



**State of Israel**  
**Ministry of Labour and Social Affairs**  
**Department of International Relations**  
**Service for the Aged**

# **Service for the Elderly In Israel**

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This booklet focuses on programmes and projects sponsored, budgeted and supervised by the Ministry of Labour and Social Affairs. The range of services for the elderly in Israel is more extensive, since many other national and local organizations develop and fund programmes and services for the aged. It is not within the scope of this booklet to present all of them, but the Ministry of Labour and Social Affairs recognizes the importance of these activities.



# 1. Demographic Trends

In Israel, the percentage of the elderly in the general population continues to rise. By the end of 2005, Israel's population was 6.9 million, including 693,000 over the age of 65. Since 1955, Israel's population has increased by 3.9 times, while the 65+ sector has increased 8 times. **The rate of increase of the elderly sector is twice that of the growth of the general population.** The percentage of elderly in the general population has also risen to its current 9.9%.

The rate of growth of the 75+ year olds is greater than the 65+ age group, with the growth rate of the 80+ sector even greater: 6.3% from 1980-1990 as compared to 5.5% of the 75+ and 2.7% of the 65+ group.

**The elderly population is getting older.** More than half of the elderly in Israel are women: 57%.

The **Arab population is younger** than the Jewish population in Israel. By the end of 2005, only 3% of the Arab sector were 65+ as compared to 12% among the Jewish 65+.

About 171,000 elderly new immigrants are living in Israel who arrived in the country since 1990, mostly from the former USSR, while the number of elderly immigrants from Ethiopia is only about 5,700.

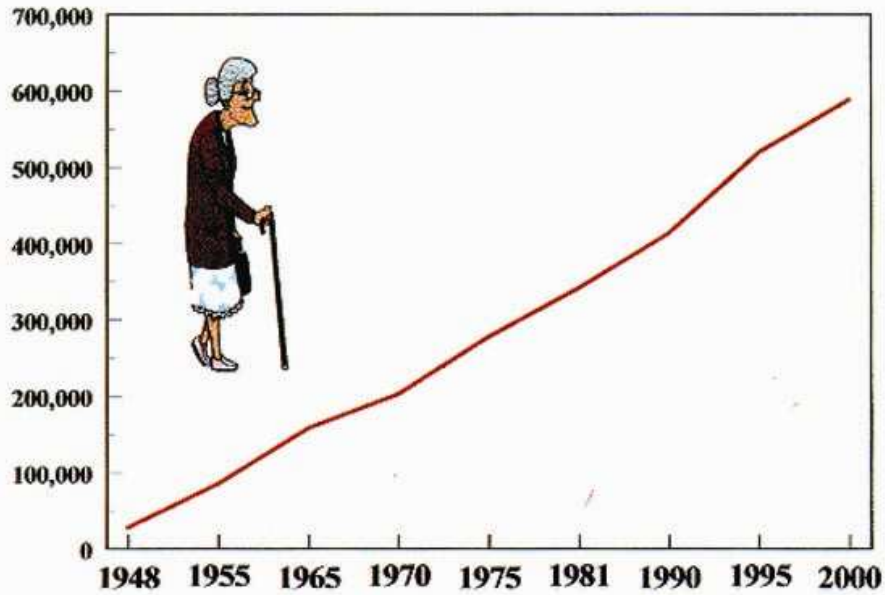
**The vast majority of the elderly (94%) living in cities,** with the others in rural areas.

Most of the elderly are married (56%): 78% of the 65+ are married men as compared to 40% women.

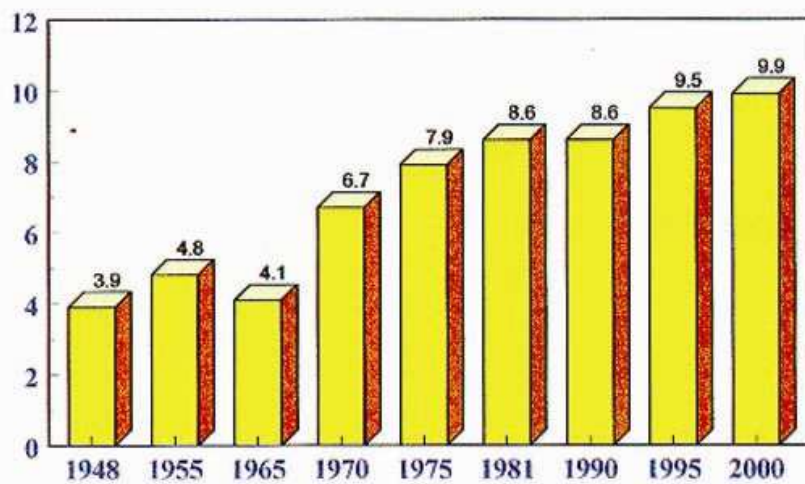
**About one quarter** of the elderly maintain their own separate household.

