

Personal Social Services

The personal social services constitute a crucial layer of Israel's social welfare system. They offer services to a wide range of population groups with diverse needs: disabled and lone elderly who find it difficult to perform activities of daily living, children and youth at psychological and physical risk, youth who neither study nor work, families in crisis, battered women, persons with disabilities, the mentally retarded, recent immigrants who encounter integration difficulties, youth and adults with drug and alcohol addictions, individuals and families in severe economic distress, families of ex-convicts, and the homeless.

Personal social services are delivered to members of these groups by local authorities' welfare departments; some of the services are provided directly and some by means of other organizations. Services are administered in community and institutional settings. There are a wide variety of services that answer the needs and problems of individuals, families, and groups and aim to help these populations cope with distress and improve their quality of life. Many of the needs and problems that are addressed by social services are not permanent. They vary due to developments in the clients' personal situation and changes in the economic, social, and demographic situation in their community or in the country at large: changes in the economic and security situation, the intensity of unemployment, the composition of the population and the size of specific age cohorts such as the elderly and children, as well as changes in central government policy and the level of aid that the government provides via local authorities. Occasionally, too, the local welfare services uncover new needs or take notice of needs that had been largely neglected before.

The mix, intensity, and urgency of the needs, and the changes that they undergo, are a source of constant challenge and pressure on the personal social services. This makes it difficult to set a clearly defined set of needs that fall into their domain and determine a scale of priorities, so that specific and clear patterns of resource allocation can be devised and programs developed. Since many needs are urgent and demand immediate response, the personal social services tend to engage in “putting out fires,” and are much less involved in taking actions that address the basic causes of various forms of distress. Furthermore, the burden of problems and needs that the personal social services face and the limited extent of resources available to them make it hard for them to meet the full range of needs of the client populations, leaving some needs without appropriate responses. The incompleteness of coverage is especially striking among children and youth at risk.

Different geographic localities in Israel have diverse mixes of needs due to variations in their social and demographic makeup, geographic location, and social and economic strength. They also differ in the extent of resources that each locality allocates for social services and the assortment of welfare organizations that can participate with the welfare department in providing services and enhancing the response of the locality's overall social service system to residents' varied needs. The survey that follows examines the elements that affect the performance of the personal social services at the national and local levels and the ability of the services to meet the challenge of responding adequately to these needs. The focus is on three main elements: the extent of financial resources available for personal social services; the legislative infrastructure of the services; and, the organizations that take part in delivering the services, their roles, and their interrelations.

1. Financial Resources for Personal Social Services

Since the personal social services rely on the central government budget as a main source of funding, changes in government allocations may affect their functioning significantly. Table 1 describes changes in central government expenditure for personal social services between 1980 and 2004. The table distinguishes between expenditure by the Ministry of Social Affairs to fund services for population groups such as children, youth, the elderly, persons with disabilities, the mentally retarded, and families, and expenditure by the National Insurance Institute, which finances at-home care for the elderly disabled under the 1988 Long-Term Care Insurance Law. (This expenditure item is included among the personal social services because long-term care is an in-kind service that is received in a manner similar to the other personal social services.)

Table 1. Expenditure on Personal Social Services, 1980–2004
(NIS millions)

Year	Total	Social services	Long-term care services
1980	1,789	1,789	–
1985	1,569	1,569	–
1990	2,342	1,757	585
1995	3,218	2,253	964
2000	4,415	2,698	1,718
2001	4,767	2,761	2,006
2002	5,254	2,927	2,326
2003	5,162	2,881	2,281
2004	5,266	2,929	2,337

The data show several major trends:

- * After a 14 percent decrease in the early 1980s (1980–1985), total expenditure on personal social services climbed by 150 percent during a fifteen-year period (1985–2000), mainly due to the implementation of the Long-Term Care Insurance Law in 1988.
- * In recent years (2000–2004), expenditure has been fluctuating – rising by 19 percent until 2002 and then dropping by 2 percent in 2003, for the first decline in twenty years. In 2004, expenditure again increased slightly.
- * Long-term care services are consuming a growing share of expenditure for personal social services – about one-fourth in 1990, 40 percent in 2000, and 45 percent in 2004. The share of expenditure for these services is evident when one compares their rate of increase in 1990–2004 with the increase in total expenditure for other personal social services during the same period. During this time, expenditure for long-term care services **quadrupled** while expenditure for other services rose by only 70 percent. Notably, however, the growth rate of expenditure for long-term care services has been slowing in recent years and even declined somewhat between 2002 and 2003, for the first time since the funding of these services began.

