

Personal Social Services

Introduction

The personal social services are among the mainstays of Israel's social service system. They provide crucial responses to the problems and needs of individuals, families, groups, and communities that find it difficult to cope with various forms of distress that impact on their functioning, quality of life, and social integration. The Ministry of Social Affairs and the local welfare departments are responsible for developing the services, determining their contents, and financing them. Responsibility for the delivery of most services, in contrast, has long belonged to non-governmental organizations (NGOs), including voluntary agencies, non-profits (NPOs), and private businesses.

Governmental and local social services provide, either directly or by means of NGOs, various types of assistance for a wide range of population groups, including children and teens at risk, seniors and others with disabilities, families in distress and crisis (including single-parent and immigrant households), the mentally disabled, alcoholics and drug addicts, and the homeless.

Thus, Israel's personal social services focus on assisting the population groups that constitute the weakest and the most vulnerable segments of society. The cutbacks in in-kind and in-cash social services in recent years have heightened the distress of these population groups, prompting more people to turn to the personal social services and increasing the burden on local welfare departments and their staff. In many localities, the welfare services are less able to handle their workload adequately due to a budget crunch that hits them from two

directions – recent cutbacks in central government allocations for some services and, no less important, the downscaling of local authority participation in the welfare budgets in many localities, especially those that rank low on the socio-economic scale, such as Arab localities and Jewish localities in peripheral areas.

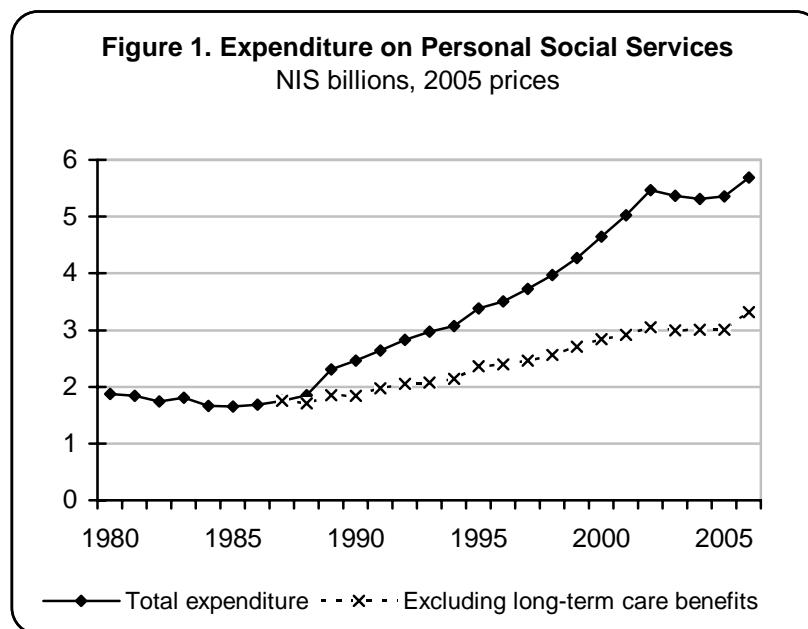
Thus, the personal social services face a daunting challenge that demands a response: an increase in needs without an increase in available resources.

The various organizations that operate in the area of the personal social services (the Ministry of Social Affairs, the National Insurance Institute, local welfare departments, volunteer organizations, and businesses) have displayed a great deal of creativity and innovativeness over the years, developing a range of services and programs that cater to populations in need of assistance. Many of these programs have attained their goals, helping various population groups to progress and improve their quality of life. Due to the cutbacks in resources, however, quite a few of them have been implemented on only a very small scale and, therefore, have unfulfilled potential.

This review of the state of the personal social services includes three main parts. Part 1 examines the structure, components, and characteristics of the main service categories and surveys the main changes that have occurred in government expenditure for these services in recent years. Part 2 focuses on several main characteristics and problems of the services and points to possible methods of addressing them. Part 3 briefly describes how the war in the North in the summer of 2006 revealed the characteristics and problems of the services through their functioning, and offers recommendations that may help the services to cope more effectively with future emergencies.

1. Recent Developments

In 2006 and 2007, government budget on personal social services came to NIS 5.7 billion (in 2005 prices), marking an increase over the 2003–2005 plateau, which was lower than the 2002 level (NIS 5.5 billion). Although expenditure increased relative to 2000–2002, the personal social services could not avoid the general erosion of social service expenditure that occurred in the middle of this period. Nevertheless, the share of the personal services in total in-kind social service expenditure (a catch-all including education, health care, housing, immigrant absorption, and the personal social services) has been increasing gradually since the beginning of the decade – from 5.8 percent of the total in 1995 to 7.7 percent in 2001, 8.7 percent in 2002, 8.9 percent in 2004, and 9.0 percent in the past two years.