**The dependency relationship of the elderly,** i.e., the proportion of 65+ in the population and number of people of **working age (20-64)** is 10.5%. Demographic forecasting predicts the percentage of 65+ to rise to 12% by 2020 and 13% in 2025. At birth, **life expectancy** in Israel is **78 for men and 82 for women.**

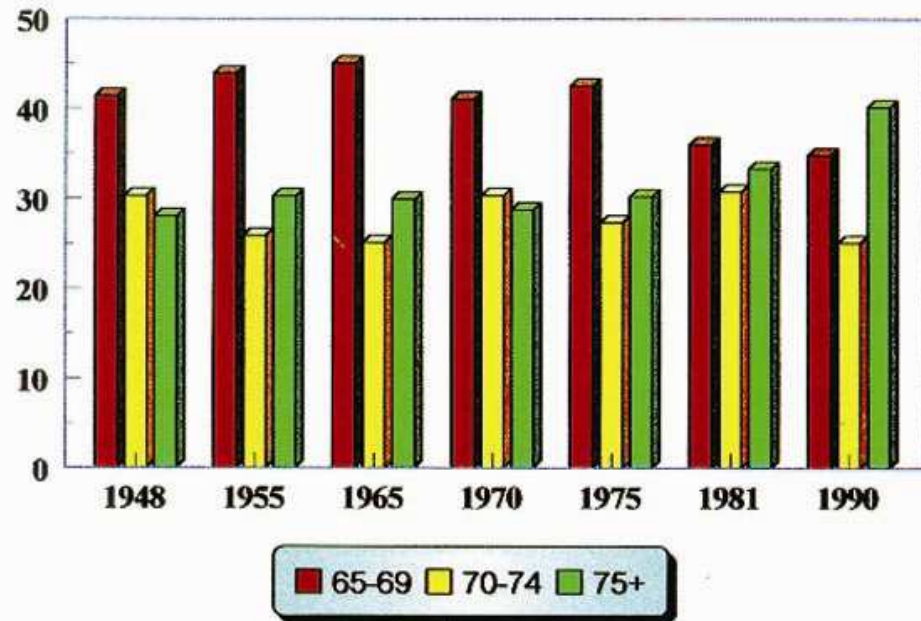
## Elderly in Total Population (in thousands)



## Elderly in Total Population (as % of total population)



### Aged Groups (as % of total aged population)



### Projections of Aged Groups (as % of total aged population)

Year	65-69	70-74	75+	80+
1995	32.1	28.4	16.8	22.8
2000	30.0	26.9	21.3	21.8



## 2 The service for the Aged

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The Ministry of labour and Social Affairs, through its Service for the Aged, is charged with policy-making, proposals for legislation, planning, supervision and implementation of national programmes of institutional and community care. The Service is responsible for the Independent and frail elderly, women aged 60+ and men aged 65+, whose needs can be met by proper home care, and for those referred to institutions when community care is insufficient. The Ministry of Health is responsible for the nursing care of the elderly and for the chronically and mentally ill.

The Service for the Aged has the following function:

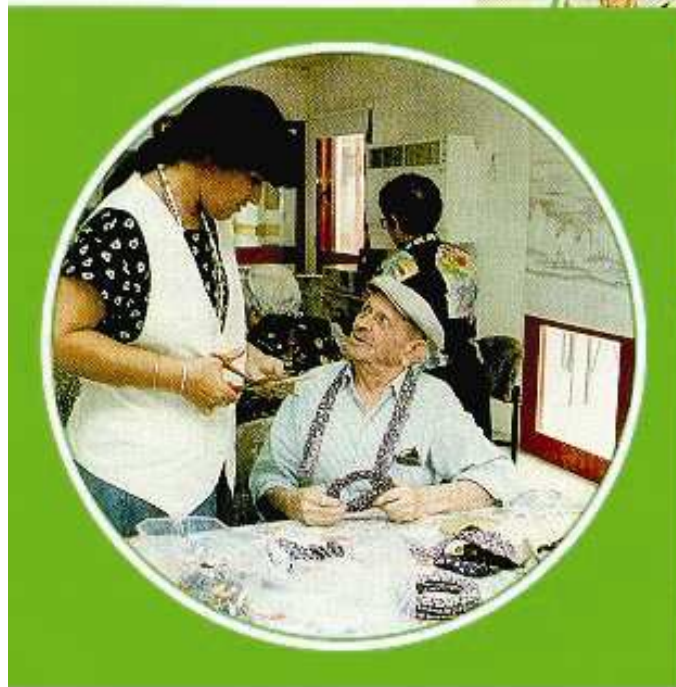
- \* Providing services to the aged in line with the **Social Welfare Services Law - 1985**, through the social services departments of the local authorities.
- \* The development of community services for the aged, as well as their inclusion in general community programmes.
- \* Encouraging inter-organizational and interdisciplinary cooperation in the care of the aged.
- \* Encouraging local communities to assume responsibility and initiate activities for the aged through local public associations composed of representatives of local services, residents, and the elderly themselves
- \* Inspection of homes for tile aged in accordance with the **Supervision of Homes for the Elderly Law - 1965**.
- \* Implementing the laws for the protection of the vulnerable elderly.
- \* Developing training programmes for professionals and para-professionals caring for the aged.
- \* Contributing to and supervising the budgets of the local authorities' programmes for the aged and the programmes of various other public, voluntary and non-profit organisations.

