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MAPPING OF THE LONG-TERM CARE SYSTEM  
FOR THE AGED IN ISRAEL

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## executive summary

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**שם המחבר**

Sheltered Housing for the שם הספר

## חתימה

## תאריך

**שם השואל**

SHELTERED HOUSING FOR THE ECONOMICALLY  
DISADVANTAGED ELDERLY

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This study was conducted while the author was a researcher  
at the Brookdale Institute. It was supported by the  
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## 1. Introduction

This paper examines the Israeli experience with regard to planning and operating special housing for low income elderly. It presents a summary of findings and recommendations contained in a report submitted to the Deputy Prime Minister's office.

The study sample included all group housing facilities for low-income elderly in Israel in 1980, with or without special services, which had operated for at least two years. Eight projects were identified. Five were age-segregated (intended only for elderly) and three were age-integrated (younger residents also lived in the same building).

Comparative background data was provided via such variables as physical structure, range of services, patterns of community resource use, the socio-demographic backgrounds and functional level of residents, turnover and institutionalization rate.

The supportiveness of each project was evaluated in two dimensions: did it adequately meet the typical needs of residents in such housing projects (assistance in household and personal functions, shopping, hot meals, health and social care, security, and emergency assistance)? What was the project's level of social integration as expressed in formal and informal support systems, and social relations between residents? In light of these two factors, how supportive overall was each project? Data was collected for each project from staff members, residents, community service providers, and policymakers.

Table 1 presents the major findings in summary form. This table also enables us to see relationships among variables across projects.



Table 1: Summary of Selected Findings

Project	Physical description (1)	No. apartments for the elderly (2)	No. elderly residents (3)	Existence of social club (4)	Residents age (5)
A	Seven two-story buildings adjacent to each other	41	43	Yes	60-89
B	Five one-story buildings	17	19	Yes	68-84
C	Two two-story buildings across from each other	40	50	Yes	60-80
D	Two four-story buildings	24	32	No	60-75
E	One two-story building	12	17	No	60-82
F	Two two-story buildings across from each other	40	51	No	60-80
G	Two high-rise buildings with elevators	19	25	To be opened (space designated)	53-81
H	Three four-story buildings	25	37	No	60-85



Table 1 - Cont.

Project	Age structure (6)	Ethnic origin (in order of group size) (7)	Services offered by the project (8)	Services available from the community (9)
A	Elderly only	Eastern Europe Balkans	Permanent presence of housemother; assistance with various activities	Same as offered to other elderly in the community
B	Elderly only	Eastern Europe Asia-Africa	Housemother; various services	The local service agency is situated in the project
C	Elderly only	Eastern Europe Balkans Asia-Africa	None; but active residents council	Same as offered to other elderly in the community
D	Mixed; elderly on 1st two floors	Asia-Africa) Eastern ) all equal Europe ) in size Balkans )	None	Lack of attention to project by service- providers from the community
E	Elderly only	Balkans Asia-Africa	None	Same as offered to other elderly in the community
F	Elderly only	Balkans Eastern Europe Asia-Africa	None	Same as offered to other elderly in the community
G	Mixed; elderly and problem families	Eastern Europe Asia-Africa	None	Same as offered to other elderly in the community
H	Mixed; large concentration of elderly on ground floors	Asia-Africa Eastern Europe	None; but there is a 'block worker' who takes care of all residents (non-elderly too)	Same as offered to other elderly in the community

Table 1 - Cont.

Project	Community services case load <sup>a</sup> (10)	Social integration (11)	No. areas in which solution exists <sup>b</sup> (12)	No. areas in which situational deficiency exists <sup>b</sup> (13)	Overall support <sup>c</sup> (14)
A	250	High	6	1	High
B	100	High	7	0	Low
C	750	High	5	2	Medium
D	750	Medium	5	2	Medium
E	750	Low	2	5	Low
F	750	Low	2	5	Low
G	650	Low	2	5	Low
H	100	Medium	4	3	Low

<sup>a</sup> Number of elderly in the community for which each social worker is responsible.

<sup>b</sup> These areas include: shopping and errands, hot meals, cleaning and laundry, personal care, emergencies, security and identification of need situations.

<sup>c</sup> Based on a composite ranking of columns 4, 8, 9, 10, 11, 12 and 13.

## 2. Physical Structure and Resident Population

The number of units and resident population was, on the whole, quite small (see Table 1, columns 1 and 3). The number of living units in each project varied from 12 to 41. One project was very small (12 units), four were medium-sized (17-25 units), two had 40 units and one had 41 units. The number of elderly residents varied from 17 in the smallest project to 50 in the largest.

These projects were much smaller than those intended for other elderly populations, such as Mishan sheltered housing projects,<sup>1</sup> residences for elderly new immigrants, etc.

The project residents came primarily from the Balkan countries (Bulgaria, Turkey), from Eastern Europe (Rumania) and from North Africa (Morocco). The Balkan group was the largest in four of the eight projects. North Africans constituted the largest group in only one project but were either the second-largest or the third-largest group in almost all the other projects. None of the projects had a homogeneous ethnic composition.

