The Shaked Program – Municipal Centers for Family Caregivers
Formative and Summary Evaluation

Shirli Resnizky Yaniv Cohen

The evaluation was commissioned and funded by JDC-ESHEL and the Fund for Demonstration Projects at the National Insurance Institute,

RR-817-20

מאיירס-ג'וינט-ברוקדייל
MYERS-JDC-BROOKDALE
مايرس-جوينت-بروكديل

Editor: Ronit Cohen Ben-Nun
English translation: Naomi Halsted
Graphic design: Efrat Speaker

Myers-JDC-Brookdale Institute
P.O.B. 3886 Jerusalem 9103702, Israel

Tel: (02) 655-7400 Email: brook@jdc.org
Website: Brookdale.jdc.org.il

Jerusalem | June 2020

Related Myers-JDC-Brookdale Institute Publications

Azrad-Shadmon, S., Resnizky, S., Laron, M. & Brodsky, J. (2018). *Review of programs for family caregivers of people with dementia*. RR-773-18 (Hebrew).

Berg-Warman, A., Resnizky, S. & Brodsky, J. (2018) *Who cares for the caregiver? How the health services address the needs of family caregivers.* RR-768-18 (Hebrew).

Bentur, N., Laron, M., Palach, A., Sternberg, S., Radomyslsky, Z., Vardi, D. & Ben Zion, I. (2016). *Quality of care for dementia patients, their unmet needs and those of their families*. RR-733-16 (Hebrew).

Berg-Warman, A., Brodsky, J., Laron, M., Spalter, T. & Resnizky, S. (2015). *Support groups for family caregivers of elders with disabilities: Evaluation study*. External publication with the National Insurance Institute Research & Planning Administration, and Funds for Service Development (Hebrew).

Bentur, N., Resnizky, S., Eilat-Tsanani, S. & Balicer, R. (2013). *Use of healthcare services, quality and cost of care of terminal cancer patients*. RR-647-13 (English).

Brodsky, J., Resnizky, S. & Citron, D. (2011). *Issues in family care of the elderly: Characteristics of care, burden on family members, and support programs*. RR-508-11 (Hebrew).

Bentur, N., Resnizky, S. & Shnoor, Y. (2005). *Palliative and hospice services in Israel*. RR-459-05 (Hebrew).

Brodsky, J., Wertman, E., King, Y., Bentur, N. & Chekhmir, S. (2005). *Elderly people with dementia: Prevalence, identification of unmet needs and priorities in the development of services*. RR-461-05 (Hebrew).

Brodsky, J., Naon, D., Resnizky, S., Ben-Noon, S., Morginstin, B., Graa, R., & Shmeltzer, M. (2004). *Recipients of long-term care insurance benefits – Characteristics, formal and informal assistance, patterns and unmet needs*. RR-440-04. MJB with the National Insurance Institute (Hebrew).

Brodsky, J., Naon, D., Resnizky, S., Ben-Noon, S., Morginstin, B., Graa, R., & Shmeltzer, M. (2004). *Disabled elderly recipients of cash and in-kind benefits.* RR-441-04. MJB with the National Insurance Institute (Hebrew).

Reports and English summaries can be downloaded free of charge from the Institute website:
brookdale.jdc.org.il

Abstract

Background

The health and social services in Israel provide multiple services to elderly people with illnesses or disabilities, but family members play a key role in caring for them. Family centered care (FCC) is a new approach to caring for the elderly that has developed in recent years with the aim of meeting the needs of both the elderly person and the family member looking after them. This approach considers the elderly person and the family caregiver as partners in care management and decision-making. In this spirit, since 2013, JDC-ESHEL, in partnership with the Fund for Demonstration Projects at the National Insurance Institute, the Ministry of Labor and Social Affairs and Services (MOLSA), and the local authorities in Bat Yam and Bene Beraq, has been developing the Shaked program, aimed at providing a comprehensive response to the needs of family caregivers through the local authority.