The above functions are implemented by social workers and nurses who compose the professional staff of the Service for the Aged in the Ministry and its District Offices in Jerusalem, Tel Aviv and Haifa.



Principles guiding the planning and provision of services to the elderly population are:

- \* The development of community services to enable the elderly person to remain at home and in familiar surroundings whenever possible
- \* The development of services to assist families in caring for an elderly member at home.
- \* The assessment of needs of the elderly by a social worker, while aiming to preserve their independence whenever possible.
- \* Institutional placement of an elderly person (in a home for the aged or a nursing home) only after exhausting home and community services, while taking into consideration the wishes of the elderly person.
- \* Placing special emphasis on the development of services on high-risk groups: elderly lacking family or isolated; disabled in day-to-day functioning; and living on income maintenance or low income.
- \* Empowerment and involvement of the elderly themselves in planning services.
- \* Raising standards of quality of care in homes and community services.





### 3. Social Services for Elderly within the Community

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The delivery of services is channeled through the local social services departments (SSD) of the local authorities according to governmental regulations. Social workers are responsible for the delivery of services and are assisted by para-professionals whenever required.

Community Services for the elderly include

- \* Social Work Assessment
- \* Nursing-care Insurance Law
- \* Home Help
- \* Personal Care
- \* Meals-on-Wheels
- \* Respite Care
- \* Day care for the Physically Frail
- \* Day-Care for the Mentally Frail
- \* Senior Citizens' Social & Occupational Clubs
- \* Sheltered Housing
- \* Supportive Communities

Additional services include. medical equipment, transportation, household equipment and repairs, laundry service, security alarm systems, volunteer visits, etc.

Elderly immigrants who have been arriving on a regular basis for the past five years from the former Soviet Union are immediately eligible for social welfare services provided by the local social services departments, as well as assistance in renting housing Vulnerable elderly persons who, on arrival by plane to Israel, are incapable of caring for themselves, are transferred directly from the airport to a residential home where they are cared for and their general functioning is assessed.

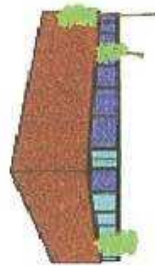
The main function of community-based services is to assist the aging person, living in his or her home, to continue living and functioning at home in a respectful and satisfying way at a time when physical, social or mental disabilities may be developing Preventing or delaying institutional placement depends on the development of community-based services and even effort to develop and extend the range of these services

**Organization of Services for the Elderly**

**COMMUNITY BASED**



At Home



Day Care Centre



Respite Care



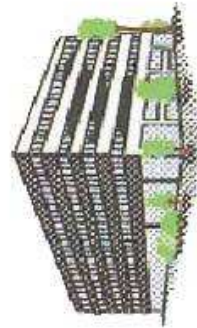
Supportive Communities



Social & Occupational Seniors' Clubs



Sheltered Housing



Old Age Homes

**I N D E P E N D E N T   E L D E R L Y**

**F R A I L   E L D E R L Y**

**I N S T I T U T I O N A L   C A R E**

**Social Services Departments** - All local authorities are obliged by law to maintain a local social services department (SSD) whose social workers are responsible for the care of elderly persons who need help on the personal, social or functional levels.

Social workers conduct home visits, meet with the elderly and their families, listen to their problems, offer support and encouragement during cases. They are responsible for planning and supervising the delivery of social services. Decisions regarding the needs and care of the elderly person are made also taking into account recommendations of an interdisciplinary team consisting of the social worker, a nurse and a physician, after a home visit and discussions with the elderly person him/herself and his/her family. Support groups on subjects common to elderly persons and their families are also organised.

Social workers are assisted by para-professionals, volunteers and local associations for the aged which operate in about 100 towns throughout Israel.

**Personal Care and Home Help** - is provided for elderly persons suffering from functional digression preventing them from caring for themselves.