Notably, the total expenditure for the personal social services should also include the participation of local authorities. In recent years, this source has contracted significantly in many localities. Furthermore, due to the continual increase in the number of individuals and households that apply to the welfare services for assistance, the average expenditure per client (individual and household) has declined in many places in recent years. Thus, the effect of the increase in government expenditure for personal social services seems to have been offset by the contraction of local authority participation and the rise in the number of applicants for these services in many localities. Below is a review of the main types of welfare services, changes in them over time, and their main characteristics.

a. Services for the Elderly

Services for the elderly are central in the personal social services. Nearly half of government expenditure for personal services in 2006 – NIS 2.6 billion out of NIS 5.7 billion – were earmarked for this population group. Importantly, however, 94 percent of the expenditure on the elderly is allocated for services under the Long-Term Care Insurance Law: NIS 2.4 billion in 2006 as against NIS 1.8 billion in 2000 (an increase of 33 percent). Expenditure on other services for the elderly, in contrast, was NIS 249 million in 2006 as against NIS 272 million in 2000 (an 8 percent decline).

There are two main types of services for the elderly: community-based and institutional. Community-based services strive to respond in various ways that will allow the elderly to continue living at home while enjoying an adequate quality of life. These services include several main components: nursing care, “supportive community” services, day centers and club facilities of various kinds, amongst others.

Nursing care services are provided to elderly who find it difficult to perform activities of daily living such as dressing, bathing, and activities outside the home, such as shopping and buying medicines. The services are legislated in the Long-Term Care Insurance Law, which is under the responsibility of the National Insurance Institute. However, the “basket” of services to which the individual client is entitled, including the choice of the organization that will deliver the service, is determined by local committees, headed by social workers that operate in each local authority. The local welfare departments are responsible for providing nursing care services for elderly in their home to those who require service but do not qualify under the law.

As of the middle of 2006, some 119,000 elderly were receiving services under the Long-Term Care Insurance Law. When the law was first implemented in 1988, it served only 21,000 clients. Over eighteen years, then, the population of

service recipients has grown six-fold – much faster than the elderly population. It is largely assumed that most seniors who are eligible for service under this law are receiving it. Notably, the growth rate of the eligible population has been slowing in recent years. The large population of aged recipients of service under the Long-Term Care Law is indicative of one of the results of legislating services, a method that makes it obligatory to provide services to those eligible.

“Supportive Community” is a term that denotes a community service center that provides a range of services for seniors who continue to live at home: emergency medical assistance, home repairs, call buttons, volunteers who assist in shopping and other activities, as well as information and counseling. The number of supportive communities has been growing rapidly – from only seventeen in 1997 to an estimated 200 at the end of 2006.

Daycare centers and “Golden Age clubs” operate today in most urban localities and regional councils to provide a wide range of services for elderly who live in the community. These services include, but are not limited to, social and cultural activities, counseling and training courses in various subjects, hot meals, physical activity, and occupational therapy. Most centers are run by local NPOs for the elderly. On the average, around 2 percent of seniors use these services. The reasons for the low rate of participation should be examined because large resources have been invested in these services.

Social clubs for the elderly operate in all urban localities and most rural ones. Run by various organizations such as local NPOs for the elderly and retirees’ associations (Association of Pensioners, Teachers’ Union, retirees from various workplaces, immigrants’ organizations, etc.), the clubs focus on social, cultural, and recreational activities for their members.

Other community services for the elderly include information and counseling, employment clubs, recreational

getaways, delivery of hot and frozen meals, heating subsidies, transport to medical care, assistance with medical treatments that are not covered by National Health Insurance, caretaker services, home repairs, and installation of safety devices at home. These services are delivered by local welfare departments, NPOs, and business entities.

The elderly may move to **institutional services** when, for various reasons, they prefer or are forced to leave their homes and move into an institutional setting. The Ministry of Social Affairs is in charge of institutional services for independent and frail elderly; the Ministry of Health is responsible for services for seniors in need of nursing care. In this field, the welfare departments assist by referring seniors to institutions and providing financial aid to those who cannot afford residence in an institution. The Ministry of Social Affairs supervises some 200 institutions for the elderly in order to assure the quality of the service that they provide.

In summation, the social services for the elderly have several main characteristics: a wide variety of services, dispersed countrywide; a large number of users of some services, foremost long-term care, as against limited use of other services, such as day centers. Another conspicuous characteristic is the involvement of hundreds of NGOs in service delivery – a feature that recurs in personal services for other population groups as well.

b. Services for Children

Services for children and youth are meant mainly for children in households in distress or at various states of risk through exposure to violence, physical and psychological neglect, or a family environment that prevents sound development or educational and social integration. The expenditure for these services in 2006 was NIS 716 million, 12 percent more than in 2000.

Services of this type include two main components: community-based and institutional. The latter accounted for 64 percent of total expenditure in 2006; some 30 percent was accounted for by community-based services. Notably, the share of expenditure earmarked for institutional services has been declining over time (from 71 percent in 2000) and that of community-based services has been rising (from 23 percent in 2000), reflecting the pro-community policy that the Ministry of Social Affairs has adopted in recent years. This policy aspires to reduce the number of children who live away from home and to develop community-based services. Importantly, however, while more is being spent on community services for children than in previous years, the sum (NIS 200 million) is insufficient to meet the many needs of children and youth at risk, whose number, according to various estimates, verges on 350,000. It is also noteworthy that 30 percent of children in Israel live in households below the poverty line. Accordingly, the social services help only a small proportion of those potentially in need.

Community services for children include several programs:

Special programs for children at risk, including emergency centers for children who are removed from their homes due to exposure to physical violence and emotional neglect. The centers provide immediate protection for children who have been harmed by family members or their surroundings and prepare them, by means of appropriate therapeutic intervention, to return to their families or to be placed in other settings (residential facilities or foster families). Responsibility for the care of children at risk is entrusted to social workers, some of whom function as welfare officers and are authorized to implement various child protective laws. All local welfare departments have welfare officers.