In the last few years, there has been a significant change in the development trend of social service expenditure. An examination of the changes in the past three years (2002–2004) by the various types of service indicates less spending on institutional services for children and youth in distress, institutional and community services for the elderly, welfare department staff, community work, and services for the family. In contrast, more is being spent on community services for children and youth and on institutional and community services for the mentally retarded and persons with disabilities. The increases and decreases in expenditure, however, have been

small, with the exception of a 25 percent rise in spending on community services for children between 2003 and 2004.

As central government expenditure has changed in recent years, so have the local authorities' expenditures for social services. There is considerable evidence of a countrywide decrease in local level participation, especially in socioeconomically weak localities (Arab localities and Jewish localities mainly in peripheral areas). Many welfare departments report that declines in their available budget have forced them to cut back on services. This has special significance in light of the considerable increase in recent years in the number of people who are in need of welfare services. (In Beersheba, for example, the number of those in need almost doubled, from 19,000 in 1992 to 36,000 in 2002.)

It is noteworthy that even before these recent changes in government and local authority expenditures, welfare services covered only part of the needs of certain populations (such as children and youth), and the situation has worsened in recent years. The impact of the cutbacks on the social services, however, has been eased somewhat by an increase in the involvement of non-governmental entities (voluntary agencies, private organizations, businesses, and foundations). This issue will be examined below. The continuous rise in expenditures for long-term care – defined and protected by legislation – will also be discussed.

2. The Legislative Base of the Personal Social Services

The legislative basis of the personal social services is one of the fundamental features of this system, and has several important implications. First, it establishes the delivery of service as a civil entitlement that the state must honor, as opposed to an act of kindness. Second, it obliges the state to allocate resources to provide the services stipulated by law. Third, it sets standards for the allocation of service and, by so doing, helps to improve equity in their allocation.

Israel's personal social services are set in several laws. The most basic of them, the Welfare Services Law (1958), requires every local authority to establish a welfare department and to deliver various services to population groups in need. Over the years, additional laws have been passed to guide the activities of the social services and the staff that delivers them. They span a wide range of services such as home care for elderly with disabilities, care of children with developmental problems and children at risk, aid for battered women, care of the mentally retarded and persons with disabilities, protection of tenants in care centers, and care for youth at risk. The legislative developments indicate several main trends:

- * The 1958 Welfare Services Law laid the foundations of the personal social services by establishing the principle of local authorities' responsibility for service delivery. Although this law and a large majority of the other statutes determine that various services should be delivered to citizens, they do not spell out clearly and definitively the actual services that citizens are entitled to receive and the time frame within which they are to receive them. This affects the scope and quality of the services and the financial and human resources that various localities devote to them.

- * Among the statutes, only the Long-Term Care Insurance Law clearly defines a basket of services that is to be delivered and the timing of its delivery. Another law mandates the placement of developmentally impaired children in therapeutic settings but does not spell out the specific services required.
- * The services anchored in law cover only some of the needs of various population groups. Many service areas have no legal basis and are covered incompletely at best. Examples of the latter are care for seniors who are not recognized as eligible under the Long-Term Care Insurance Law, placement of the mentally retarded in hostels, assistance for youth in distress, and miscellaneous kinds of assistance (e.g., transport to treatment, basic home furnishings for families in distress, services for drug addiction, and community work in high-distress areas). The needs of various population groups that are not covered by legislation seem to be no less crucial and urgent than those to which the existing laws respond.
- * The differentiation among types of needs by the criterion of their legislative basis is reflected in differences in how well the social service system responds to these needs. Needs as defined by legislation that require the delivery of specific services (e.g., nursing care for the elderly, which, as noted, takes up a very large share of central government expenditure for social services), are well funded. Behind them are services anchored in laws that do not define in a clear and obligatory way what service must be administered. Lastly are the many needs that have not been legislated. The budget cuts in the past two years have mainly affected services to unlegislated needs.
- * Various attempts over the years to gather additional services under a legislative umbrella that would specify the delivery of a specified package of services within a specific time frame have not produced results. Practically speaking, the

two laws noted above (long-term care insurance and placement of developmentally impaired children in care centers) are the only cases that answer, albeit only partially, these expectations.

