



Myers JDC
Brookdale

The Reform in the System of Child Development Services: The Situation on the Eve of the Reform and a Survey of Professionals' Views

Rachel Goldwag Michal Laron

Editor (Hebrew): Raya Cohen

English translation (Abstract): Hanni Manor

Graphic design: Efrat Speaker

The study was commissioned by the Ministry of Health and funded with its assistance.

Myers JDC Brookdale Institute

P.O.B. 3886, Jerusalem 9103702, Israel

Tel: 02-6557400

brookdale.jdc.org.il/en | brook@jdc.org

Jerusalem | May 2023

Abstract

Background

Essential life skills build on capacities that are developed during childhood. Early diagnosis of developmental disorders among children is thus of the utmost importance. To that end, the basket of health services in Israel provides a range of child development services. As part of these services, various developmental disorders among children are diagnosed and treated – from mild disorders that require short-term, focused treatment in a specific area to complex disorders that call for long-term, comprehensive treatment in various areas. The services include rehabilitation therapy (physical therapy, speech and language therapy, and occupational therapy) as well as psychotherapy and social work interventions.

The system of child development services in Israel consists (1) child development institutes that provide services through the health plans, at hospitals, and in the community; (2) child development units operated on behalf of civil sector organizations with the assistance of the local authorities, the health plans, the community center network, or private bodies; (3) independent rehabilitation therapists. However, an ongoing problem of the system of child development services in Israel has been the long waiting times for the services.

In September 2020, the Ministry of Health launched a reform in the system of child development services. The ministry allocated budgets for the upgrading of the child development services operated by the health plans and specified waiting time criteria for diagnosis and treatment. The goal of the reform was to ensure that 95% of the those applying for the child development services would wait less than three months for diagnosis and treatment. The reform was designed to achieve that goal within a year.

At the beginning of 2020, close to the time originally set for the launch of the reform, the Ministry of Health commissioned the Myers-JDC-Brookdale Institute to conduct a study of the situation on the eve of the reform and its expected impact on the use of child development services in Israel and the waiting times for the services. This report presents a snapshot of the situation on the eve of the reform and the views of professionals regarding the reform. A follow-up study will enable further examination of the impact of the reform on the use of the system of child development services and their availability.

Goals

The goal of this study was to examine the trends in the use of the system of child development services and in the number of children with autism spectrum disorder or with somatic disability that were diagnosed and treated during the period preceding the reform, with a focus on the situation on the eve of the reform, so as to establish a baseline for monitoring changes in the wake of the reform. An associated goal was to provide insights about the views of senior professionals in the field of child development (hereinafter: **directors**) regarding the changes that took place in the last decade in the system of child development services and the 2020 reform in the system.

Method

(1) Analysis of administrative data regarding the use of the system of child development services compiled by the Ministry of Health and the health plans over the period 2010-2020; (2) Analysis of waiting times for child development services in June-August 2020 (3) in-depth interviews with 10 directors of child development services, in the health plans, in the ministry of health, and in the child development institutes, as well as leaders of the professional associations of service providers.

Findings

The use of the system of child development services by the general population increased significantly over the period 2010-2018. The number of children diagnosed with autism spectrum disorder or with somatic disability (persistent functional disability) also increased over that period and the scope of service consumption by those population groups increased accordingly. Waiting times for child development services were found to vary between the various services provided and between the health plans providing child development services.

The in-depth interviews with the directors highlighted several issues:

- The health plans sought to recruit rehabilitation therapists. According to the directors, the therapists were engaged with varying degrees of success. Some of the directors noted that the health plans should have offered the veteran therapists personal employment contracts with terms reflecting their long-standing experience, education, and expertise.
- The professional associations of service providers launched a campaign aimed at raising the awareness of their members to the value of their work. Many of the rehabilitation therapists declined to sign the offered employment contracts as they were not satisfied with the proposed employment terms.

- The interviewees expressed diverse views on the launch of the reform during the COVID-19 pandemic. Some of the interviewees thought that the pandemic was unlikely to affect the success of the reform. Other interviewees noted that the timing posed a challenge for the system of child development services.
- Since some of the rehabilitation therapists as well as their patients could not meet at the service provision centers due to the COVID-19 pandemic, the use of telehealth services increased.

Recommendations

Based on the study findings at the end of 2020, the following recommendations were suggested:

- Enhance the cooperation between the Ministry of Health and all the relevant parties in the health plans, the child development institutes, the child development units, and the professional associations of service providers.
- Promote the involvement of parents of children receiving child development services in discussions on the impact of the reform.
- Give the reform more time to allow the health plans time to engage new rehabilitation therapists, as stipulated by the reform. The time extension could also be devoted to discussions with key parties with the aim of finding complementary solutions for the reform.
- Recruit additional veteran rehabilitation therapists and encourage their involvement in the reformed system of child development services by offering them personal contracts with terms reflecting their expertise, long-standing experience, and education.
- Increase the reform budget allocation for funding additional positions and improved employment terms.