

Personal Social Services

1. General

This section discusses one of the most crucial components of the social services – the personal social services. These services are meant to aid society's weakest and most vulnerable segments: children at risk, families in severe distress, street people, battered women, the disabled, lonely and disabled elderly, neglected youth, recent immigrants who falter in their social integration; and drug addicts. These services are delivered by a wide variety of organizations: central-government offices, municipal welfare departments, local nonprofit associations, and private businesses. As the personal services, like the social services at large, are undergoing partial privatization, the number of organizations involved in delivering them has been increasing. Today they provide their client population groups with a broad spectrum of community-based and institutional services.

The discussion in this chapter focuses on expenditure by the Ministry of Labor and Social Affairs and, in part, by the National Insurance Institute. The total expenditure does not reflect the full extent of resources pledged to the personal social services; these services have access to additional resources from central government (such as the budget-balancing grants that the Interior Ministry gives to municipal authorities), municipal authorities, nonprofit organizations (many of which receive government aid), and private entities. However, the central-government allocation is an important component in the resources available to the personal social services.

The 2000 budget reserves 4.8 percent of total government social expenditure for the personal services. This proportion has fluctuated over the years: from 4.5 percent in the early 1980s to 3.6 percent by 1985, during the period of large cutbacks, with a gradual recovery to the current level since then.

Government expenditure for the personal services, shown in Table 1, is made up of nine main components (listed in order of size): services for the elderly (including long-term care benefits), services for children and youth, services for the retarded, rehabilitative services for the disabled, correctional services (including teenagers in distress), welfare services for families, community work, payroll and administrative expenses of municipal welfare departments, and expenditure for head office services. Notably, government expenditure for many services, such as those for children and youth and for the mentally retarded, is made up of two components: funding of specific community and institutional services (such as upkeep of children in institutions and the retarded in care centers, activities of NPOs, and various community programs), and funding of the payroll and administrative expenses of the main offices of various services. The wages of municipal welfare employees who work with children, the mentally retarded, and other population groups are covered by the municipal payroll allocation. Thus, government expenditure for these and other services do not elicit a full picture of the services provided to certain population groups, since it does not include the wages of the employees who assist this population group – a component that, to a large extent, determines the extent of services provided.

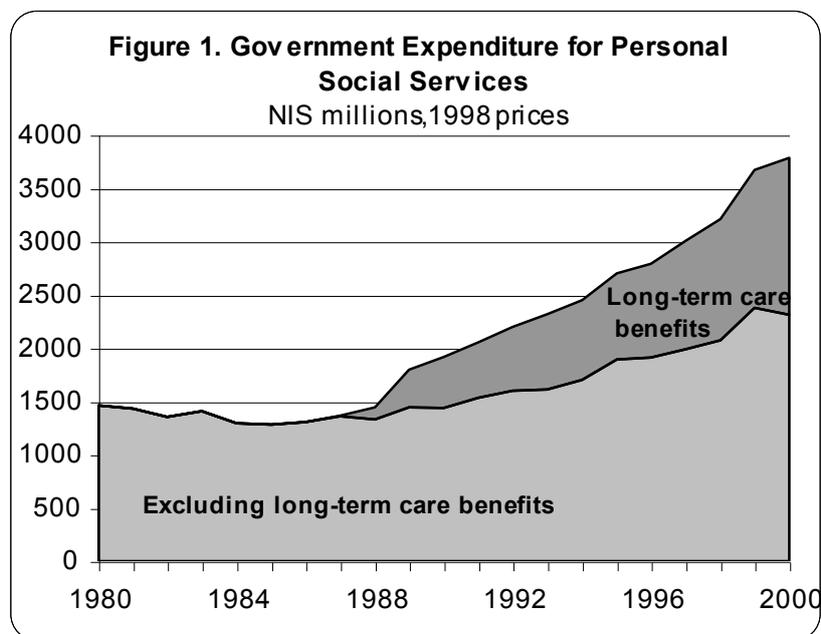
The data elucidate several main trends. First, total expenditure for personal social services doubled in the 1990s, as against a 31 percent increase in the previous decade. Most of the surge in the 1990s traces to extra spending resulting from the activation of the Long-Term Care Insurance Law. Excluding this

component, expenditure for personal social services increased by 61 percent. Thus, government expenditure for personal social services increased significantly in the 1990s by all accounts.

