

Community Services for the Elderly in Israel

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Present and Future

by

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i. Introduction

With the approach of a new year and a new decade, this overview seeks to examine community services for the elderly in Israel, pointing out their characteristic strengths and weaknesses, and to raise several ideas regarding their role in the future.

The overview consists of three sections. The first section briefly maps out community services currently provided by various organisations to the elderly population. The second section describes the main characteristics of these services, including problematical aspects. The third section includes various recommendations for strengthening and advancing this network of services.

This document is intended to serve as a basis for discussion and formulation of additional ideas.

ii. Community Services for the Elderly

Community services for the elderly (mainly, but not solely, for those who live alone and are functionally disabled) include the following services:

1. Social care given by welfare departments

Assistance given by local authority welfare departments includes various services, among them: assessment of the needs of the elderly person applying for assistance, guidance and help in dealing with different problems, allocation of different types of material aid, setting up and running self-help groups for elderly people with similar problems and needs, developing programmes for prevention of neglect and violence against the elderly by family members, providing information on other organisation that provide services for the elderly and mediating between the elderly person and these service providers. In addition, the welfare departments are responsible for the execution of different laws relevant to the elderly and collaborate with other organisations (such as local non-profits) that develop and provide services for the elderly. Welfare department social workers also head the local boards responsible for the execution of the Long-Term Care Insurance Law.

2. Day centres and enriched social clubs

Day centres and clubs have become a central feature of the basket of services for the elderly in recent years, especially for those who are disabled. These facilities provide different types of assistance, such as personal care, counselling, guidance in dealing with different problems, social-cultural activities (recreation classes, lectures), physical exercise and occupational therapy. In 2008, 170 centres such as these operated in 140 urban localities and 32 rural localities and were attended by 15,500 elderly people.

3. Supportive communities

These communities aim to provide elderly people still living at home as part of the community different types of assistance, such as the services of a neighbourhood maintenance man (responsible for doing repairs in the elderly person's home), information, emergency medical services, emergency alarm

buttons and the help of volunteers. In 2008, some 220 such communities operated in Israel, with 37,000 members.

4. “In a Ripe Old Age” programme

The target population of this scheme is that of needy elderly people residing in the community whose monthly income consists of an old-age pension and an income supplement. The aim of the programme is to assist them in three major areas: health (subsidies for medication, identifying hearing and sight problems and supply of medical aids), housing (refurbishing homes, repairs and obtaining equipment needed for the home) and nutrition (referring the elderly to catering services provided by community organisations). In 2009, the programme was run in some 30 population centres and has given assistance to some 17,600 elderly people.

5. Learning opportunities, education and hobbies

Services offered in the area of study, education and hobbies are intended to enable elderly people acquire knowledge and education in a variety of subjects, such as philosophy, art, theatre, law and social science, as well as actually taking part in activities such as art, theatre, gardening and music.

6. Social clubs for the elderly

These clubs, which operate throughout the country, serve as activity centres mainly for the independent elderly, although clubs do exist specially for elderly people who are blind and deaf. The clubs feature social-cultural activities, which include recreation classes, social gatherings, games and parties. In 2005 (the last year for which we have statistics), 850 clubs operated in approximately 130 towns and 30 rural centres, with some 80,000 participants.

7. Sheltered housing

Sheltered housing consists of a network of housing units for elderly people who are functionally independent. Residents run their households themselves, but can benefit from a variety of services offered on the premises and in the community, including services given by a doctor, nurse and social worker, social-cultural activities, physical exercise classes or facilities and an emergency call answering service operative at all hours of the day.

In 2004 (the last year for which data was published), there were 165 such facilities in Israel, with 21,000 housing units.

8. Home care provided under the Long-Term Care Insurance Law

These are services provided for disabled elderly people resident in the community to assist them in their daily activities in various ways. Assistance includes help in running the household, bathing and dressing, preparing meals and accompanying the elderly person on errands and to medical treatment. It also includes services given at the day centres. In March 2009, 131,000 elderly people i.e. 15% of the total elderly population (corresponding to the proportion of disabled elderly) benefited from this service.

