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Family Support to Elderly Persons in Israel

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Family Support to Elderly Persons in Israel

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Abstract

"Family Support to Elderly Persons in Israel" by Jack Habib and Karen Windmiller contributes the Israeli perspective to a comprehensive collection of articles on family support throughout the world, including countries in Europe, Latin America, and Asia. The article describes the pattern of intergenerational relations among the three major ethnic groups in Israel as reflected in living arrangements and proximity to children and analyzes the sources and extent of formal and informal support for those requiring assistance with personal care and homemaking needs. The article concludes with a consideration of initiatives which have been adopted in Israel to ease the burden on those caring for their elderly relatives, including increased entitlements to home care services provided under the new Community Long-Term Care Insurance Law.

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Family support to elderly persons in Israel

JACK HABIB and KAREN WINDMILLER

Introduction

In Israel, as in most countries, it is well established that the informal support system plays a major role in the care of the elderly (Habib 1988; Habib and Factor 1986; Krulik *et al.* 1984; Morginstin and Werner 1986). At the same time, there is a widespread popular belief that the role of the family is changing, or at least will change. Israel's population includes a broad range of cultural groups that differ in their norms and traditions, educational levels, and demographic structure. However, it is argued that although norms of care for the elderly differ in response to those background characteristics, there is a convergence as the strength of family ties weakens within the more traditional population groups.

In this paper we present an overview of the state of informal support networks for the elderly, which vary among Israel's major cultural groups. In the process, we address the influence of family structure and the possible substitution of support by friends and neighbours when family members are less available. We also examine family care in the kibbutz movement, and discuss trends in policies concerning the family and informal care.

Background characteristics

The percentage of the population aged over 65 has risen very rapidly since the establishment of the State of Israel in 1948: from 3.5 per cent in 1950, to 6.8 per cent in 1970, and to 8.6 per cent in 1980. It is customary to distinguish three major groups: Jews of Eastern descent (E), Jews of Western descent (W), and non-Jews (NJ), the latter group being composed predominantly of Muslims, but also of Christian and Druze minorities. Of all the elderly, 7 per cent are of non-Jewish origin, 69 per cent are Jews of Western descent, and 24 per cent are Jews of Eastern descent. Ten per cent of the Jewish population is over 65, compared with only 3.4 per cent of the non-Jewish population (Table 10.1).

Israel is a highly industrialized society with only 5.2 per cent of the labour force employed in agriculture. The agricultural sector has two forms of

co-operative, the kibbutz and the moshav (a co-operative settlement with private ownership of property). Although only 4 per cent of the NJ population are employed in agriculture, most of them live in villages or small towns, and many have family agricultural plots which provide supplementary food and income. The overwhelming majority of the elderly in Israel live in urban areas.

The elderly generally have low levels of education. Fourteen per cent of men and 25 per cent of women aged 65 and over have had no formal education (Table 10.1). With the rapid rise in their children's educational standards, there is, therefore, a considerable educational gap between the generations. However, diversity of education is very great among the elderly as well as in the general Israeli population.

The economic status of the elderly also varies greatly. On average the relative income position of the elderly in Israel compares very favourably with that of the elderly in most Western countries. About 40 per cent, however, have low incomes, which make them eligible for supplementary welfare benefits provided within the social security system (Achdut and Tamir 1985).

Labour force participation among the elderly in Israel is high by international standards, and there is only a slight trend towards early retirement. About 40 per cent of men aged 65–74 are employed, while 17 per cent of those aged over 74 continue in active employment. Only 11 per cent of women aged 65 and over are employed, mainly because the employment of women outside the home was not common when the elderly of today were younger.

Ethnic background is highly correlated with educational level and income status. Only 6 per cent of W have no education, as opposed to 50 per cent of E and 69 per cent of NJ.

The pattern of intergenerational relations and support

The various ethnic groups in Israel differ significantly in their fertility, culture, and socio-economic status, and these differences affect patterns of support for the elderly. The major source of data used is the national survey of the elderly conducted in 1985, which collected data on a sample of 3494 elderly people aged 65 and over (Central Bureau of Statistics, 1985). The data from that survey are supplemented by the findings of a number of specialized surveys.