Thus, Israel has a broad infrastructure of social laws that guide the activities of the personal social services. These laws should have helped to create a more equitable system of social services tailored to the needs of various population groups; they should also have helped to ensure the distribution of services in central and peripheral areas. The nature of many of these laws, however, is such that their contribution to the attainment of these goals is less than optimal.

3. Personal Social Services – A Field with a Plethora of Organizations

The partial privatization policy that has been implemented in the personal social services field in recent years aims to pass the responsibility for the delivery of state and local level services to NGOs but to leave the central and local authorities in charge of funding, determining entitlement, and deciding on the content of the services and supervision over their delivery. This policy has led to an immense increase in the number of organizations involved in delivering personal social services and has expanded these organizations' roles. For example, some 150 organizations are active in nursing services for the elderly, about 320 in services for children, and a large number in services for the disabled. The proliferation of organizations that take part in welfare service delivery has become an important characteristic of Israel's personal social services.

a. Organizations Involved in the Delivery of Personal Social Services

Government ministries and particularly the Ministry of Social Affairs are involved in the personal social services. Although local authorities are responsible for service delivery, the Ministry of Social Affairs has a great deal of influence over the functioning of these services. It exercises its authority in three principal ways: funding the greater part of local authorities' welfare budgets; being responsible for implementing the social laws that guide the activities of these authorities in various fields of social service; and issuing occasional directives (Directives of the Director General) to local welfare departments, including specific instructions about the contents of their work. The ministry does its work by means of district bureaus and inspectors who closely monitor the actions of local welfare departments. This mechanism of funding and control gives the government a large measure of influence over local authorities' activities.

Local authorities are responsible by law for the delivery of social services to the local population, although, they are closely monitored by central government. Many local authorities have been increasingly inclined in recent years to develop initiatives of their own in social services. This is reflected in the development of additional services and in funding them by increasing their own participation in local social service budgets, and by raising funds from additional sources (foundations, businesses, charitable organizations, etc.). These processes of decentralization and of reinforcement of local orientation are more typical of socio-economically strong localities, most of which are in the center of the country, than of weaker localities in peripheral areas. Therefore, they have created a measure of inequity in the extent, level, and quality of services that citizens in different geographic areas receive.

Voluntary agencies have been established at the initiative of citizens in need in order to advance and improve services intended for them or their families (e.g., the Association of Deaf Mutes, the Association for the Rehabilitation of the Mentally Handicapped in Israel-AKIM, and Nitzan, the National Organization for Children with Learning Disabilities), and by central or local government initiative (e.g., municipal associations for the planning and development of services for the elderly). Socially committed citizens have established additional organizations to help population groups in need (for example, the Council for the Welfare of the Child.) Some of these organizations even warn the public about the failures of the authorities and agencies that make policy and deliver social services. Voluntary agencies usually specialize in a particular field such as services for the elderly, children, the mentally retarded, the blind, or the deaf. They also run public soup kitchens and other relief centers for the homeless and other economically distressed population groups.

By shifting responsibility for the delivery of most central and local government social services to non-governmental organizations, the partial privatization processes, which have gathered strength in recent years, have led to a sizable increase in the number of NGOs in the social service arena and given them a larger role in delivering such services to various population groups. Hundreds of associations are active in services for the elderly, children and youth, and persons with disabilities. Most have been established during the past two decades and their presence aptly reflects these processes.

Voluntary agencies operate in several ways: delivering state and local services with funding from central and local authorities, delivering services with funding from government and local authority grants and additional sources (donations, etc.), and sale of services to consumers.

The growing involvement of these organizations is influenced not only by a government policy that aims to place them in charge of service delivery but also by independent initiatives informed largely by growing needs that central and local authorities are failing to meet. An example is the establishment of dozens of public soup kitchens around the country in recent years as more and more citizens fall into economic distress. Here, the voluntary agencies are filling some of the gaps that are the result of the reduced involvement of the central government in the personal social services.

Private businesses have also entered the field in recent years and are active in such diverse areas as services for the elderly, children, the mentally retarded, and the disabled. These organizations operate much as volunteer entities do: in the delivery of central and local government services with public funding and delivery of services identical or supplemental to them for pay. Finally, traditional providers of relief – the family, other non-formal support networks, and various self-help groups – continue to deliver social services.

b. Interrelations in the Personal Social Services

The system of personal social services is a complex tapestry of interrelations among the many organizations from different sectors that take part in it. These relations and their effect on the performance of the personal social service system are described below.