9. Home care not provided under the Long-Term Care Insurance Law

These services are provided by the welfare departments, non-profit organisations and private companies to elderly people who for some reason are not eligible for assistance under the Long-Term Care Insurance Law. Assistance is similar to that given under the Long-Term Care Insurance Law.

10. Employment services for the elderly

These services, designed to enable unemployed elderly people to work, are of three major types: occupational clubs that operate within social clubs for the elderly, home employment and occupational centres for the 60+ age group, currently being set up in Tel Aviv and Nahariya.

11. “Warm Home” programme

The “Warm Home” programme brings together small groups of elderly people of a similar cultural background (usually new immigrants from the same country) for weekly or bi-weekly social gatherings at the home of a host family. In 2007 (the last year for which statistics have been published), 200 such programmes operated in some 70 urban and rural population centres, with around 3,000 participants. In several towns a similar programme operates under the name “A Warm Corner”.

12. Neighbourhood call centres

The neighbourhood call centre, manned by volunteers, is located in urban areas in which many elderly people reside. The role of the call centre includes maintaining telephone contact (and even personal contact if necessary) with the elderly people in the area to find out how they are. The elderly people themselves can ring the call centre to receive needed help or information.

13. Respite care

This service enables the elderly person to have a stay away from home, for reasons such as: the need for an interim period after hospital discharge, the absence of the primary caregiver for a certain period of time or the need to give family caregivers a break. In 2006 (the last year for which we have statistics), nine such respite care centres operated in Israel, with a capacity of 120 beds.

14. Alterations in the elderly person’s house to suit his special needs

This service includes repairs, house painting, widening doorways, replacing the bath, installing handrails and window bars, replacing doors, installing peepholes and locks on the doors and emergency alarm buttons.

15. Providing essential home equipment and basic furnishings

This service includes providing basic furniture such as a sofa, table and chairs, household goods, electric appliances and a solar water heater.

16. Hot meals

This scheme aims to provide elderly people living at home with a hot, nutritious meal several times a week. On the whole, these are elderly people who for various reasons, such as decline in functioning, do not cook. Meals are supplied in several ways: a hot meal may be given or bought at the day centre or social club, or delivered to the elderly person’s home.

17. Heating in winter

The National Insurance Institute gives an annual winter heating grant per household for elderly people eligible for an income supplement who live in a cold region. In the winter of 2007/8 approximately 37,000 elderly people resident in 70 urban centres and 10 regional councils were given this grant.

18. Medical and rehabilitation accessories

This service provides disabled elderly people with medical and rehabilitation accessories needed to improve their functioning.

19. Transportation to medical treatment

This service gives assistance in transportation to medical treatment by ambulance or taxi, in cases when the health fund does not pay for transportation.

- 20. Information and publicity**
These services, given by various bodies such as the National Insurance Institute (NII) advice bureau, provide the elderly with different kinds of information, such as services for the elderly, their location and conditions for eligibility. Information pamphlets containing this information are also published.
- 21. Legal advice**
Legal advice is given free of charge to elderly people in need of it.
- 22. Services for elderly Holocaust survivors**
Elderly Holocaust survivors receive special financial support and additional services, such as an extra 9 hours of care per week provided under the Long-Term Care Insurance Law, assistance in purchasing various accessories e.g. orthopaedic and optical aids and household equipment and subsidies for medical care.
- 23. Services for the elderly blind and deaf**
These elderly people receive assistance similar to that given to the general blind and deaf populations, such as rehabilitation guidance, assistance in acquiring different accessories (e.g. hearing aids), interpretation for the deaf and help in the area of supported employment.
- 24. Elderly people suffering from mental illness**
Some of these elderly persons resident in the community live in hostels and sheltered houses.

This overview demonstrates the wide variety of community services available to the elderly; in fact, it is difficult to think of a service needed by elderly people resident in the community that has not been developed. Services have been developed by a number of organisations active in the field, including government ministries, the National Insurance Institute (NII), countrywide organisations such as Eshel, the Jewish Agency, local authorities, foundations, national and local voluntary organisations and commercial enterprises. Hundreds of organisations operate in the field, including over 100 local non-profit organisations that specialise in developing and providing services to the elderly. These various community services, whether longstanding or recently developed, reflect a great deal of commitment, initiative and creativity on the part of professionals and organisations operating in the field. The initiative displayed in the field of community services for the elderly would seem to be equal to, if not more highly evident, than that seen in other fields. The major problem, however, is that many of the community services that have been developed and proven to be effective are not accessed by the entire elderly population who may need them, for several reasons: unavailability in some population centres, lack of information and under-use despite availability. These, and other issues in the field of community services for the elderly will be discussed below:

iii. Community Services for the Elderly – Major Issues and Problems

Careful examination of community services for the elderly points to a number of major issues and problems that must be tackled when planning further development and improvement of these services.