Second, the largest share of expenditure is earmarked for the elderly, and its proportion in total expenditure has climbed from year to year. Before the Long-Term Care Insurance Law went into effect, expenditure for the elderly did not exceed 10 percent of total expenditure for personal services; after the law was implemented, it climbed swiftly within several years and comes to 45 percent in the 2000 budget. It is true that long-term care insurance services are funded by National Insurance but, unlike other NII expenditure, these outlays are included in the personal social services category because the service rendered is in-kind, as opposed to in-cash.

Table 1. Government Expenditure for Personal Social Services, 1980–2000 (NIS millions, 1998 prices)

	1980	1985	1990	1995	1998	1999	2000
Total	1,462	1,282	1,914	2,699	3,213	3,673	3,782
Long-term care benefits	0	0	478	809	1,140	1,295	1,472
Elderly (including transfers)	86	95	154	219	229	311	248
Children and youth	452	374	355	397	472	518	509
Correctional services	89	64	70	94	113	172	153
Welfare services for households	120	53	42	42	51	68	53
Community work	34	44	45	52	56	57	50
Rehabilitative services	97	104	121	233	226	241	249
Services for the retarded	236	207	289	372	427	475	508
Welfare department personnel	142	152	162	254	257	280	286
Head office services	207	189	199	227	240	256	254



Third, the uptrend in expenditure has not been for services for the elderly only; outlays for all personal social services have been rising in the 1990s. Comparison of the trends in the 1980s with those in the 1990s (Table 2) shows that while in the 1980s expenditure on account of most services increased only slightly and outlays for some actually retreated (this retreat is explained later in this chapter), the typical trend in the 1990s has been a significant increase in expenditure for most services. As stated, the upturn focuses mainly on services for the elderly, the disabled, the mentally retarded, and correctional services, and has been milder in services for children, welfare services for households, and community work.

The original 2000 budget, as approved by the Knesset on its first reading, proposes to reduce spending on some of these items relative to 1999 (see discussion below). This, however, does not modify the decade-long uptrend with respect to the main expenditure items in the personal social services.

Table 2. Personal Social Services (Periodic Percent Change)

Service	1980-89	1990-99
Services for the elderly (including long-term care benefits)	—	154+
Long-term care benefits*	—	170+
Services for the elderly only	21+	56+
Services for children and youth	13-	46+
Services for the retarded	18+	64+
Rehabilitation of the disabled	18+	99+
Correctional services	25-	146+
Welfare services for households	43-	62+
Community work	23+	27+
Department personnel	16+	73+
Head office services	—	29+

* Payment for long-term care benefits began in 1988.

The following sections discuss the various categories of the personal social services.

2. Services for the Elderly

Government expenditure for the elderly has two main goals. The first is to help develop institutions for the elderly and to participate in funding the upkeep of elderly in them. The second is to develop, operate, and fund a wide variety of community services that assist seniors who live in the community. These services include, but are not limited to, day centers, social clubs, the “neighborhood support” program, assistance for special needs (such as purchase of medical instruments and basic home appliances, home management assistance, transport to medical centers, and home heating), delivery of hot meals, assistance in receiving specific kinds of medical care in the community (such as dental care), home renovations, and social and cultural

activities. Many of these services are provided by NPOs and private businesses.