In 2015, the program set up two municipal centers – the Shaked Centers – in Bat Yam and Bene Beraq, in order to identify the needs of family caregivers in their capacity as care coordinators for an elderly person and in their own right, to develop a preliminary care program that would refer them to services in the community, and to monitor implementation of the care program. The centers aim to provide a variety of services to the primary caregivers – individual support, counseling and information, support groups, workshops to impart skills to the participants, respite from the care burden – and to provide public information in the community. All this is intended to provide the best possible service to elderly people and their caregivers. Another goal of the centers is to build municipal partnerships and raise awareness among professionals in the municipal services of the needs of caregiver families.

Evaluation Goals

1. Formative evaluation: To design a tool for use by the centers (intake questionnaire), to examine the target population, to examine organizational aspects of implementation of the program, and to design measures for ongoing evaluation
2. Summary evaluation: To examine satisfaction with the program and its perceived contribution for family members and the elderly person and for the municipal social service system

Method

The evaluation included the following: analysis of administrative data about the centers' service recipients; telephone interviews with a sample of recipients; face-to-face interviews with the program operators and other program partners.

Findings

With regard to the target population, we found that the centers had established contact with people who had been caring for elderly family members for a lengthy period of time and that most of them reported feeling a heavy or very heavy sense of burden. The findings also reveal that the centers had succeeded in becoming a source of long-term support for family caregivers. Most family members reported that they had had more than one counseling session at the centers, and 30% reported having more than six. Most reported that they found a listening ear at these sessions, which gave them the opportunity to talk about things that bothered them, as well as emotional support and a feeling of meaningful connection with the center.

Most of the family members reported that the Shaked Center had become a place they could turn to (35%, to a very great extent; 37%, to a great extent). In addition, almost all (94%) noted they were satisfied with their connection with the center to a great or very great extent.

Most of them reported that the program had contributed to them by providing emotional support. Fifty-three percent reported that the center had helped them think about positive aspects, cope with difficulties (52%) and meet people like them (46%). Thirty-nine percent reported that the burden had been lightened, in that they learned to take care of themselves (39%), to cope with emotions (36%), and to take a break from caregiving (30%). With regard to improved care of the elderly person, 48% of the family members reported that they received information about their rights, 44% received information about the illness, and 35% acquired tools and skills and learned how to improve their relationship with the elderly person.

At the municipal level, the centers raised the awareness of senior officials in the city about the social phenomenon of family caregivers, created organizational mechanisms to coordinate activities designed for that population, and established partnerships with other organizations. However, there is still a palpable need to extend the cooperation to all echelons working in this field.

Conclusion

The Shaked Centers have reached their target population and they have become familiar to professionals and local residents. The centers have provided a range of services for family caregivers: personal counseling, support groups, information evenings, and workshops. Their strong points are proactivity and raising awareness of the family members' needs. The main contribution for the family caregivers is that they have established themselves as an address that caregivers can refer to, maintained ongoing contact with them and given them emotional support, and have provided counseling and referrals to services for the elderly.

Executive Summary

Background

The health and social services in Israel provide multiple services to people with illnesses and disabilities, but family members continue to play a key role in caring for them. According to an assessment based on data from the Central Bureau of Statistics' 2006 Social Survey adjusted for 2016, approximately 1,300,000 people – 22.5% of the population of Israel aged 20+ – are caring for at least one elderly person. Two-thirds of them (66.6%) are caring for a parent or parent-in-law and the remainder for a spouse or other family member.

Family members are involved in many areas of caring for an elderly person. In their capacity as caregivers, they assist the elderly person with personal care (washing and dressing), in managing the home and doing chores, and in recent years, they have even been called upon to help in areas and situations that in the not-too-distant past would have been dealt with exclusively by professionals (e.g., home medical treatment). The care provided by family members is more complex and requires the informal caregivers to have understanding, knowledge, and skills in a broad range of areas. Furthermore, family members frequently find themselves managing, coordinating, and mediating in the care of the elderly person, when dealing with both the health and social services.

The burden of care on the primary caregivers has been studied since the early 1980s, but in recent years, research has gained momentum and is now investigating an extensive range of aspects and impacts associated with providing care to the elderly and people with disabilities. Among other things, studies have examined the impact of caring on the employment, personal, family and social life, and health of the primary caregivers.

