this trend can be attributed to the inauguration in 1988 of long-term-care benefits for those eligible under the Long-Term-Care Insurance Law. Implementation of this statute led to a rapid increase in government spending for personal services. Although this trend has continued in recent years, growth has been concentrated in long-term-care benefits, while most in-kind services have not expanded.

**Table 1. Increase in Total and Per-Capita Expenditure for Personal Social Services, with and without Long-Term Care Benefits** (NIS millions, 1997 prices)

| | **1990** | **1992** | **1995** | **1997** | **1998** | **1999** |
|---|---|---|---|---|---|---|
| **Total expenditure** | | | | | | |
| **Total** | **1,786** | **2,053** | **2,518** | **2,834** | **3,159** | **3,371** |
| Index: 1990=100 | 100 | 115 | 141 | 159 | 177 | 189 |
| **Excluding long-term care benefits** | | | | | | |
| | **1,340** | **1,491** | **1,764** | **1,867** | **2,078** | **2,067** |
| Index: 1990=100 | 100 | 111 | 132 | 139 | 155 | 154 |
| **Per-capita expenditure** | | | | | | |
| **Total** | **383** | **401** | **454** | **486** | **529** | **552** |
| Index: 1990 = 100 | 100 | 105 | 118 | 127 | 138 | 144 |
| **Excluding long-term care benefits** | | | | | | |
| | 287 | 291 | 318 | 320 | 348 | 339 |
| Index: 1990 = 100 | 100 | 101 | 110 | 111 | 121 | 118 |

The overall increase in spending is also reflected in the share of personal services out of all current expenditure for the social services. This category is the third-largest among the in-kind services, after education and health; in the late 1990s its share of total expenditure reached 4.5 percent. It can be seen that during the past few years, 1995-1999, the average annual increase in this category has been 7.6 percent, while education and health spending have risen by only 5.4 percent and 2.4 percent, respectively. The average annual increase in the personal services is large and resembles the average annual increase, during the same period, in income-maintenance expenditure. However, it should be reiterated that the change is concentrated in long-term care benefits, whose trend resembles that of income maintenance rather than in-kind services.

Average per-capita expenditure for personal welfare services also increased if one includes benefits under the Long-Term-Care Law, but not if we relate only to direct activities aimed at various population groups in distress.

As part of his development, long-term-care benefits have risen from 20 percent of the total expenditure for personal social services in 1989 to one-quarter in the early 1990s and one-third in 1997-1998. The 1999 budget envisions this component climbing to 39 percent of total expenditure.

| | **1989** | **1991** | **1995** | **1997** | **1998** | **1999** |
|---|---|---|---|---|---|---|
| Long-term care benefits, share of total expenditure | 20 | 25 | 30 | 34 | 34 | 39 |

The number of elderly who receive long-term care benefits has increased fourfold in the current decade (see below for further discussion of this topic). Other services for the elderly for which the Ministry of Labor and Social Affairs is responsible have also expanded in 1990s, although more slowly: the total increase in expenditure for services for the elderly since 1990

has been 55 percent, similar to expenditure for all personal services excluding long-term-care benefits. In the past few years, since 1996, expenditure for the elderly has risen by only eleven percent or so, while spending for all services was rising by 15 percent. Total expenditure for the elderly has become the largest item among the personal social services, unlike the situation before enactment of the Long-Term-Care Insurance Law: in 1998 they accounted for 41 percent of the total, and in 1999 are planned to exceed 45 percent of total expenditure. The ministry uses the balance of the personal social services budget – about NIS 2 billion in 1997 prices – to fund care for all other population groups.

**Table 2. Expenditure for Personal Social Services, excluding Long-Term-Care Benefits, by Main Components**
(NIS millions, 1997 prices)

| | Total | Elderly | Re-tarded | Children and youth | Dis-abled | Correc-tional services | Services in welfare bureaus | Central services |
|---|---|---|---|---|---|---|---|---|
| 1990 | 1,340 | 144 | 270 | 331 | 113 | 65 | 232 | 185 |
| 1995 | 1,764 | 205 | 347 | 371 | 217 | 87 | 325 | 211 |
| 1997 | 1,867 | 201 | 385 | 412 | 198 | 99 | 347 | 225 |
| 1998 | 2,078 | 225 | 433 | 475 | 219 | 118 | 375 | 232 |
| 1999 | 2,067 | 224 | 437 | 466 | 211 | 177 | 376 | 236 |

In recent years, expenditure on the retarded has been rising in real terms and now accounts for about one-fifth of all spending for personal services (not including long-term-care benefits). This expenditure is approximately equal to that on children, a category that had dominated expenditure in 1980s. The growth rate of expenditure on the retarded exceeds that for other population groups, except the elderly, by substantial margins: between 1990 and 1998, expenditure for the elderly grew by 60

percent, while that for children, for example, grew by only 43 percent.

Other expenditure lines did increase during the 1990s: rehabilitation by 90 percent, correctional services and services for alienated youth by 80 percent, and family welfare by 50 percent. It should be noted that these items account for tiny fractions of total expenditure: rehabilitation of the disabled accounts for 6-7 percent, correctional services and alienated youth for 3-4 percent, and family welfare for two percent. Wages of welfare-department workers account for eight percent of total expenditure. The distribution of expenditure during the last few years reflects a clear "favoritism" for two groups, the elderly and the retarded, over other groups such as children, youth, and young people in distress. The special increment given in 1998, and to be given in 1999, for the development of services for children may increase, to a limited extent, the share of these services, but this will not occur in the other categories. This pattern of apportionment of expenditure among the different categories lacks any satisfactory explanation, such as the existence of a set of priorities anchored in an explicit policy, or up-to-date figures on the needs of these population groups that could illuminate and explain the origin of the disparities in government allocations for the various kinds of service.