Potential informal support is influenced by marital status and the availability of children, siblings, friends, and neighbours. Forty-one per cent of females and 81 per cent of males are married. There are no significant differences in the marital status of males among the ethnic groups (Table 10.1). However, 44 per cent of older women among W are married, while only

Table 10.1 Selected indicators of the aged population of Israel

	Total population	Ethnic origin			
		Total Jews	Eastern Jews	Western Jews[a]	Total Non-Jews
Total population aged 65 + [b] (thousands)	361.3	337.8	85.3	252.3	23.5
% aged 65 + [b] of total population	8.9	10.1	5.6	18.5	3.4
% aged 75 + [b] of total aged	35.4	35.1	33.1	35.8	39.1
% of women total[b]	53.1	53.3	52.9	53.5	50.3
% of married[b]					
Total	60.0	60.2	57.6	61.1	56.2
Men	81.1	80.9	82.6	80.4	83.4
Women	41.3	42.0	35.3	44.3	30.8
% with no formal education[b]					
Total	20.3	16.9	50.1	5.7	69.4
Men	14.5	11.4	33.7	3.9	57.5
Women	25.3	21.6	66.6	7.0	81.4
Living arrangements[c] (percentages)					
Men alone	6.4	6.5	5.8	6.8	4.3
Women alone	21.7	21.9	22.3	21.9	17.9
Couple	50.7	52.7	35.5	58.5	21.8
Couple with others	9.8	8.1	18.5	4.6	34.9
Other	11.8	10.7	17.9	8.0	21.2
Total	100	100	100	100	100
Elderly living in long-term institutions	4.1	4.4	3.2	4.8	0.3

[a] The vast majority of Israeli-born Jews are of European origin (according to father's country of birth) and they are therefore included in the European-American category.

[b] Source: Central Bureau of Statistics (1986). *The aged in Israel: a selection of census data* (1983). Census of the population and housing publication no. 11 Jerusalem.

[c] Source: based on survey by the Central Bureau of Statistics of a probability sample (n = 4, 189) of the Israeli population aged 60 and over, 1985.

35 per cent among E and 31 per cent among NJ are married. These differences are in large measure due to the differences in the age gap between husbands and wives among the ethnic groups. This differential narrows appreciably among groups that have greater involvement in industrial society.

The percentage of older people with living children (88 per cent) is high for all groups in Israel (Table 10.2). W are less likely to have children, but the gap is much more pronounced in terms of the number of children: 5 or more for E and NJ, but only 2.2 for WJ. The availability of spouse and of children tends to coincide, as 92 per cent of the married elderly have a child in contrast to only 83 per cent of the non-married.

Table 10.2 Proximity and contacts with children among the elderly aged 65 and over by ethnic origin

		Ethnic origin			
	Total population	Total Jews	Eastern Jews	Western Jews	Total Non-Jews
Living children	88	88	93	85	95
Average no. of children	3.1	2.9	5.0	2.2	5.5
Proximity of nearest child					
Same household	18.1	15.9	32.4	10.3	49.5
Same building	3.9	3.0	4.5	2.4	17.5
Same neighbourhood	11.8	11.6	16.2	10.2	14.4
Same locality	27.3	28.8	29.0	28.7	6.7
Different locality	22.4	23.9	7.7	29.3	2.1
Abroad	3.1	3.1	1.3	3.7	2.1
No children	11.5	12.1	6.6	13.9	3.6
Missing	2.1	1.7	2.4	1.5	4.0
Total	100	100	100	100	100
Meet children					
Every 1 or 2 days	38.4	36.2	45.3	33.0	73.7
Once or twice a week	30.5	31.9	31.7	32.0	9.8
Once or twice a month	11.3	11.9	8.8	13.0	3.6
Less often	3.1	3.1	4.2	2.8	2.1
Never	3.1	3.1	1.0	3.8	2.1
No children	11.5	12.1	6.6	13.9	3.6
Missing	2.1	1.7	2.4	1.5	5.0
Total	100	100	100	100	100
Telephone contact					
Speak on phone	61.7	65.3	59.4	66.9	11.2
At least once a week	58.6	62.1	53.4	65.1	9.3

Source: Central Bureau of Statistics. Data derived from 1985 National Survey of the Elderly, Aged 65 and Over in Households.

Most of the elderly also have siblings, the pattern by ethnic group being similar to that of children (Table 10.4). However, the pattern is somewhat different in terms of other components of the informal support network. Thus the percentage with friends or neighbours is much lower among E than among W. NJ, however, are more likely to have friends and neighbours in their networks, and also more likely to have children and siblings in them (Table 10.4).