Programs for children in families in distress. Over time, especially in recent years, a range of services and programs to

enhance the development of children in families in distress have taken shape: employment of caregivers who offer personal assistance; family-style preschools and multi-purpose day centers for preschoolers; daycare centers; club-type facilities; afternoon centers where children can stay after kindergarten or school; play centers; and special intervention programs such as *Ha-Ken* and *Orion*.

Most community services for children are paid for by the Ministry of Social Affairs and local authorities but are delivered by volunteer and private organizations.

Residential services (residences and foster families) are for children who cannot continue living at home due to situations of violence and severe physical and emotional neglect. Referral is made by the local welfare services. In 2006, some 8,500 children were in such settings, including 1,800 with foster families. In recent years, fewer children have been referred to residential settings and more have been placed with foster families.

The Ministry of Social Affairs supervises children's residential facilities, owned by private and volunteer organizations, to assure their quality of care. Notably, in 2002 responsibility for foster families was transferred from the local welfare departments to three volunteer organizations. (Only two local authorities continue to deal with this matter.)

In summary, the services for children have several main characteristics. First, government expenditure focuses on residential services that cater to only 8,500 children. Although expenditure on community-based services has been rising in recent years, it is too small to meet the needs and the services still reach few children. Although the range of services is wide, their dispersion around the country is uneven. Another characteristic is the large number of organizations, including volunteer and business entities that operate in this field of service.

c. Services for the Mentally Disabled

Government expenditure for this population group has been growing steadily in recent years – NIS 816 million in 2006 as against NIS 610 million in 2000 (a 25 percent increase). Most of the expenditure (NIS 700 million, 85 percent of the total) goes for institutional services; the remaining 15 percent goes to community-based services. Although this ratio has hardly changed over the years, the increase in the total outlay for services for the mentally disabled has allowed the community services to develop and expand.

Community services include diagnostic centers, therapeutic hostels and day centers, preschools for the 0-3 age group, nursing and rehabilitative daycare centers, social club settings, recreational getaways (in which family members of the disabled can also participate), summer camps, rehabilitative work projects, home-care services, and counseling centers for the disabled and their parents.

Residential services include residences, foster families, and hostels in the community. The number of users of these services rose from around 7,800 in 2000 to 8,800 in 2004 (a 14 percent increase). The main services of this type are residences (institutions) and hostels, where the disabled live and function within the community.

In summary, services for the mentally disabled (community and institutional alike) are provided mainly by volunteer organizations and businesses and have several typical features. First, a clear preference for residential services, including institutions and hostels in the community, is still evident. The community services address the full spectrum of needs of the disabled but the coverage of this population group is extensive in the Jewish sector only. In this field, too, business and volunteer organizations are heavily involved and are central in service provision.

d. Services for the Disabled

Responsibility for care and assistance for persons with disabilities in Israel belongs to three main entities: the Ministry of Social Affairs and the local welfare departments, the National Insurance Institute, and the Ministry of Defense. The welfare departments care for persons whose disability is related to physical illness, deafness, blindness, and organic conditions such as brain damage and learning disorders. The National Insurance Institute cares for casualties of traffic accidents and enemy action, and the Ministry of Defense is responsible for persons injured while in military service and families of IDF fallen soldiers. This survey focuses on the activities of the Ministry of Social Affairs and the local welfare departments.

Government expenditure on these services was NIS 432 million in 2006 as against NIS 329 million in 2000 (a 25 percent increase). Most of the sum (70 percent) is spent on services in the community; the rest is earmarked for institutional services. Community-based services have been the preferred vehicle for this population group for many years, although in recent years the share of expenditure allocated to institutional services has been rising slightly.

Community services for children with disabilities include diagnostic centers, day centers, family-style preschools, summer camps, and personal aides. Adult disabled are offered diagnostic centers, social clubs, training centers, advanced education and vocational rehabilitation centers, counseling and job placement programs, and supportive and sheltered employment projects. *Hameshakem* Ltd. plays a central role in employing the disabled: in 2005, some 2,900 persons with disabilities were on its payroll. Special services are available for persons with specific disabilities, such as the blind and deaf.

Institutional services include day centers, hostels, and sheltered-housing arrangements in the community and with

foster families. In 2005, some 2,300 persons made use of these settings.

In summary, volunteer and business organizations deliver community and institutional services for persons with disabilities, with preference for community-based services. The services are severely fragmented and responsibility for them is divided among various players: the Ministry of Social Affairs, the National Insurance Institute, and the Ministry of Defense.

e. Correctional Services for Youth and Young Adults

The correctional services include treatment, social supervision, rehabilitation, and preventive services for juvenile delinquents as well as general and preventive care for youth and young adults who are functionally challenged, disengaged from normative social settings, and susceptible to risk of deterioration into deviant and criminal behavior.

The target population includes mainly adolescents who do not attend school or work or who do one or the other irregularly. Many clients come from families with problems of violence, unemployment, physical and/or mental illness of one family member, or difficulties associated with immigration. Many of the clients are criminal offenders, street kids, or drug users. Others have psychological problems and learning disorders. Still others were discharged from prisons or halfway houses for offenders and have been turned down by the army.