However, there is no doubt that the substantial fraction of all expenditure devoted to services for the elderly is to be explained by the fact that a major component of these services (home nursing care) is anchored in legislation. Unlike services for the elderly, some of which are rooted in law and require the allocation of a "basket" of in-kind services for a population group that is recognized as eligible, the other services lack such a foundation or are anchored in protective laws. These laws do require attention to and treatment of certain population groups, but they do not stipulate an explicit list of services that must be provided. In recent years, the Ministry of Labor and Social

Affairs has endeavored to define a package of services for children to be anchored in legislation, but no such law has passed yet. Nor have attempts to mandate by legislation residential services for the retarded succeeded. The fact that some services are anchored in legislation and others are not creates perceptible disparities in the allocation for services.

## 2. The Array of Personal Social Services

Various organizations are involved in the many fields of personal social services. These include the central government, local authorities, countrywide and local nonprofit organizations, the Joint Distribution Committee, the Jewish Agency for Israel, private businesses, and self-help groups. The organizational complexity of this array of services has actually increased in recent years because of the acceleration of the process of partial privatization. The process is reflected in the fact that most services, such as long-term-care services, residential facilities for children, shelters for women, hostels for the retarded and the disabled, day centers for the elderly, and so on, are provided to consumers by NPOs and private organizations. Moreover, most government expenditure for personal social services is channeled to these organizations, which play a central role in service provision. It should be noted that despite the momentum that this trend has gathered, its results – with regard to consumers, central government, and local authorities – have yet to be examined.

Alongside the growing involvement of nongovernmental organizations, the status of local authorities as important actors who affect the nature and quality of service to citizens is also gaining strength. Such local involvement is reflected in their provision of more than 25 percent of the funding for local services (the figure stipulated in accords between the central government and local authorities), the hiring of additional staff;

and independent development of various services. This local involvement considerably widens disparities among localities in the level of services provided to the population.

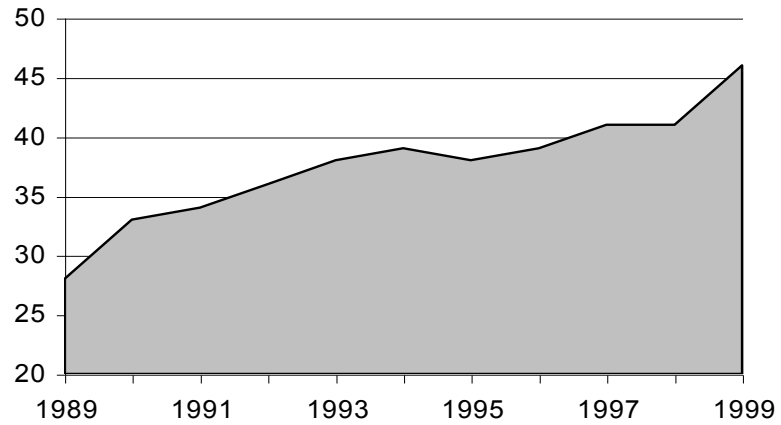
In the past few years, the personal social services have experienced a rapid process of growth, reflected in the level of expenditure, proliferation of organizations, increase in the number of workers, expansion of existing services, and development of a variety of new programs and services in each category of service. The question is whether the personal services have managed to create an appropriate and fruitful contact with population groups in distress, attain a maximum incidence of service, and help these target groups overcome their difficulties. The detailed examination of the personal social services, in the paragraphs that follow, indicates that the system of services has created a fairly comprehensive interaction with certain groups, such as the elderly and their families (mainly by virtue of the Long-Term-Care Insurance Law), the retarded, and the disabled. Other population groups, such as children and teenagers at risk, receive only partial coverage.

A change in this situation requires an organizational structure at the central- and local-government levels that will give the highest priority to services for population groups in distress, define a basket of services anchored in legislation that will be delivered to these groups, examine systematically the implications of the privatization process, encourage local initiatives, and expand the application of new programs and intervention methods that have proven their efficacy in lifting families out of serious distress.

## 3. Services for the Elderly

There were 568,000 elderly persons (women and men over the age of 65) in Israel at the end of 1996, or 9.9 percent of the population. Of them, 231,000 were 75 or older. In 1997, 492,000 elderly received basic old-age pensions; 40 percent of them received income supplement. This is a population group in which a high proportion has a range of needs in health, welfare, and income maintenance, response to which requires comprehensive involvement of the social services. As previously noted, in recent years the outlays for this population group have been the largest item in government expenditure for personal social services. At the beginning of the 1990s, it accounted for 33 percent of expenditure for personal social services, 38 percent in the second half of the decade, and 41 percent in the 1998 budget. Expenditure for this population group rose by 120 percent between 1990 and 1998.

**Figure 1. Services for the Elderly (including Long-Term Care Benefits) as a Percentage of All Personal Services**



These data point to a very significant turnabout in the magnitude of expenditure earmarked for the elderly population group, which began when the Long-Term-Care Insurance Law took effect. The increase in spending is reflected in the extent of services that have developed, including two main components: community services for most of the elderly (95 percent) who continue to live in their homes, and institutional services meant mainly for elderly persons who are infirm and/or in need of nursing care.

**a. Community Services**

Community services, which account for about half of government expenditure for the elderly, can be broken down into five main components:

**1. Services under the Long-Term-Care Insurance Law:** This component is the most comprehensive in terms of number of service recipients, the scope and range of services, and the share of expenditure devoted to it. Data indicate that the number of those eligible for nursing-care services has approximately quadrupled in the past decade, from 21,400 to 80,500. During this time, the population of elderly grew by only about 30 percent. The increase in the number of recipients of long-term care is thus totally disproportionate to the increase in the senior population group.