When the Long-Term Care Insurance Law was activated in 1988, long-term care benefits became available mainly for elderly who lived at home. The benefits make it possible to offer eligibles a “basket” of services including personal care, home assistance, supervision, transport and care in day centers, and absorbent products. Since 1986, the law has also made it possible – by transferring funds from the Long-Term Care Branch of the National Insurance Institute to the ministries of Labor and Social Affairs and Health – to develop and expand the service infrastructure needed for personal care and home assistance in the community, and to increase the number of elderly who receive institutional care. Thus, in the past few years there have been three sources of central-government money for the development of personal social services for the elderly: the current budget of the Ministry of Labor and Social Affairs, transfers from National Insurance to the Ministry for the development of the infrastructure of services for the elderly, and long-term care benefits funded by National Insurance.

Total expenditure for personal social services for the elderly, from all three sources, increased by 154 percent in the 1990s. Most of the total – 75 percent in 1990 and 80 percent in 1999 – was expended on long-term care benefits. Expenditure by the Service for the Elderly at the Ministry of Labor and Social Affairs increased by 56 percent during the 1990s. This increase, although significant, falls far short of the growth rate of long-term care benefits. The share of the service component in total expenditure for the elderly declined from 17 percent in 1990 to only 10 percent in 1999. The proportion of expenditure from long-term care insurance money for the development of infrastructure ranged from 8 percent in the early 1990s to 10 percent in 1999.

Consequently, the Long-Term Care Insurance Law has wrought an upheaval, unprecedented in scope and components of expenditure, in personal social services for the elderly. In mid-1999, some 88,000 seniors received long-term care services under the provisions of this law. Additional outlays prescribed by this law were earmarked for the development of the infrastructure of community and institutional services for the elderly, thus contributing to the development of a range of services that benefit not only eligibles for long-term care insurance but also other elderly who live in the community and in institutions. Importantly, however, the activation of this law has also resulted in a significant uptrend in the number of elderly who apply for services to the National Insurance Institute (under the Long-Term Care Insurance Law) and to welfare departments and other organizations. Since during the 1990s the budget of the Service for the Elderly at the Ministry of Labor and Social Affairs has grown sluggishly, and since the municipal authorities are beset by budget problems, it has been difficult to respond to these applications adequately.

By differentiating between expenditure for institutional and community services for the elderly, we find that outlays for community services declined until the mid – 1990s and have been rising gradually since 1995. Since an overwhelming share of expenditure under the Long-Term Care Insurance Law is earmarked for elderly who live in the community, we find that the bulk of government expenditure for services for the elderly is being routed to the community.

3. Services for Children and Youth

Government expenditure for the well-being of children and youth is earmarked for three main uses. The first is away-from-home (institutional) care, including upkeep of children in residential settings and with foster families (the budget also

covers supervision, counseling in residential settings, and the selection, training, and supervision of foster families). The second is at-home (community) care, including a wide variety of services such as day centers, among them multipurpose centers, club and family settings, afternoon centers (that host children in mid-day and afternoon hours), day fostering, implementation of laws concerning children and youth at risk, care of children at risk, psychological counseling for children, guidance for parents, therapeutic work with children and their parents, operation of emergency centers for children, and operation of play centers. The third use covers child adoption.

The trend in government expenditure for children and youth has been volatile in the past decade. Expenditure increased by 15 percent between 1990 and 1992, declined moderately in 1993 and 1994, and began a gradual upturn in 1995. On the whole, expenditure in this rubric increased by 45 percent during the 1990s after declining by 13 percent in the 1980s. One of the main reasons for the decrease in the 1980s was a deliberate reduction (by nearly 20 percent) in the number of children placed in residential institutions by the Ministry of Labor and Social Affairs, from 10,760 in 1980 to 8,685 in 1990. Although this process was halted in the 1990s, there still were fewer children in residential institutions in 1997 (9,462) than in the early 1980s. The fluctuations in the number of institutionalized children also affected the division between institutional and community-based services and the increase in the share of expenditure devoted to the latter. This change points to a partial realization of the intention to allocate more resources for the development of community services, foremost for children at risk.

