Personal Social Services

1. Introduction and Summary

This chapter discusses the problems and difficulties that the personal social services, one of the mainstays of the social welfare system, are facing. These services play a central and crucial role in helping needy population groups by responding to the needs and treating the problems of individuals, households, groups, and communities. The challenge these services face is complex. The proportion of households, children, and elderly under the poverty line has been rising in recent years and the monthly unemployment reports show many localities with unemployment rates between 10 and 20 percent.

The personal social services have a critical role to play at the present time. They should, above all, reflect the state's ability to assure the welfare of needy inhabitants by supplementing the universal social services. Many population groups, it turns out are unable or find it difficult to cope and their distress severely impairs their functioning, quality of life and impedes their social integration. The main groups at issue are the elderly, children at risk, teens in distress, battered wives, single-parent families (usually single-parent mothers), families in crisis, persons with disabilities, the mentally retarded, recent immigrants who have not achieved occupational and social integration, ex-convicts, drug addicts, and "street people."

The challenges that the personal social services have been facing in recent years have affected their functioning and their ability to do what they must, i.e., to respond appropriately to needy population groups. One of the prominent criticisms of the services's performance is that they manage to reach only a

portion of those in need. Accordingly, groups and individuals continue to be in distress, without aid from the state. Alternative solutions sometimes come into being in some communities as a result of local and national initiatives like donations of money and goods, assistance from volunteers, the establishment of soup kitchens, gathering and delivery of parcels of basic goods, young people who mobilize to help. This, however, is not sufficient to meet the needs of all the needy countrywide. It cannot substitute for the professional assistance of welfare professionals, usually social workers, who bring a broader perspective to their work.

This chapter begins with a general survey of the personal social services by main areas of activity, including the quantitative dimension of expenditures. Part 2 focuses on main issues in the structure and functioning of the services and their ability to fulfill their tasks. In Part 3 the discussion is expanded and several important policy recommendations are offered.

2. Main Components of the Personal Social Services

The personal social services are delivered by welfare departments and other entities of the local authorities. The highly complex system that provides these services delivers a wide variety of types and forms of assistance to diverse population groups in the community and in institutions.

The total government expenditure for the personal social services was NIS 5.3 billion annually in the past two years (in constant 2004 prices). The steady increase in expenditure that was typical of this field from the early 1990s to its peak in 2002 (at almost NIS 5.5 billion) has not continued.

Expenditure is divided into two main components. The first is long-term care benefits for the elderly: at 42–44 percent of total expenditure in recent years this is an important source of assistance for seniors in the community. The second is

earmarked for all other services for the main target population groups that use personal social services (surveyed below): the elderly (aged 65 and over), children, persons with disabilities, the mentally retarded, families and individuals in distress, youth in distress, juvenile delinquents and disengaged youth, and, in certain localities, community work in the inclusive sense of the term.

a. Services for the Elderly

An important proportion of government expenditure for social services is allocated to services for the elderly. Some 42 percent of total expenditure goes for long-term care benefits and 8 percent of the remainder (net of benefits) is earmarked for other services for the elderly. This translates to NIS 2.2 billion for benefits and NIS 220 million for other services (in constant 2004 prices).

The services are intended for the entire 65 and over population in Israel, and especially those with disabilities, those who find independent daily life difficult and those in need of constant assistance. There are special services for members of this age group who suffer from physical abuse and psychological and physical neglect, as well as those who, due to their economic situation, have housing problems, difficulty in acquiring essential appliances, paying to heat their homes in the winter, and receiving medical aid (e.g., dental care and transport to medical facilities). The personal social services try to help the elderly to stay in their homes and communities but also help those who, for various reasons such as state of health and lack of a supportive family network, prefer to move to an institutional setting.

The community-based services are meant to allow the elderly to continue living in their homes and maintaining an adequate quality of life. Long-term care, provided by law, is the

predominant service for this population group but not the only one. The main types of service follow:

Long-term care services assist seniors who encounter difficulty in carrying out various activities of daily living such as dressing, bathing, doing miscellaneous errands, buying medicines, and shopping. These services are legislated in the Long-Term Care Insurance Law. Although the National Insurance Institute is responsible for implementation, special committees in every local authority establish a basket of services to which the individual is entitled and decide which organization will deliver them. Long-term care services are provided by nongovernmental organizations as part of the government's partial privatization policy. (The topic of privatization of service delivery is discussed at greater length below.) Local welfare departments are in charge of providing home-based long-term care services for elderly who are not recognized as eligible for this service under the Long-Term Care Insurance Law.