Family centered care (FCC) is a new approach to caring for the elderly that has developed in recent years with the aim of meeting the needs of both the elderly person and the family members looking after them. This approach considers the elderly person and the family caregiver as partners in care management and decision-making.

In light of the above needs and in the spirit of FCC, since 2013, JDC-ESHEL in partnership with the Fund for Demonstration Projects at the National Insurance Institute, the Ministry of Labor and Social Affairs and Services (MOLSA), and the local authorities in Bat Yam and Bene Beraq, has been

developing the Shaked program, which is aimed at providing a comprehensive response to the needs of family caregivers through the local authority.

In 2015, the program opened two municipal centers – the Shaked Centers – in Bat Yam and Bene Beraq, in order to identify the needs of family caregivers, in their capacity as care coordinators for the elderly person as well as in their own right, to develop a preliminary care program, to refer them to services in the community, and to monitor implementation of the care program. Since then, the Myers-JDC-Brookdale Institute has been involved with the evaluation and development of the program. The centers are intended to provide a variety of services to the primary caregivers – individual support, counseling and information, support groups, workshops to impart skills to the participants, respite from the care burden – and public information to the community. All this is intended to provide the best possible service to elderly people and their caregivers. Another goal of the centers is to build municipal partnerships and raise awareness among municipal service professionals of the needs of caregiver families.

Evaluation Goals

The evaluation had two main goals:

1. Formative evaluation: To design a tool for use by the centers (intake questionnaire), to characterize the target population, to examine organizational aspects of implementation of the program, and to design measures for ongoing evaluation. The goal in this respect was to help to design the program and build tools to be used in the future
2. Summary evaluation: To examine satisfaction with the program and its perceived contribution for family members and the elderly person and for the municipal social service system.

Method

Design of Intake Form

The evaluation team developed a tool to evaluate needs and construct a care program, based on tools reviewed in scientific articles and those used in similar programs in Israel.

Analysis of the Characteristics of Service Recipients

Analyses were conducted three times during the program, at the end of each year of implementation, to examine whether there were changes in the characteristics of the service recipients over the years.

Examination of Satisfaction and Perceived Contribution for Family Caregivers

Structured telephone interviews were conducted with 211 family members participating in the program about one year after the centers opened. Satisfaction was examined at a relatively early stage so that feedback could be given to the program directors and developers to enable them to improve the service in real time.

Organizational Evaluation

In-depth interviews with 18 professionals in Bat Yam and Bene Beraq; a focus group with volunteers in Bene Beraq; participation in two municipal committees; several meetings with the staff in both cities. The goal was to learn what was being done in the field and provide feedback from the findings as part of the formative evaluation. Subsequently, a discussion was held with the professional director of the program and the directors in the two cities.

Assistance Developing Tools to Document Activity and Receive Feedback

The evaluation team helped to build and develop a tool to document program outputs and to develop and analyze feedback questionnaires.

Findings

Characteristics of the Shaked Center Service Recipients: Administrative Data

According to the documentation in the program's computerized database, between the start of the program (July 2015) and the end of May 2018, the centers had received 985 inquiries – 493 in Bene Beraq and 492 in Bat Yam. These can be divided into two categories: Short-term inquiries ("file opened") – preliminary or one-time inquiries that did not include the intake process or long-term support[1] – and those that led to intake and follow-up – long-term recipients.

The characteristics of the recipients who went through intake (long-term participants) (N=534) were as follows. Most were women (79%). In about two-thirds of the cases (65%), both the family caregiver and the elderly person lived in the city where the service was provided.

1 There is little information about them in the administrative system and it is therefore not possible to analyze their characteristics.

With regard to characteristics of the care, most of the recipients (83%) belonged to the "sandwich" generation (were caring for the older generation); 72% were caring for a parent, 11% for another elderly relative. The remainder (17%) cared for their spouse. Fifty-nine percent were primary caregivers who had been caring for their relative for some time (78% for more than a year).

