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on Demographic Issues

The Israeli Experience of Advancing Policy and Practice in the Area of Elder Abuse and Neglect

by Ariela Lowenstein



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The Israeli Experience of Advancing Policy and Practice in the Area of Elder Abuse and Neglect*

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Abstract

The paper reviews and discusses the advancement of policies, research and practice to meet the needs of abused and neglected older people and their families in Israel. The paper briefly presents the demographic pictures of the Israeli society which affects needs and outlines the current welfare system and existing legislation relevant to elder abuse and neglect. Then a description of practice interventions in the area of elder abuse and neglect based on recent research. Finally several issues are raised regarding future developments in this area.

Introduction

The major aim of this paper is to review and discuss the advancement of policies and practice which are geared to meet the needs of abused and neglected elderly and their families in Israel. Accordingly, this paper presents the following: First, a short overview of demographic factors and trends, reflecting population characteristics and needs. Second, a brief outline of the current welfare system will be painted, describing policies for older people and basic service structures. This will provide a background for policy development in the area of elder abuse and neglect. Third, developments in practice experiences in this area will be presented as affected by policy and legislation.

The Israeli National Context

This section describes the demographic structure of Israeli society and the changing needs of older persons and their families, focusing on immigration, ethnicity and the role of the family. The 2006 census showed the population of Israel to be close to seven million, of whom 80% are Jews and 20% non-Jews – Moslems, Christians and Druze. The aged (65+) comprise about 10% of the population (numbering close to 700,000) (Central Bureau of Statistics, 2006).

Differences exist between the Jewish and non-Jewish older populations. Within the Jewish sector, the percentage of older people has almost tripled since the creation of the State of Israel in 1948 and is now close to 12%. Among the non-Jews, however, the elderly comprise only 6.1%, due to higher fertility rates (Brodsky, Shnor & Be'er, 2005). However, the proportion of the elderly in the Arab population is increasing more rapidly than in the Jewish community.

The aging of Israeli society is related to increased life expectancy, which is currently 78.3 years for men and about 83 years for women, and to the composition and the aging of cohorts from previous immigration waves. Sixty percent of older persons are in the category of the young aged (65-74), and the other 40% are 75+. The number of the 80+ within the total aged population has increased considerably, constituting 33% of the current aged aggregate. In addition, the 1990s immigration waves, especially from the former Soviet Union, have brought a high percentage of older people - 16%.

Close to 17% of the Jewish elderly are disabled in activities of daily living (ADL). The percentage is higher among new immigrants (close to 20%) and even higher among non-Jews, nearing 23% (Central Bureau of Statistics, 2006). This is congruent with data from the US indicating that socio-cultural factors are related to the incidence of chronic disease among elders. This portion of the population needs closer care and assistance, which is still mostly provided by family members and in certain cases might cause incidences of abuse and neglect.

Regarding family status and living arrangements, almost twice as many elderly men (81%) than women (44%) are married. Among immigrants, over three times as many women (52.2%) than men (14.8%) are widowed. However, the majority of older people live with a spouse, and the percentage of those living alone is 28%. Among the population of older new immigrants, close to 70% live with their children due to housing and financial difficulties, especially during the first years after immigration (Katz & Lowenstein, 1999). The rate of multigenerational households is similar among the Arab community due to the still strong emphasis on the role of the extended family. In general, though, there is a strong emphasis on the role of the family in

caring for its elderly. This is reflected, for example, in the low rate of institutionalization - 4.4%. Most older people have an informal support network, with spouses as the main source, followed by children (Habib & Tamir, 1994).

For the future, we can anticipate that changes in the composition of the older population will result in continuing increase of the “high-risk” groups: the 75+ elderly, women, those of Eastern origin, and new immigrants. These projections mean that needs for long-term care services will rise and that more resources will have to be allocated to develop community services and to support family caregivers. Thus, Israel faces the dual challenge of meeting current needs more adequately, while keeping pace with anticipated needs.

The Welfare State in Israel – Policy Background and Services for the Aged

Israel is a pluralistic society and an urbanized welfare state that relies on a mixture of governmental and market forces that shape its welfare policies. The society represents a unique blend of traditionalism and modernism reflecting its early socialist underpinnings.

A country’s social system and professional practice are affected by the particular society in which they operate and reflect historical, religious, and cultural forces. Political structure and population heterogeneity also shape the form of service delivery. Thus, any analysis of the social service system must be based on the principles and values that guided its development. In the case of Israel, these are mainly threefold: First, Jewish values, religious laws, traditions, and ethics place great emphasis on social and familial responsibility and the commitment of Israeli society towards older people stems from such Judaic sources regarding filial responsibility (Lowenstein, 1998). Second, the principle of unlimited immigration for all Jews is no doubt a central determinant of Israel’s existence (Bergman & Lowenstein, 1988). Third, the principle of cultural and ethnic pluralism stemming from the ongoing waves of immigration creates a diversity of cultural, ethnic, and religious groups (Lowenstein & Bergman, 1988). The cultural component, with its varying interpretations of the role of the aged, the family, and the formal network, is thus an important factor in service delivery (Litwin, 1994).