Living arrangements and proximity serve to facilitate network ties and, in part, reflect the strength of those ties. The differences among the ethnic groups regarding the proximity of the nearest child are much more pronounced than the differences in the percentage of those who have a child. Thirty-eight per cent of all elderly people live in the same neighbourhood as their nearest child. However, 58 per cent of E and 88 per cent of NJ live in the same neighbourhood, compared with 26 per cent of W (Tables 10.2 and 10.3). When both proximity and childlessness are taken into account, it emerges that 81 per cent of NJ and 53 per cent of E have a child in the same neighbourhood, compared with 23 per cent of W (Tables 10.2 and 10.3).

Similarly, there are marked differences in the percentage of elderly who live in the same household as their child: only 12 per cent of W, 36 per cent of E and more than half of NJ (Tables 10.2 and 10.3). Very few of the elderly live with someone other than their spouse or child (Table 10.1). It thus emerges that the more traditional cultures are less likely to have a spouse available, but are more likely to live with a child. These two opposing tendencies offset each other, so that the percentage living alone is similar among all the groups and averages 28 per cent. There are also major differences in institutionalization rates. Among NJ institutionalization is rare, while among E it is 3.2 per cent and rises to 4.8 per cent among W (Table 10.1).

Contacts with children are universal, and of those elderly people who have children, only 4–8 per cent do not see a child at least once a month. The frequency of meetings is much higher among NJ, who are more likely to live near their children. Eighty-one per cent of them see their children once every two days, as opposed to 44 per cent of all the elderly (Tables 10.2 and 10.3). However, there is only a relatively small difference between E and W. Contacts with other members of the network (siblings, friends, and neighbours) are higher among W than E and thus seem to compensate for the fewer contacts with children. However, the larger size of the network among NJ is paralleled by higher rates of contact, particularly contact with friends and neighbours (Table 10.4).

The use of the telephone is another very widespread means of contact, and tends to balance some of the differences in visits among the ethnic groups. Sixty-two per cent of all elderly persons speak with children on the telephone, and the proportion rises to 85 per cent for those who have children but do not live with them. Use of the telephone is negligible among NJ (only 10 per cent), but it rises to almost 70 per cent among W and 60 per

Table 10.3 Proximity and contacts with children among the elderly aged 65 and over who have children, by ethnic origin

		Ethnic origin			
	Total population	Total Jews	Eastern Jews	Western Jews	Total Non-Jews
Proximity of nearest child					
Same household	20.9	18.5	35.5	12.2	53.4
Same building	4.5	3.4	5.0	2.9	19.1
Same neighbourhood	13.6	13.4	17.8	12.1	15.6
Same locality	31.5	33.4	31.9	33.9	7.3
Different locality	25.9	27.7	8.4	34.6	2.0
Abroad	3.5	3.6	1.4	4.3	2.5
Total	100	100	100	100	100
Meet children					
Every 1 or 2 days	44.4	42.0	49.7	39.1	80.8
Once or twice a week	35.3	37.0	34.8	37.8	10.7
Once or twice a month	13.1	13.8	9.6	15.3	4.0
Less than once a month	3.6	3.6	4.6	3.3	2.2
Never	3.6	3.6	1.1	4.5	2.2
Total	100	100	100	100	100
Telephone contact					
% total with children	71.1	75.6	64.6	79.5	12.2
% have children, don't live with them	89.8	92.7	100.0	90.6	26.2
Speak at least once a week					
% total with children	67.5	71.9	58.3	76.8	10.0
% have children, don't live with them	85.3	92.7	90.1	87.5	21.4

Source: Central Bureau of Statistics. Data derived from 1985 National Survey of the Elderly, Aged 60 and Over in Households.

cent among E. Of those who speak on the telephone, almost all do so once or twice a week and two-thirds do so every day (Tables 10.2 and 10.3).