4. Correctional Services for Youth and Adults

The correctional services deal with youth, young people, and adults who have broken the law or are at high risk of downslide. The outlays are earmarked for three main agencies. The first is the Youth Protection Authority of the Ministry of Labor and Social Affairs, tasked with the care of youth referred to institutions and other residential settings by the courts or at the recommendation of welfare officers and caregivers. The second is an array of community-based services, run mainly by municipal welfare departments, in connection with the Service for Youth and Young People, the Service for Girls in Distress, and the staff unit for drugs at the Ministry of Labor and Social Affairs. These services treat and counsel teenagers in individual and group settings, operate *Miftanim* and social clubs, work with street gangs, conduct workshops on searching for jobs and preparing for military induction, offer sports and various educational activities (including basic schooling and vocational training), operate shelters for girls in distress, assist victims of rape, and develop drug detoxification programs. The third setting is the probation service for youth and adults, administered by probation officers.

Expenditure for these services has been rising gradually in the 1990s, although the rate of increase has varied from year to year. The growth rate for the decade has been 146 percent, including an unprecedented 60 percent increase in 1998-1999. The 2000 budget augurs a significant decrease relative to 1999, in both institutional care (-13 percent) and community-based services (-10 percent). Even so, however, the uptrend in respect to the entire decade has been preserved. This increase focused on several areas of activity: care for *haredi* (ultra-Orthodox) youth and drug addicts was given greater resources, and the number of probation officers climbed steeply in 1999. The 2000 budget maintains the 1999 allocation for probation services. In

contrast, expenditure for girls in distress – an area of activity that has expanded in recent years – faces a decrease similar to that of total expenditure for community services in the 2000 budget (-10 percent). Notably, expenditure for *Miftanim* hardly changed during the 1990s. (Most of this expenditure is covered by the municipal authorities.)

5. Welfare Services for Families

The Family Welfare Service finances services that municipal welfare departments provide for individuals and households in distress: families in economic distress, large families, street people, single-parent families, immigrant households, and households beset by violence). The service includes family counseling and therapy, special services for households in need (basic home appliances, clothing and footwear, rent for a limited period of time, transport to medical care, dental care, and so on); dispatching of paraprofessional tutors to provide counseling for families, funding for summer camps that serve mothers in large families; assistance for families that have multiple births; assistance in establishing and maintaining centers and club settings for single-parent families; assistance for battered women's shelters and violence treatment centers; mediation, support, and referral of families to welfare services, and specific programs for families in distress, such as *Yahdav* and *Dror*. Although expenditure for these services climbed by 62 percent in the 1990s, the absolute sum came to only NIS 68 million in 1999 and will retreat to NIS 53 million in the 2000 budget. Thus, these services will remain limited in their ability to assist large numbers of households. The allocation will not allow these services, aimed specifically at families in distress, to develop adequately.

6. Community Work

Government expenditure in this rubric is meant to help develop various community programs run by municipal authorities, such as Project Renewal, community work for recent immigrants, community-leadership development in special activists' schools, encouragement of volunteer activity and implementation of various programs (mainly in disadvantaged urban neighborhoods and development towns), community television, and development of local business entrepreneurship. It also includes miscellaneous activities such as the Citizens' Advisory Service, which runs information centers in various localities; and National Service that religious girls perform in lieu of military service. Expenditure for community work climbed by 26 percent during the 1990s but at a much slower rate – only 10 percent – between 1995 and 1999. At the end of the decade, the total Ministry of Labor and Social Affairs budget for community activity is NIS 57 million.