Policy and the Service System

In recent years, a basic national policy goal in service provision to old persons in Israel has been to move away from the use of residential facilities toward the development of a diversified community-based service network (Katan & Lowenstein, 1999). Community-based services are geared to assist frail and homebound elderly to remain in their homes as long as feasible.

Four major sectors are involved in service provision: government agencies, trade unions, voluntary organizations, and the private sector. The three major governmental providers are the Ministry of Social Affairs, the Ministry of Health, and the National Insurance Institute. Minor service delivery roles are played by the Ministry of Absorption, which provides services for a defined period to older immigrants; the Ministry of Housing, which is involved in special housing for the aged; and the Ministry of Education, which offers adult education. The National Insurance Institute (Israel’s social security system) has become the core policy instrument for social protection. Currently, the system includes the following programs for the aged: old age and survivors insurance, disability insurance, and the Long-Term Care Insurance Law.

Social and welfare services for the elderly are not based on specific categorical legislation. They are covered through the General Welfare Services Law of 1958, under which each local authority is charged with establishing a local welfare office to provide services to the needy, including older people. Thus, the local welfare office is the major provider of services for the elderly in the community. It was found that in many local welfare offices the aged compose

close to 40% of the client population (Litwin 1993/94). The Ministry of Social Affairs, through its Services for the Aged Department, establishes national policy principles, sets eligibility guidelines and national priorities for service development, provides professional supervision and budgetary participation, and conducts surveillance and supervision of independent and frail elderly in residential settings (Lowenstein, 1994, 1998). The Ministry of Health, through its Department of Geriatric Medicine, is in charge of public health services in the community and family health clinics, mental health clinics, institutional placement, surveillance and supervision of nursing and mentally frail elderly. Primary and acute health care is provided by five different Sick Funds (HMO's) through primary health clinics that are located in every neighborhood.

For many years, there was no official structure for coordinating the activities of the different Ministries. Consequently, there was no national-level planning body to evaluate needs and services or to prepare blueprints for future service developments. This was remedied in 1969 through the creation of ESHEL, the Association for Planning and Development of Services for the Aged in Israel. ESHEL represents a partnership between the Israeli government (three Ministries – Health, Finance and Social Affairs) and the American Joint Distribution Committee (JDC). ESHEL was charged with the promotion of service planning, on a national level, and with the encouragement of partnerships between the public and voluntary sectors. Other tasks that ESHEL undertook were in the areas of manpower development, facilitating the creation of new innovative services, advocacy, and quality assurance. A series of 5-year plans were introduced which resulted in the rapid development of new services for older persons. The unique form of partnership of ESHEL, involving both government and voluntary organizations, has filtered down to the level of local and regional associations for the aged (Guttmann & Lowenstein, 1991, 1993). These local associations are instrumental in the creation of new community services for the aged, and take part in shaping policy and program development on behalf of the older population.

As for non-governmental participation, the General Federation of Trade Unions has played an important role in both direct and indirect service provision. It operates several major pension funds, the General Sick Fund, a network of social clubs that are neighborhood based, sheltered housing, and residential facilities. The voluntary sector operates direct social services for their older members, through immigrants associations (Landsmanschaften) and other agencies, providing mainly social clubs and homes for the aged. The private sector used to be involved mainly in the provision of institutional care, recently, this sector has seen a proliferation of sheltered care settings, life- saving communities, and home care services.

Legislation and its Impact on the Care of the Aged

In recent years, there has been a major conceptual shift in the grouping of services. A basic policy goal has been to move away from the use of residential facilities towards the development of a diversified community-based service network (Lowenstein & Yakovitz, 1995). The point of departure now is the home of the older person, followed by the community and then by residential services.

To this end, the community Long-Term Care Insurance Law was enacted in 1980 and implemented in 1988, under the auspices of the National Insurance Institute. More recently, in 1995, the National Health Insurance Law was enacted to provide health insurance coverage for all Israeli residents with no discrimination for age or disability. This law instituted a universal program of health coverage that guarantees hospitalization and delivers a defined basket of community-based medical services through the voluntary Sick Funds.

Regarding informal-family responsibility for care of the aged it is based on religious Jewish laws. Most relevant is the commandment “Honor thy father and thy mother” which is the only one of the Ten Commandments that contains a reward for its fulfillment. Thus, contrary to most Western countries, in which care and support for older people is voluntary, there are laws which outline the obligations of adult children to provide at least economic support for older family members - the “Alimony Law–1958”.