Personal care

The extent of support for personal care (dressing, bathing, eating, and mobility in the home) is determined by the need for care as well as by the

Table 10.4 Contacts with other members of the informal network among the elderly aged 65 and over

	Total population	Ethnic origin			
		Total Jews	Eastern Jews	Western Jews	Total Non-Jews
Siblings					
Have siblings	67.4	67.0	78.4	63.2	72.7
Meet siblings at least once a week					
% total population	23.4	22.7	19.9	22.1	35.0
% of siblings	34.8	33.9	25.3	35.1	48.2
Friends					
Have friends	68.2	66.9	44.0	75.0	86.0
Meet friends at least once a week					
% total population	44.4	42.8	28.8	47.4	69.6
% of friends	65.0	63.9	65.4	66.4	80.8
Neighbours					
Contact with neighbours	45	42	38	45	81
Mutual help	46	40	36	47	75

Source: Central Bureau of Statistics. Data derived from 1985 National Survey of the Elderly Aged 60 and Over in Households.

availability of help. The percentage of elderly people in perceived need of personal care varies significantly among the ethnic groups. Among NJ it is more than double the overall average (21.6 per cent), while only 6.3 per cent of W and 12 per cent of E are in need of help.

Compared with Jews, NJ far more frequently receive help with personal care from children and siblings, but less frequently receive help from spouses (Table 10.5). Among Jews, the spouse and other family members are equally frequent sources of help. E are far more frequently helped by spouse and by other members of the family than are W. After taking account of different levels of need, the extent of support is much more similar across the ethnic groups. However, among Jews help is received more often by someone living with the elderly, while among NJ non-resident relatives are also very important. It is only among Jews that neighbours or public support play any kind of a role, but public support even among W still reaches only 13 per cent of the dependent elderly.

Home-making

There are a number of conceptual issues that arise in defining dependence in home-making. It is difficult to distinguish between those who cannot perform home-making activities for physical reasons, and those who cannot perform them for cultural reasons. There is also the question of whether to define dependence in terms of the individual elderly person or the household unit. In this paper, we define dependence on the basis of the individual's assessment of the ability to perform home-making tasks for whatever reason and irrespective of whether there is someone else in the household, such as a spouse, capable of performing these tasks.

In contrast to personal care, the provision of help is not only a function of need, but may also be simply motivated by the desire to make life easier.

Table 10.5 Persons 65 and over by source of help in personal care as percentage of total population and dependent population

Source of help	Total population	Ethnic origin			
		Total Jews	Eastern Jews	Western Jews	Total Non-Jews
Total population (percentages)					
Spouse	3.7	3.7	5.4	3.0	5.0
Someone else in household	2.6	2.2	4.4	1.5	8.0
Relative not living in household	1.9	2.1	2.3	1.2	9.4
Neighbour/friend	3.6	4.1	4.1	3.8	0.8
Public help	7.9	9.4	3.6	13.1	0
Dependent population					
Spouse	43.6	47.8	45.8	48.5	22.9
Someone else in household	30.4	29.2	37.1	24.6	36.7
Relative not living in household	22.5	18.5	19.4	19.2	43.0
Neighbour/friend	3.6	4.1	4.1	3.8	0.8
Public help	7.9	9.4	3.6	13.1	0
% of total population dependent in ADL	8.6	7.9	12.0	6.3	21.6

Dependent in ADL: Can not manage with at least one of four activities of daily living (dressing, bathing, transfer in and out of bed and eating).

Source: Central Bureau of Statistics. Data derived from 1985 National Survey of the Elderly Aged 60 and Over in Households.

Dependence in home-making, as we have defined it, is very widespread. Fifty-eight per cent of the elderly cannot perform at least one of the four household tasks. The percentage of those who are dependent ranges from 52 per cent among W to as high as 86 per cent among NJ.

The spouse is more dominant in the provision of help in home-making than in personal care for all ethnic groups (Tables 10.5 and 10.6). The importance of the spouse is most marked among W. Among those who are independent, help from the spouse is also very widespread, as is to be expected. The pattern with respect to other sources of help is similar to that of personal care, except that privately purchased help is important particularly among W (25 per cent). Help from family is most prevalent among

Table 10.6 Persons aged 65 and over, by source of help in homemaking as a percentage of independent and of dependent populations