Expenditure for these services rose from NIS 200 million in 2000 to NIS 265 million in 2006 (a 30 percent increase). About 35 percent of the expenditure in 2006 was allocated to institutional services (hostels of the Youth Protection Authority) as against roughly half in 2000. Thus, expenditure for community services for this population group increased noticeably, especially in respect to probation services and services for youth in distress. In contrast, expenditure on *miftanim* (community-based day institutions for rehabilitation

and therapy) has declined considerably. This survey relates to community services that are provided to youth by local welfare departments. In many localities, however, the Ministry of Education and the local education departments are the ones in charge of community services for this population group.

Community services for youth include counseling and individual treatment; social clubs; assistance in enrolling in schools, vocational training and employment projects; legal aid and material support; and development of training programs such as life-skills workshops and preparation for military induction, job search workshops, training of sports counselors, community theater, shelters for homeless youth, special cafés for teens, and drug treatment centers.

Girls in distress are eligible for special community services including individual and group treatment, care of victims of sexual assault, halfway houses for those in need of intensive assistance, and shelters for the homeless. A large share of community services for youth is provided by volunteer organizations.

The Youth Probation Service is a national government entity that cares for juvenile delinquents (aged 12-18). It assists the law enforcement system by tailoring methods of treatment and rehabilitation to minors and steering them away from criminal conduct. The Probation Service also employs special investigators for children up to age fourteen who are involved in sexual offenses (as victims, witnesses, and suspects) or are victims of or witnesses to violence against minors.

Institutional services for youth, run by the Youth Protection Authority, include nine hostels where young offenders may stay after referral by the juvenile courts.

In sum, these services are typified by an increase in government expenditure for community services and, a declining share for institutional services (the Youth Protection Authority hostels). The community services are provided largely

by volunteer and private organizations and include a wide variety of programs. The main problem is that these programs reach only part of the young people in need of assistance. Furthermore, in this field, as in others, the extent and quality of services varies among localities.

f. Personal and Family Welfare Service

The Personal and Family Welfare Service aids parents who encounter difficulties in childraising, families in economic distress and crisis occasioned by violence, loss, disability, illness, unemployment, imprisonment, or addiction on the part of one or more family members, and homeless persons and families. Since expenditure for these services is distributed among various budget lines, recent trends are difficult to track.

Services include family-life counseling and training, information, mediation, *liaison* with other services, assistance units aligned with the family courts, domestic violence treatment centers including special hostels for behavior change among violent men and shelters and halfway houses for battered women and their children; paraprofessionals who visit and counsel families in distress in matters such as childrearing and education; a domestic violence hotline; family budget management workshops; and instructional programs for building parenting skills and couples counseling. Additional services include special assistance centers for single-parent households and direct aid in matters such as convalescence and getaways after illness, basic home appliances, and funding for medical needs not covered by National Health Insurance, such as dental treatment.

Community services are delivered by welfare departments as well as volunteer organizations and businesses. The range of programs is broad but the spectrum of services varies widely among localities.

g. Other Services

Other services include community work to strengthen residents' ability to organize, design and plan a well developed array of services suited to their needs, and community services for additional population groups including drug addicts, alcoholics, prisoners' families, discharged prisoners, homeless persons, and foreign workers. These services, like those mentioned above, are provided by local welfare departments and also by volunteer organizations and private entities. There are considerable disparities between geographic localities in service provision.

2. Main Characteristics of the Services

The foregoing review of developments in the personal social services indicates several main characteristics and related problems and issues.

a. Inadequate Resources

Although government expenditure on some personal social services has increased in recent years, the rise has not kept pace with the growth of the needy population. One factor behind the rise in needs is the sharp cutback in child allowances and other benefits in recent years. Furthermore, while the personal social services derive much of their budget from central government allocations, another portion, albeit smaller, is covered by local authorities. Local authorities are expected to finance 25 percent of their welfare budget but most provide a larger share – more than half in some cases. With local governments facing a budget crunch that in some localities has ballooned into financial crisis, many local authorities are finding it difficult to cover their share of the social service budget. Therefore, even if central government expenditure has increased somewhat, the contribution of the increase has been offset in many localities by

the decline in local authority financing and a rise in the client population.

The shortage of resources is especially obvious in community services for children, youth, and families. With resources in short supply, many localities – especially socio-economically weak ones – have reduced staff and cancelled or downsized various programs and services.

b. Incomplete Coverage of Needs

In one of the main manifestations of the decrease in available resources for many local welfare departments, the social services are not reaching all relevant population groups and, therefore, are not fully meeting their needs. Incomplete coverage is especially typical of services for children and youth.

c. Diversity of Needs and Varied Population Groups

Due to their roles and responsibilities, the personal social services are involved in a wide range of services to diverse population groups, including the elderly, children, youth, families, persons with disabilities, the mentally disabled, drug addicts and alcoholics, and the homeless. These population groups have continuing needs, such as those resulting from long-term disability, and transient needs, such as economic distress originating in temporary unemployment. This type of involvement forces the social services to cope concurrently with a wide range of needs and problems. Some of them entail immediate responses and place the welfare departments under a heavy burden that, as stated, is incompatible with the resources available to many of them. The workload compromises the welfare department's ability to plan its actions, perform prevention activities, and establish clear priorities to direct their professional and financial resources.

d. Incomplete Legal Infrastructure

The services fall into three categories in terms of their legal basis. Some have no legal basis, others are based on protective laws, and still others are legislated with defined services that the population is entitled to. The broadest infrastructure is of protective laws, which aim to protect the well-being and welfare of population groups such as children, youth, and elderly at risk. The main legislation in the personal social services is the Long-Term Care Insurance Law, which assures nursing care for the elderly.