Relations between central and local government are at the core of the complex web of inter-organizational relations that typify the personal social services. They are rooted in long established arrangements that are based on the understanding that the local authorities are in charge of the delivery and, in part, the funding of services while central government covers most of the local government's welfare budget and plays a steering role in its activities. Ministry staff members and

inspectors (at the district bureaus) are in regular, on-going contact with local welfare departments for consultations, follow-up, and supervision. In addition to these formal relations, diverse forms of informal relations take place. The mix of formal and informal relations, and their implications for the activities of the departments, varies from one locality to the next and is reflected in different ways according to the level of resources made available to the authorities and support for local projects.

Relations between central and local government authorities and NGOs have long existed in the personal social services. Today, however, as partial privatization accelerates, they have become central. These relations are reflected in several ways:

- 1) **Contractual relations** between a central or local government authority and NGOs that deliver state and local services. The contracts define each party's rights and obligations and require the organizations to meet standards in the scope and quality of services provided. The contracts are time limited and are renewed only if both sides so desire and if the service providers meet various conditions. Contracts between authorities (central and local) and NGOs have become the basis of many inter-organizational relationships in the social service field.
- 2) **Grants and other forms of support.** Many voluntary agencies that provide social services benefit from financial grants, tax reductions, and other forms of support by government ministries and local authorities. The support is intended to assist the voluntary agencies in all of their activities and they are required to report their activities to the funding agency and are subject to government supervision.
- 3) **Partnerships.** The number of partnerships between local authorities and voluntary and business entities has been rising in recent years. Such partnerships take the form of joint

projects, usually run by NGOs and guided by a steering team on which the local authority and the organization are represented. The partners also share responsibility for funding. Partnerships are also a method for gaining the support of private businesses for various projects.

The partial privatization process has created a complex and elaborate web of interdependencies between authorities (central and local) and NGOs. On the one hand, the authorities depend on these organizations, which today bear most of the burden of delivering social services to various population groups; without them, the authorities could not meet their obligations to their citizens. The organizations, in turn, depend on government funding for much of their budget and have to meet conditions that the authorities set for them.

Relations among NGOs (voluntary and private business).

Relations among these organizations have a perceptible effect on the makeup of the personal social services, as reflected in competition among them and also in their partnerships:

- 1) **Competition.** Organizations vie for service delivery contracts, for customers, and for long-term retention of customers.
- 2) **Shared interests.** Many organizations that deliver state and local services, even if they are rivals, have identical interests that prompt them to act in concert in specific fields, e.g., resisting cutbacks in government budgets for the services that they provide and attempting to influence the government's demands in contracts with them.
- 3) **Partnership in projects.** Some organizations (voluntary and private business) enter into joint projects, sometimes in conjunction with local welfare departments.

Consumer involvement. One of the characteristic developments in Israeli society in recent years is a rise in consumer involvement in policymaking and determining the

modus operandi of organizations that deliver social services. This is reflected in several fields, such as growing involvement of parents in their children's schools, organizing by neighborhood residents to improve their quality of life, and various activities by families with housing difficulties. These developments match another trend: the empowerment of service users and allowing consumers to influence the patterns of service organizations' actions not only as individuals who express personal needs but also as members of organizations with common interests and needs. Notably, one of the purposes of privatizing the services is to allow consumers to choose their service providers, i.e., consumer empowerment.

Evidence of consumer involvement in the personal social services is still limited. Individuals and families have established several voluntary agencies – the Association of Deaf Mutes, the Association for the Blind, AKIM, and other organizations for persons with disabilities – in order to provide a response to their needs by direct delivery of services and by influencing central and local government policies. These organizations have definitely had an influence on the authorities' attitude toward the population groups that they represent. There is also some evidence that the proliferation of service organizations, which has broadened the possibilities of choice, makes consumers better able to influence what the organizations do (see expanded discussion below.) Most user's involvement in the personal social services, however, is extremely small in scale.

In sum, the elaborate organizational web of service delivery describes the characteristics of the structure of personal social services:

- * The field is replete with organizations, mostly NGOs, that engage in delivering a wide variety of services.
- * Most central government expenditure on personal social services is channeled to NGOs.

