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CHARACTERISTICS OF DISABLED COMPLETING PROGRAM OF TREATMENT

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VOCATIONAL REHABILITATION

Characteristics of Disabled Completing Program of Treatment 1983

by

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P R E F A C E

Following the appearance of a number of preliminary publications, we hereby present, for the first time, detailed follow-up data relating to disabled persons' rehabilitation, collected by the National Insurance Institute since 1980. The present publication is a translation of the Hebrew edition published in October 1985.

The aim of this publication is to provide information on the population of rehabilitees and the rehabilitation processes as well as on the degree of relative success attained in the rehabilitation of disabled persons with various characteristics.

The data contained in this publication were processed, summarized and analyzed by **Mrs. Dalia Gordon** of the Bureau of Research and Planning.

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A. INTRODUCTION

1. General

Disabled people in Israel,[1] whether injured in the course of employment or as a result of hostile action or any other cause, are entitled under the National Insurance Law, in addition to various benefits (in accordance with the type of their disability) - if they are suitable for it - to rehabilitation treatment which is given by the Rehabilitation Department of the National Insurance Institute whose aim is to provide them with vocational rehabilitation in work suited to their capabilities.

As for other activities undertaken by the Institute, efforts have been made in the sphere of rehabilitation of disabled people too, to develop information and follow-up systems. Modest beginnings of a few surveys relating to specific problems that had arisen, were made already in the 1950's. [2] In the 1960's the efforts were increased and with the expansion of the system to absorb "the general disabled" in the late 1970's, attempts were made to set up a systematic and current system of information which would enable follow-up of the treated population's characteristics, methods of treatment it and the rehabilitation services received by it.

The statistical and research coverage of the subject of rehabilitation is problematic and differs entirely from that of other spheres for which the Institute is responsible. The very definition of the concepts to be studied raises numerous difficulties.

Social care is generaly based on individual conversations which are suited to each case individually and which require great skill in creating confidence and a sense of privacy. Many social workers are opposed to taking notes during conversations for fear that it would adversely affect the nature of the relationships being formed and the atmosphere of trust and friendship necessary to create a climate conducive to serious treatment. Furthermore, the information collected on each person is likely to include different items. This makes it difficult to construct a general system of information in this field and systematic information systems are indeed very rare in the social services in general and in the field of rehabilitation in particular.

The present information system, which is the only one of its kind in Israel in terms of size of the population concerned and the quantity of the data stored, began to operate in the Institute at the beginning of the 1980's. It is based on a set of forms which are intended, on the one hand, to secure the needs of the Rehabilitation Department's supervision, guidance, follow-up, administration and field work (rehabilitation treatment and the provision of assessment of earning capacity) and, on the other hand, to supply data to secure the needs of planning, developing, streamlining and initiating methods and systems of work and constitute a basis for examining the relative success of various (existing and new) work methods, of various population groups, etc. This information system also serves as a basis for a deeper study - by means of special researches - of problems or

population groups according to needs that have already arisen or will arise in future.

The data system is based on three uniform questionnaires in all branches of the Institute which are drawn up for automatized processing. When treatment has begun on any applicant, the treating worker fills in a "diagnosis questionnaire". The latter contains demographic, employment, medical and treatment data including rehabilitation prediction and it is completed in the course of interviewing the applicant. One copy of the questionnaire remains in the applicant's file for current use in the course of the treatment, and a second copy is sent to the Institute's Bureau of Research and Planning for automatized processing. About six months after entry of the questionnaire into the computerized system a follow-up questionnaire for every applicant is sent by the Bureau of Research and Planning to the treating worker. The latter questionnaire contains detailed questions on the course of the applicant's treatment. On completion or suspension of an applicant's treatment, the treating worker fills in a "final questionnaire" which contains details on the method of treatment, types of treatments administered, etc.

In the near future, changes will be introduced into the structure of the questionnaires and in the frequency of the follow-up in view of the errors learnt from the experience accumulated since the commencement of their use.

Preliminary data from the data system have been published in the past (see Bibliography). The present publication includes, for the

first time, integrated data from all the three questionnaires on the basis of which information on each applicant is constructed. This enables follow-up of the treatment from the first stage until its completion, linking it to the background data and the initial diagnosis.