- 1. Community services for the elderly – an excessive number of organisations**
The field of community services for the elderly is replete with organisations that play a part in different aspects of service provision: funding, defining the basket of services (its components and terms of eligibility), service production, supply

and supervision. This can be demonstrated by enumerating the organisations involved in some of the services mentioned above. The Ministry of Social Affairs and Social Services, the NII, local welfare departments and hundreds of non-profit organisations and commercial enterprises are involved in home care services. In large towns, there may be dozens of organisations providing these services simultaneously. The Ministry of Social Affairs, Eshel, welfare departments and a large number of local and countrywide non-profits, as well as commercial enterprises, are involved in day centres and supportive communities. Sheltered living services involve the Ministry of Housing, the Ministry of Social Affairs, the Jewish Agency, municipal housing associations, non-profits and commercial enterprises. The Ministry of Social Affairs, Eshel, the NII, the Ministry of Industry, Trade and Labour, non-profits and commercial enterprises are involved in employment services for the elderly.

An elderly person in need of several community services at once, in many cases has to turn to different agencies: for example, to receive home care he must apply to the NII. Advice on different issues concerning the elderly may be given by bodies such as the welfare department, a local non-profit organisation, a hot line and the NII advice bureau. Assistance related to sheltered housing necessitates applying to the Ministry of Housing and a municipal housing company. Segmentation of services is inconsistent with the current trend towards integrative community services systems based on the principle of single-window service delivery. Such a system is particularly important for the elderly, who are in need of a variety of services and are limited in their mobility.

2. Geographical equality in the allocation and availability of community services

Legislation such as the Long-Term Care Insurance Law and the Senior Citizens Law promotes a certain degree of equality in allocation of services for the elderly living in different towns throughout the country. However, the quality, standard and scope of many community services provided to the elderly on the local level are variable. They are dependent on a number of factors: the resources allocated to services for the elderly in different communities by the government and other national organisations such as Eshel, the initiative and willingness of the welfare department and local authority to develop services for this population, the ability of the local authority and other local organisations to mobilise resources and the degree of involvement and initiative of others bodies, such as the business sector and local non-profits.

Statistics do in fact point to sometimes-considerable differences between population centres in the degree of state and local funding and to inequality in the nature, scope and level of services offered to the elderly. Thus, for example, disparities in the numbers of elderly people eligible for the Long-Term Care Benefit in different population centres of similar socio-economic rank, lead to a situation in which elderly people with similar needs, but residing in different locations, receive services of differing levels of quality. Undoubtedly, local community initiatives in developing services for the elderly are highly desirable and must be encouraged, but on the other hand, we must ensure that meeting the vital needs of the elderly is not be dependent on place of residence.

3. Extent of utilisation of services

Notwithstanding the fact that some of the needs of the elderly are only partially met, it is clear that the elderly themselves under-use the community services offered to them. This is shown in a number of areas. In 2008, about 2% of the elderly in Israel made use of the services of the day centres found in most

communities. There are, however, differences between localities in the extent to which they were utilised. In many towns, such as Eilat, Ashdod, Beer Sheva, Bat Yam, Herzliya, Holon, Jerusalem, Nahariya and Petah Tikva between 1%-2% of the elderly population exploited the day centres. In contrast, in some localities such as Iksal, Yeruham, Kfar Yona, Kafra Manda, Pardesiya and Kiryat Ekron, the number rises to more than 10%, and in some places exceeds 20%. Even taking into consideration the fact that day centres serve mainly the functionally disabled elderly, the rate of use in some places is still low. The degree to which supportive communities are used is similarly variable from one locality to the next: in 2007, there were towns such as Or Yehuda, Ashdod, Beer Sheva, Bat Yam, Holon, Lod, Nahariya and Petah Tikva, in which no more than 5% of the elderly made use of the service, while the utilisation rate was more than 10% in towns such as Or Akiva, Givat Shmuel, Gan Yavne, Zichron Ya'akov, Hatzor Hagelilit, Taibe, Tirat Hacarmel, Ma'alot-Tarshiha and Sakhnin. In several towns, such as Tirat Hacarmel and Ma'alot-Tarshiha, approximately one third of the elderly were members of the supportive community.