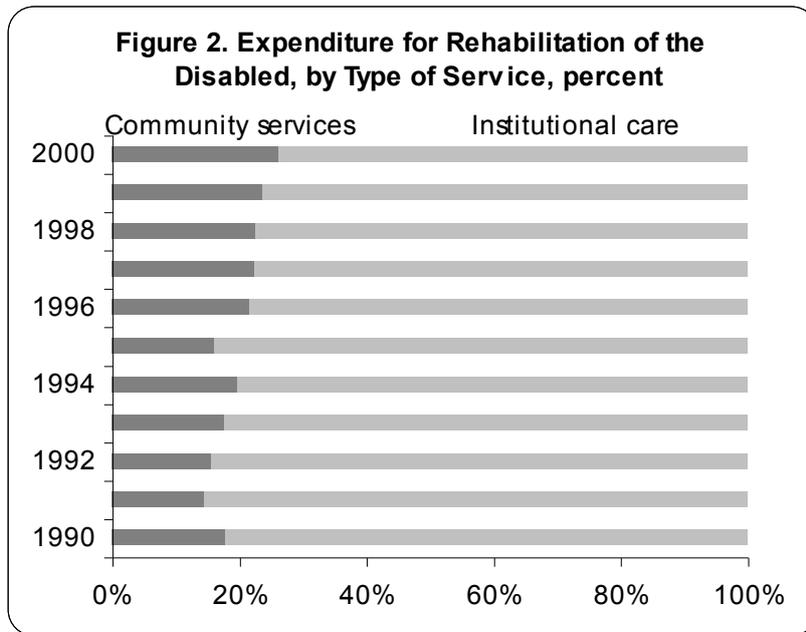
7. Rehabilitation Services for the Disabled

In this field, government expenditure is apportioned among a wide variety of at-home (community) and institutional services. The community services include professional diagnosis, rehabilitation centers, and support of rehabilitation and vocational-training agencies, special settings for treatment and rehabilitation of disabled children (such as child-development centers and day centers), assistance in rehabilitating the disabled by helping them set up their own businesses, transport assistance, physiotherapy, and personal counseling. The special expenditure line for rehabilitation for and care of the blind includes, but is not limited to, assistance in rehabilitation and vocational training, employment centers and clubs, housing assistance, employment subsidies, care for blind children, and

special services such as assistance in purchasing seeing-eye dogs, participation in purchase of special equipment, assistance in training the blind and their families, and upkeep of blind children in residential settings. Government expenditure for away-from-home services includes support for upkeep of the disabled with foster families and in institutions.

Personal social services for the disabled are provided mainly by the Ministry of Labor and Social Affairs and the National Insurance Institute. The ministry, directly and via municipal authorities and other agencies, serves people of different ages whose disabilities are the result of health impairments (cerebral palsy, polio, and the like), sensory disabilities (deafness and blindness), and functional difficulties originating in organic defects. Other disabled population groups, such as casualties of work accidents (the disabled or their survivors) and of hostilities, are cared for by the Rehabilitation Division of the National Insurance Institute. Disabled veterans (or their survivors) are served by the Rehabilitation Division of the Defense Ministry.

Expenditure of the Ministry of Labor and Social Affairs reflects only part of total government outlays for rehabilitation of the disabled in Israel – a rubric in which expenditure has doubled during the 1990s. This increase is evident in all expenditure items (rehabilitation centers, services for the blind, participation in telephone expenses of the disabled, and institutional care for the disabled) and stands out particularly in expenditure for rehabilitation centers and institutional services. By comparison, expenditure for the disabled increased by 18 percent during the 1980s.