The proportion of recipients of long-term care services among all elderly, 12 percent in 1996, resembles the estimates of the proportion of disabled elderly who live in the community. Thus the long-term-care insurance services seem to be "covering" the population group in need (according to the criteria set forth in the law). It further transpires that about half of applicants for service under this law are turned away – a large majority for failure to pass the dependency test (which examines the person's degree of disability and level of functioning).

Changing the dependency test might have increased the number of disabled seniors who could obtain these services.

**Table 3. Eligible for Long-Term Care Benefits**

| | Total | Men | Women |
|---|---|---|---|
| 1989 | 21,359 | 6,961 | 14,398 |
| 1990 | 27,685 | 8,668 | 19,016 |
| 1991 | 31,501 | 9,594 | 21,907 |
| 1992 | 37,734 | 11,258 | 26,476 |
| 1993 | 45,776 | 13,381 | 32,395 |
| 1994 | 52,067 | 14,919 | 37,148 |
| 1995 | 59,023 | 16,656 | 42,367 |
| 1996 | 65,965 | 18,449 | 47,546 |
| 1997 | 72,912 | 20,085 | 52,827 |
| 1998* | 80,495 | 21,863 | 58,632 |

*June 1998.

Long-term-care services are provided by nearly 200 nonprofit organizations and private businesses that employ around 40,000 caregivers, a large majority of them on a part-time basis. The services provided are tailored to the needs of the elderly and include personal care at the patient's own home or in a day center, domestic assistance, supervision, transport to a day center, provision of absorbent products, laundry service, preparation and delivery of meals, and emergency call buttons. Housekeeping assistance is also provided to some of the elderly persons not recognized as eligible for care under the law. These services are funded by the municipal welfare departments, working through NPOs and private companies. In 1997, these services were provided to 6,000 elderly people each month.

**2. Day centers for the elderly.** In recent years, day centers have become a standard component of the array of community services. In 1994, there were 120 such centers in Israel, serving 7,500 persons – 1.3 percent of all seniors. In 1997, there were an estimated 140 centers serving 10,500 persons, or 1.7 percent of the 65+ age cohort. Most of the clients have physical disabilities or are mentally frail. Within this framework, they are given personal support services (meals, personal care, bathing, laundry, and so on), social and cultural services (various activity groups, games, outings, occupational therapy), and professional therapeutic services (health services, social-work services, physiotherapy, etc.). Most of the day centers are run by public NPOs; a few are run by private companies.

**3. Senior citizens' clubs.** These clubs are affiliated with local authorities, the *Mish'an* framework, community centers, and various volunteer organizations. It is estimated that between 10 and 20 percent of persons aged 65+ frequent these clubs, with higher rates in smaller localities. The Ministry of Labor and Social Affairs estimates that 75,000 persons used the facilities of 700 clubs in 1997.

**4. Supporting neighborhoods.** Supporting neighborhoods are a relatively new and rapidly developing model of service. Their purpose is to provide the elderly with a broad spectrum of services in their own neighborhood, with the objective of enabling them to continue living at home. The main services provided as part of the "supporting neighborhoods" include emergency medical assistance, home repairs (electricity, plumbing, etc.), emergency call buttons, and information and contact with other services (health services, welfare departments, etc.). The various services are provided to elderly people who live within the supporting neighborhoods and who have joined the program as members (membership entails a monthly payment). At the end of 1998, the country had about 30

supporting neighborhoods (there is no accurate and up-to-date information about the number of residents who use their services).

**5. Additional community services.** Municipal welfare departments, local NPOs, and private businesses also provide hot and frozen meals, other assistance (transportation for treatment, providing missing household equipment), installation of security devices, home renovation, recreational activities, and the like.

### b. Institutional Services

Notwithstanding the declared emphasis on the development of community services, about half of government expenditure on personal social services for the elderly is devoted to institutional services. The Ministry of Labor and Social Affairs is responsible mainly for overseeing the institutions and funding the accommodation of independent and frail elderly in them. The Ministry of Health funds the institutionalization of the mentally frail and those requiring nursing care. The Ministry of Labor and Social Affairs and the National Insurance Institute provide partial or full funding for more than half of the infirm residents, but for only a small minority of the independent ones. In 1997, these agencies helped fund the institutional stays of about 4,000 persons; the Health Ministry helped fund 7,000. A total of 230 institutions are supervised by the Ministry of Labor and Social Affairs. At the end of 1996, some 24,000 persons were living in institutions for the elderly, half of them independent or frail, the rest mentally frail or in need of nursing care.

The data point to stability in the number of independent residents of institutions, but to a substantial increase in the number of frail tenants. A perceptible increase has also occurred in the number of nursing-care and mentally frail residents of institutions supervised by the Ministry of Health. However, in 1998 more than 2,000 elderly persons in need of nursing care

were waiting for an institutional solution funded by the Health Ministry.

Concurrent with the increase in the number of institutions and their residents, in the past few years there has been perceptible growth in the number and population of sheltered-housing projects. In 1996, the country had 109 such facilities with 11,200 dwelling units. Between 1990 and 1996, the number of sheltered-housing units climbed by 82 percent. Unlike nursing homes, sheltered housing allows residents to pursue an independent lifestyle (their own apartments, independent meal preparation, and so on), backed by the health-care, social, and cultural services provided by the project.

Looking at services for the elderly in the past decade, we can say that there has been a substantial increase in government expenditure devoted to these services, an increase not paralleled in other categories of personal social services. The growth is perceptible not only in the level of financial outlays but also in the number of organizations that provide services for this group, nationally and locally, in the number of elderly who receive these services, in the variety of services provided, and in the new services developed in the past few years. The number of workers (professional and otherwise) involved in this field has also grown during this time.