In early 2005, about 115,000 seniors were receiving assistance under the law. When the law was enacted in 1988, only 21,000 utilized this service and the expenditure on their account was 8 percent of total expenditure. The sizable increase that has occurred since then was partially forecast but has surpassed the predictions by far. Although service use has definitely been rising, the growth rate in the numbers of recipients has been slowing in recent years.

Day centers and clubs operate in most localities and rural areas countrywide. They provide the elderly with a wide spectrum of services including, but not limited to, counseling and training in various matters, social and cultural activities, hot meals, physical activities, and occupational therapy. Most participants in day center activities are elderly with disabilities. In 2004, about 16,000 people visited some 180 day centers and social clubs.

Social clubs for the elderly operate in all urban and most rural localities. In the main, they offer their members social and cultural activities. Most of their users are seniors who visit regularly with no transportation provided by the club. In 2004, about 840 clubs operated countrywide and about 76,000 elderly took part in their activities.

Supportive communities provide support services for seniors who continue to live at home, e.g., medical emergency services, alarm buzzers, home repairs, information and counseling, and assistance by volunteers. The number of supportive communities is growing rapidly – from only seventeen in 1997 to 151 in the middle of 2005. They serve some 18,000 households.

Additional community services help the elderly who live in the community: activity clubs, respite care centers, meals-on-wheels, heating subsidy during the winter, transport to clinics or hospitals, assistance in types of medical care that are not covered by national health insurance (e.g., dental care and eyeglasses), assistance in adapting homes to the needs of the elderly, and the installation of home security devices.

Services outside the community (institutional services). The social services also help seniors who, for various reasons, move to an institutional setting. In recent years, the Ministry of Social Affairs has reserved about NIS 130 million for this purpose, using it for counseling and referral and partial or full participation (depending on economic situation) in covering the costs of life in a sheltered housing or institutional setting.

The annual average government expenditure for this form of service has been smaller in absolute terms in the past three years (2003–2005) than in the entire preceding decade – NIS 130 million as against NIS 140 million in 2000–2002 and NIS 155 million (on average) in 1995–1999.

In Israel today, some 30,000 elderly live in about 400 institutions and some 20,000 seniors live in approximately

eighty sheltered housing projects. Organizations in various localities, such as local associations for the planning and development of services for the elderly, have established community-based institutions for elderly residents of the locality.

b. Services for Children

Services for children and youth are reserved mainly for children of families in distress and those who are at risk, i.e., subject to abuse or to physical and emotional neglect. Such children are in a family environment that interferes with their sound development, education, and social adjustment. The total annual expenditure for these services is close to NIS 650 million (in 2004 prices), about one-fifth of total expenditure for social services excluding long-term care benefits. Several main components are included:

Special programs for at-risk children, including emergency centers for children removed from their homes due to exposure to physical violence and psychological neglect. In 2004, eighteen centers operated in several localities around the country and received children who were referred from other localities as well. Some children who cannot be left with their families are referred to residential facilities or foster homes. Responsibility for the care of children at risk is entrusted to social workers, some of whom serve as welfare officers who are authorized to enforce various laws for the protection of these children.

Most localities offer **programs for children in families in distress** in order to help the children and contribute to their sound development. These programs pair children with caregivers; run day care settings that operate before and after school hours; multipurpose day centers where preschoolers stay until evening; day and afternoon care centers where children stay after school; family-style care centers where preschoolers

spend the whole day; and play centers. The establishment of a psychiatric counseling service has been proposed. In 2004, these programs served some 60,000 children in the community at an expenditure of approximately NIS 200 million. Slightly more, in real terms, was spent on these services in 2005.

Services outside the community (institutional services). There are situations in which children are subject to severe abuse and physical and emotional neglect and should not continue to live at home. The local welfare services refer these children to settings outside the home, including residential facilities and foster homes. The expenditure for these services accounts for 65 percent of total expenditure for services for children, less than the 70 percent level of previous years. The government allocates annually more than NIS 400 million for the institutional care of children, with a noticeable downward trend since 2000.