In services provided under the Long-Term Care Insurance Law, too, differences exist, sometimes inexplicably, in the rate of eligibility between population centres located in the same area and of similar socio-economic rank. For example, in neighbouring Bedouin settlements in the Negev, in 2008, eligibility rates varied between 19.5% in Rahat, 14% in Lakiya and 10.5% in Tel Sheva. In Jewish towns in the south, the rate varied between 32% in Sederot and Kiryat Malachi and 21% in Yeruham. In Arab towns in the Galil, the rate varied between 18% in Sakhnin and 10% in Hurfeish, while among northern Jewish towns it varied between approximately 8% in Ma'alot-Tarshiha, 10% in Shelomi and 24% in Kiryat Shmona. These disparities, which show low rates of eligibility in many towns, must be investigated. It should be noted too, that an extremely low number of those eligible under the Long-Term Care Insurance law exploit the services of their local community day centre.

It appears, therefore, that key services, developed with considerable investment of resources, are not being utilised to their fullest, for various reasons that must be identified.

4. Legislative basis for community services

Some of the community services for the elderly are based on legislation such as the Long-Term Care Insurance Law and the Custody Law. These laws, especially the former, ensure those eligible of a basket of specific services. However, most services, including some that are absolutely essential, have no legislative basis, and their provision is dependent on the willingness of decision makers on a national and local level to allocate resources for them. It should be noted that the extent to which services operate on a legislative basis largely explains inequalities in the development of different community services as described above. Hopefully, the new law to regulate the operation of welfare services, currently being formulated, will consolidate the legislative basis of essential welfare services for the elderly.

5. The extent to which different needs are met

One of the major consequences of geographical disparities in allocation of services for the elderly and the lack of a legislative basis for many of them is the fact that many needs are just not being met at all, or have only partial solutions.

6. Imbalance in development of different community services

Some services for the elderly, such as care given under the Long-Term Care Insurance Law, day centres and supportive communities, have enjoyed rapid

growth in the last decade, thanks largely to financial resources allocated by the law for the purpose of developing these services, in addition to funds earmarked by the government and Eshel. This growth, however, did not occur to the same extent in other, no less vital, services, such as assistance to those ineligible for a Long-Term Care Benefit, house repairs etc. In this way, an imbalance was created in the speed and scope of development of different community services.

7. Privatisation of community care provision to the elderly

Most community services for the elderly, although funded mainly by the government and local authorities, are provided by a large number of non-profit organisations and private commercial enterprises. Preliminary analysis of the lessons to be learned from the privatisation of service provision (mainly of home care) indicates several positive outcomes: the possibility of consumer choice, variety in the services offered to consumers and competition between service providers, with a concomitant improvement in quality. On the other hand, some of the outcomes have been negative: the large number of organisations providing services makes it difficult for them to collaborate and coordinate their activities, and makes it difficult for local authorities to supervise their work. (The multiplicity of organisations in the field of services to the elderly has been discussed above.)

8. Participation of the elderly in planning services

Participation of elderly people resident in the community in the planning and design of services intended for them and their involvement in the provision of such services is essential, in order to match services with their needs as they themselves perceive them and to empower the elderly and encourage their participation in community life. Reports show that the level of participation of the elderly in planning services and determining their mode of action is low.

9. Information to the elderly of their rights and available services

Only some of the communities in Israel have information centres that provide the elderly with information about their rights and available services. A great many elderly people and their families are not aware of their rights and available services, nor do they come to the existing centres for information, guidance and care.