Countrywide and local NPOs and many private businesses are intensely involved in delivering these services. The partial privatization policy manifested in the transfer of responsibility for the delivery of social services to business and nonprofit organizations is being strongly realized in this field.

There is no doubt that services for the elderly currently reach a large proportion of the elderly population and have improved their quality of life. However, several problems still lack appropriate solutions, such as long-term inpatient care and the disabled elderly who are not eligible for services under the Long-Term-Care Insurance Law.

## 4. Services for Children and Youth

In 1996, there were 1,680,000 children (aged 0-14) in Israel, and another 513,500 teenagers (defined here as aged 15-19). It is difficult to come up with an accurate estimate of the proportion of these more than two million children and teens who were in distress. In any case, the number of children living in poor families was 300,000 in 1996. This population presents the welfare services with one of its main challenges, but only 15 percent of government outlays for personal social services has been devoted to this category in recent years. Moreover, whereas this expenditure has grown in the 1990s by 43 percent, total expenditure for personal social services, excluding long-term-care benefits, has increased by 55 percent. In the past year, services for children received a special increment earmarked for the development of specific services for children at risk. This special allowance will also be allocated in 1999.

Personal social services for children contend with a range of problems, needs, and difficulties. They aim to locate at the earliest possible stage children in need of assistance and to respond in a way that will assure their well-being and safety. The goal is to extricate them from situations of risk and distress and to assure their personal and social advancement. These services also deal with child adoption and unmarried pregnancies. Although official policy in this field emphasizes the importance of the community services, institutional services (those outside the home) continue to be a central element in the array of services for children; because of their high cost they consume a major part of total expenditure for children and teens. It is worth bearing in mind that there are several protective laws concerning children but they do not mandate the provision of concrete services.

### a. Community Services

In the past few years, the community services have contracted to only 20-25 percent of total expenditure on services for children. This category includes services provided mainly by local social-service departments or by nonprofit organizations that depend on funding from the central and local governments. The social workers employed by these services locate children and parents in need of remedial intervention and offer them counseling and guidance, various options for integrating children into community facilities and projects, or referral to residential facilities. Some of the social workers act as welfare officers and are in charge of implementing existing laws meant to protect children at risk and to prevent family violence.

The community services include various facilities for preschool children, such as family environment settings and activity centers. These are programs that allow preschool children to stay through the afternoon and allow both them and children of elementary school age (6-12) to spend the afternoon in a supportive social and educational setting.

Services also include special programs meant to reinforce the parenting capabilities of parents and to improve interaction between them and their children, and operation of emergency centers for children. These centers, developed in the past few years, serve children who are at immediate risk on account of physical violence and psychological neglect in their family environments. The centers provide these children with protection, crisis intervention, diagnosis, and treatment. Children's stay in these facilities is temporary; some of them are transferred to residential facilities and others are returned to their families. In 1998, there were seven such centers in the country.

It is not clear how many children are in distress and receive service. According to an estimate by the Ministry of Labor and Social Affairs, about 50,000 children received various services

in community and institutional facilities in 1997. In 1995 some 17,000 children were handled by welfare officers. These data indicate that only some of the children at risk or in distress are reached by these services. The lack of coverage is greater in the Arab sector than in the Jewish sector.

Awareness of the problem of the limited coverage of children in distress, and the failure of the welfare services to fully cope with this population group, which stems largely from under-budgeting of this field, have prompted the Ministry of Labor and Social Affairs to develop a special project for children at risk. In 1998, NIS 75 million was appropriated as a budget supplement earmarked for this project (another NIS 75 million will be allocated for this purpose in 1999). The programs in this project include locating children at risk and establishing community centers to treat them and their families and developing and expanding existing services for children. In 1998, 60 localities were chosen as sites for the project. In some of them, the planning and establishment of child and family centers, to be operated as pilot projects that will be evaluated systematically, is under way. The intention is that an improved "basket" of services for children at risk will be offered in other localities and that existing services meant for this population group will be reinforced.

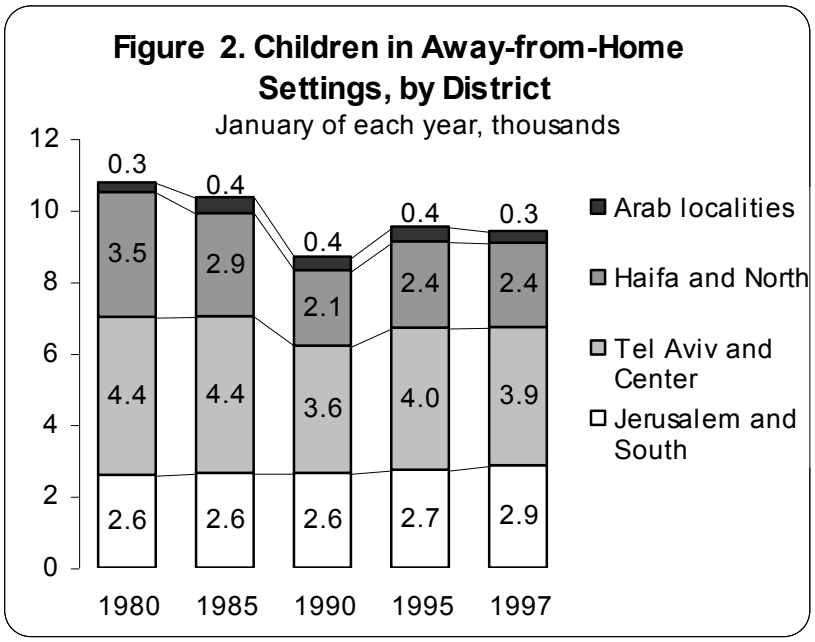
It is still difficult to assess whether this program, being implemented for the time being with different degrees of intensity, and only in some localities, will indeed bring about a meaningful change in the scope of services for children in distress and in their level of coverage.