Importantly, there is a clear trend toward community services. An attempt has been made, especially in the past two years, to minimize the number of children referred to institutions. Concurrently, efforts are being made to return children who have been staying in institutions to the community and to strengthen relations between children in institutions and their families. In recent years, several localities have even established community-based residential facilities, to which children whose families live in the same community are placed. Although these children have been removed from their homes, they continue to live near their families and remain in touch. The intention is to expand the number of these residential facilities in the next few years. In 2004, some 11,000 children were in institutions and about 1,500 were living in foster homes.

c. Services for the Mentally Retarded

NIS 764 million (in 2004 prices) was earmarked for services for the retarded in 2005. The expenditure for this population group

has been rising consistently over the years. The services, directed towards people who have been recognized as mentally retarded, respond with community-based and institutional solutions, depending on their clients' needs and abilities. Some 86 percent of expenditure goes for institutional care and 14 percent to community-based programs. The share of expenditure reserved for the community is higher than ever, reflecting a steady long-term upward trend in favor of funding for community-based programs and care giving. Community-based services for the retarded represented 9 percent of total expenditure in the early 1990s, 11 percent in 1995–1999, 12 percent in 2000–2004, and, as stated, 14 percent in 2005. In absolute terms, annual expenditure climbed from only NIS 75 million in the early 2000s to more than NIS 100 million in 2005 (in constant 2004 prices).

The **community-based services,** meant for mentally retarded who live with their families, include diagnostic centers, therapeutic day centers, nursing and rehabilitative hostels, and care centers for preschoolers (to age 3), in some of which the toddlers stay until the evening. Services for the retarded and their families include social clubs, respite care centers, employment rehabilitation centers, and caregiver services. These services reached 14,500 people in 2004, up from 13,000 in 2000.

Institutional (away-from-home) services include care centers, foster homes, and hostels in the community. In 2004, about 8,500 mentally retarded lived in these facilities, as against 7,500 in 2000. The government expenditure for the residents of these institutions has climbed over the years, from NIS 530 million in 2000 to NIS 650 million in 2005 (in constant 2004 prices).

d. Services for Persons with Disabilities

Responsibility for care of and assistance to persons with disabilities in Israel rests mainly with two authorities: local welfare departments and the National Insurance Institute. The welfare departments care for those whose disability is related to physical illnesses, deafness, blindness, and organic disorders such as brain damage and learning disabilities. National Insurance takes care of casualties of traffic accidents and enemy action. The Ministry of Defense is also involved, caring for disabled veterans and the families of those killed while serving in the military.

The Ministry of Social Affairs spends about NIS 400 million per year for care of persons with disabilities. Most of the disabled are treated in the community and most of the expenditure (about 70 percent of total expenditure for persons with disabilities) is for them. Other disabled, however, live in institutions (residential facilities). While most expenditure is directed to the community, it is noteworthy that the share of the community in expenditure for the disabled was actually higher in previous years. Thus, in recent years allocations for the institutionalized disabled have increased more quickly than those for services in the community. Since 1995, the share of allocations for institutions has risen considerably and the absolute level of expenditure for the institutionalized disabled has also been increasing.

Community-based services for children with disabilities include diagnostic centers, day and family-style care centers, special camps at vacation time, and personal escorts. Adults with disabilities have diagnostic centers; social clubs; centers for training, supplemental schooling, occupational rehabilitation, and employment counseling and placement; and supported and sheltered workshops. Persons with specific disabilities, such as the blind and the deaf, receive special services. In 2004, some

10,000 persons obtained vocational and occupational rehabilitation services.

Services outside the community include residential centers, foster homes, hostels, and sheltered housing, which together served about 2,300 persons in 2004. The government expenditure for the care of the institutionalized disabled was NIS 116 million in 2005, slightly less than in 2004 but larger in real terms than in all earlier years. Spending for these services has been rising gradually since 1990, especially in regard to the financing of nongovernmental institutions.[1]

e. Services for Families and Individuals

These services are for parents who lack the skills or ability to raise their children, single-parent families in economic distress, families and individuals who have difficulty accessing entitlements without assistance, households in various states of crisis due to violence, loss, illness, unemployment, imprisonment, disability, or addiction, families and individuals who lack basic housing ("street people"), and lone elderly.

The services include counseling and training in family life, assistance with family-affairs courts, special centers for the treatment of domestic violence issues – including special hostels for behavioral interventions with abusive men and shelters and halfway houses for battered wives and their children – paraprofessionals who enter the homes of families in distress and train them in child rearing and pedagogic techniques, a family violence hotline, household budget management workshops, and training programs to strengthen parenting skills and couples counseling. Special centers help single-parent households and provide direct assistance in matters such as convalescence and respite after illness, purchase of basic

[1] See discussion below on the privatization of service delivery.

household appliances, and money for various medical necessities that are not covered by national health insurance.