The level of disability as reflected in problems of mobility tended to correspond to the general level in the community. Two projects were exceptional in that a quarter of all households reported mobility difficulties within the apartment and in the immediate vicinity. In most of the projects the rate ranged from a seventh to a tenth of all households. There was no correlation between disability and the establishment date of projects or their service levels.

<sup>1</sup>

Mishan is a public organization that sponsors sheltered housing and employment for the elderly and handicapped. The Mishan model of sheltered housing typically accomodates rather large numbers of residents - from 100-800 elderly (Factor, Guttman and Shmueli, 1982).

In the majority of the projects, two-thirds or more of the population were eligible for supplementary benefits available to the low-income elderly or elderly who have been displaced through urban renewal.

Most of the projects had a homogeneous age composition. Of the three that were age-integrated, one (G) was originally planned exclusively for elderly, but the agency could not find enough suitable candidates. Accordingly, a quarter of the project apartments were given to younger people, primarily of a problematic background. Another project (H) was not planned as a project for the elderly, but rather evolved due to the concentration of elderly in three blocks of buildings. The third project (D) houses elderly in the first and second-floor units of two buildings, while the third and fourth floors are populated by younger, non-problematic residents.



### 3. Project Services

None of the projects had a central management responsible for all aspects of the project - from physical maintenance to the health and psycho-social needs of residents - such as can be found in projects serving other elderly populations. The projects depended to different degrees on services from the community. Two of the eight projects provide a diverse package of in-house services. The most important service was that of the housemother: the availability of other services was dependent on this function or connected with it.

Five projects supplied no services whatsoever, not even a social club or a housemother. Residents in these projects were totally dependent on services from the local community, meaning those services to which any elderly person living in the community was entitled. Two projects were located at a convenient distance from service and shopping centers, four had a medium level of accessibility, and the remaining two were in inconvenient locations.

The number of elderly living in the same community as the project and for whom the local social worker is responsible affects the access of project residents to social services. A local social worker with a heavy caseload will naturally have less time to devote to the project residents. For four projects the caseload per community social worker was 750 elderly and in one project it was 650 per worker, while three projects were located in communities where the caseload was 100-250 elderly persons per worker.

There was a positive correlation between a high elderly caseload in the community and low levels of project services and staffing for the projects. In other words, those very projects that suffer from a lack of services are also situated in communities where the social

services have less time to devote to them.

#### 4. Admission Policies and Resident Turnover

Housing agencies responsible for the projects give first priority to those elderly who do not own homes and to the functionally independent. In most cases there is no defined responsibility for the care of the elderly once an apartment has been let.

Most elderly choose to live in these projects because conditions in their previous residence were worse and this was their only alternative.

The projects were not designed for a population with serious disability levels and have not the capacity to adapt to a decline in their population's functional capacities. There has not up to now been an inordinate degree of institutionalization of project residents. In the older projects (in operation for a decade or more) only an eighth of those cases in which residents vacated their apartments were due to institutionalization. Three-quarters of the vacancies were due to mortality. In the younger projects (those operating for 3-4 years) all vacancies were due to mortality.

Over a three-year period turnover varied from 50% in older projects to 15% in the younger projects.



## 5. Availability of Support in Need Situations

A series of need situations were examined in each project in order to ascertain whether a) an arrangement for meeting the need existed (a 'solution'), and b) whether there had been at least one case of such a situation occurring without its having been adequately dealt with. Such an eventuality was termed a "situational deficiency". The findings concerning each need situation are explained below and summarized in Table 1, columns 12 and 13.

### Housekeeping, cleaning and laundry

Arrangements for assistance in case of need (for housekeeping) were identified in almost all projects. In only two cases was the arrangement channelled through the housemother, while in others assistance came directly from the community. No situational deficiency was identified where the service came through the housemother; however, when arrangements were based solely on community services, situational deficiencies were quite common.

There was no satisfactory solution for taking care of the residents' laundry.

### Hot meals

No meal arrangements were available in any of the projects, even through the community services that are responsible. In spite of this, no clear deficiency was identified regarding the residents' consumption of hot meals. In some cases the projects arranged limited short-term solutions (e.g. paying a neighbor for the service).

### Shopping and errands

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Situational deficiencies regarding shopping for necessities and running errands were identified in two projects. The commonest reported arrangement was through neighbors, especially where a housemother could coordinate arrangements. No arrangements were reported in projects characterized by social conflict between neighbors.

### Personal care

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While a formal arrangement for personal care was reported in all projects, mainly through community services, situational deficiencies were identified in three projects. Most of the actual care was provided by families. Problems were reported in obtaining immediate care where there was no housemother, with the main reasons being lengthy entitlement procedures and no local control of resources allocation.

### Emergencies

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A situational deficiency in calling for immediate help in case of emergency was identified in five projects (where seven emergency cases occurred in the preceding year). These projects had no reliable means of communication, such as telephones accessible to the residents twenty-four hours a day and only few residents had private telephones. Since most of the projects rely on informal support from their neighbors in case of emergency, this deficiency was partially compensated for by social interaction.