- * A complex web of interrelations among the organizations has taken shape.
- * Voluntary agencies have greatly expanded their involvement in delivering services that central and/or local authorities fund and in setting their contents; they operate under terms set in contracts signed with the funding authority.
- * There are great differences between localities, and even among areas within localities, in the number of organizations at work, their resources, and the extent of services that they provide.
- * Non-governmental organizations are central in initiating and developing services in fields where central and local government involvement has been limited from the outset, e.g., nutrition services (public soup kitchens) and essential home furnishings for families in distress.
- * The cutbacks in central and local government expenditure on personal social services, mainly in the past two years, have made central and local government more reliant on partial funding of programs and services from resources provided by voluntary agencies and donations by businesses and foundations.
- * The Ministry of Social Affairs and, especially, the local authorities are phasing out their role as service providers and are adopting the role of service purchasers.
- * Many private businesses are branching out into new areas of activity. In addition to their involvement in the sale of services to customers, they are becoming involved in the delivery of services that are determined and funded by central and local authorities.
- * As the various organizations rub shoulders with each other in the field, various patterns of interrelations – competition, coordination, and cooperation – have taken shape.
- * Alongside the service delivery system that partial privatization has brought about, a parallel service system

typified by full privatization (in which the organizations deliver services for a fee) has been developing.

* Consumer involvement in the services is extremely limited.

4. How the Structure Affects the Social Service System's Ability to Meet the Needs of Its Client Populations

The complex and varied structure of the personal social service system affects the system's performance and its ability to reach its client populations and meet their needs adequately, especially in the current era of cutbacks in central and local government expenditure.

An analysis of the implications of this is based on several studies that examined organizations that deliver personal social services and their interrelations, interviews with members of organization staff, and reports about the activities of several central government, voluntary and private business agencies. The picture presented here is incomplete; its purpose is to shed initial light on the state of affairs in these services.

a) Quality and geographic distribution of services. The reduction of central and local government involvement in the direct delivery of services and the entry of numerous NGOs to the field have not been harmful to the quality of services for individuals and households and to their geographic distribution in central and peripheral areas. The organizations themselves are committed to delivering high quality services. First, they compete with each other for contracts from central and local government and they also compete for service users. Second, they are subject to public supervision. Nevertheless, there is some evidence of poor quality of service primarily in the area of institutional long-term care for the elderly.

b) Consumer choice and competition among organizations. The activity of several competing organizations that deliver the same service (e.g., long-term care, institutional

care for the elderly, and hostels for the mentally ill) allows consumers to choose the service provider and to switch providers if they are dissatisfied.

Evidence shows that the possibility of choice is becoming a reality and that it is making the organizations more willing to provide service at an appropriate level and quality. There are three reasons: to make themselves more attractive to service users; to strengthen users' relationship with them; and to persuade central and local authorities to continue contracting with them. There are signs, however, of fierce competition among organizations for consumers, including the use of various enticements such as offers of no-charge service for a limited period of time in order to "trap" the customer. Although this competition is not necessarily detrimental to service quality, it often thwarts "real" choice in which consumers gather information about the performance of different service providers and make a decision on that basis. This is most typical in long-term care services.

c) Long-term delivery of service. When responsibility for the delivery of state and local services was transferred to NGOs, it was feared that they would find it difficult to meet the complex challenge of providing a wide variety of services, on a long-term basis, to a large number of individuals and households in central and peripheral areas. The experience thus far indicates that the NGOs have met the challenge and have been successful in delivering and sustaining a wide range of services to large population groups. Nursing care services for 115,000 seniors are a clear example. Furthermore, the state and the local authorities have found no difficulty in locating organizations that are willing to provide services in various fields under the terms stipulated.

d) Cost of service. It is widely believed that services provided by NGOs are less expensive. This view is based, among other things, on the fact that the government spends

much more to keep seniors in its own geriatric centers and the mentally retarded in government homes than to keep them in private and voluntary institutions. Furthermore, the privatization of child foster care services in mid-2001 led to an increase in the placement of children with foster families instead of institutions. This resulted in considerable financial saving, since institutional care of children is more expensive than foster care.