In recent years, new programs focusing on multiple problem families in severe distress have been developed in several localities. There are no data about the extent of these services and the number of families served, but some evidence suggests that the services are reaching only a few of the families in need. For example, the *Yachdav* program, which aims to improve and strengthen mothering skills, has established sixty groups of women in only forty localities. The *Dror* program, designed to strengthen multiple problem young families at the beginning of their careers, is active in ten localities and cares for only 150 families.

f. Corrective Services for Youth and Young Adults

Corrective services include treatment, social supervision, rehabilitation, and preventive services for juvenile delinquents and treatment and preventive services for teens and young adults in distress, and for those at risk for deviant and criminal behavior.

The main target population is composed of teenagers who neither attend school nor hold jobs, those who do one or both but on an irregular basis, and teens who frequent non-normative social settings and exhibit asocial behavior. Many members of this population group come from families characterized by violence, acute unemployment, poor health (mainly among parents), and hardships related to immigration. Some have already had problems with the law. Others suffer from homelessness, drug abuse, psychological problems, and/or learning disabilities. Many have been released from prisons or halfway hostels and have been rejected by the Israel Defense Forces.

The ministry earmarks NIS 225 million (in 2004 prices) for these services. This level of expenditure has been steady in the

past four years (since 2002) but is 12.5 percent higher than the 2000 level and twice as large, in absolute terms, as in 1995. The services are divided between community-based services (60 percent of total expenditure in 2005) and institutional services, for which the Youth Protection Service is responsible.

Most of the increase in spending in recent years has been addressed to community-based treatment, prevention, services for girls in distress, and youth probation services.

The Youth Probation Service, a national governmental service, cares for teens and young adults who have violated the law. The expenditure for this service, nearly NIS 70 million (in 2004 prices) accounts for 30 percent of the total expenditure for corrective services in 1999–2005.

Other teens in this population group are served by local welfare and education departments. These offices run social clubs, provide personal counseling and treatment, help clients enroll in programs of study, vocational training, and employment, refer clients to treatment, provide legal aid and material support, and develop training programs such as workshops in employment seeking, daily living skills and preparation for military induction. They also train sports instructors, sponsor community theater groups, and operate counseling centers for matters such as sexual relations and personal problems. The service includes special cafés for teens and shelters for homeless youth.

Girls in distress may avail themselves of special community services that provide individualized and group counseling and treatment, halfway houses for girls in need of intensive assistance, and shelters for the homeless. The expenditure for these services, which stand out in particular among the expenditure items for corrective services, has been rising in recent years: from only NIS 15 million in 1995 to NIS 21 million in 1998, NIS 33 million in 2003, and NIS 40 million in 2005. However, the data on the number of teens who receive

these services are incomplete, and various sources, such as reports of the State Comptroller, indicate that only a small proportion of those in need are reached.

g. Services for Other Population Groups

Additional services include treatment for drug and alcohol abusers – diagnosis, withdrawal programs in the community and elsewhere, continuing care, and monitoring after the withdrawal phase so that those undergoing withdrawal can "stay clean" and fit into the community, and services for the homeless, mainly in Tel Aviv-Yafo. The last-mentioned service provides temporary accommodations, food, personal care, counseling, information and assistance in obtaining permanent accommodation, and special services for ex-convicts, recent immigrants, and foreign workers (mainly in Tel Aviv-Yafo), including counseling and information.

h. Community Work

Community work, employed in almost all localities in Israel, is meant to make the community better able to cope successfully with its social and economic problems. It focuses largely on detecting needs of various population groups, forwarding information about them to the relevant social services, planning and development of services meant to respond appropriately to various needs, encouraging community-based service organizations to change in order to perform better and respond more effectively to the population's needs, enhancing families' and individuals' awareness of rights and available services, promoting the establishment of local volunteer organizations for service delivery and advocacy activity to warn about the existence of unmet needs, and demanding that the service systems deal with them suitably.

Community work acts to empower inhabitants of the community and enhance their participation in policymaking and

planning of the social services that are meant for them, to strengthen cooperation among community organizations, and to reinforce community solidarity and inhabitants' willingness to contribute to their community.

All social service players in the community – local welfare departments, volunteer organizations, and the private businesses that deliver much of the social services – are involved.