	Ethnic origin			
	Total population	Eastern Jews	Western Jews	Total Non-Jews
Source of help[a]				
Independent[b]				
Spouse	44.2	32.1	46.2	31.1
Someone else in household	5.6	9.5	4.5	12.4
Relative not living in household	7.9	13.8	6.2	14.5
Neighbour/friend	1.7	1.7	1.6	4.2
Private help	8.6	3.2	10.2	0
Public help	4.3	2.4	4.0	0
None	0.2	0	0.1	0
Dependent[b]				
Spouse	66.1	61.7	73.2	52.6
Someone else in household	27.2	29.6	11.7	51.8
Relative not living in household	24.7	24.6	14.2	29.6
Neighbour/friend	4.7	5.2	3.1	1.6
Private help	18.4	8.2	24.9	1.5
Public help	8.2	6.9	9.9	1.3
None	0.6	1.2	0.4	0
% of total population dependent in homemaking	58.1	68.5	52.3	86.2

[a] Source of help: persons may give more than one answer: therefore the total does not add up to 100%.
[b] Individuals, not households, cannot perform or have difficulty with at least one household activity (cooking, floor washing, laundry, or shopping).

Source: Central Bureau of Statistics. Data Derived from 1985 National Survey of the Elderly Aged 60 and Over in Households.

NJ and E, whereas purchased help once again is much more common among W. It should be remembered that only a very small percentage of NJ defined themselves as independent.

The care of the disabled elderly in the kibbutz has recently been examined (Bergman *et al.* 1988). The kibbutz in principle assumes collective responsibility for all the needs of its members. It turns out that the family continues to play a very important role: 19 per cent of the elderly receive help and care from family members only (8 per cent from their spouse only), 60 per cent are cared for by both informal and formal support, and 21 per cent only by formal support. The percentage of kibbutz elderly cared for exclusively by family members is higher among married elderly, and those who have other family members in the kibbutz. In addition to supplementing the family's role, the kibbutz encourages family care by sometimes recognizing it in lieu of fulfilment of other work obligations. For instance, 35 per cent of all family members providing assistance with heavy housework, and 46 per cent of those providing assistance with dressing received work credit for their care-giving.

Assistance by the elderly

The elderly are also significant providers of assistance, particularly to their adult offspring (Table 10.7). A third of them assist their children with child-minding, 21 per cent provide financial help, and 16 per cent help them with housework. W provide the most financial support, while NJ are far more involved in child care—over 50 per cent. Provision of advice is also extensive

Table 10.7 Percentage of parents aged 65 and over helping children in selected areas

Source of help	Total population	Ethnic origin			
		Total Jews	Eastern Jews	Western Jews	Total Non-Jews
Type of help (percentages)					
Housework[a]	15.6	16.2	14.0	17.0	10.0
Child-minding[a]	31.2	29.6	28.2	30.2	53.3
Financial[b]	21.3	21.5	13.1	24.5	17.2

[a] With any frequency.
[b] Given regularly or on a specific occasion.

Source: Central Bureau of Statistics. Data derived from 1985 National Survey of the Elderly Aged 60 and Over in Households.

(Shuval *et al.* 1985; Weihl *et al.* 1986). These ethnic patterns could reflect differences in needs as well as in cultural norms or the capacity of the elderly.

The impact of care-giving

Several studies in Israel have examined the burden of care on the informal primary care-giver. A study of care-givers of elderly people who receive public home-care services, found that feelings of burden in a range of areas were widespread (Brodsky *et al.* 1986). Almost two-thirds reported physical strain, emotional stress and time restrictions. Economic burden was reported by only 25 per cent and about 40 per cent complained of having to perform unpleasant tasks. Spouses in general tended to report heavier burdens, with the exception of time restrictions. These findings are consistent with studies from other countries (Brody 1985; Doty 1986).

Evaluating the care-giving experience involves considering gains and losses, and their relative importance to the care-giver. Emotional stress tends to be the most frequently reported problem. It is difficult to determine, however, whether such stress results from having a disabled parent or spouse or from the act of care-giving. Moreover, there are stresses associated with using formal support by the family. Brodsky *et al.* (1986) found that 55 per cent of informal care-givers of home-care service recipients reported that the overall burden was too heavy, 28 per cent that they could not continue to help to the same extent, and 8 per cent that they could not continue at all. In every respect, spouses reported more burden than did children. Within the general population, Morginstin and Werner (1986) found that a smaller percentage of family carers (about 15 per cent) could not continue to provide the same level of care (see also Krulik *et al.* 1984).