Another noteworthy development that occurred in 1998 in the field of community service for children was the establishment of *Ashalim* – a countrywide nonprofit organization under the joint auspices of the government and JDC – Israel, meant to contribute to the development of services for children in Israel. *Ashalim* is to operate along the lines of *ESHEL*, the Association

for planning and Developing Services for the Elderly. *ESHEL* has made a meaningful contribution to the development of community and institutional services for the elderly in Israel, in part by initiating and encouraging the establishment of local NPOs.

**b. Institutional Services**

Institutional services for children – accounting for three-fourths of total expenditure on services for children – include two main components: residential facilities and foster families. The expenditure pertains to children who live in settings outside the home and were placed there by the Children and Youth Service, with funding from the Ministry of Labor and Social Affairs. Most residential facilities for children are run by volunteer organizations.



The total number of children referred to residential facilities by the welfare authorities declined gradually between 1980 and 1990. This decrease pertains to children who live in the central and northern districts but not to those living in Jerusalem, the south, and Arab localities. In contrast to the overall trend, between 1990 and 1996 the number of children in institutions increased; only in 1997 did the trend change and their numbers decrease again. Notably, the proportion of Arab children who live in residential facilities outside the home is substantially lower than that for Jews.

## 5. Services for the Retarded

There are no accurate data on the number of retarded persons in Israel, but the accepted estimate in the world is that this group numbers one half of one percent of the population. If so, there are about 30,000 people with various degrees of mental retardation in Israel.

In recent years, services for the retarded have claimed about 14 percent of total government expenditure for personal social services. Spending on them increased by 60 percent between 1990 and 1998, to NIS 430 million (1997 prices). A wide variety of services are offered for the retarded and their families. A number of agencies are involved: the Ministry of Labor and Social Affairs, local welfare departments, nonprofit associations such as *Akim, Yated, Alyn,* the *Izi Shapira House*, and private organizations, which are active mainly in institutional services. The official policy of the care-giving agencies stresses the importance of leaving retarded persons with their families and communities by developing various community services; in fact, the lion's share of expenditure for these services (89 percent in the past few years) has gone for the development and the upkeep of institutional services. It should be emphasized that in this field, too, services for the retarded (such as placement in care

centers or community housing) still lack a statutory mandate, so their provision for the population group in need hinges on the willingness to allocate further resources.

### a. Community Services

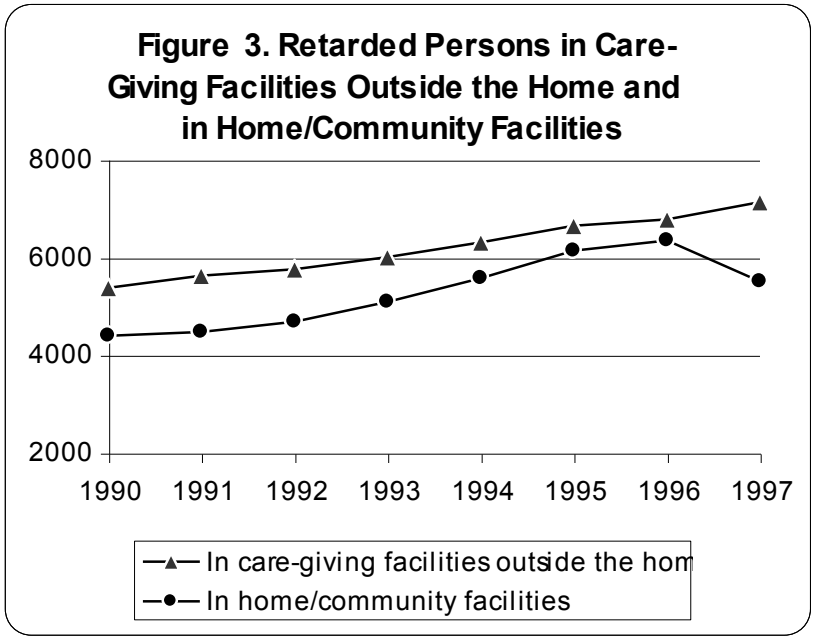
Community services for the retarded involve various facilities: day centers for infants aged 0-3 and for mentally retarded children and young adults, aged 3-21, in which they stay until the afternoon. The ministry also funds their stay in these centers from afternoon into the evening as part of a long-day program. Another community service developed in the past few years in several localities is the "*nofshon"* – a hostel where parents can leave their children for fifteen days per year in a care-giving facility so they can take a vacation (in exceptional cases, the stay in the hostel can be extended to forty five days a year).

An important component of the services for the retarded is diagnostic centers that try to identify retardation in children at an early stage, counseling centers for parents of retarded children, and counseling for the retarded themselves in various matters.

**Table 4. Retarded Persons in Community Care Facilities**

| | 1990 | 1992 | 1994 | 1996 | 1998 |
|---|---|---|---|---|---|
| Diagnostic centers | 1,000 | 1,000 | 1,500 | 2,000 | 2,000 |
| Therapeutic crèches and daycare centers | 900 | 1,230 | 1,544 | 1,634 | 1,600 |
| Daycare centers for moderate retardation | 1,600 | 1,579 | 1,772 | 1,914 | 1,150 |
| Clubs | 700 | 1,745 | 2,350 | 2,350 | 2,400 |
| Convalescence and summer-camp settings | 1,400 | 1,400 | 1,500 | 1,600 | 1,700 |
| Home caregivers | 150 | 150 | 200 | 250 | 250 |
| Rehabilitative work projects (adults) | 1,900 | 1,878 | 2,100 | 2,238 | 2,250 |
| Extended daycare | — | — | 165 | 565 | 665 |
| Community integration of special children (age 0–3) | — | — | 60 | 100 | 100 |

As a response to the needs of retarded adults, rehabilitative work projects are run for retarded persons aged 21 and over who live in the community. There are also social clubs and an array of special projects for families of the retarded, including individual counseling, home instruction and caregivers. In the past few years, special programs have also been developed for genetic counseling and to prevent the abandonment of retarded children in hospitals.