Help is given in bathing, dressing, mobility and home management. This assistance can be provided in one of the following two ways:-

The **Nursing-care Insurance Law**, in effect in Israel since 1988, provides supportive services to the disabled elderly who meet its criteria as determined by a home visit to evaluate "ADL" ("Activities of Daily Living) made by a qualified nurse sent by the National Insurance Institute. These elderly are entitled to receive 10 to 18 weekly hours of individual home care. Disabled elderly are also entitled, with approval from the local supervisory staff, to exchange some of the hours for a distress button (for emergency calls in time of need), laundry services or the basket of services provided by a day-care centre. Planning of the programme of some care is carried out by an SSD social worker, who orders and supervises the provision of home care services, together with a nurse and a National Insurance Institute representative.

The law does not require the elderly person to participate in the cost of the services, which are financed in full by the National Insurance Institute from regular contributions for National Insurance payments deducted from salaries. Today some 124,000 elderly persons (approximately 16% of the elderly in Israel) receive home care services through the Nursing Insurance law.

**Personal home care for elderly** who are not covered by the Nursing Insurance Law, since they have not been recognised as serious disabled, but who are nevertheless found to be unable to function independently, receive 2 to 4 hours of weekly help sponsored by the local social services department. Today about 6,000 elderly persons, including new immigrants, receive this assistance.

**Basic Household Equipment** - Elderly persons who need clothing and basic equipment, such as a refrigerator, stove, hot water boiler or furniture, are entitled to receive one-time assistance from their social services department, in order to enable them to function at home in an independent and dignified manner. Help is also given to purchase medical equipment, such as glasses and hearing aids, as well as with dental care.

**Transportation** - The local social services department assists the elderly with transportation for dialysis and radiation treatment, and provides an emergency ambulance service to hospitals. Transportation is also provided to and from the day-care centres.

**Meals-on-Wheels** - Elderly, who are unable to cook for themselves and have no one to cook for them, can receive prepared meals at home. The meals may be delivered hot every day, or once every few days frozen for storage at home.

**Senior Citizens Clubs** - Senior citizens' clubs serve the independent elderly who can enjoy social activities during their free time. In Israel, about 1,300 such clubs exist serving some 100,000 people. Some are run by the local municipalities, others by voluntary associations for the elderly, while some are run by associations of people from the same profession. In most of these clubs, the elderly can also enjoy a light meal as well as social and occupational activities. About 200 of the clubs also provide additional services, such as personal care, laundry services, and transportation to and from home, which enable the elderly who become frail to continue to attend and enjoy the clubs. The Ministry of Social Affairs assists in the renovation, the acquisition of furniture and equipment, and in the on-going budgeting of senior citizens' clubs.

**Volunteering and Voluntary Organisations** - In 90% of the situations where elderly need assistance, the family members, and for the most part daughters, are the basic care-givers. However, thousands of elderly people have no family and no one at all to help them at this critical time. A major focus of the Service for the Aged is to help these isolated elderly persons So that

they, too, remain in their own come Volunteering for the elderly has deep roots in Israel and is extensive in its operation. Thousands of volunteers: visit the elderly at home, do their shopping; deliver their laundry, pick up their prescriptions; pay their bills, transport them by car for medical check-ups, and invite them for meals during the Festival season A daily phone call service to lonely elderly is operated in many communities as an Important follow-up for people living alone with no one to call them. A medical equipment loan service for people who need crutches, a wheelchair, or an oxygen unit for short periods of time is operating throughout Israel.

The above varied and extensive activities, and many more, are developed and supervised by the local SSD and by voluntary non-profit organisations, and volunteers play a vital role iv the delivery of these services.

It is fair to say that in the city, as well as in outlying areas, the continued caring of an elderly person in his or her own home would be extremely difficult without the volunteer whose devotion, flexible hours and basic assistance are of critical Importance.

**Day-Care Centres** - A day-care centre enables the frail and the disabled elderly to receive personal care in the company of others, while benefiting from therapeutic and social activities. The day-care centre is intended for the physically and mentally frail elderly, who have difficulty in mobility who have lost their ability to maintain a quality of life at home, or who lack social relationships If an clearly person and his or her family do not want him to enter a residential home for the aged, he may be very much alone at home, even if he receives assistance in functioning and household management. The day-care centre enables him to leave home every day and provides social activities during his daytime hours. The day-care centre also offers transportation, meals and laundry services. Acceptance to a day-care centre is determined by a committee composed of a nurse, a social worker and the director of the day-care centre.

There are about 190 day-care centres throughout Israel, which are mostly operated by local associations for the aged. 13,000 physically and mentally frail elderly attend these centres. The Ministry of Social Affairs supervises all day-care centres, and approves those to be recognised as service providers within the framework of the Nursing Insurance Law.

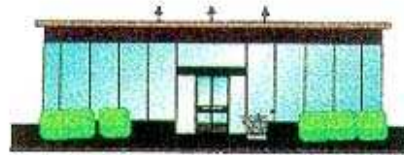
A new programme enables the elderly to stay in day care centres until 7:00 PM and receive all the services they need.