Local welfare department staff apparently devote much of their time to legislated services and to the implementation of these laws. Furthermore, most budget expenditure for social services is earmarked for these services. Consequently, the departments and their staff have fewer resources for services not legislated. Many of these services, for children, youth, and families, are no less vital than those set by law.

e. Geographic Inequality in Extent and Level of Services

Israel's localities are not equal in the human and financial resources that they can devote to social services. Therefore, the range, level, and quality of the services that can be provided are also unequal. The disparities are reflected in several indicators, such as the ratio of welfare department staff to clients and the average expenditure on social services per individual and client family. As a result, service to citizens often depends more on where people live than what they need. The disparities stem from differences between geographic localities in the extent of resource allocation for social services by central and local government; local service use and initiative in the social service field; and local involvement on the part of private foundations, volunteer organizations, and businesses.

f. Profusion of Diverse Organizations in the Social Service Arena

NGOs (volunteer and business) have been active in the social services for many years. Some of them, mainly volunteer organizations, have even played a pioneering role in the development of new services for special population groups such as persons with physical and/or mental disabilities, and battered women. These organizations have become more active in recent years, largely because the partial privatization policy shifted responsibility for the delivery of many state and local services to NGOs. (Examples are nursing care, day centers for the elderly, family-style preschools, hostels, halfway houses, and shelters for women and girls.)

Most organizations that deliver central and local services operate under contracts with governmental and/or local authorities. The proliferation of organizations has expanded the supply of services and allows consumer choice. At the same time, though, it has narrowed the roles and responsibilities of the central and local authorities and has created a complex arena of services in which redundancy, competition, and lack of coordination are typical. Furthermore, the reassignment to NGOs of responsibility for the delivery of many central and local services subjects the welfare departments, burdened to begin with, with the additional duty of supervising these organizations' activities.

g. Large Scale Privatization of Service Delivery

As noted, most central and local social services, community and institutional alike, are delivered today by volunteer and business NGOs. This has transformed the functioning of the welfare departments and their staff: instead of dealing mainly with the planning and delivery of services, they now have additional roles of an administrative nature, such as negotiating with organizations and supervising their activities. The privatization

of service delivery has also reduced direct contact between the welfare departments and many of their clients, as most care and assistance for needy population groups is now handled by NGOs.

h. Limited Consumer Involvement

The consumers of social services have a minimum degree of involvement in shaping the complexion and operation of the services.

i. Limited Ability to Initiate and Innovate

In view of the varied population groups that use the personal social services and their diverse and changing needs, the service providers must offer a wide spectrum of responses and develop new intervention methods and services. The ability of the service delivery system – welfare departments and NGOs – to offer a range of services, initiate and develop new programs, and adapt existing programs depends largely on the initiative and innovativeness of the staff and the resources available to them. As noted, these resources are allocated in an unbalanced and unequal way among localities.

j. Incomplete War on Poverty

Despite their multiple responsibilities and the distress of their client groups, the local welfare departments are not perceived as actors who can and should be central in helping persons and families to raise themselves out of poverty. Indeed, few local welfare departments apply programs, such as employment projects, that focus specifically on poverty and its prevention.

k. Vague Division of Labor and Powers between the Ministry of Social Affairs and Local Welfare Departments

The Ministry of Social Affairs provides local welfare departments with most of their budgets and, by means of various

standards and directives, determines their *modus operandi*. At the same time, the local welfare departments are in charge of funding some of the services and delivering them (directly or by proxy). The resulting vagueness is reflected differently in different localities. Some localities, especially those that are socio-economically strong, cover a larger share of their social service budgets – sometimes exceeding the 25 percent requirement – and display a great deal of autonomy by raising their own private funds and developing services by themselves. Other localities, mostly those that are low on the socio-economic scale, struggle to cover their share of the funding and, therefore, depend heavily on central government allocations.

Additional factors that affect localities' ability to advance their social service programs are the degree to which national and local volunteer organizations establish a presence and involve themselves in the development of local services as well as the local authority's ability to raise funds from private sources.

To date, no clear policy has been adopted to regulate relations between the Ministry of Social Affairs and local authorities and to help to smooth their integration in a way that is suited to localities with different socio-economic profiles. Such integration should lead to an appropriate balance between government guidance, which helps the authorities to develop services and deliver them in an equitable and high quality way, and the goal of developing the community aspect, encouraging local initiative, and promoting local raising of resources.

1. Poor Alignment between the Structure and Modus Operandi of Many Welfare Departments and Their Economic and Political Environment

Local welfare departments and their staff face many challenges that force them to function despite the shortage of resources, the growing number of applicants for assistance, and a government and local authority policy that seeks to privatize the delivery of

most services. The departments have to relate regularly with many organizations that operate in this arena, including volunteer associations, businesses, and foundations. Few local departments are geared to cope appropriately with these changing circumstances, influence them, and make the most of them. Furthermore, many of the departments' social workers face new duties, including administrative functions for which they have not been trained.