3. Main Issues in the Social Services

This survey of the personal social services points to several principal issues that demand attention. These issues are described briefly below and several are examined later at greater length.

a. **Personal social services are involved in a wide range of needs and problems of the client population groups.** They assist many population groups that constitute society's weakest and most vulnerable links. They face the continual challenge of distinguishing among diverse needs, some of which are highly urgent and in need of immediate response, and establishing priorities in service allocation. The critical question in this context is whether Israel has a policy that establishes priorities and, if so, how is it determined?

b. Resources do not suffice. The population groups that need help from the social services are growing steadily. This increase is linked to demographic changes, the economic decline of many households, immigration, and rising public awareness. The level of resources available for these services does not reflect this increase. Central government has reduced its expenditure for some types of service and most local authorities have also cut their welfare spending. This makes it difficult for the service system to respond adequately to its customers, especially poor families, children, and youth.

c. **Many national and local organizations are involved in service delivery**. The entities that play a role in providing personal social services include several government ministries and their various divisions, local authorities, and a profusion of volunteer organizations and businesses. Informal support systems such as self-help groups are also involved. The privatization of the delivery of many state and local social services is causing the proliferation of organizations. This has various implications – some favorable, such as an increase in the supply of services and in possibilities of consumer choice, and some negative, such as the emergence of fierce competition and lack of coordination among organizations. Thus far, insufficient attention has been devoted to the implications of the phenomenon and ways of coping with it. (The phenomenon and its repercussions are discussed at length in the Taub Center's 2004 Annual Report)[2].
d. **Relations between the Ministry of Social Affairs and the welfare departments**. The main characteristic of these extremely complex interrelations is vagueness about the division of labor and powers. The situation affects the complexion and functioning of the local social services. (See Part 3 for a broader discussion of the issue.)
e. **Privatization of the delivery of social services**. Rapid privatization of social services has taken place in recent years, with responsibility for the delivery of many governmental and local services entrusted to nongovernmental organizations. The process raises many questions about how various aspects of the social services are being affected – interrelations among organizations, quality, professionalism, equality, continuity of delivery, etc. Even as the central and local authorities continue to encourage and

[2] Kop, Y. (ed.), 2004, *Israel's Social Services 2004*, The Taub Center for Social Policy Studies in Israel, Jerusalem, November.

implement this process, no systematic assessment of its effect on the personal social services has been performed thus far.

f. **Legal infrastructure of the social services**. There are differences among social services in the nature of their legislation. Some are anchored in enabling laws, others in protective laws, and yet others in no law at all. This has major implications for the extent and quality of the services that different population groups receive.

g. **Inequality among localities in the extent and quality of social services**. Inequality among localities in the extent and quality of services traces to various factors: uneven participation of central and local authorities in local welfare budgets, differences in the number and activities of volunteer organizations in different localities, and different local attitudes toward the development of the social services. The inequality is especially obvious between Jewish and Arab localities but is also evident among localities within the Jewish sector. This situation is inconsistent with the principle of equitable service for individuals and families that have crucial needs, irrespective of their place of residence or ethnic group.

h. **Involvement of the social services in the war on poverty**. Israel's high poverty rates are a major social problem. Although some of the many problems of concern to the local welfare services are the result of poverty, the services are, for the most part, not involved in developing and implementing programs that focus on the causes of poverty. In recent years, for example, few welfare departments have developed projects that help the unemployed find and hold jobs. It is appropriate to ask how the welfare departments can play a more central and meaningful role not only in treating poverty but also in extricating individuals and families from the cycle of poverty.

i. **Disparities among services in scope and development**. Over the years, discrepancies have developed in the scope and growth of different types of social services. When services for different population groups are compared, several indices illustrate the gaps: size of budget, size of staff, extent of service, and rate of service development. These disparities are not linked to differences in the importance and urgency of the needs of various population groups but to other factors. For this reason, the fact that they have developed requires examination.

j. **In-kind and in-cash services**. The patterns of government expenditure for various social concerns reveal a large disparity between expenditure for benefits (in-cash services) and expenditure for direct (in-kind) services. This phenomenon is encountered in services for the elderly, children, and persons with disabilities. For example, expenditure for children in 2005 was NIS 4.5 billion on account of child allowances (an in-cash service) and NIS 640 million for in-kind services. The question is whether it would not be desirable to change the ratio and invest more in the latter.

k. **Community-based services vs. institutional services.** The Ministry of Social Affairs long ago adopted a policy of favoring the community-based services. The implementation of the policy is firmly reflected in the decision to limit children's stay in institutions and to the use of the resources saved (i.e., not transferred to the institutions) for the development of services in the community. The challenges to this decision, expressed by professionals and others, point to the need for further debate on this issue as a basis for establishing a clear policy in this field.

l. **Activity in a change-intensive environment.** The social services operate in an environment characterized by economic, cultural, value, and political changes that affect

the resources available to them and their ability to do their job adequately. In view of these changes, the deployment of the services requires continual changes in structure and modus operandi.

m. **Scanty consumer involvement.** Although the system of social services is overflowing with organizations, few of them represent consumers and express their needs. Thus, the influence of consumers themselves on the social services is limited.