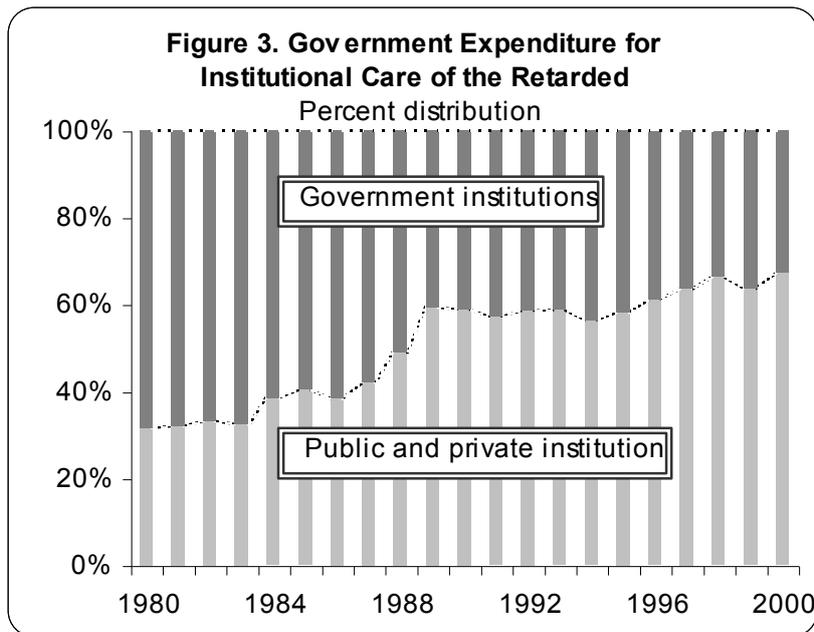
One of the most interesting developments in this field is the relative increase in expenditure for institutional services. In contrast to services for other population groups (children and youth, the elderly, the mentally retarded), for whom expenditure for institutional services has accounted for the bulk of outlays throughout the years, expenditure for institutional services for the disabled did not exceed 20 percent in the 1980s and most of the 1990s. However, this limit was exceeded late in the current decade; about one-fourth of expenditure for the disabled was earmarked for this purpose in 1999 and, according to the state budget, in 2000 as well. Furthermore, expenditure for institutional services for the disabled climbed by 195 percent in the 1990s, as against 85 percent in expenditure for community services for the same population group.

8. Services for the Retarded

Services for the retarded include centers and professional committees for diagnosis and classification of the retarded; away-from-home (institutional) care settings including upkeep of the retarded in centers and other away-from-home settings such as hostels, apartments, and foster families; and support for the development of these settings. At-home (community) care services include upkeep of the retarded in therapeutic day centers, counseling and information, at-home care and training for parents of retarded children; assistance in purchase of special medical instruments and equipment, transport and escort of the retarded, rehabilitative occupational projects, preventive care to minimize retardation, and vacation settings. Most community services are provided by municipal welfare departments and volunteer organizations, foremost *AKIM*.

Total government expenditure for the retarded has grown by 75 percent in the 1990s, as reflected in expenditure for both community services (up 126 percent) and institutional services

(up 70 percent). Nevertheless, the bulk of expenditure at the end of the 1990s (88 percent) is still earmarked for institutional services. The most salient phenomenon in the past few years is the increase in the proportion of care in nongovernmental public and private institutions as against care in government institutions. (See Figure 3.) The strong emphasis on institutional services is also reflected in an upturn in the number of retarded who reside in care centers – up 20 percent between 1980 and 1990 (from 4,462 to 5,378) and another 33 percent by 1997 (to 7,138). Institutional services include both care centers and community housing such as hostels.