### Identification of need situations

In only two projects - those with a housemother - were no deficiency situations identified. One project had established an informal supervision network; its deficiencies were ambiguous and could not be ascertained precisely. None of the other projects had established arrangements for routine outreach and the extent of their deficiency was related to the level of project social relations.

### Security

Security problems were identified in three of the projects, primarily breaking and entering. There were also various reports of harassment by children and youth. These problems bore no relation to the specific circumstances of the projects, but were rather related to neighborhood crime level.

### Summary of needs and deficiencies

Those arrangements based solely on community services were inadequate and resulted in situational deficiencies. These were expressed mainly in needs for home help, laundry, shopping, and the identification of need situations. Such problems were compounded when projects were located in a community where there was a heavy social work caseload in caring for the elderly. The presence of a housemother - even part-time - was positively related to the lack of deficiencies in care.



## 6. Social Integration

The data on social relations between project residents derive from both staff and resident evaluations. Descriptions of relations ranged from "we are all a big family" to reports of frequent conflict. In some cases the conflict is related to differences in the use and management of public spaces - noise, cleanliness, or unwillingness to share common expenses. Some antagonistic attitudes were related to differences in income and cultural attitudes. Two projects had a high level of social integration - i.e. good relationships between the residents, few conflicts and an informal support system. Three projects had a low level of social integration, featured negative or no social relationships, a lack of willingness to help neighbors, and no informal support organization. Out of three projects which were categorized as having 'medium' integration, two had a mixture of elderly and non-elderly residents.

In a few projects the informal support system covered most of neighbors and served to help in emergency calls, mutual surveillance, light shopping, and socializing. In other projects such help was sporadic and encompassed only a few residents. There were some elderly in all projects who were marginal or outsiders to any social system: the range varied from 2-3 in those projects with a well-developed network to a majority at the other extreme. Neighbors were seldom mentioned by residents as having made a long-term commitment to such functions as providing personal help, performing household chores, cooking hot meals, or running errands. The reasons mentioned were the demands on physical strength, differences in taste, and avoidance of personal intimacy.

## 7. Project Supportiveness

Table 1, column 14 indicates the range of overall support provided by the different projects.

A high degree of project supportiveness was related to the presence of a housemother, a greater variety of services, better staffing levels, and a community context in which there is a low social work caseload and some demographic bias toward an aged population. A low level of supportiveness was related to an absence of on-site services, and a heavy social work caseload in the community. There was no relationship between a project's supportiveness and its physical layout, the socio-demographic characteristics of its residents or their functional mobility.

The age-segregated projects either had a high or a very low level of supportiveness, while two of the three age-integrated projects were in the middle range.

The findings emphasize that the presence of a housemother is a critical element in assuring support in time of need.

## 9. Policy Recommendations

Summarizing the findings, most projects offer only limited services, do not provide either a housemother or a club facility, and show a clear dearth of adequate solutions for handling emergencies, stress situations, and for dealing with laundry and cleaning. The social services provided by the community were problematic where the local caseload was heavy. Personal security represented a serious problem. Social integration in the projects appears to be positively related to the level of services provided.

The findings underline the importance of a certain minimal services package for implementation in all group housing for the low income elderly. Even those projects that rely heavily on community services should meet this minimum. The intensity and range would vary with project size and the community context. This minimum basket of on-site services includes:

- a) presence of a housemother to attend the welfare of residents and to mediate between them and the community services;
- b) a staff member to facilitate social interaction (in small projects this could be done by the housemother);
- c) employment of a housekeeping aide for the needy elderly, the entitlement for which could be set at a standard similar to that operating in the community;
- d) procedures to identify crisis situations and meet emergency needs;
- e) assurance of a suitable level of security;
- f) provision of space for social and recreational activities; and,
- g) the assurance of continuing care in nursing institutions in case of need.

New projects have begun to operate since the survey which continue not to meet any of the above recommendations. Yet some positive changes along these lines are clearly noticeable.



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דיור מוגן

לקשישים מעוטי יכולת

מרים שטרקשל

## תמצית המחקר

תמ-3-84

ג'וינט ישראל  
מכון ברוקדייל לגרונטולוגיה  
והתפתחות אדם וחברה בישראל

גבעת-ג'וינט, ת.ד. 13087, ירושלים 91030

### Sheltered housing for the economically d



מכון ברוקדייל: הספריה  
את הספר יש להחזיר עד

[illegible]

דיור מוגן לקשישים מעוטי יכולת

מרים שטרקשל

מרכזת דיור מוגן, אש"ל  
(האגודה לתכנון ולפיתוח שירותים לקשישים בישראל)

המחקר בוצע בעת שהותה של המחברת כחוקרת במכון ברוקדייל.

הסקר בוצע בחסות הועדה למדיניות חברתית - שיקום שכונות,

לשכת סגן ראש הממשלה.

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