The data point to a perceptible increase in the number of retarded persons who receive service in various community settings. The growth in the number of persons diagnosed, the number of persons who participate in clubs, and the number of children in crèches and therapeutic day centers is especially conspicuous. It is assumed that some 8,000 retarded persons who live in the community obtain service in these facilities. Although the central and local governments continue to play a major role in funding and providing service for the retarded, in the past few years the share of NPOs and businesses in delivering service in this field has been rising, as it has in other domains.

### b. Services outside the Home

Services for the retarded outside the home include residential care centers (such as sheltered housing and hostels), foster families, and a small number of retarded persons who stay in hospitals for the chronically ill.

**Table 5. Persons in Care Centers for the Retarded and with Foster Families**

| | 1980 | 1985 | 1990 | 1995 | 1997 |
|---|---|---|---|---|---|
| Total | 4,462 | 5,035 | 5,378 | 6,377 | 7,138 |
| Care centers | 4,194 | 4,721 | 5,105 | 6,008 | 6,871 |
| Foster families | 268 | 314 | 273 | 369 | 267 |

The number of those in care centers and with foster families has grown steadily in the past twenty years, with the pace of growth accelerating in the last few years. Between 1995 and 1997, however, the number of retarded persons living with foster families decreased. This decrease is all the more conspicuous in view of the increase in the number of those in residential facilities. The increase in this category is also

reflected in the number of care centers – some ten new care centers opened in 1994-1996 alone. The rapid increase caused the number of persons waiting for admission to centers to decline, and was the result of a decision to allocate extra resources to take in all of those in the queue. The care centers for the retarded are owned by three types of agencies: government, private organizations, and nonprofit voluntary associations. In the past few years, the number of residents of private care centers has been rising.

It should be noted that in the past few years there has also been a substantial increase in the number of retarded persons who live in community housing settings and in hostels. In the early 1970s, very few lived in such settings; by the mid-1990s there were about a hundred of them. This figure, too, however, is still very low.

With respect to care of the retarded, it is worth emphasizing that, if Israel has about 30,000 retarded persons (about one half of one percent of the population), only about half are covered by the formal community and institutional services meant for this population group. The lack of coverage is especially perceptible in the Arab sector. We have no accurate and up-to-date information on the extent of services for the retarded in this sector, but evidently the share of retarded who receive appropriate attention is substantially lower than in the Jewish sector.

## 6. Services for the Disabled

Between 1990 and 1998, outlays by the Ministry of Labor and Social Affairs on personal social services for the disabled increased by 90 percent. This expenditure accounts for about seven percent of total spending for personal services. This proportion seems small relative to other items (such as services for the elderly, for children, and for the retarded); those

responsible for these services point to budget strictures that prevent them from providing vital services. Income-maintenance services for the disabled are covered by the National Insurance Institute (NII).

Other population groups of disabled persons – casualties of work accidents and of belligerent actions – are taken care of by the rehabilitation division of the National Insurance Institute; persons wounded while doing their military service are handled by the rehabilitation division of the Ministry of Defense. The NII also maintains a fund to develop services for the disabled, which allocates NIS 100 million every year to various organizations that provide services for the disabled. Support from the fund is meant mainly for the construction of infrastructure and acquisition of equipment for services for the disabled. Various past attempts to integrate care for the disabled into a single organizational framework have not worked out because of various legal stipulations and organizational interests.

According to the current division of labor among these agencies, the Ministry of Labor and Social Affairs (directly and through local authorities and other agencies) deals with people whose disabilities are associated with physical illness (cerebral palsy, polio, multiple sclerosis, and the like), people with sensory disabilities (deafness and blindness), and people who have problems functioning and coping for organic reasons (brain damage, learning deficiency). These disabled persons are of different ages (infants, children, young people, adults, and seniors).

### a. Community Services

In contrast to the services for other population groups, the centrality of community services stands out among those for the disabled. These services, which in the past few years have accounted for three-quarters of government expenditure, are delivered by local welfare departments and various volunteer

organizations such as *Migdal Or*, *the Association of the Deaf*, *Micha*, *Keshev*, and so on, which receive support from the state. Services for disabled children include diagnostic agencies that help plan treatment and rehabilitation, day centers and family care centers for disabled children, special camps during school vacations, and aides who escort disabled children.

Services for disabled adults include social and cultural clubs, vocational rehabilitation centers, and supported and sheltered employment centers such as *Hameshakem, Ltd*., which provides sheltered employment for the disabled. There are also special projects in particular localities, such as the Multiple Services Center for the Blind *(Marshal)* in Tel Aviv. Rehabilitation services also include rehabilitation institutes for specific population groups (such as institutes for treating vision impairment). The social workers employed by welfare departments and by voluntary organizations provide the disabled and their families with counseling and material assistance (covering travel expenses, purchase of equipment, and the like).

In 1997, there were about 140 agencies engaged in diagnosis and various kinds of vocational training and retraining (imparting employment skills, long-term training, etc.) for some 9,000 disabled persons. About 2,350 disabled persons were working in some 50 sheltered workshops during that period, while *Hameshakem* employed about 3,000 disabled persons. (We do not have figures on the number of disabled persons employed in regular work places or the number of those not employed at all.) Thus the community services strongly emphasize diagnosis, rehabilitation, and vocational training. However, there is no information on the extent to which these services actually do cover the majority of the disabled who live in the community and need these services.