2. Definition of the Population

As already stated, the present information system on rehabilitation activity in the Institute began to operate at the beginning of 1980. "Final questionnaires" were introduced in April 1982. The processed data used for the present publication refer to all those who completed rehabilitation treatment between April 1982 and October 1983 and for whom final questionnaires were received. These consist of 5,106 people (hereinafter called "rehabilitatees".) final questionnaires were received for 83% of all those who completed treatment during the aforementioned period. The data for these cases from the three questionnaires - diagnosis, follow-up and completion - were combined into one unit. This integration of data involved many technical difficulties so that data from all the three questionnaires were not available for every member of the surveyed population. A person for whom a certain questionnaire's data were lacking was included in the "unknown" group for the missing characteristics.[3]

3. Principal Findings

Appproximately one quarter of disability benefit recipients (general disability and employment injury) were referred or applied to the Rehabilitation Department for vocational training and/or

assessment on their earning capacity (the latter is relevant in the case of the general disabled only).

The average duration of treatment among those dealt with by the Department was eighteen months. An assessment was received with respect to 61% of all rehabilitees on their earning capacity in the course of their treatment. Approximately half of them were recommended for a disability benefit and the remainder were found to be fit for employment. [4] 56 % of the rehabilitees suspended treatment before its completion, about half of them because they were not interested in its continuation.

Evaluation of the treatment's "success" must be based on its aims as set at its beginning and during its course. Parallel to the establishment of the present data system, a deep and prolonged analysis was carried out in the Rehabilitation Department of the aims of the treatment of the various types of disabled. As a result of it, a set of aims and secondary targets was defined which, when introduced into the Department's work routine, led to a clarification of the various treatment programs and made it possible to evaluate, compare and supervise them. The data that served as the basis for this report are not based on a definition of the treatment's aims from the start. These are supposed to be included in the set of data to be prepared in future when the questionnaires are replaced as mentioned above.

At present, data will be presented on the principal aim achieved on completion of the treatment (with no possibility to compare it with the program prepared at the beginning as means to estimate its

success) and on the proportion of employed among all rehabilitees, bearing in mind that in some cases, rehabilitation in employment was not set as an aim from the beginning (either because the disabled person worked already, the aim was an impossible one, or the disabled *person was not interested in working*).

The population coming for treatment at the Rehabilitation Department is quite a difficult one. It comes, in fact, to attain three principal aims: exploitation of rights - various benefits or other welfare rights to which severely disabled person, hostile action casualties, etc. are entitled; receipt of an assessment of earning capacity, the purpose often being to receive a benefit; and vocational *rehabilitation - in those cases in which the disabled are interested* to work and have not succeeded in finding employment on their own.

Some of the rehabilitiees are thus severely disabled and their potential capacity of vocational rehabilitation is small. Others are not interested in vocational rehabilitation, but in a benefit, their potential motivation for vocational training is thus small. Others are interested in work but did not find it on their own, i.e. they, *constitute a relatively low stratum in the labour market from the* viewpoint of their competitive qualifications. (This is expressed, among other things, in their relatively low educational level compared with the general population).

However, great efforts were made to increase motivation to work by regular treatment conversations (which were held with almost all rehabilitees who underwent treatment), by acquisition of working

habits by those who lacked them at rehabilitation centers, by referral to vocational training and by treatment by other varigated methods.

The <u>principal</u> aim achieved in 56% of the cases in which treatment was completed was their integration into employment (including return to previous jobs, placement in new employment, in one's own business or in sheltered employment). In other cases, various aims were achieved: they were referred to another agency in the community, they received financial assistance or individual care and some of them worked in addition to the principal aim that was achieved. Altogether, 38% of all applicants to the Rehabilitation Department in the period surveyed were employed at the time the contact with them was terminated.

In order to examine the relative importance of the different variables in terms of their impact on the chances of being employed when rehabilitation treatment comes to an end, a stepwise logistic multiple regression analysis was made (see Appendix 1). This analysis demonstrates that the most important characteristic for rehabilitation in work on completion of treatment is employment history. The latter "summarizes", in fact, the basic characteristics which determine the possibility of employment rehabilitation: disability percentage, disability "seniority", willingness to work. Indeed, the severely disabled remained outside the labour market longer than the lightly disabled; general disabled - more than the employment injured; women - more than men, etc.

The following sections present a detailed analysis of the rehabilitees' characteristics and their connection to integration into the labour market and remaining in it.

B. CHARACTERISTICS OF THE REHABILITEE POPULATION

1. Employment on Completion of Treatment

When terminating the treatment contact with the Rehabilitation Department, 1,997 or 38% - of the 6,106 rehabilitees surveyed in this report, worked. As stated, rehabilitation in employment was not the principal aim of the treatment in all cases, either because it was not possible in certain cases or because the people in question applied in order to materialize other types of rights to which they were entitled. Some of them even worked at the time of their application to the Rehabilitation Department - a point which is discussed below in the section dealing with those who worked when they applied for rehabilitation.