In conclusion, Israel has maintained a commitment to the welfare of its older citizens, which is demonstrated by an array of programs and services and the operation of the different sectors – government, public and private. The system is unique in its philosophy of community care and community responsibility for dependent elderly.

The aging of the Israeli population has recently raised the awareness of researchers, practitioners and policy-makers to the phenomenon of family violence in general and elder abuse and neglect in particular. Since the law is one of the primary means in shaping policy, looking at the developments in the Israeli law regarding elder abuse might be helpful in understanding the way the State of Israel responds to such a phenomenon.

Elder abuse in Israel – legislation, policy, and services

By analyzing the legislative developments in relation to elder abuse in Israel, Doron, Alon & Offir (2005) identified four "legislative generations": The first generation, called by the authors "paternalism and social intervention", is characterized by the introduction of laws under the implications of the establishment of the Israeli state. During 1950s-1960s many social laws were enacted, and two of them are of relevance: The Law of Legal Competence and Guardianship, 1962, was originated by lawyers and academics in order to create a general civil code of the Israeli law. This was the first Israeli law that referred to older persons (as well as other individuals) who might lose their legal competence. In such cases there is justification for legal intervention by appointing a guardian. The second law is The Law for the Defense of Protected Persons, 1966, which explicitly mentioned older persons under the definition of "protected persons".

The second generation of laws, defined by Doron et al. (2005) as "criminal law and mandatory reporting", was influenced primarily by a criminal approach. Organizations for children's rights promoted the Amendment 26 to the Penal Code, 1989, entitled "Injury to the helpless". The amendment to the law also identified older persons as susceptible to injury, because of being helpless. The Amendment asserts explicitly that abuse of "helpless persons" is a criminal offence, and for the first time, typical behaviors of elder abuse were defined clearly in criminal law. Another important issue of the Amendment was the obligation to report any type of abuse, or even suspicion of abuse. As a result of these developments the Ministry of Social Affairs developed special courses to train the welfare officers who were mandated under the laws to work in this area.

The third generation of legislation, "protection and therapy within family violence", emerged as a response to the accumulating empirical data on violence in the family and the failure of the authorities to deal with the problem (Doron et al., 2005). Organizations struggling for women's right stood behind the enactment of the Law for the Prevention of Violence in the Family, 1991. As a result the law also enables us to consider older persons who suffer from violence within the family system. The law provides the victim and/or his relatives with the opportunity for quick operation, and provides defensive and practical relief (e.g. removal of the offender from the victim). Another issue is that the law recognizes the importance of treatment

rather than punishment and allows the court to recommend treatment and to force it on the offender

While the laws of the second and third generations are still in a process of development, there are some cues for the emergence of new legislative approaches which encourage the awareness, knowledge, training and empowerment of professionals working with abused older persons (Doron et al., 2005). For example, Amendment 7 of the Law for the Prevention of Violence in the Family, 2001, is emphasizing the obligation of professionals to provide victims of abuse and neglect with the required information in order to get help and care.

These basic legislative developments reflect the understanding that there are certain segments among the older population who might be vulnerable to experience abuse and/or neglect. The question then arises as how were the developments in the legislative arena translated into advocacy and practice.

Policy impact on advocacy, research, education and practice developments

The main thrust to deal with elder abuse came through advocacy by Eshel and the relevant Ministries. In 2001 Eshel, working on its five year plan, decided to place the issue of elder abuse and neglect on the agenda as one of its priorities, and to allocate resources towards activating research, training and developing models of service provision. Later that year "The Committee on the means required to prevent and deal with elder abuse and neglect" was established and presented its report in 2002 (Eshel, 2002).

So far, some of the recommendations have already been implemented. First, a national survey, conducted by the Center for Research and Study of Aging at the University of Haifa revealed the scope and the characteristics of the phenomenon of elder abuse and neglect (Eisikovits, Lowenstein & Winterstein, 2005). The main data, obtained by personal interviews from a representative sample of the urban older population, indicated that about 18.4% of the respondents were exposed to at least one kind of abuse (physical, emotional, sexual, limitation of freedom and financial exploitation) during the 12 months preceding the study. Relatively high were verbal abuse (close to 4%), and economic exploitation (about 6%). Also, a very high rate of neglect (about 18%) was reported. The findings of the survey were presented to the President of Israel in a highly publicized meeting, received wide press coverage and were later discussed in a meeting of the Parliamentary Committee of Labor, Social Affairs, and Health (Protocol No. 364, 28 February 2005). Currently the next stage of collection qualitative data on 50 families of victims and perpetrators within the same family, funded by the National Insurance Institute, was finished (Eisikovits, Winterstein, & Lowenstein (2007). A large workshop was organized to present the results of the study as well as to bring forward the activities in the field, which attracted close to 200 professionals from all over the country.