## Day-Care Centres

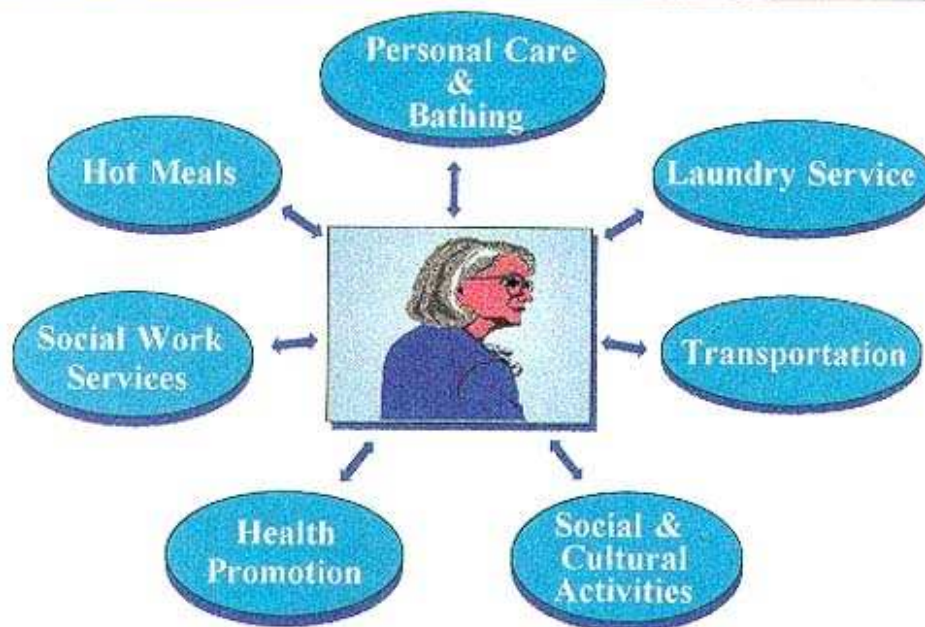


13,000 Participants



190 Centres

Designed for Physically Handicapped & Mentally Frail Elderly



The centres are open 5 - 6 days a week

### Important Features

1. Provides daily care for the elderly
2. Delays or makes institutionalization unnecessary
3. Enables families to care for frail elderly parents at home and to continue with regular work and family responsibilities

Most day-care centres have been developed together with ESHEL, the Association for the Planning and Development of Services for the aged in Israel.

**Sheltered Housing** - When an elderly person is homeless, or lives in an apartment which is no longer suitable (from the point of view of size, number of steps, etc.), and he or she does not want to move to a residential home for the aged and thereby lose his independence, an alternative housing solution is needed.

Sheltered Housing is available for independent elderly persons living in self-maintained apartments, managed by an organization or a company. Sheltered housing represents a mid-way arrangement between a fully-residential facility and a private home in the community. It provides the elderly with apartments on a standard suited to their needs, while enabling them to lead their lives as



they wish without having to relinquish the freedom of their daily activity. The residents may prepare their own meals or eat in the communal dining room Management of the building is in professional hands, which is designed to ensure a proper balance between independence and privacy and the provision of the needs of the residents An acceptance committee determines priorities in deciding the suitability of a candidate to sheltered housing.



There is no legal provision in Israel to supply sheltered housing to elderly persons, but there is a social tradition to do so when an elderly person lacks housing.

In Israel there are about 180 projects of sheltered housing 90 are publicly funded (9 000 apartments), and 90 are privately funded (9,000 apartments)

Plans for future development Include:

**Respite Care Centres** - These centres provide short-term sheltered facilities for up to one month for elderly persons discharged from hospitals, who need supervision and care until they return home, as well as in cases of emergency. Respite care enables family carers to take a vacation of up to four weeks.

Today there are eight centres operating in Israel and about 1,000 elderly persons benefited from this service in every year.

**Supportive Communities** – The Supportive Community programme makes it possible for the elderly to remain in the community and continue to live at home, while being assured of receiving a basket of services when needed.

About 200 such communities are operating throughout Israel, each with about 200 households.

Each member receives an emergency call button for 24/7 response. A “community mother” or “community father” is responsible for the provision of services to the elderly resident in need, such as small household repairs, delivery of prescriptions, escort to the hospital, and more.

The basket of services includes a focal centre for social services for members of the Supportive Community which also serves as the centre for community volunteers’ operation to benefit the members, a free ambulance if needed, and physician services at a low charge.

The monthly membership fee is very low. Nevertheless, the Service for the Aged subsidizes the fees for indigent elderly up to the full amount of the charge.

The Ministry of Social Affairs is the partner in development of approximately another 100 communities within the next five years.



## 4. Residential Care

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Residential care continues to be a major factor in social and health services for the elderly, despite the increasing emphases on developing supportive services in the community. 4% of Israel's elderly are in long-term care (LTC) facilities. Three out of every four residents are women.