Those who worked at the time contact with them ceased were distributed as follows: 54% worked as unskilled laboureres, 20% as clerks or technicians, 7% as traders and artisans, 5% as drivers and the others -in various vocations. 82% were employees and 62% worked full-time.

62% of all rehabilitees did not work when contact with them ceased; 44% did not work for health reasons, 9% were found to be unfit for work for other reasons and 25% did not want to work.

63% of those who did not work stayed idly at home. For about 20% - the rehabilitation officials had no information since contact with them had already been broken.

As already mentioned, not always the principal aim of treatment was rehabilitation in employment. However, since the latter, or remaining in the labour market, are, nevertheless, the main targets of the rehabilitation treatment, it is most interesting to compare the characteristics of the rehabilitees who did not work when contact with them ceased with those of rehabilitees who did work. This, in order to obtain an idea which characteristics, on which data are available in the present data system on rehabilitees, are connected with integration into the labour market or remaining within it.

2. General Characteristics

2.1 Demographic Characteristics

Three quarters of the rehabilitees during the period surveyed were men and one quarter - women. 57% were married, one third - single and the remainder - divorced, widowed or separated.

The average age in 1983 was 38 years; 46% were up to 34, 22% - from 35 to 44, 21% from 45 to 54 and the rest - 55+.

Most of the older men were married (90% among those aged 55+ and 86% among those aged 45-54) whereas only about half of the older women (48% and 58% respectively) were married.

Compared with the men, relatively many women were divorced, widowed or separated (about one third in contrast to 7% of the older men). Among the middle-aged (35-44) the proportion of married men (79%) was higher than that of married women (45%) and the proportion of divorced, widowed and separated was higher among women (33%) than among men (6%).

The reason for these differences between the sexes may lie in the fact that a disabled woman finds it difficult to fulfill the expectations concerning her role as a housewife, whilst expectations concerning the role of a man - as a breadwinner - may be fulfilled either by a change of employment or by an alternative source of income, including a benefit. It may also be that wives are more tolerant of disabled husbands than husbands of wives.

Among the younger people (up to 34) the proportion of married among both sexes was necessarily lower (49% among men and 39% among women). The percentage of divorcees was also low.

As expected, on terminating treatment, the proportion of workers was higher among men (41%) than among women (29%) as it was among the married (42%) rather than the single (34%). The lowest proportion was among the divorced, widowed and separated (28%). The highest proportion, by sex and family status, was among married men (45%) and the lowest - among married women (25%), i.e. the influence of marriage on the tendency to work differs among men and women.

Table 1 : Rehabilitees by Personal Status Employment on Completion of Treatment and Sex

(Percentages)

Family Status and Employment	Total	Sex	
		Men	Women
Total Single	100.0	100.0	100.0
Employed	33.7	34.1	32.9
Not employed	66.3	65.9	67.1
Total Married	100.0	100.0	100.0
Employed	41.4	44.7	25.2
Not employed	58.6	55.3	74.8
Total widowed,divorced,separated	100.0	100.0	100.0
Employed	28.2	27.6	29.1
Not employed	71.5	72.4	70.9

The 35-44 age group contained the highest proportion of employed: 44% worked on completing treatment compared with 35% of the older people, 39% of the younger people (26-34) and 32% of those aged up to 24. The picture that emerges is possibly connected to the type of impairment and percentage of disability. It is certainly connected to family status: there are less married couples among the younger people - among whom the proportion of employed is relatively high. It is also possible that marriage itself develops a sense of responsibility and feeling of normal functioning in society which also increases motivation to work. Also, people who are less severely disabled, marry more and can work more.

Among single people there is almost no difference in the proportion of workers in the various age groups, whilst among the

married, the proportion of workers was outstanding in the 25-44 age group.

Among women, differences in the proportion of workers in the various age groups were smaller than among men. However, women worked relatively more in the younger ages (up to 34), whereas men worked relatively more in middle age (25-44). It may be assumed that these differences as well express the influence of marriage on the tendency to work: among women - it reduces it (perhaps because of children) whereas among men it strengthens it, as in society as a whole.

9% of the rehabilitees were Arabs. 41% of the Jews were born in Asia-Africa; 36% in Israel (including 11% whose parents were born in Europe-America) and 23% - in Europe-America.