9. Municipal Welfare Departments

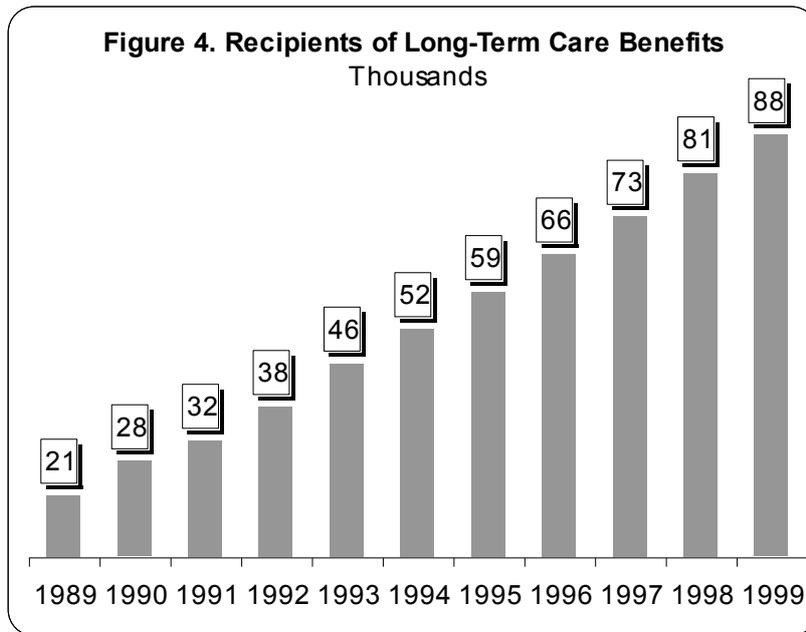
This expenditure reflects government participation in the payroll and organizational expenditures of municipal welfare departments. The welfare departments employ social workers, administrative workers, and nonprofessionals such as neighborhood workers, aides for the elderly, etc. The government also participates in the wages of employees of services related to the departments but situated outside of them, such as *Miftanim* and rehabilitative occupational projects. Expenditure for these items increased by 77 percent during the decade, mostly in the first half of the decade along with a slowdown of growth in the second half. Most of the increase in spending traces to wage increases stipulated in new labor accords.

10. Main Trends and Lessons

The data bring two especially noteworthy trends to the fore. The first underscores the expenditure ratio between services for the elderly and services for other population groups; the second focuses on the share of the budget reserved for population groups in severe economic distress.

a. The Special Status of Services for the Elderly

Review of the data on overall expenditure for personal social services points to the special status of services for the elderly in this rubric – as reflected in the level of expenditure for these services, the share of this expenditure in total outlays for personal social services, and in the annual growth rate of this expenditure.



The increase in expenditure for services for the elderly is also reflected in the rapid development of these services during the past decade: some 90,000 seniors received long-term care benefits under the relevant law at the end of the decade, as against 28,000 at the beginning of the decade. The number of day centers for the elderly has risen from 100 just a few years ago to 150 in the late 1990s. Similar developments have occurred in neighborhood-support and sheltered-housing programs.

Due to these developments, the elderly today, both in central Israel and in peripheral areas, are offered a very wide variety of personal social services. Equally, more alternatives and resources are available to the welfare workers who serve this population group, allowing them to respond appropriately to many of the seniors' needs. This is not to say that all aspects of social services for the elderly are rosy. Various kinds of distress still demand attention, such as long-term hospital care for the indigent elderly and the income level of about one-third of seniors, who live on the National Insurance old-age pension and income maintenance only.

Notwithstanding these unsolved problems, this field has undergone sweeping developments that are not typical of any other field of personal social services. The main developments that make services for the elderly unique originate in two major factors: 1) application of the Long-Term Care Insurance Law, which enshrined a "basket" of services for disabled elderly in legislation and earmarked substantial resources for the development and expansion of the infrastructure of community and institutional services for the elderly population at large; and 2) the activity of *Eshel* (the Association for Planning and Development of Services for the Elderly) and the nonprofit organizations that were established at Eshel's initiative in most Israeli localities. Eshel's organizational deployment has facilitated the marshaling of national and local resources for extensive development of services for the elderly. In addition to public investment in developing services for this population, businesses have been active in this field, developing services such as sheltered housing and community settings that provide solutions chiefly for the affluent elderly.

This combination of enshrining a "basket" of services in law and effecting an appropriate organizational national and local deployment, which has proven itself in respect to services for the elderly, may serve as a formula for use in developing

services for other population groups as well. (See recommendations in the second part of this book.)

b. Inadequate Budgeting for Population Groups in Distress

All personal social services cater to weak and vulnerable population groups. Some, however, focus especially on the personal, family, and social needs of individuals and households in profound economic distress. These services neither purport nor have the tools to tackle the economic problems of these population groups, but they attempt to cope with grave forms of distress such as neglect of children and youth, family crises, violence against children and women, addictions, homelessness, and insufficient take-up of entitlements. The services dealing with these issues are, in the main, the Family Welfare Service, Community Work, the Service for Children and Youth, and the Service for Girls in Distress.