Non-governmental organizations deliver services at lower cost for two main reasons: they are thriftier and have more efficient use of inputs (financial and human resources); and, they pay lower wages and have different working terms for their staff. Although these terms may have a detrimental effect on staff motivation and the quality of their work, thus far, there is little evidence to confirm this.

e) Making the full use of the potential of civil society. A complex system of social services, including not only public organizations but also voluntary agencies and private businesses that operate at the national and local level, along with informal assistance networks composed of family members, neighbors, and friends, may mobilize the vast potential of "civil society." This refers to the existence of potential among individuals, equipped with social capital and willingness, to volunteer in their community and to assist individuals and families in need, and the existence of local financial resources that may be mobilized for the development of social programs. Mobilizing this human and material potential is especially important in the current era of cutbacks in public allocations for social services.

The large-scale entry of NGOs and informal assistance networks in the social service arena has blunted the adverse effects of the cutbacks in central and local government expenditure and allowed various services for weak population groups to expand. Examples are nutrition centers (public soup kitchens), centers that distribute essential items such as clothing

and furniture, and other welfare services for individuals and families in distress.

This expansion of the roles of NGOs, however, has brought two main problems to the fore. First, it is helping the government reduce its involvement in the delivery of services as part of the decline in society's overall responsibility for welfare. Second, since different localities have vastly different levels of potential (social capital and voluntary organization), a system that promotes the fulfillment of this potential both as an alternative and as a supplement to the public services increases inequality among localities in the scale and quality of services that are offered to their inhabitants.

f) Geographic inequality. Inequality among geographic localities and, at times, among different areas within localities occurs when individuals and families with similar needs receive different levels and quality of services because of where they live. The inequality traces not only to differences among localities in "civil society" potential but also to several additional factors, such as differences in central and local government participation in local social service budgets, differences in the social commitment of local leadership (mayors and others), and differences in levels of entrepreneurship and the ability to mobilize local human resources (welfare department directors and other staff).

Various factors that act mainly in favor of socioeconomically strong localities serve the inhabitants of such localities on a larger scale and with better quality than those available to residents of weak localities in peripheral areas.

Services anchored in a legislative infrastructure that mandates a basket of service for those eligible, such as long-term care for the elderly, are noted for a higher level of equality. As noted above, however, very few services are delivered on this basis.

g) Changes in the roles of central and local government. The transition of central and local government from delivering

services to purchasing services, albeit gradual and partial, marks a substantive change in the goals and roles of these agencies *vis-à-vis* social services. One goal of the change was to liberate central government and welfare departments from the burden of service delivery and to allow them to focus on policymaking, coordination, initiation of special programs, and supervision. Evidence indicates that this target has been partially attained in some localities. However, the typical organizational complexity of the social services, the large number of organizations in the field, and the need to interrelate with these organizations, has proven for many local authorities and their staff to be an onerous administrative burden that hinders their efforts to monitor and steer the system. The burden is especially visible when several staff members of welfare departments are made responsible for routine relations with organizations that deliver services. They have to shoulder various administrative tasks – supervision, examination of reports, negotiation, fundraising, etc. – for which they have not been trained. Such duties also distance staff members from professional functions and more direct relations with individuals and households.

In several main areas of service, such as community and institutional services for the elderly and the mentally retarded, direct relations with most service users is performed by staff of the NGOs that deliver the services and not by employees of the welfare departments. There is evidence that this change has reduced the job satisfaction of welfare workers.

h) Changes in the roles of volunteer and private business organizations. The transition of central and local authorities from service delivery to service purchase has been accompanied by the transition of many voluntary and business organizations from the delivery of services that they initiated to the delivery of state and local services that are determined and funded by central and local authorities. These NGOs operate in

close and on-going contact with the agencies that fund and steer their activities, amid much friction.

As noted above, the willingness of NGOs to deliver state services has not harmed the quality and distribution of services and, in quite a few cases, has actually improved them. There is reason to believe, however, that these close relations between voluntary agencies and central and local authorities – manifested in activity governed by contracts, dependency on government funding, and continual friction with businesses – have blurred the difference between these organizations and the others. Many voluntary agencies have adopted bureaucratic behavior patterns and a business orientation. By doing so, they have distanced themselves from their unique characteristics, including focusing on the development of new services, responding to needs that other organizations do not cover, and representing the interests of weak population groups. Nevertheless, quite a few voluntary agencies continue to fulfill these special functions.

Involvement in the delivery of state and local services, in accordance with standards set forth by central and local government authorities, has also caused many businesses to change their *modus operandi* in order to combine their profit motives with strict maintenance of the quality of the services that they provide.

i) Attainment of social goals and protection of public interests. The dominant role of central and local authorities in personal social services was thought of as an assurance that social goals and the protection of various public interests – high quality service delivery, special concern for weak population groups, distribution of services in central and peripheral areas, and distributive equality in service – would be attained. Meaningful involvement of NGOs and, especially, of private businesses, in this field was perceived as a factor that might make these goals more difficult to attain. The profit motives that

inform the activities of these entities, it was assumed, are inconsistent with the safeguarding of public interests.