Unmet needs

A number of surveys have examined the extent of unmet needs, including a professional assessment of the extent of unmet needs and of quantitative estimates of the actual service units required (Morginstin and Werner 1986; Habib *et al.* 1986). These surveys clearly demonstrate that the elderly, their families and professionals do not consider the present pattern of support to be optimal. The measures of required support are several times the levels of existing services. At the same time, even if all the requests for additional services were met, the family's role would still be dominant. The elderly, their families, and professionals also agreed that a large percentage of elderly people on waiting lists for institutionalization could be better cared for in the community if more services were made available. In the vast

majority of cases, the increase in services required would be less than the cost of institutionalizing these elderly people. These findings are somewhat surprising, particularly in the light of the current low rate of institutionalization in Israel.

Policies concerning the family

There is a broad consensus in Israel that formal assistance to the elderly needs to be expanded so as to better meet their needs and ease the burden on the family. This has led to the adoption of a long-term-care insurance law within the national insurance system. (A compendium of articles on the law is contained in a special English edition of *Social Security*.) Entitlement is confined, however, to those who are disabled as regards most of the activities of daily living, estimated to include about 40 per cent of all disabled people in Israel. Moreover, it is equivalent in value to about 20 hours of care per week if the person is totally disabled, and 12 hours if he or she is partially disabled.

The law is unique in that it is one of the first examples of a full entitlement to services, in contrast to the cash attendance allowances that exist in many countries. It represents a compromise between those who favoured a cash entitlement, and those who favoured a budget-restricted service programme financed by earmarked funds, but not providing a legal entitlement and restricted to those with limited incomes. (See Habib 1985, and Habib and Factor 1988 for a comparative analysis of the different approaches.) The arguments in favour of a cash entitlement included an interest in providing incentives for family care and an equity argument that it was unfair to provide less public support to families willing to provide more care. It was also argued that the cash benefit would be less costly as many more elderly people would remain in the community.

Those in favour of a services approach argued that it was equally inequitable to provide essentially a subsidy for families that were capable of caring themselves as opposed to those families that were not. Furthermore, if most of the variation in actual support reflected family capacity rather than willingness, the equity issues were marginal. Moreover, it was argued that a cash incentive programme would almost surely be more expensive unless there was a truly extraordinary difference in institutionalization rates, and that many families were likely to refrain from requesting assistance if it was offered in the form of services. There was also opposition to an entitlement because there was so much uncertainty about how much the programme would actually cost. It was argued that it would be possible to offer larger benefits in a non-entitlement context to those elderly people with more needs for formal care, whereas if there were an entitlement, the number of applicants was likely to be much higher and the maximum benefit would have to be restricted.

The law adopted has a number of features that reflect the compromise between conflicting principles. On the one hand, there is a provision that if services cannot be provided within 60 days, the elderly person is entitled to an unrestricted cash benefit. This was a concession to those favouring the cash approach, as well as the outgrowth of the logic of an entitlement principle. On the other hand, there is an income test which restricts eligibility, despite the fact that it is a contributory insurance programme (in practice the limit is set very high, so that few elderly people will be excluded). This was a concession to those interested in a more targeted approach.

The new law took effect in April 1988, and the rate of application has already exceeded all expectations. Many elderly people who did not apply within existing service contexts are now applying under the law. The law will more than quadruple the amount of home care available, and will thus have major potential impacts on family support patterns in the near future.

Despite the emphasis on expanding entitlements, there remains a strong emphasis on the role of the family. In Israel the family is still responsible for financing some of the costs of institutional care and many other services received by the elderly, and while there is a tendency to strengthen the enforcement of this provision, there is also a much greater sensitivity to the need to support family care-givers in a variety of ways. There has been a notable expansion of respite care with particular emphasis on day-care facilities for disabled elderly people, which over the past 10 years have been extended across the country.

There has also been a steady stream of handbooks and educational materials designed to inform the elderly and the family, for example, a guide to families caring for the cognitively impaired elderly (Cohen 1987). The National Insurance Institute, in cooperation with ESHEL (The Organization for Planning and Development of Services for the Aged in Israel), has developed a programme for training family members caring for housebound elderly people (Morginstin *et al.* 1985), and a series of films and videos have been produced and made available to professionals around the country (Csillag *et al.* 1986).