### b. Services outside the Home

Services outside the home account for a very small share of the expenditure on the disabled (about 20 percent). These services include three main components: care centers, hostels, and community (sheltered) housing. In 1997, about 1,000 disabled persons were living in 46 such sites; another 140 disabled persons lived with 120 foster families. Most of the disabled adults who live in hostels, sheltered housing, or with foster families work in various contexts (whether sheltered or on the open market). These figures reflect a gradual but slow increase in the number of disabled persons living outside the home. However, a large majority of the disabled live and receive services in the community. Those who are placed outside the home receive services including medical and paramedical care, counseling, and rehabilitation.

It is worth emphasizing that those personal social services for the disabled that are the responsibility of the Ministry of Labor and Social Affairs are not anchored in statutory provisions; allocations for them hinge on a willingness to set aside additional resources for this objective. As we saw at the beginning of this section, various government agencies (the Ministry of Labor and Social Affairs, the National Insurance Institute, and the Ministry of Defense), local authorities, and voluntary organizations provide services for the disabled. This intricacy, which stems from various substantive (the origin of the disability) and legal reasons, does carry several advantages with it, but has also caused fragmentation of services, redundancies, and a lack of coordination.

## 7. Services for Individuals and Families

In the division of functions currently in effect at the Ministry of Labor and Social Affairs, services for the elderly, children, and youth in distress, the retarded, and the disabled are entrusted to special units that focus on the problems and particular needs of these population groups. The Individual and Family Welfare Service deals with a wide variety of more general problems and needs characteristic of individuals and families going through crises. Expenditure for this activity has risen by 50 percent in the 1990s but accounts for only 2 percent of total government spending for personal social services. Services for individuals and families are provided to various population groups, such as parents without the skills and ability to discharge their function; individuals and families who are not in contact with the services or are unaware of the entitlements and the services for which they are eligible or those who find it difficult to deal with service-providing organizations; families in crisis because of spousal conflicts or crises stemming from bereavement, illness, unemployment, imprisonment, disability, and addictions; homeless individuals and families (street people) and those without any family; and families that have experienced multiple births.

A broad spectrum of services are provided by the local welfare departments as well as various NPOs (*National Council for the Child, Na'amat, WIZO, Family Care Association, Women's League for Israel*, etc.), which get much of their budgets from central and local government. Services include comprehensive care for individuals and families, counseling for families in crisis in family treatment centers, implementation of various laws pertaining to family life (such as violence) by welfare officers, centers for the prevention and treatment of family-violence problems, assistance for single-parent families, employment of paraprofessionals who help families in distress

by mediating between them and various service agencies, provision of information on entitlements, and instruction and counseling in various matters, and the like; running summer camps for families in distress; providing post-partum mothers with convalescence options, assistance to acquire basic housewares, assistance to receive medical treatment not included in the services covered by National Health Insurance (dental care, transport to hospitals, etc.), and assistance for street people.

During the past few years, special programs have been developed to care for families in distress, such as *Yahdav*, *Dror*, family-violence prevention centers, neighborhood assistance centers, a program for integrated care of families whose children have been removed from their custody, and the auxiliary units affiliated with the family courts, which began to operate about three years ago.

Because a sizable share of these services are allocated differentially in different localities, there are disparities among localities in the extent and level of service. This is reflected, among other things, in the fact that various innovative programs are available in some localities and not others. It should also be noted that there is insufficient information about the extent to which these services cover the population groups in need; various evidence, however, indicates that the coverage is not complete.

## 8. Correctional Services for Youth and Adults

Correctional services provide treatment and social supervision, rehabilitation, and prevention for juvenile offenders, and treatment and prevention services for teenagers, young adults, and adults experiencing severe distress or functional difficulties and accordingly at risk of declining into deviant and criminal behavior. It should be borne in mind that treatment of such teenagers falls into the province of several agencies: the Ministry of Labor and Social Affairs; local authorities; community centers; the Ministry of Education, Culture, and Sports; and various government-assisted NPOs, such as *ELEM*.

Expenditure for these services has increased by 80 percent in the 1990s but accounts for only four percent of total spending for personal social services. Among the components of expenditure for these services, the negligible allocation for youth in distress (about NIS 5 million in 1998, in 1997 prices) stands out. This allocation does not suffice to meet the vast needs of this population group.

### a. Services for Children, Youth, and Young Adults

There are various estimates about the number of young people at risk and in distress and at risk of delinquency. These estimates range from 50,000 to 100,000; some believe the number is even greater. Their numbers have risen over the past few years with the immigration from the former Soviet Union and Ethiopia. The teenagers in question are tied to non-normative social settings, commit criminal offenses, and behave asocially; others live in families marked by violence, severe unemployment, poor health of a family member, and so on. Still others are homeless, use drugs, suffer from learning disabilities and mental problems, have been released from prisons or treatment centers, or were rejected by the army.

Services for these young people fall into three main categories: the Youth Probation Service, which deals with young offenders; various community-based treatment services; and the Youth Protection Authority, which oversees facilities outside the home for this population group.

**(1) Youth Probation Service:** This service deals with under-age offenders (aged 12–18), who are referred to it by the police or the courts. The service also deals with children up to age 14 who are involved in morals offenses (as suspects, witnesses, or victims) and with child victims of physical, mental, or sexual abuse by their parents.

Services are provided by probation officers who are State employees and draft reports for the courts, oversee court-ordered probation, perform psychological and psychiatric diagnosis, and provide individual and group care. Probation officers also allocate auxiliary services such as material assistance and tutoring, placement in institutions when necessary, assistance in integration into schools and jobs, as well as follow-up. The number of minors cared for by the Probation Service has been rising steadily – by a total of 25 percent between 1990 and 1995.