Second, Eshel and the Ministries of Social Affairs are supporting various programs of intervention and prevention in 17 local authorities, through their welfare offices, by creating special units on elder abuse, staffed by social workers trained in the areas of gerontology with a special emphasis on elder abuse. The programs comprise various models of individual and interdisciplinary team work as well as illumination and training activity in the community, raising awareness among the public in general and among various professionals. In some of the municipalities support groups for elderly abuse women, are activated. Third, as a response to the Director-General Directive regarding identification and reporting of elder abuse and neglect cases in the health system (2003d), Eshel and the Ministry of Health cooperate in order to develop and implement special guidelines and training for hospitals staff and health

professionals. Forth, a hot-line for elderly persons exposed to abuse has been established, and the volunteers that operate it had been especially trained on these issues. The organization is also training professional workers to identify and recognize abuse, and is acting to recruit partners from within the community for the prevention and the treatment of abuse. Finally, a national committee was established with representatives from all the relevant governmental ministries (welfare, health and the police) and NGOs. Its goals are to promote changes in legislation, to further collaborative and more coordinated work between the various service providers and to advance additional innovative services.

Along with the activities of Eshel and the Ministries of Social Affairs and Health, there are some other voluntary organizations that operate in order to meet the needs of the older population generally, and as part of the above advocacy efforts start to work also in the areas of elder abuse and neglect. The non-profit organization Yad-Riva was established in 1984 in order to provide legal aid for older persons. The service provided by Yad- Riva is not only a legal service, but also includes social aid and emotional support by social workers. Such service is directed to provide legal and emotional help for the aged by recognizing and defending their legal rights (Yad-Sarah internet web page).

"Ken Lazaken" ("Yes for the Elderly") is another volunteer organization which is managed by professionals from the geriatric, social work, legal, nursing, and occupational therapy fields. Its aim is to fight against infringement of elders' rights and dignity, to identify needs and to consolidate appropriate answers to those needs. The project is focused on elders' rights utilization that will be handled by a complaint officer and a defense attorney. As part of its activity, the organization is operating to form a lobby for the aged in order to promote legislation in the realm of elders' rights including elder abuse and neglect (Jerusalem on the Web, 02net internet web page).

"Law in the Service of Elderly" is an organization established in 2002, which operates to promote the rights of the older population in Israel through advocacy and legal activities. It aims to establish a legal resource center in Israel on elders' rights, to change and create legislation in this field, to educate and advocate on behalf of the older population, to publish popular and professional legal materials in the field of elders' rights, and to cooperate with national and international organizations with similar goals (Law in the Service of Elderly, internet web page)

The General Federation of Trade Unions in Israel ("Histadrut Ha'Gimlaim) is a social movement which is unionizing senior and pensioners across the country. Their main goal is protecting the rights and benefits of pensioners, obtaining an appropriate pension, healthcare and life quality. The activity is provided voluntarily by pensioners (The New Histadrut, internet web page). Recently they enticed the President of Israel to work towards creating a National Council on issues of Elder Abuse and Neglect.

To sum, three main policy issues emerge while legislative efforts in the area of elder abuse and neglect had been developed: first, how much should the criminal-legal approach be the dominant approach? If the answer is positive then more resources should be allocated for enacting these laws. Such resources should include providing more training and knowledge dissemination within the police and court systems and introducing more coordinated and collaborative professional work between these systems and the health and social service professionals. An effort in this direction is the creation by Eshel of the national committee. The second issue is what types of professional interventions should be developed and implemented? An example was presented above of certain special units created within the local authorities to

enhance different working models in this area. Third, what should be the division of responsibility between the health and welfare systems of care? Again, the emphasis should be on more coordinated and interdisciplinary work and joint projects wherever possible. This is starting to be the norm as more and more professionals in these systems are trained jointly and learn to collaborate for the benefit of the abused elderly.

Within the specific context of the Israeli society it was shown that policy and legislation could be translated into advocacy and practice programs on the local community level, where a more integrated approach should be undertaken between the criminal-legal system and the health-welfare systems. Allocation of resources both for research, training and experimenting with different strategies and practice interventions will help combat elder abuse and neglect.

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Web Pages

Yad-Sarah: <http://www.yadsarah.org.il/>

Jerusalem on the Web: <http://02net.co.il/>

The New Histadrut: <http://www.histadrut.org.il/>

Law in the Service of the Elderly: <http://research.haifa.ac.il/~doronfam/>
<http://www.knesset.gov.il/protocols/data/html/avoda/2005-02-28.html>

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