Below is a brief discussion of three of these issues.

a. Division of Labor and Powers between Central and Local Government

The main providers of social services are welfare departments that operate within local authorities as required by law. Nonprofit organizations and private businesses are also involved in the direct delivery of services. Most of the funding comes from central government, via the Ministry of Social Affairs' earmarked participation in local welfare budgets.

Government participation is supposed to cover 75 percent of the local welfare budgets; the rest is funded by the local authorities from their own sources and grants that most of them receive from the Ministry of the Interior. The Ministry of Social Affairs claims that it bases its allocations to local authorities on standard criteria that take account of the local population's economic, social, and demographic characteristics.

The welfare budget of each local authority includes a detailed breakdown by main items and sub items. The authority must act on the basis of the budget items and may not transfer money from one item to another. An authority that overruns its budget under a given item has to make up the difference from its own sources. Government participation in local budgets is provided on a graduated monthly basis. The authorities' financial activities are monitored by supervisors who work at the four

district bureaus of the Ministry of Social Affairs and at the head office.

This method of budgeting and monitoring gives the government a great deal of control over the local authorities' welfare activities. Local authorities are, however, allowed to pledge additional funds – from their own sources and other sources – to the social services. Indeed, many authorities augment their welfare budgets by more than 25 percent from their own sources. The rates of local participation in welfare budgets vary among localities and from year to year.

The government influences the activities of local welfare departments not only by its funding role but also by its responsibility for the implementation and fulfillment of social legislation. The laws dictate the welfare departments' activities in fields such as the protection of children at risk and prevention of domestic violence, to give only two examples. Although the local authorities carry out the services set forth in these laws, it is the central government that appoints and supervises the workers who implement the laws (the welfare officers).

The directives in the Social Workers' Regulations provide central government with another way of guiding the local welfare bureaus' activities. The directives, sent periodically to all welfare bureaus by the Director General of the Ministry of Social Affairs, reflect the Ministry's policies, guidelines, and requirements as to the structure, functioning, and services of the local bureaus and their staff. The regulations underlie many professional and administrative decisions that are made and implemented at the local level.

This division of labor between central and local government has several effects:

1) Local authorities are responsible for a wide variety of services but lack full control over the design of the services and most of the resources needed to implement them. Central government, in contrast, is responsible for most resource

allocation for these services and determines much of the local welfare bureaus' ways of operating; however, it is not responsible for delivery. The result is a great deal of ambiguity and, at times, friction in relations between the sides.

2) Central government officials insist that they distribute local welfare budgets on the basis of standard criteria that aim to assure fair and equitable allocations among localities. Evidently, however, other factors are involved: political and professional relations between local and central government, local initiatives that receive central government subsidies, local pressure on the central government, and allocation patterns that have become set over the years. For these reasons, disparities in the level of central government participation, some of them large, have come about.
3) Differences in levels of local participation in funding the budgets are causing gaps among localities to widen. Several factors explain the variance in local participation, including local leaders' welfare policies; the economic strength of the local authority and its ability to raise money from private sources; and the status, influence, and entrepreneurial proficiency of local welfare bureaus and other local players.

Thus, the current division of labor between central and local government in handling the personal social services is burdened with problems that affect the functioning of the local welfare departments. One of the main issues, for example, is whether local authorities should be given autonomy in the management of social services, liberating them from their dependency on central government. There are arguments for and against. (See Table 1 below.)

The debate about the division of labor and powers between central and local government in the welfare field is intricate; it touches on questions of principle and practice that lie at the heart of today's debates over the image of the Israeli welfare

state and the role that the local social services should play. This issue has been discussed in the past and should be made central in discussions over the shaping of a system of local social services that will be able to cope better with the many challenges that it faces.

Main Recommendations

1) Give autonomy to local welfare departments in which the political and professional leadership is willing to accept autonomy at a high professional level, enjoys sizable local participation in its budget, and has a well developed network of local social-service organizations.
2) Expedite the introduction of a standard package of social services, legislated and paid for by the state. This will standardize the level of basic social services in all localities and allow local authorities to develop services beyond the basic package. (See below for broader discussion.)