One of the program goals was to help long-term family caregivers throughout their "care career," providing appropriate support at every stage. About half of the caregivers were in the routine care stage (44%) and a similar percentage (41%) had reached the stage where the elderly person's condition was deteriorating. An additional 15% had contacted the center after the elderly person had died.

With regard to the sense of burden, the majority (71%) reported a heavy or very heavy sense of burden (41% and 30%, respectively), 29% reported not such a heavy burden (21%) or no burden at all (8%).

With regard to the process of application and acceptance to the centers, 28% of the respondents had heard about the centers through advertising, 16% had heard about them through friends or relatives, and the remainder (56%) had been referred by a professional.

Thirty-six percent of the inquiries were classified as requests for information, 32% were in need of support, 10% were in need of urgent care for the elderly person, and a further 7% were inquiring about the health/functional condition of the elderly person. The same percentage (7%) were classified as needing mediation with community services. The remainder (8%) were classified as "other."

Program's Contribution to Family Caregivers and their Satisfaction with the Program: Findings from the Telephone Survey

The Shaked Centers offer a variety of activities. Family members reported that 57% had had a personal counseling session, 36% had participated in a support group, and 57% had participated in an informational meeting or workshop. When totaling the number of activities in which family members participated, we find that 16% had participated in three types of activity, 33% in two types, and the remainder had either participated in a single activity (35%) or reported that they had had an intake interview only (16%). Most (73%) family members who participated in the informational meetings or workshops reported that they had received encouragement and felt to a great or very great extent that they were not alone. Sixty-five percent reported that they had received information and knowledge.

Family members who participated in support groups were satisfied to a great or very great extent (94%). Of those who had not participated in support groups, 40% were interested in doing so and the

main reasons they gave for not doing so were: lack of time (48%), not knowing about them (10%), inconvenience (10%), no one to stay with the elderly person (5%), other reason (26%).

The findings reveal that the centers succeeded in being a source of support for family caregivers over time. For example, family members reported that in most cases, they had had more than one counseling session and about a third reported that they had had more than six. Most of them reported that in the sessions they were listened to attentively, had the opportunity of sharing things that bothered them, received emotional support and felt a true sense of connection with the center.

Perceived Contribution

Ninety-one percent of the family members who were in regular contact with a center noted that they would recommend it to a friend or family member in a similar situation. Seventy-four percent said they would be willing to pay for the service or donate to the center.

With regard to an improved sense of wellbeing, the main contribution that family members reported was getting emotional support (76%). Fifty-three percent reported that the center had helped them think about positive aspects, cope with difficulties (52%) and meet people like them (46%). Thirty-nine percent reported that the burden had been lightened, in that they learned to take care of themselves (39%), to cope with emotions (36%), and to take a break from caregiving (30%). With regard to improved care of the elderly person, 48% of the family members reported that they received information about their rights, 44% received information about the illness, and 35% acquired tools and skills and learned how to improve their relationship with the elderly person

When we examined the assistance provided at the centers to improve care of the elderly person, we found that 23% reported that it helped them in their contact with the social service department, 20% reported receiving assistance with referrals to other nonprofit organizations and 11% noted they received assistance with referrals to geriatric counseling. Furthermore, 39% reported that the center had helped them to shorten or speed up processes to a great extent or very great extent. Most of the family members (88%) reported that the information they had received at the center was understandable and easy to put into practice. In other words, the center plays a role in referring its clients to other services in the community.

A meaningful characteristic regarding the contribution of the centers is the extent that they have become an “address” for the family caregivers, in particular given its purpose of providing them with support in

all stages throughout their time as caregivers. Most of the family members said that the Shaked Center had become an address for them (35% to a very great extent, 37% to a great extent). In addition, almost all of them (94%) stated that they were satisfied with the relationship with the center to a great or very great extent.

Shaked Center – Organizational Evaluation

Implementation model

Two main issues regarding the center's implementation model: 1. The center's place as an organization in the municipal service system; 2. Its implementation by volunteers.