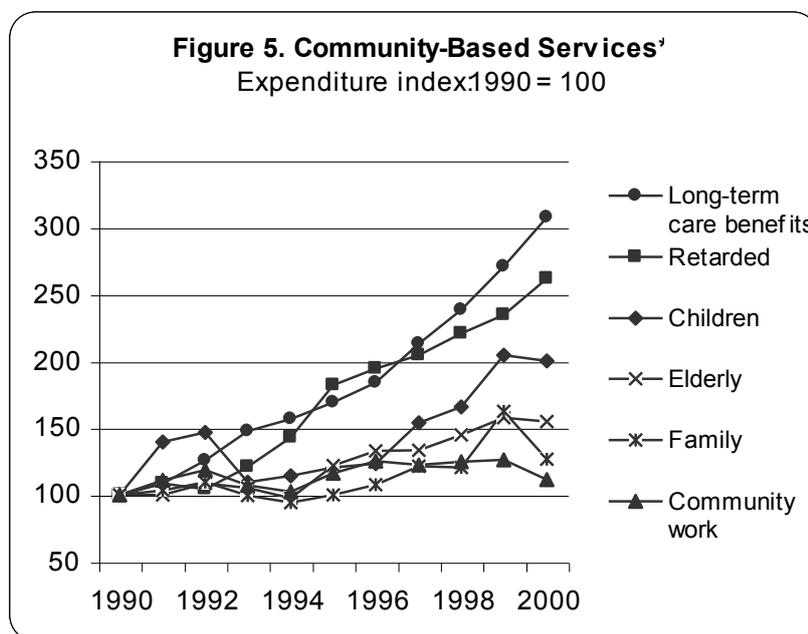
Examination of government expenditure for the personal social services shows that the aforementioned services receive a very small share of the budget. Welfare services for families were budgeted at NIS 68 million in 1999, only 2 percent of the total budget for personal social services, and the 2000 budget augurs a retreat to the 1998 budget in real terms. Expenditure for community work is only 10 percent higher in 1999 (NIS 57 million) than five years previously. The 2000 budget portends a drastic retreat from the uptrend in the past half-decade and a return to the expenditure level of the early 1990s.

It is true that expenditure for community services for children has doubled during the decade (mostly in the past two years, 1998-1999), but this expenditure item was small to begin with, and the improvement in the past few years does not suffice to achieve a meaningful and sizable breakthrough in the development of community services for children. Expenditure for teenagers in distress also remains low despite improvements

in recent years, and this item is facing a spending cut in the 2000 budget.

Table 3. Expenditure for Community-Based Personal Social Services (NIS millions, 1998 prices)

	1990	1995	1999	2000
Long-term care benefits	478	809	1,295	1,475
Children	65	78	132	129
Elderly	51	62	81	79
Retarded	22	41	53	59
Welfare services for family	42	42	68	53
Community work	45	52	57	50
Girls in distress	4	12	20	18
Teenagers in distress	1	3	8	3



* For data on expenditure for youth and girls in distress, see Table 3 above.

The negligible share of expenditure for population groups in distress is reflected in the limited extent of services and in the inability to establish meaningful connections with anything but a very small fraction of this population group. For example, various recently developed programs that have demonstrated their ability to help distressed populations meaningfully – such as Yahdav, Dror, paraprofessional tutors and neighborhood workers, emergency centers for children, the “Nest” program, and miscellaneous programs for teenagers in distress – have been implemented in a partial fashion only and have not been able to fulfill their potential.

A policy that wishes to cope more adequately with the needs of population groups in distress requires a larger allocation of resources. The provision of meaningful services that can improve the lot of distressed population groups is a challenge that the personal social services are confronting only in part. The contribution of legislation and organizational deployment to the development of personal social services for the elderly indicates possible ways to “turn a new leaf” in services for population groups in distress.