62% of the immigrants came to the country up to 1959; 33% - in 1960-1974 and 5% from 1975 and onwards.

The proportion of Israeli-born with fathers born in Europe-America who worked was relatively high (46%) compared with those of other origin. The proportion of European-born and Israeli-born who worked on completion of treatment was higher (41%), than that of Asian-African born or those of Asian-African origin (35%) and of the minorities (32%).

2.2 Place of Residence and Structure of Household

20% of the rehabilitees lived in the three large cities. Over half lived in Jewish cities or towns; 6% lived in Arab settlements and the rest in moshavim and kibbutzim.

27% lived alone, 23% with parents and the remainder - with family: 8% with a spouse only, 25% with spouse and 1-3 children, 11% with a spouse and 4 or more children and 5% with children only.

Naturally, there is a connection between age and household composition: most (72%) of the young (up to 24) lived with their parents, as did a considerable proportion of those aged 25-34 (30% compared with 23% in the total population surveyed). Among the older men (55+) relatively many lived with a wife only (23% compared with 8% in the total population), whilst among the middle-aged (35-54) about half lived with a wife and children.

Women tended more than men to live with their parents (38% compared with 21%). Likewise, the proportion of women who lived with children only was higher than that of men (12% compared with 2%). The proportion of women who lived with a spouse only or with a spouse and one child was similar to that of men, but the proportion of women who lived with a spouse and more than one child was lower than that of men. In other words, married women had less children than men.

The proportion of rehabilitees who lived alone or with a wife and 2-3 children and worked was relatively high (42%). The proportion of workers among those who lived with a wife and one child was also higher than the average (40%). Heads of large families (4+ children) worked slightly less (37%), as did those who lived only with a wife and without children (37%). Those who lived with their parents worked even less (31%). The latter may have been especially severely disabled. Moreover, those who did not live independently may have been

more dependant on others and therefore possessed a weaker tendency to work.

19% of the rehabilitees had another disabled person in the family.

In those families with other disabled persons, the tendency to work was less than average and it declined as the number of disabled in the family rose. The reason may be that in such families a form of dependency develops, or that the need for more mutual help prevents the possibility of working.

2.3 Level of Education

A comparison of the rehabilitee population with the general population in Israel in 1983 (including minorities) shows that the educational level of the rehabilitees was lower than the national average: more of them had only 5-8 years of elementary education (32% compared with 21% in the general population), whilst the proportion of those with higher education (13+ years of study) was higher in the general population (21% compared with 9% in the rehabilitee population.)

Table 2: Rehabilitees and the General Population [1] in Israel by Number of Years' Study

(percentages)

	Number of years' study					
	Total	0	1-4	5-8	9-12	13+
Rehabilitees	100.0	5.9	6.5	32.2	46.2	9.2
General Population	100.0	7.0	4.3	20.8	47.0	20.9

1. Aged 14+, 1983

Source: Statistical Abstract of Israel, 1984

Rehabilitees who completed treatment had on the average 8.8 years of schooling. But the younger the rehabitee was, the higher his education. Those up to 24 had an average of 10 years; those of 25-34 - 9.5, and those of 35-44 - 9. In contrast, those of 45-54 had 7.4 years of schooling on the average, and those of 55+ - 7.8

The relatively high average education among the young stemmed from the fact had 73% of them had 9-12 years of schooling, though the proportion of those with 13+ years was still low and they assumedly had not yet managed to acquire more. Among those aged 25-34, 30% had 13+ years of education and 56% had 9-12. Among those aged 35-44 as well, relatively many had studied 9-12 years (40%) or 13+ years (26%), whereas among the older there were relatively few with such level of education.

A total of 6% of the rehabilitees had not gone to school at all.

Another 7% had learnt 1-4 years, and approximately one third - 5-8 years (including 12% who had learnt 5-7 years only). 46% had learnt 9-12 years (about half of them 9-10 years) and 9% - 13+ years.

An examination of the last educational institute which the rehabilitees had attended reveals that 42% had an elementary education only (including 17% who had not finished elementary school). 50% had a secondary education (including 26% who had not completed their secondary education). 6% had a post-secondary education (including 3% who had not completed their post-secondary studies). 2% had other education. In other words, in addition to the fact that the level of education was generally low, the percentage of those who ceased learning before completing their studies - at every level - was quite high. We are thus dealing with a population that has experienced failures, a fact which has important implications as to the willingness to work.