10. Services under the Long-Term Care Insurance Law

Services provided under the Long-Term Care Insurance Law constitute a central link in the community services for the elderly, and without a doubt they meet vital needs of more than 130,000 elderly people. Nevertheless, these services should be reassessed and lessons be learned from the application of the law with regard to several areas: significant differences between places of comparable socio-economic rank in the number of elderly who are eligible under the law (as discussed above), the make-up of the basket of services, the under use of day centres among those eligible under the law, relations with service providers, supervision of service provision and so on. The possibility should even be considered of handing over responsibility for long-term home care services to local authorities that wish to take responsibility for them.

iv. Community Services for the Elderly – Main Objectives

The issues raised above point to a number of objectives (some of which are already being implemented partially) that those involved in planning services for the elderly must aim for, whether on a national or local level.

- 1. Planning a basket of legislation-based personal welfare services for the elderly**

Legislation will ensure that essential community services will be provided to the elderly in a uniform, egalitarian fashion, with government funding, similar to home care services. (The draft of the new law that is supposed to constitute the basis for local welfare services contains a list of community and institutional services to be provided for the elderly.)
- 2. Further development of services appropriate to the size and needs of the population in each locality**

Defining a basket of obligatory services for the elderly will increase the degree to which these services are provided on an egalitarian basis. Nevertheless, by its very nature, such a basket cannot include all services. It is fair to assume that in strong communities, where local organisations are committed to the elderly population and willing to initiate and set up programmes, the local authority and other organisations will supply additional services, whereas communities that are weaker, socially and economically, will require more government aid in order to develop and provide these services.
- 3. Increased coordination and cooperation between organisations in the community that provide services for the elderly**

As noted above, the field of community services for the elderly is replete with organisations, most of which provide state and local services. Some of these organisations maintain contact between them to a varying degree, while some do not. Closer ties are likely to improve collaboration between them and prevent overlap of services and waste of resources. They will encourage the development of joint programmes to which each organisation will contribute its particular expertise and character. Every locality should establish a permanent joint committee or forum with the participation of representatives of the various organisations operating in the area, as well as representatives of the elderly population. The forum should meet regularly, and should devote its meetings to exchange of information, coordination of activities and planning and setting up of joint enterprises. The initiative for such a forum must come from the local welfare department.
- 4. Heightened community awareness and sensitivity to the needs of the elderly**

Strengthening collaboration between service providers and increasing the involvement of the elderly in the organisations that provide them with services are vital steps in raising awareness within the community of its elderly members and their needs. Other possible steps towards creating a community that is aware and sensitive to the needs of the elderly include encouraging various sectors of the community (schoolchildren, places of work and so on) to volunteer with the elderly. Volunteers could assist the elderly in different ways: by visiting them, accompanying the elderly person to social services, assisting with renovations and arranging joint social activities for the elderly and other groups of residents. They could also act as a pressure group vis-à-vis the local authority and other bodies to create a physical environment that meets the accessibility needs of the elderly. Another possible step is to initiate educational activities among different sections of the community on different aspects of old age.

5. Encouraging local initiatives in developing community services for the elderly

Welfare departments should be encouraged to collaborate with local non-profit organisations and representatives of the elderly population in setting up services to answer the needs of the elderly. Encouraging initiatives may be done in several ways: special government funding for innovative programmes, annual awards presented by the Ministry of Social Affairs to welfare departments and professionals for outstanding work in the development of community services for the elderly (according to certain principles such as involvement of the elderly themselves in programme development) and so on.

6. Increasing utilisation of community services by the elderly

One of the interesting observations in the field of community services for the elderly is the low –at times, extremely low - utilisation by the elderly in many towns of services offered, such as day centres, supportive communities and social clubs. Because of the under-use of services like day centres (in some locations attended by only 1% of the elderly population) their considerable potential as a key community service is not being exploited fully. The subject of utilisation rates of key community services must be investigated and analysed, for instance, by means of comparison of localities where utilisation rates are high with those characterised by under-use of services, while attempting to identify factors that might explain these differences. In this context, it would be worthwhile to examine the possibility that many elderly people prefer to use services (cultural and social) that are not defined specifically as services for the elderly but rather as integrated services aimed at the general population.

7. Publicising successful community programmes

The great variety of existing community services for the elderly enjoy different degrees of success. Information should be gathered about successful community programmes, operating in different locations, that effectively meet the needs of the elderly, with a view to publicising information about them and encouraging their introduction into other communities.