The Ministry of Social Affairs supervises 190 public and private LTC settings with 19,000 residents and subsidizes 3,200 elderly living in these homes. The government assists in renovating facilities in need of basic physical improvements or expansion.

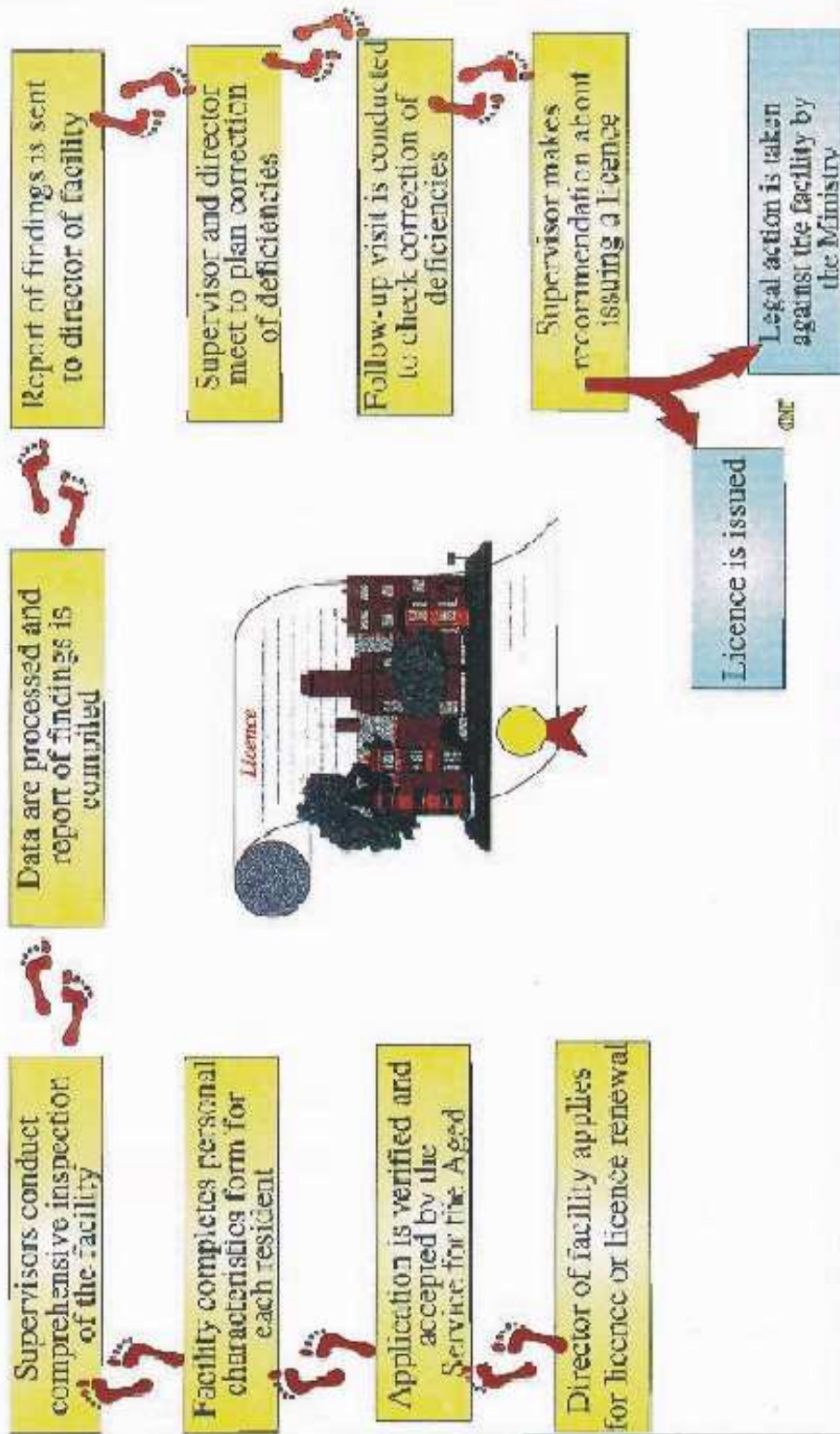
Three major changes have taken place in the past ten years regarding the elderly in residential settings: age upon admission has risen considerably and is now 81; the average age of the elderly in residential settings has risen and is now 85, and a growing percentage of beds have been designated for the frail and nursing care elderly.

Residential homes for the semi-independent and frail elderly are regulated by the Service for the Aged of the Ministry of Labour and Social Affairs. The purpose of government regulation is to ensure that the physical conditions, the services and the care of the elderly in these settings comply with the **Supervision of Homes for the Elderly Law - 1965**, and the **Regulations for Supervision of Residential Homes - 1986**. In addition, government regulation is intended to guarantee uniform standards of care and to guide staff how to meet these standards.