This review of the personal social services and their characteristics points to their importance, contribution, and immense potential. However, some of the potential is unfulfilled due to the problems that typify the system and impede its ability to act. Below several methods of action are proposed that may improve the structure of the social services and make them better able to contend effectively with the challenges that they face. The proposals are preliminary and constitute a basis for further discussion and development:

1. Strengthen the role of the Ministry of Social Affairs as a policymaker, an initiator of service development, and facilitator of better coordination among the diverse entities that populate the social service milieu.
2. Adjust government expenditure on social services to changes in the size and needs of the client population groups.
3. Adjust the local welfare departments' personnel size to the size and needs of the client groups.
4. Provide welfare departments in socio-economically weak localities with special assistance. In this context, consider the possibility of establishing differential government participation in the social service budgets of different localities.
5. Gradually expand services that are legislated (e.g., the Long-Term Care Insurance Law) to additional population groups.
6. Develop a program in which welfare departments in strong localities adopt welfare departments in weak ones. The

"adoption" would be expressed, among other things, in professional and administrative consultation and joint development of projects.

7. Offer strong localities the possibility of greater autonomy, reflected in local control of the composition of the budget and program development and less stringent government supervision.
8. Evaluate systematically and regularly the results of the privatization of service delivery, as a basis for decisions regarding the continued implementation of this policy.
9. Improve cooperation and coordination between local welfare departments and volunteer organizations, businesses, and private foundations at the national and local levels. One way of promoting this is by establishing an employee position on the local welfare department staff for an official in charge of coordinating and developing relations with volunteers, volunteer organizations, businesses, and foundations.
10. Encourage social entrepreneurship and creativity at the local welfare departments, focusing on the development of programs designed to break the cycle of poverty. The encouragement may be provided in various ways, e.g., special financial grants to local authorities and organizations that develop such programs.
11. Promote programs that develop consumer involvement *vis-à-vis* local welfare departments and other service delivery organizations.
12. Establish expert committees to examine the structure of local welfare departments and to recommend organizational structures that would upgrade the departments and enhance their performance.
13. Revise the training of social workers to reflect changes in the roles that social workers are expected to play in local welfare departments and other service delivering organizations.

3. The Personal Social Services during the Recent War in Lebanon

The war in Israel's North put the social services to the test and marked a critical point in indicating their functioning. The following discussion focuses on two main issues. First is an assessment of the specific needs of the inhabitants of the North during the war and the solutions that the local and national social services provided in response. Second are lessons that may be learned from the functioning of the social services during the war and proposals for improvements.

a. The Inhabitants' Social Service Needs and How They Were Met

Many problems and needs in the social service field came to light during the war, especially among the population who did not evacuate (or were not evacuated). A large proportion of these inhabitants belonged to weak population groups with special needs, such as disabled persons and elderly with disabilities. Some of them remained without nursing care, mainly because family members or their caregivers left the region. They found it difficult to obtain necessary medications, food, and other vital necessities. Those who remained at home had to spend lengthy periods of time in shelters, some of which were in poor condition and lacking in crucial amenities. Many of these inhabitants suffered from anxiety and economic hardships.

Those who returned after evacuation were faced with other problems. In some cases they had to find alternative housing because their homes had been damaged. Some encountered economic hardships and difficulties in adjusting to the realities that greeted them upon their return.

Several main players took part in the efforts to cope with and respond to the problems that the inhabitants faced during the war:

* Central government entities, foremost the Ministry of Social Affairs, the Office of the Prime Minister, the Ministry of Health, the Ministry of the Interior, the National Insurance Institute, the army, and the police.

* Local entities, including the local authority and, foremost, the welfare department.

* Local community centers.

* National volunteer organizations, such as *Eshel* (Association for the Planning and Development of Services for the Aged in Israel), JDC-Israel (the Israel arm of the American Jewish Joint Distribution Committee), Sacta-Rashi Foundation, *Yedidut, Meir Panim*, the National Council for Volunteering, the Umbrella Group of Organizations of the Disabled, *Latet*, and *Matav*.

* Local volunteer organizations, foremost among them those that engage in planning and development of services for the elderly, operating mostly in urban localities and regional councils countrywide, and other local NPOs that distribute food and home appliances to the needy throughout the year.

* Private organizations, and especially private companies that serve the elderly disabled under the Long-Term Care Insurance Law, and private nursing homes, which admitted seniors who had been evacuated from their homes in the North. Several businesses provided assistance including financial aid and equipment such as television sets for the shelters.

* Volunteers, working with organizations such as the NGOs that plan and develop services for the elderly, and also under government organizations, such as volunteers who worked for the advisory service for the elderly at the National Insurance Institute, and volunteers in other settings who operated independently.

* Private benefactors (such as Arcady Gaydamak, who established a facility at Nitzanim that took in thousands of evacuee families).

Thus, the efforts to cope with inhabitants' needs during the conflict aptly reflected the characteristics and complexity of Israel's social service scene, with its spectrum of diverse organizations and the partial role of central government in it. The war took all organizations at the national and local levels by surprise. Few of them had programs that they could readily put into place to treat the social service problems of a population that was under rocket attack. (Some Israeli localities – Tel Aviv, for example, with its history of lethal terror attacks – have contingency plans for immediate use in similar situations.)