8. Participation of the elderly in integrated community services

As mentioned above, one of the possible explanations for under-use by the elderly of some of the services intended for them is that many of them, especially those who function independently, prefer to make use of services not specifically for the elderly population. The fact that many elderly people make use of, for example, cultural, social and educational services intended for the general population lends credence to this explanation. A systematic comparison should be made between the degree to which elderly people, particularly those who are independent, use services designed for different sectors of the population (such as community centres) with their use of specific services. Such an investigation can be expected to enhance the information base that lends direction to development of community services and indicate other possibilities of integrating services for independent elderly people within services aimed at the general population.

9. Setting up a community service centre for the elderly

One of the possible outcomes of the inter-organisational forum for community service providers for the elderly, the establishment of which was recommended above, is the setting up in each town of one main authority/centre for many of the community services for the elderly. The nature of such a multi-service centre may

differ from town to town. One (albeit currently unrealistic) possibility is that one organisation (such as the social services department) will provide most of the community services for the elderly (counselling, care, information and so on). Another possibility is to endeavour to concentrate different services for the elderly on one site.

10. Encouraging community volunteerism among the elderly

The elderly population has a great potential for volunteerism. In 2006, 11.7% of the elderly population (aged 65+) in Israel were involved in voluntary work (with differences between different towns of course), slightly less than the involvement of the 20-64 age group, which stood at 14.4%.

Involvement of the elderly in voluntary work is important not only for them (to remain active and productive and strengthen their self image) but also for the community (assistance to different sectors of the population, including local elderly residents who need various types of personal help best given by local volunteers). Volunteerism among the elderly also plays an important part in advancing the social capital of the community and increasing mutual aid. Encouraging volunteerism among the elderly should therefore be a central aim in the development of community services for the elderly.

11. Increasing the involvement and influence of the elderly in planning their community services

The elderly population is one in which many of its members have special needs and require assistance, but nevertheless, its members also have a need for independence, a sense of worth and self respect and recognition that they control their own lives.

To meet these needs it is important to help the elderly augment their involvement in the community at large, and especially in controlling their own lives. Involvement of the elderly in designing services intended for them is one of the clearest ways of strengthening the community dimension of services for the elderly. Involvement of the elderly can take a variety of forms, some of which will be noted below:

- Participation in planning services for them, by giving expression to their perceptions, views and wishes regarding these services.
- Setting up a local newspaper written and edited by the elderly members of the community, describing their lives, their needs and the functioning of services provided to assist them. (Some towns already have such a newspaper.)
- Organising discussion groups for elderly residents of the community devoted to various issues pertinent to their lives, to planning services for them, and designing how to structure and run them.
- Direct or indirect involvement in the running of services for the elderly. This may take several forms, such as: electing members' committees or other committees in sheltered housing arrangements, day centres, supportive communities and clubs to take part in running activities; including representatives of the elderly population in the joint forum of organisations involved in service provision for the elderly; fulfilling different functions in the services for the elderly such as running club activities.

v. Summary

This review and analysis of community services for the elderly should give rise to optimism, although at the same time to a certain degree of pessimism. The optimism derives from the fact that the area of community services for the elderly is bustling with activity, as expressed in the hundreds of national and local organisations specialising in the development and provision of services in this field. An organisation like Eshel, established forty years ago by the Israeli government and the JIA to develop services for the elderly, would not have existed for so many years in any other field. The existence of over 100 local non-profit organisations that specialise in planning, developing and providing services to the elderly is singular to this sector of the population. The number of commercial organisations active in this field, too, has no equal in other fields. Over the years the various organisations have initiated and developed a wide variety of services exclusively for the elderly population.

The reason for a certain degree of pessimism is that the potential inherent in existing community services for the elderly is not being sufficiently exploited. This is evident in several ways: some of the services available (such as the day centres and supported communities) are underused, services proven to be efficient are available only in some communities, communities differ in the scope of services offered, and there is a great deal of duplication of services and lack of coordination between organisations, resulting in wasted resources and, occasionally, even unnecessary competition. Considerable work is being done in the field of community services for the elderly, but there is a need for additional endeavour, in order to realise more fully the potential of existing services and to bring about further development. The recommendations presented in this paper are intended to contribute towards furthering this process.