The authority of the government supervision system includes making recommendations for licensing based on on-going supervision, guidance of senior staff in institutions; placement of elderly in LTC settings according to set criteria, reimbursement for those referred, proposing new regulations and amendments to existing ones; and determining criteria and standards for types of corrections in these institutions.

The supervisory staff is composed of national and regional supervisors who are trained social workers and registered nurses.

## *Process for the Issue or Renewal of a Licence for a Residential Care Facility by the Ministry of Labour and Social Affairs*



# The Tracer Method

According to the tracer method, as developed by the JDC-Brookdale Institute in Jerusalem together with the Service for the Aged in the Ministry of Labour and Social Affairs, an in-depth examination of a number of selected problems (tracers) from which a resident may suffer, and which represent various areas of care, may serve as the basis for evaluating the over-all quality of care in an institution. A problem (or illness) can serve as a tracer if it meets the following criteria: it is highly prevalent; it significantly affects the elderly individual's functional ability, its diagnosis is well-defined; there are standard procedures of care; and there is a treatment which is likely to have a positive effect on the natural course of the condition.

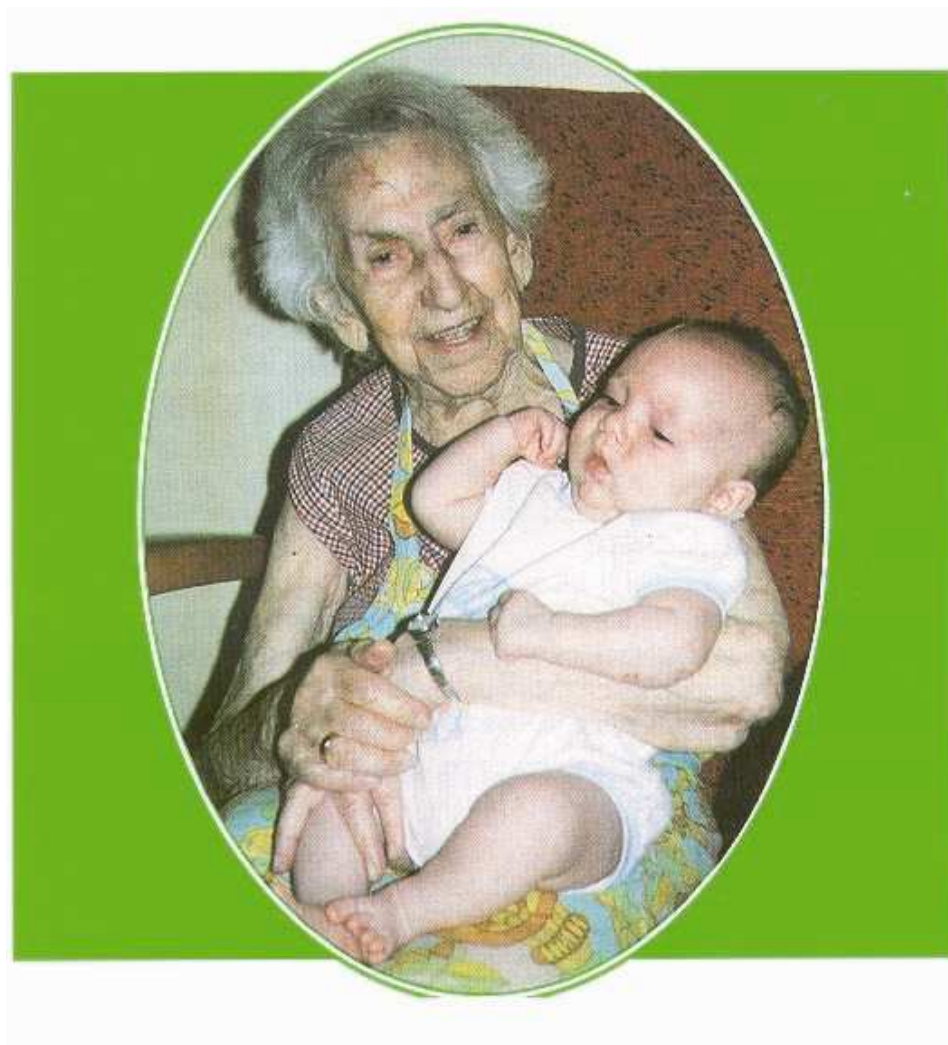
The tracer method for evaluating quality of care is particularly suited to supervisory systems because of its efficiency and flexibility. It is efficient because an over-all picture of the quality of institutional care is provided by a small number of tracers. It is flexible because tracers may be changed according to changes in needs or priorities, and may be examined in more or less depth, according to available resources and the goals of the examination. It is also possible to change the tracers used in the annual inspection visit in order to emphasize different aspects of care each year. Thus, over time a large number of areas will be inspected and the institution's staff will receive appropriate guidance.