Centers' place in the municipal service system

In Bat Yam, the center works out of the municipal social service department even though the program is implemented by a local nonprofit organization. The center in Bene Beraq works out of the daycare center run by the local nonprofit organization. The idea of basing the service for family caregivers in the municipal social service department raises several challenges: How to reach the general public (and not only the classic population of social service clients); how to build the role of the professional working with family members and keep the balance between community work and care; how to make sure that activity for family members does not get swallowed up in the routine work of the social service department; how to continue to represent family members vis-à-vis the service system.

Implementation by volunteers

In the original model, the plan was for the centers to recruit former professionals as volunteers, who would provide most of the support to the family caregivers, alongside the professional staff – the director and another employee. However, in the event, the centers had difficulty recruiting volunteers. Seven were recruited in Bene Beraq and only one in Bat Yam. Most were not professionals and they did not match the profile.

Shaked Centers in the municipal fabric

Interviews with the professionals revealed the main contributions of the center to the municipal fabric as well as the challenges and difficulties that arose after it was implemented.

Family caregivers as the target population

The centers' contribution to the family caregivers by raising awareness in the cities and turning them into the target population was noted.

Organizational mechanisms that were developed and their contribution

One of the issues that arises when a new center is established is finding a way to incorporate it into the existing municipal fabric and identifying organizational mechanisms that will enable its routine operation and integration with existing organizations. Three municipal mechanisms were involved in the establishment of the Shaked centers and evidently contributed to its integration into the municipal fabric with no real opposition. The first was the municipal executive committee, which included the directors of the agencies responsible for the centers; the second was the municipal steering committee, to which all relevant agencies in the cities were invited; and the third consisted of conferences and seminars organized by the centers for professionals in the cities.

Cooperation between the Shaked Centers and other organizations

The main goal of the Shaked centers is to be the municipal address for family caregivers. One way to do this is to create partnerships with other agencies providing services for the elderly, so that they will refer family members to the centers and help solve their problems. The interviews revealed that the professionals in the cities at the senior level of service directors are familiar with the Shaked centers and refer clients to them. They noted that the connection with the centers is ongoing and not one-off. However, those working in the field are still unfamiliar with the centers. In other words, the Shaked Centers have been marketed at management level and it is necessary to reach staff who are in direct contact with family caregivers.

In Conclusion

1. The centers have reached the relevant target population – family members receiving the service are caregivers who provide long-term intensive care and who experience a relatively high burden of care.
2. Professionals and residents in the two cities have become familiar with the centers.
3. The strengths of the centers are their proactivity and raising awareness of the needs of family caregivers.
4. The centers have provided the family caregivers with a range of services: personal counseling, support groups, informative evenings and workshops. The greater their participation in activities, the greater their appreciation of the contribution of the centers.
5. The centers have been almost totally unable to operate according to plan and recruit professionals (current or former) as volunteers to provide direct, ongoing support to the family members. Consequently, the support is in fact given by the professional staff at the centers – the director and another employee. Evidently, working with volunteers is an area that demands expertise and substantial investment. The new centers focused mainly on setting up and operating the center and were apparently unable to base the service on a volunteer infrastructure while doing so.
6. The centers' main contributions to the family members are: establishing themselves as an address for referrals; maintaining ongoing contact with the family members; providing emotional support; providing information and counseling; referring them to services for the elderly.
7. Main challenges in developing the service for family caregivers: encouraging long-term participation in a range of activities; reaching a diverse target population; continuing to follow-up people for whom no suitable service was found at the time they contacted the center.
8. The centers' main contribution at the municipal level are: promoting the subject at the municipal level; developing municipal mechanisms to deal with the subject; creating partnerships with relevant organizations in the city; creating a hub of municipal knowledge on the subject.
9. Main challenges at municipal level: strengthening working mechanisms and coordination so that every organization can preserve its own strengths without fear of friction or differences of opinion in points of overlap; reaching fieldworkers – at present the cooperation is mainly at the level of heads of organizations. It is important to reach fieldworkers (e.g., National Insurance Institute volunteer counselors for senior citizens and their family) so that they can refer clients to the centers.