Table 1. Local Autonomy in Social Services – Pros and Cons

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• Autonomy reflects the community approach by positing that the local community knows the inhabitants' needs best and, therefore, can develop services and set priorities and operating programs that will meet these needs appropriately. • Most local welfare departments have developed local leadership (sometimes originating in public organizations) and experienced staffs that are interested in, and capable of, assuming responsibility for the shaping and stewardship of services. • Local autonomy helps to encourage local entrepreneurship, reflected in the development of new services and the raising of resources to pay for them. • Reducing local authorities' dependence on central government may encourage the authorities to assume more responsibility and use their resources more efficiently. • Local autonomy may further the development of relations between community organizations and encourage	• Meaningful central government involvement in the management of local services makes it easier to craft and apply national standards that allow for greater equity in social services particularly those that are important to needy population groups that live in different localities. It also prevents large disparities among localities that are in part the result of differently sized allocations of local resources and differences in the attitudes of local leaders toward social service issues. Thus, local autonomy may be especially harmful to weak localities that lack an adequate economic and organizational infrastructure. • Local autonomy may impair the state's responsibility for social affairs and encourage the adoption of a socioeconomic policy that favors cutting central government social spending. • Central government involvement in local social services may strengthen the local welfare departments *vis-a-vis* other local players that wish to reduce local welfare expenditure. • Central government influence may make it easier for some localities to develop joint services at a regional level.

greater consumer involvement.

b. Crafting and Legislating a Standard Basket of Social Services

Local social services are anchored in a large number of laws. The legislative infrastructure includes the Welfare Services Law (1958); the Youth Care and Supervision Law (1960); the Prevention of Family Violence Law (1961); the Legal Fitness and Guardianship Law (1962); the Protection of Wards Law (1966); and the Long-Term Care Insurance Law (1996).

These and other statutes address themselves to a wide variety of fields, such as home-based care for seniors with disabilities, care for children at risk, aid for battered wives, care for the mentally retarded and persons with disabilities, protection of hostel tenants, and care for youth at risk. Despite the broad scale of needs and problems that these laws address, many areas of social services still lack a legislative infrastructure. Principal among them are home-based care services for elderly persons whose eligibility is not recognized by the Long-Term Care Insurance Law, assistance of various kinds for the needy (transport to medical care, provision of basic appliances, home renovations, etc.), and alcohol and drug addiction treatment services.

Many needs that are overlooked by legislation seem to be no less critical than those to which the laws respond. Most of the laws at issue are protective, i.e., they require the provision of assistance to a population group in need (at-risk children, battered wives, etc.) but rarely specify exactly what services are to be provided.

The expansion of legislation to additional areas of need and the clear demarcation of the resulting standard basket of services are central issues on the agenda of various government and professional entities. Some of these players favor the expansion

of social legislation and the establishment of a generous basket of social services that would meet a wide range of needs. Others frown on this course of action, believing that the passage and implementation of new laws should be avoided and that an effort should be made to narrow the extent of existing statutes.

The main advantages and disadvantages are presented in Table 2 below. They encapsulate many debates that have been held on the topic.

Table 2. Advantages and Disadvantages of an Inclusive Legislated Basket of Social Services

Advantages	Disadvantages
• It expresses the state's commitment to meeting the population's vital needs adequately. • It delivers services to those in need on an equal and standard basis, regardless of place of residence and religious / social / cultural affiliation. • It broadens coverage for the populations in need. • It makes citizens more aware that the availability of services attuned to their needs is a basic entitlement.	• It introduces rigidity in an area that requires flexibility (a wide variety of population groups and needs). • It changes the *modus operandi* of social workers, making them into implementers of various laws and procedures and detracting from their ability to make decisions based on professional discretion. • It makes citizens more dependent on state and local services. • It may cause welfare departments to center their activities on these services and be less active in services that are not included in the basket.

Thus, the expansion of legislation and the crafting of an inclusive basket of social services may address several of the main problems that the social services face, e.g., inability to reach many population groups in need, including children and youth at risk, and under-participation of needy individuals and families in programs of proven effectiveness (such as *Dror* and *Yahdav*, which serve families at risk).

In contrast, the basket of home-based nursing and care providing services that are delivered by law covers practically all elderly persons who are eligible for them. These services and the way they have developed, however, seem to support several arguments raised by the opponents of broader legislation, specifically those pertaining to a large increase in government spending and the diversion of resources to the issues that the legislation addresses. Thus, 40 percent of total social service expenditure goes to long-term care services. If additional social services are legislated, total expenditure for personal social services will definitely have to increase This means that the full implementation of a basket of social services would be slowed due to the extent of resources that would be required.