Evidence cited above indicates that Israel's elaborate social service system, in which NGOs and private businesses play a central role, has not been adverse to public interests. Furthermore, NGOs and, in particular, voluntary agencies have helped to fill voids in the service array that have occurred as funding of some social services have been cut back in central and local government budgets. Voluntary agencies have even initiated the establishment of new services, e.g., centers that meet vital needs such as nutrition (public soup kitchens) and basic household furnishings. Some indicators, however, show that the risk of harm to public interests and the attainment of social goals still exists. Noteworthy among the reasons are aggressive competition among service providers for clients, poor working conditions at NGOs, and the establishment of organizations that provide specific services (e.g., nursing care for the elderly) to protect their economic interests.

The positive and negative implications of the complex and varied structure of the personal social service system are shown in summary form in Table 2.

This structure is advantageous in many ways but has several disadvantages as well. The policy of handing responsibility for the delivery of state and local services to NGOs has usually shown itself to be justified, but the process should be accompanied by efficient mechanisms of supervision of the organizations' activities in order to assure the safeguarding of public interests, including quality of service and distribution in central and peripheral areas. Concurrently, coordination and partnership among organizations in initiating services should be encouraged. Governmental and local authorities should remain central in service funding, especially for the purpose of helping socioeconomically weak localities where the organizational network is weak.

Table 2. The Structure of Social Services – Positive and Negative Implications

	Positive implications	Negative implications
Service quality	Quality has not suffered in most fields of service and has improved in quite a few cases	In a few areas (e.g., some nursing institutions for the elderly) service quality is poor
Consumer choice of service providers	Consumer choice has expanded considerably	The possibilities of choice have been fulfilled only in part
Competition among organizations for clients	Inter-organization competition has become stronger	There have been instances of fierce competition
Service delivery in the long-term	NGOs are meeting the challenge of delivering state services on a large scale and in the long term	
Service cost	Delivery of services by NGOs has lowered service cost	The cost cutting was attained not only by efficiency but also, and largely, by low wages and poor working conditions
Mobilizing of civil society potential (social capital, volunteer organization, and local financial resources)	There has been a considerable increase in the number of voluntary agencies active in the social service field. Gaps in services that were cut back have been filled partly. New areas of service have developed and expanded	Disparities in the extent of activity of civil society organizations in different localities are increasing geographic inequalities in service allocation. The situation is helping central and local government authorities to reduce their social responsibility
Changes in the roles of central and local authorities	Focus on policymaking, coordination, and supervisory functions	A severe administrative burden due to the need to interrelate with numerous organizations impedes the functioning of departments and staff. There is less direct contact with service users. Difficulties arise in performing supervisory and steering functions
Changes in the roles of voluntary agencies	The organizations' funding base has been broadened	The unique characteristics of voluntary agencies have been eroded in some instances
Safeguarding of public interests	The system usually performs in a way that guards public interests	Public interests have been compromised in some cases

Summary

The personal social services at the present time are typified by several main characteristics:

- * The needs of client population groups are not completely met, the extent of coverage is uneven, and some needs are covered more than others.
- * Quality of service varies among localities due to different levels of central- and local-government budget participation in some services and different extents of activity by the various types of organizations (public, voluntary, and private businesses).
- * Public expenditure for personal social services has been cut in recent years due to reductions in both central and local government expenditure. This has made the services less able to respond appropriately to the rising numbers of applicants for assistance. The involvement and resources of business entities and foundations have eased the situation somewhat.
- * Legislation in the social service field has slowed in recent years. Most services have either not been the subject of legislation or are set in legislation that does not assure the delivery of a specific basket of services within a stipulated time frame.
- * The government's privatization policy has led to the transfer of responsibility for delivery of most social services to NGOs. The resulting system is saturated with organizations and prone to highly complex relationships among them. The overall implications of these processes for the functioning of the personal social service system are still vague but the processes seem to be having both positive and negative results.
- * The current situation of the personal social services, which meet the vital needs of various population groups, reflects the processes of contraction of the Israeli welfare state in recent years.