Under the new supervision system, a relatively small number of tracer conditions from the medical-nursing, psychological, and environmental-operational areas of care are examined in depth:

- \* Nursing-Medical - vision problems, hearing problems, mobility problems, difficulty washing, difficulty dressing and urinary incontinence
- \* Psycho-social - feeling of loneliness, adjustment problems, admission process, residents' involvement in institutional life and residents' rights
- \* Environmental-operational - deficiencies in preparation and serving of food, laundry, storage and dispensing of medication.

The changes introduced as a result of the tracer method by the Service for the Aged have had far-reaching repercussions. They have influenced a second government ministry, the Ministry of Health, to improve its regulatory system. They have also affected four departments in the Ministry of Social Affairs responsible for the supervision of homes for children. Programmes are currently

being developed to improve the supervision of homes for children at risk, juvenile offenders, the mentally handicapped and the disabled. With the establishment of these programmes, most of the residential settings in Israel will benefit from improved supervision and continually improving quality of care.





## **5. Legal Intervention on Behalf of the Vulnerable Elderly**

Elderly people who live alone or with family may sometimes not be in full control of their physical and/or mental capacities. As a result, many are abused physically or exploited financially and need protection. These situations also occur in long-term care facilities. This issue is a growing cause of concern and only began to surface in Israel in recent years. In order to meet this developing and serious situation, more than 300 social workers in the social services departments have been trained to implement the laws designed to protect the vulnerable elderly. These specially-appointed welfare officers for the court implement laws to prevent elder abuse, appoint guardians and propose medical treatment or institutionalization when necessary and within the best interest of the dependent elderly. The following four laws have been passed by the Knesset and are being implemented by social workers for the elderly appointed for the courts.

- **THE GUARDIANSHIP LAW - 1962** enables investigation of an elderly person's need for a guardian and a recommendation to the court regarding the appropriate guardian.
- **THE LAW FOR THE PROTECTION OF DEPENDENT ELDERLY . 1966** enables a court-imposed treatment plan for an elderly person who cannot make a decision on his/her own behalf. This may include hospitalization, surgery, or institutionalization. This law can also be applied when the family opposes vital treatment intervention.
- **AMENDMENT 26 FOR THE PREVENTION OF ELDER ABUSE - 1989** to **THE CRIMINAL LAW** - obligates all professional and lay persons to report to the police or to a social worker any suspicion of abuse of a vulnerable elderly person. Penalties may be imposed for not reporting such abuse. Punishment has been increased for abusers of vulnerable persons.
- **THE LAW FOR THE PREVENTION OF VIOLENCE IN THE FAMILY - 1991** - enables the Immediate removal of the abuser from his home for seven days, which can be extended by the court for another three to six months.

The Deputy Director of the Services for the Aged of the Ministry of Social Affairs holds the appointment of National Welfare Officer for the implementation of the laws for the protection of the vulnerable elderly.





## 6. Manpower Training

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A major effort began more than ten years ago to raise the level of all professionals and para-professionals working with the elderly. Training centres, seminars, in-service training, books and audio-visual services have been developed to serve thousands of workers in the field. Listed below are only a number of the dozens of annual courses and seminars available for the professional and para-professional:

- \* Home-care Workers
- \* Para-professionals in Day-Care Centres and in Residential Homes
- \* Coordinators of Senior Citizens' Clubs
- \* House-Mothers in Residential Settings
- \* Workers with the Mentally Frail
- \* Social Workers in the Community and in Residential Homes
- \* Directors of Residential Homes
- \* Directors of Day-care Centers
- \* Nurses in Residential Homes
- \* Social Workers for the Protection of the Vulnerable Elderly

Two major training centres providing in-service training are: The Ministry of Social Affairs School for Social Welfare Workers, with its five branches throughout the country; and the ESHEL centre for continuing education and training of workers with the aged.

Academic training of professionals in the area of aging is provided by the various universities situated throughout Israel.



## **7. ESHEL - the Association for Planning and Development of Services for the Aged in Israel**

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ESHEL was established in 1969 by the Government of Israel in cooperation with JDC-Israel, and has worked to expand and improve services for the elderly, to develop new and innovative programmes to care for them, and to raise the professional level of those who work with the elderly. ESHEL'S activities are based on cooperation and coordination with all the organisations that deal with care for the elderly, especially the Ministry of Social Affairs and the Ministry of Health.

Policies are determined by ESHEL'S executive committee whose membership includes decision makers from government ministries. It is not a direct service provider and after the initial operation of a new programme, full responsibility is passed to a local or national body which was often a partner from the beginning.

ESHEL is involved in the development of community and institutionalized services, day-care centres, immigrant absorption, health promotion, manpower training and research.