Recommendations: In order to promote appropriate services within the limitations of the budget earmarked for social services, the goal should be the gradual implementation of a basket of services for additional population groups, such as children, using some of the resources that become available through the reductions in child allowances. As the legally mandated basket of services is being implemented gradually, care should be taken not to harm vital services not yet protected through legislation.

c. Privatization of Personal Social Service Delivery

In recent years, the privatization of social service delivery has been gaining momentum at both the central and the local levels. Nongovernmental organizations, including public nonprofit

institutions and private businesses, are becoming central in the delivery of services. With respect to the elderly, NGOs provide most institutional and community services, including home-based nursing care, day centers, supportive communities, and social clubs.

A similar picture emerges in services for children, youth, persons with disabilities, and the mentally retarded. Almost all institutional services for these population groups are owned by nonprofit organizations and private businesses. NGOs also provide community services, family-based daycare facilities, afternoon preschools and fostering services, emergency centers for care of children at risk, parent-child communication centers, and clubs and hostels for the mentally retarded and persons with disabilities.

The strength and significance of this process is also reflected in the fact that most of the government budget for personal social services is used to pay the NGOs that serve, practically speaking, as the government's agents in delivering the services. However, central and local government still perform the functions of supervision and regulation of the services due to their funding role and their involvement in shaping program content, determining eligibility, and monitoring the organizations' performance.

The central role of the privatization process in the delivery of personal social services calls for exploration of the key issue: should the process be expedited, expanded, and applied to additional social services that are still being delivered by central and local government, or should it be halted or downscaled and general government be made more involved in delivery? Table 3 explains the reasoning of the exponents of both approaches.

Table 3. Advantages and Disadvantages of Privatization of Service Delivery

Advantages	Disadvantages
• It promises fewer failures of the sort that are typical of governmental organizations (politicization, bureaucratization, inefficiency, etc.). • It gives consumers the possibility of choice. • It promises higher-quality service due to competition among providers. • It promises more efficient delivery of services. • It offers less expensive service delivery, allowing the government to reduce its expenditures. • It offers citizens a wider scale of service, as additional organizations enter the scene. • It allows the community to fulfill its latent social potential (volunteers and volunteer organization). • It lets government organizations concentrate on policymaking, control, and coordination and absolves them of the burden of service delivery. • It augments the resources available (money and volunteers).	• It sets the government down the path of becoming uninvolved in social services. • It carries the threats of limited competition or fierce competition among service providers. • It limits the possibilities of consumer choice. • The proliferation of organizations results in a complex and factionalized system, typified by service redundancy and difficulties in coordination and control. • It results in poor wages and working conditions for service providers' staff (one of the main explanations for the decrease in service cost). • It may result in an increase in service cost due to an increase in staff at the government offices that deal with regulation and coordination, and due to pressure from service providers that charge more for their services. • Unwillingness of NGOs to deliver governmental and local services. • Service delivery by NGOs may not be stable and continuous. • The unique features of volunteer organizations and private businesses may erode. • Government ministries and local authorities may not be fully able to apply regulation and control in an area that is so cluttered with organizations. • The professional role of welfare department staff will change in

	material ways that will impair their job satisfaction.

The arguments for and against the privatization of services elicit several questions that deserve attention:

- How able are the NGOs to deliver central and local services on a broad scale and to maintain service over time?
- How successful are the NGOs in delivering services to those eligible for them?
- How equitably are the services allocated in terms of center vs. periphery?
- How is privatization affecting consumer choice?
- What quality of services are the NGOs providing?
- Is privatization really enhancing competition among the organizations? If it is, what kind of competition is it stimulating?
- Are the services delivered by the NGOs cheaper than those provided by central or local government?
- How is privatization affecting the supply and diversity of services?
- How is privatization affecting the role and strength of the organizations involved in it – government ministries, local authorities, volunteer organizations, and private businesses? Is it changing the accepted patterns of operation?
- How is privatization affecting the staff of the welfare departments and its roles?
- How is proliferation of service providers affecting the social service system?

Studies that examined the results of privatization of community and institutional nursing services for the elderly and institutional services for the mentally retarded provide a partial answer to these questions. While the picture they present reinforces many of the arguments in favor of privatization, various reports also point to several risks that arise when such a policy is implemented.

Recommendation: Since privatization is so central an element in the development of the personal social services, it requires systematic examination that will make it possible to establish a clear and consistent policy in this field.