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Family Caregivers of Older Adults and People with Disabilities During the Initial Months of the Israel-Hamas War

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Abstract

Background

Informal caregivers are not health or care professionals; nonetheless, they provide support to another individual, often a family member, due to disability or old age, and usually without financial compensation or a salary. In Israel, data from the 2019 Social Survey conducted by the Israel Central Bureau of Statistics indicate that approximately 1.2 million people reported being family caregivers. Research points to a connection between caregiving and the situation of family caregivers according to various measures, including their physical health, mental health, and employment and financial status. The burden and challenges faced by family caregivers are heightened during crises due to the resulting shortfall in the provision of formal services and family support, together with an increase in the needs of those requiring care and support as well as in the needs of the family caregivers. The Myers-JDC-Brookdale Institute and CareGivers Israel initiated a study examining the needs of family caregivers of older adults or people with disabilities and the services they required during the initial months of the Israel-Hamas war, as well as services that will be needed in future crises. The goal is to support decision-making and develop optimal targeted solutions.

Objectives

1. To examine the link between the situation of family caregivers and their care of a family member during the initial months of the war according to various measures, including their emotional state, health status, economic situation, and access to services in an emergency, by comparing the situation of family caregivers to that of individuals who are not family caregivers.
2. To assess the situations of two groups of family caregivers: those caring for older adults and those caring for people with disabilities, during the initial months of the war and according to various measures.
3. To identify the needs of family caregivers for older adults and people with disabilities during the initial months of the war, to anticipate future needs during a crisis, and to propose appropriate responses.

Components of the Research

1. **Qualitative Component**: An in-depth interview with a family caregiver and a focus group consisting of six family caregivers. The interview and focus group were aimed at understanding the needs of family caregivers

and the resources that were available to them during the initial months of the war, as well as to assist in developing the research survey.

2. **Quantitative Component**: A web-based survey conducted among family caregivers and among individuals who are not family caregivers. The survey was aimed at examining the condition of family caregivers during the initial months of the war relative to non-caregivers, while distinguishing between two types of caregivers: those caring for older adults and those caring for people with disabilities. A total of 1,224 respondents participated in the survey: 620 family caregivers and 604 non-caregivers (the reference group).

Main Findings

The study revealed that since the outbreak of the war the economic, social, and physical health statuses of caregivers deteriorated to a greater extent than among non-caregivers. Also, caregivers reported experiencing more sleep-disrupting worry than non-caregivers. Among the recipients of care, the areas most affected were emotional/mental well-being, mobility inside and outside the home, social relationships, and physical health.

It was also shown that the coordination of medical and paramedical treatments for the family member was the need that showed the greatest increase during the initial months of the war and most caregivers, especially those caring for older adults, reported not utilizing any services specifically designed for family caregivers during this period. Among those who did utilize the services, those most used were online platforms offering advice and information, particularly in the case of caregivers of people with disabilities. About half of the caregivers reported a lack of essential information during the initial months of the war. The primary factors mentioned by caregivers that could alleviate their burden or help the individual they care for were emotional support for themselves or their family member, leisure activities, and financial assistance to mitigate the cost of care. The study's findings also highlighted a connection between a caregiver's personal characteristics - such as gender, population group, age, functional status, economic status, type of caregiver (primary or secondary), and caregiving experience - and various aspects of caregiving.

Recommendations

1. It is recommended that additional, individual or group, psychological and emotional services for caregivers be developed, with the goal of helping them acquire the tools and resilience to cope with the burden, complexity, and demands of caregiving during routine times and especially in times of crisis. These services should be adapted to the diverse backgrounds of caregivers.

2. It is recommended that programs to provide guidance and strategies to help establish a routine - even in chaotic and unpredictable periods - be created or expanded if they already exist. These can include the scheduling of mealtimes, leisure activities and rest, or explaining how to adapt to the new routines by means of group training workshops, instructional videos, or webinars.
3. It is proposed that existing governmental and civil society information centers in the areas of welfare, health, and realization of rights be adapted to meet the needs of family caregivers. These centers should also develop crisis support systems and proactively reach out to caregivers.
4. It is recommended that both group-based and individual training programs be developed for family caregivers, as well as instructional videos, on facilitating the transition to protected spaces during crises. In addition, urgent action should be taken to promote policies to make protected spaces accessible in the homes or surroundings of older adults and people with disabilities.
5. It is proposed that preparations be made in advance for the rapid activation and continuous operation of essential services for people with disabilities and older adults during crises and to ensure the continuous functioning of caregiving staff, social workers, and medical professionals to whatever extent possible.
6. It is recommended that workplace support mechanisms for family caregivers be enhanced and that efforts be made to increase awareness among employers of the unique circumstances of family caregivers and their rights as employees.
7. Given the large number of family caregivers and the significant growth expected in coming years, it is recommended to focus on systemic measures, including identifying and registering family caregivers, improving access to existing services, promoting formal recognition, and establishing specific rights for family caregivers.