**(2) Youth Rehabilitation Service:** This service focuses on adolescents aged 12–17 who are not involved with any existing educational setting. Activity is concentrated in *miftanim*, which are daytime facilities operating in the community and offering individual and group treatment, counseling, academic studies, vocational training in comprehensive workshops, imparting job-search skills, social activities, and preparing the youth for their compulsory military service.

In 1996, there were 38 *miftanim* operating throughout the country, most of them run by local authorities. Between 1990 and 1996, the number of young people handled by them rose from 1,700 to 2,300 – an increase of 35 percent.

**(3) Community services for youth and young adults:** The main agencies involved in the allocation of community services for teenagers and young adults (aged 14–27), are the Service for Youth and Young Adults of the Ministry of Labor and Social Affairs, local authorities that employ youth workers in their welfare and education departments, community centers, and voluntary organizations, especially *ELEM* (the Association for Youth at Risk and in Distress).

The services provided to this population group include assistance in completing their education and vocational training, provision of information, liaison and mediation with various agencies, individual and group treatment and counseling, workshops to teach good work habits, groups to enhance self-awareness, legal aid, assistance in housing, material support, and mobile centers for diagnosis, counseling, and referral for homeless youth.

Information and counseling centers for youth began to be established in various localities in 1988, at the initiative of *ELEM*. The assessment is that, not withstanding the extent and variety of services, their success in reaching teens and young people in distress remains incomplete.

**(4) Community services for girls in distress:** These services are provided for young women aged 13-22 in the Jewish sector and up to age 25 in the Arab sector. Services are provided mainly by means of local welfare departments and voluntary organizations such as *WIZO*, *Na'amat*, and *ELEM*. The services include individual and group treatment, running therapeutic clubs, identifying girls who cannot be inducted into the army because of their low achievement level and preparing them for induction, running special programs for immigrant girls from the former Soviet Union and Ethiopia, maintaining halfway houses for girls who can fit into normative settings if given intensive therapeutic support, and upkeep of shelters that provide housing, protection, and care for girls in severe distress.

In 1997, about 12,000 girls were receiving treatment, including 2,500 Arabs and 2,000 immigrants. These figures indicate that services for girls in distress cover only part of the population group in need. The lack of coverage is especially noticeable with respect to immigrant girls.

**(5) Youth Protection Authority:** The Authority, which is part of the Ministry of Labor and Social Affairs, is in charge of services for children and youth who are referred to institutional facilities by the competent authorities. These young people have criminal records, behavioral and emotional disturbances, and acute scholastic and cultural retardation resulting from severe neglect. In these facilities they receive individual and group treatment, academic and vocational studies, social and cognitive skills, and preparation for induction into the army. In 1997 there were about 40 such facilities, with a capacity of 750 persons. The away-from-home facilities include various sorts of treatment centers and hostels. Another type of away-from-home facility worth mentioning are the two facilities for homeless teenagers run by *ELEM* in Jerusalem and Tel Aviv.

### b. Correctional Services For Adults

Correctional services for adults include three components:

**(1) Adult Probation Service:** This unit deals with persons aged 18 and above who have been convicted of criminal offenses and referred to it by the judicial system. Probation officers perform psychosocial diagnosis, conduct therapeutic intervention, prepare reports for relevant agencies about the prospects for treatment and rehabilitation, and oversee probation and community-service orders.

The number of referrals to this service, too, has been rising continually. In 1980, the number of new referrals (diagnostic stage) was 3,800; the figure rose to 5,900 in 1990 and to 9,200 in 1995. During those years, the number of persons referred to

treatment and intervention climbed from 1,300 to 2,400 and then to 3,500, respectively. In 1996, the number of adults supervised by the Probation Service reached 9,900.

**(2) Services for victims of drug abuse:** This service, provided in conjunction with the Antidrug Authority in the Prime Minister's office, is offered mainly by the local authorities and voluntary associations like *Al-Sam*. Services include diagnosis and defining treatment (detoxification) programs at the individual, group, and community levels, while involving the family and supervising progress in order to help the former addict integrate into the community and remain drug-free. In 1997, some 4,500 persons received such treatment, in 90 localities. It has been estimated that some 20,000 men and women in Israel are addicted to hard drugs, which implies that the treatment agencies reach about one-fourth of the relevant population group.

**(3) Services for women in distress:** This service is intended for battered women and victims of sexual assault. Its main activity is running shelters for battered women and their children. The shelters, run by voluntary organizations like *Na'amat*, offer women and their children treatment and counseling, educational facilities for children, a basic-needs allowance, legal advice, and assistance in finding housing for women who leave the shelter.

The eleven shelters active in 1997, housed some 250 women and 1,250 children for varying periods. This service also runs halfway houses near the shelters, meant to ease the women's return to regular life in the community (there were twenty such apartments in 1997). This service also runs emergency telephone lines for battered women to call and provides counseling and treatment for battered women through the local welfare departments.

Facilities for female victims of sexual assault include assistance centers. In 1997, there were ten such centers that aided 6,600 women.

## 9. Community Work

Government expenditure for community-work services accounts for about two percent of the total budget for personal social services. The work is carried out by 250 community workers, most of whom operate under the social-service departments of the local authorities and engage mainly in the following activities: identifying needs of population groups and planning various projects meant to meet these needs; promoting residents' involvement and participation in various social programs, including the setting up of neighborhood committees; developing local leadership in communities by training activists, and developing a community approach and awareness among social-service workers; fostering community media (such as community television), and encouraging social and cultural activities in the communities (such as community theater). The community workers are also intensively involved in the Neighborhood Renewal Project.

Thus community work adds a unique dimension to the other personal social services, which focus mainly on providing services to individuals and families. The tiny budget earmarked for this field of activity indicates that it has not yet gained an appropriate status in the arena of personal social services.