Self-help groups and group work with families are not widespread despite a number of recent initiatives, unlike individual counselling of families and the elderly. Counselling is carried out by nurses from Kupat Holim (the National Sick Fund) in a network of local primary-care clinics, and by specialized geriatric social workers from the network of local social welfare bureaus. A new system of co-ordinated care and case management for the elderly is currently being introduced. Under this system, there are a number of teams, each consisting of a nurse from the Kupat Holim clinic and the geriatric social worker with responsibility for the same geographical area. These teams are responsible for ensuring comprehensive assessment and care, and linking up with all other professionals and service providers (Brodsky *et al.* 1986). Their aim is to enhance the capacity of local service

providers, both to deal in a comprehensive and co-ordinated fashion with the needs of families, and to pursue the most appropriate balance of formal and informal support.

Conclusion

Almost all elderly people in Israel have some kind of informal network, which generally includes a range of family members, friends, and neighbours who live nearby and maintain frequent contact. Public support has until recently played a minor role, and privately purchased care is significant only with respect to home-making. Spouses predominate in the provision of assistance in home-making and play a major role in assistance with personal care. The spouse is much more important among W and much less important among NJ. The particularly low rate of care by spouses among NJ would also appear to reflect cultural norms related to the retirement of women from household tasks in favour of children and grandchildren, as reported by Weihl (1986).

Israel does not have an optimal balance of care for the elderly between the formal and informal systems. This was clearly indicated in the evidence on unmet needs and excessive family burden, particularly for spouses. The need to address the burden of care on spouses contrasts with the more general emphasis on children within the informal support literature.

The service system in Israel is undergoing fundamental change as a result of the adoption of the new nursing law and the expansion of day-care services. In the debate about the nursing law, it became clear that Israeli society was not prepared to pay the full cost of replacing the family, nor was this considered to be desirable. Moreover, the rapid increase in the needs of the elderly population that are accompanying the rise in the over-75 and over-85 age groups will ensure a constant race between the rate of service expansion and the rate of increase in needs. Efforts to strengthen the family's commitment and ability to fulfil its role are expected to continue to play an important part in the overall strategy of care for the elderly.

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תמיכה משפחתית בקשישים בישראל

פרסומי מחקר

ג'ק חביב
קרן ווינדמילר

ת-71-93

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המכון

הוא מכון ארצי למחקר, לניסוי ולחינוך בגרונטולוגיה והתפתחות אדם וחברה. הוא נוסד ב-1974 ופועל במסגרת הג'וינט האמריקאי (ועד הסיוע המאוחד של יהודי אמריקה), בעזרתן של קרן ברוקדייל בניו-יורק וממשלת ישראל.

בפעולתו מנסה המכון לזהות בעיות חברתיות ולהציב להן פתרונות חילופיים בשירותי הבריאות והשירותים הסוציאליים בכללם. אחד מיעדיו הוא להגביר שיתוף הפעולה של מומחים מהאקדמיות והממשלה, עובדי ציבור ופעילים בקהילה כדי לגשר בין מחקר לבין מימוש מסקנות מחקר הלכה למעשה.

שם המחבר Habib, J.; Windmiller, K.

שם הספר FAMILY SUPPORT TO ELDERLY PERSONS IN ISRAEL

שם השואל	תאריך	חתימה

תמיכה משפחתית בקשישים בישראל

ג'ק חביב קרן ווינדמילר

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תקציר

המאמר "תמיכה משפחתית בקשישים בישראל" מאת ג'ק חביב וקרן ווינדמילר מציג את המצב בארץ בתחום התמיכה המשפחתית בקשישים. המאמר נכלל באסופה של מאמרים העוסקים בסוגייה של תמיכה משפחתית ברחבי העולם, כולל מדינות באירופה, באמריקה הלטינית ובאסיה. המאמר מתאר את דפוסי היחסים הבין-דוריים בשלוש קבוצות המוצא העיקריות בישראל, כפי שהם משתקפים בהסדרי המגורים והקירבה לילדים, ומנתח את מקורותיה ואת היקפה של התמיכה הפורמלית והבלתי פורמלית המסופקות לאלה הזקוקים לסיוע בטיפול אישי ולעזרה במשק-בית. המאמר מסיים בבחינת היוזמות שננקטו בישראל להקלה על העומס המוטל על אלה המטפלים בבני משפחה קשישים, כולל הגדלת הזכאויות לשירותי טיפול ביתי הניתנים במסגרת חוק ביטוח הסיעוד החדש.