The involvement and roles of the various agencies can be illustrated by a brief description of the assistance given to the elderly, who were among the main victims during the war. Although appropriate contingency plans were lacking, the main service providers for the elderly deployed programs to deal with the situation rather quickly. Below is a review of the actions taken by the main agencies in this field:

Eshel (Association for the Planning and Development of Services for the Aged in Israel) activated a special team of staff members to identify the needs of the elderly in the Northern localities (some fifty localities, including thirteen in the Arab sector) and to help deliver a wide variety of services, including thousands of hot meals and food parcels, thousands of personal kits, emergency lamps, equipment for shelters, and transport for the elderly and for working people. Thousands of seniors were taken to hotels in Jerusalem for six-day getaways. *Eshel* coordinated its activities with the Ministry of Social Affairs and the Minister for Pensioners' Affairs, and acted by means of local NPOs that plan and develop services for the elderly, which functioned in most localities. *Eshel* also helped raise funds for these programs from JDC and other sources.

Ministry of Social Affairs. The Ministry's Service for the Elderly took part in centralizing relief efforts that were carried out in coordination with *Eshel*, local welfare departments, local NPOs that plan and develop services for the elderly, the National Insurance Institute, the Ministry of Health, and the Minister for Pensioners' Affairs. These activities included coordination of information about the needs of the elderly; delivery of prepared meals, food parcels, and diapers; organizing of aid and personal care for lone and disabled elderly; transporting the elderly to medical care; aiding the few day centers that continued to operate; moving frail elderly to hostels in central Israel; organizing getaways for independent elderly; and assisting seniors' hostels in the Northern District. The Ministry also co-funded some of these programs.

Local authorities. The local welfare departments operated in coordination with national entities such as *Eshel* and the Ministry of Social Affairs, provided information about the state of the elderly in their areas, detected lone elderly in need of assistance and helped them either directly or via other providers, e.g., nonprofit and commercial providers of nursing services, and helped to move seniors to hostels and getaways in areas outside the north.

Local NPOs delivered to the elderly the assistance that was provided by some of the above services (*Eshel*, JDC-Israel, and miscellaneous NPOs), including hot meals and food parcels. They also sent volunteers to maintain direct contact with elderly who stayed behind in their homes, reported about their condition, and, when necessary, gave them assistance. Nonprofits that regularly provide the elderly with nursing services tried to continue doing so, among other things by transporting caregivers to the seniors' homes, and helping move seniors to hostels and getaways in other areas of the country.

Nursing care companies that provide services under the Long-Term Care Insurance Law encountered several problems

that made their jobs particularly difficult. For example, some seniors left their homes and caregivers found it difficult to reach their clients. The companies made every effort to continue serving their clients, whether they remained in their localities or not.

Volunteers, operating under local authorities, the National Insurance Institute (the service for counseling of the elderly) and local NPOs, helped the elderly in various ways by maintaining direct contact and reporting about their condition, especially for those in need of assistance from a local NPO and/or the local welfare department. They also helped to deliver hot meals, food parcels, essential appliances, and emergency kits.

Hostels and hotels in other parts of the country. During the war, nearly 1,000 seniors, half of them frail and the other half in nursing care, were removed to hostels around the country. In addition, hotels, especially in the central area, hosted independent elderly who had left their localities for several days of rest and relaxation.

These were not the only agencies that actively helped the elderly population. Other noteworthy benefactors included the Ministry of Health, which helped to pay for the seniors' stays in the hostels, and the Ministry of Tourism, which, in conjunction with the Israel Hotels Association, helped to implement the getaway program.

The needs of the elderly could not have been addressed with appropriate responses were it not for the involvement of local and national organizations that operated in this arena, including governmental, volunteer, and private entities. Had the local organizations and volunteers been absent or ineffectual, it would have been harder to maintain direct contact with the elderly, identify their needs, and report them to the relevant agencies. Had the national organizations been absent or ineffectual, it would have been more difficult to pay for the services and deliver them to the population.

Interestingly, the involvement of organizations in all three sectors – government (government ministries, National Insurance, and local authorities), the NPOs (*Eshel* and other volunteer organizations), and the business sector (private firms, hotels, and hostels) – reflected the typical advantages of each. Government ministries initiated some activities and participated in funding them. The actions of local authorities reflected their vast experience in the local arena and their familiarity with the inhabitants and their needs. Volunteer organizations were able to express their flexibility and their ability to respond quickly to changes in the service field, including the mobilization of resources. The business entities gave expression to their experience in working with the elderly and their social responsibility.

In several localities where some of these organizational links were missing, the service system was less able to respond adequately to the needs of the elderly. Such localities are those that do not have local NPOs working with the elderly, where the local authority and the local welfare department failed or were unable to respond appropriately, and those that lacked the strong presence of outside and local volunteers and private organizations. The partial involvement of government ministries was able to make up for these failures in only a limited way.

The organizational deployment of services for the elderly revealed and reflected several aspects of service for this population group that were unique even before the war broke out:

- * Extensive activities of *Eshel*, an organization established about thirty-five years ago by the government and JDC for the development of community and institutional services for the elderly.

- * The establishment of local NPOs for planning and development of services for the elderly (at *Eshel's* initiative) that operate today in more than 100 localities and regional

councils and develop and deliver a range of services for the elderly.

* Activities of departments for the elderly at the Ministries of Social Affairs and Health and local welfare departments.

* The appointment of a Minister for Pensioners' Affairs, who became active even before the war began.

* Activity by nearly 200 organizations (including local NPOs) that are involved in delivering nursing services for the elderly (under the Long-Term Care Insurance Law).

* Activity by many organizations that provide institutional services to the elderly.

This pattern of organizational deployment was only partly evident in other areas of service, such as for persons with disabilities, families, and children. Services for these population groups were marked by several conspicuous characteristics:

* Incomplete involvement of government ministries for reasons including the decision not to declare a state of emergency. (Such a decision would have required a different deployment by government ministries.)

* Large disparities among localities in the level and scope of services, due to differences in the capabilities of the local authority and the local welfare department.

* Incomplete action by local volunteer organizations. (Local NPOs such as those for the elderly were not active in these fields of service.)

* Actions by outside volunteer and private organizations to deliver various kinds of assistance such as meals, food parcels, and shelter equipment. This activity too, however, was strongly affected by differences in deployment from one locality to the next.

* Actions by private benefactors, who helped, among other things, by receiving thousands of evacuee families during the war.

b. Main Recommendations

Generally speaking, for the social service system to cope adequately with the demands that it faces, it must take organized action in five major respects: identifying, recognizing and understanding the needs; planning services that will respond to these needs adequately; arranging funding (raising financial resources with which to pay for the necessary programs); rapid delivery of services to the population in need; and assuring their quality and effectiveness.

To carry out these functions, a suitable organizational structure is necessary, including the involvement of organizations from various sectors that operate at both the local and the national levels. Identifying the needs and providing the responses may be accomplished mainly by local players such as local authorities, local volunteer organizations, and volunteers. In planning and providing these responses, both national players, including government ministries and local agencies must be involved. Funding may be provided largely by national entities, since most localities at issue are socio-economically weak. The involvement of national and local agencies from different sectors was a condition for adequate coping with the range of needs that surfaced.

All of these activities call for integration among the main agencies: government ministries, local authorities, and, especially, welfare departments, national and local volunteer organizations, volunteers, and businesses.

The government, by means of the Ministry of Social Affairs, the National Insurance Institute, and other ministries such as Defense, Internal Security, the Interior, and Health, must play a central role in designing the constellation of social services and activating them in an emergency. This should include preparing emergency action plans that are attuned to the specific needs of various population groups (the elderly, persons with disabilities, the mentally disabled, children, and single-parent and

households); providing assistance in readying local programs for action in emergencies; strengthening the welfare departments of socio-economically weak localities by adding budget and staff and by providing training; and preparing a “reserve” of social workers and psychologists who are trained in handling trauma and may be sent into the field when an emergency arises.

The **local welfare departments**, aided by the local authority leadership and other departments, and in conjunction with government ministries and other agencies, should be central in preparing local welfare services for emergency action and for coordinating among the various parties. This should include the preparation of concrete action plans that address the needs of diverse population groups. Such programs already exist in several localities, e.g., Tel Aviv-Yafo, and have been put into place after terror incidents. Local preparations for emergencies should include several additional components, such as reinforcing the community by strengthening local volunteer organizations and their interrelations, preparing a reserve of local volunteers, and increasing the local involvement of national volunteer organizations. For this purpose, the local authority should appoint a trained community worker from the welfare department or from the bureau of the head of the local authority to coordinate and develop relations with local and national volunteer organizations and to establish the reserve force of local volunteers that would work with the community in non-emergency and emergency situations alike.

Volunteer organizations at the national and local levels, including foundations that provide financial aid and also private service providers, play an important role in many localities in delivering a range of services, including those that are paid for by central and/or local government. These organizations, their staff, and their volunteers are major if not crucial links in the chain of local services; therefore, they should be co-opted into the planning and implementation of the emergency action plans.

The vital role that the NPOs for the elderly played during the war in some northern localities is indicative of the many advantages of the activities of local NPOs that focus on aid for specific population groups with logistic and financial support from a strong national body (*Eshel*). The possibility of replicating this model in other areas of service should be considered. However, the volunteer and private organizations' activities should be fully coordinated with the relevant government ministries and local authorities.

The actions of **private benefactors** during the war attracted various responses. The critics complained that private individuals were doing a job that the government should have been doing, thereby relieving the government of its responsibility for the population's welfare. The proponents of the private initiatives sang their praises loudly and noted the benefactors' commitment and rapid response and the high quality of the services rendered. Government bodies were not prepared for action of this kind, they maintained. There is no doubt, however, that government must be fully responsible for the well-being of thousands of evacuees. An appropriate governmental deployment that would include the preparation of emergency action plans that address the evacuation and care of inhabitants would preclude reliance on the good-heartedness of private benefactors. However, there is no reason to deny private individuals and agencies with relevant experience a role in the preparation and implementation of these programs.

In sum, the foregoing recommendations are based on the experience amassed during the war in the North and are guided by these principles: the central and local authorities must take the lead in dealing with emergencies, but national and local volunteer and private organizations, including individual volunteers, have immense potential and therefore should be integrated and co-opted into emergency plans and actions.