The higher educational level of the rehabilitees, the higher the rate of employment on completion of treatment. An exception to this rule were vocational high-school graduates, among whom the proportion of employed was higher (48%) than among other high schools (39%). The proportion of employed among those with 8 years of schooling (39%) was slightly higher than among those with 9-10 years (37%). It would thus appear that partial secondary education does not increase prospects of employment. The reason for this may be that whoever studied at a secondary school developed aspirations whose fulfillment was prevented by the cessation of learning, or, as stated above, the fact of cessation before finishing one's sudies creates expectations of

failure or arises from such expectations and reduces motivation to remain at work.

As expected, and as observed in the general population, the composition of the education level differs among the various groups of origin: members of the minorities and people of Asian-African origin are prominent among those with a low (up to 7 years of schooling) educational level. This is also the case among those with 8 years of schooling. Israeli-born, were proportionally above average among those with 9-12 years of schooling. European-American born and those of European-American parentage were relatively highly represented among those with higher education (13+ years). The representation of Israeli-born, whose fathers were born in Israel, was also above the average in this educational level.

8% (301 people) were still studying when they applied to the Rehabilitation Department. As expected, 19% of the younger people were still studying at the time of application whilst only a few cases among the older people did so.

Among those who studied on application for rehabilitation, the proportion of employment on completion of the treatment was higher than average. This was particularly true of those who studied at course i.e. towards entry into employment. The latter had an even higher proportion of workers than those who were completing their regular studies or those who had a higher education.

2.4 Military Service

42% of the rehabilitees - 15% of the women and 51% of the men

had done compulsory service in the Israel Defence Force (IDF). 26% of those who had served had been released before completing the service period. 18% of the rehabilitees served in the reserves. Three-quarters of those who did not serve in the reserves were exempt for reasons of health and the rest for reasons of age (10%), marriage or religion (9%) or affiliation to the minorities (5%).

62% of the employment injured had served in the army as had 37% of the general disabled. The former were generally injured after enlistment age.

The lower the age of disablement, the lower the proportion of military service. Thus, of those with a congenital handicap, 11% had served in the I.D.F.; of those who were disabled during childhood - 20%; and of those who were disabled after 18, over 50%. The educational level of those who had served in the I.D.F. was higher than of those who had not. The proportion of those who worked was naturally higher among those who had served in the I.D.F. than among the others because, as already mentioned, service in the I.D.F. reflects one's age at the time of injury. Likewise, those who had served in the I.D.F. also had a higher educational level and a positive employment history. Service in the I.D.F. also reflects a normative behaviour that meets society's expectations like participation in the labour force.

Those who had served in the I.D.F. but were demobilized early had fewer chances of working on completion of treatment. Those who served in the reserves at the time of application for rehabilitation

had better chances of working on completion of treatment, than those who did not.

3. Disability

3.1 Type of Disabled

76% of those who completed rehabilitation were general disabled, 21% - employment injured and 3% - hostile action casualties. 30% of the general disabled and 10% of the employment injured and hostile action casualties were women.

10% (376 people) were general disabled from birth. 11% (414 people) became disabled during childhood. Approximately half (1,971) were general disabled as a result of various illnesses and 5% (205) became disabled in accidents. 15% (563) were employment injured as a result of work accidents, 3% (158) - employment injured as a result of road accidents on the way to work and 1% (35) - employment injured as a result of vocational diseases.

The age of injury was similar among the general disabled, employment injured and hostile action casualties (except for the general disabled from birth or childhood), i.e. 33 years on the average. However, on completion of the treatment, there was a slightly larger difference in the average age: those disabled from birth or chidhood were obviously relatively younger - 28 on the average when completing treatment. The other general disabled were 42 on the average, compared with 34 among employment injured and hostile action casualties. This means that apparently a longer time passed between the injury and the application and/or the completion of the treatment among the general disabled than among the employment injured. Thus, one third of employment injured were injured during the

three years that proceeded the completion of the rehabilitation treatment whereas only 22% of the general disabled became disabled in this period.

The employment injured and hostile action casulties had a higher rate of employment (56%) on completion of the treatment than the general disabled (32%). The general disabled from birth had a higher rate of employment (42% - 156 people) than the other general disabled, including the disabled from childhood (30%). Accident injured had a higher rate of employment than general disabled suffering from illnesses, who were generally elderly people. Among the employment injured, the rate of employment among the accident victims was lower than among the vocational disease victims who could solve their problem by changing their vocation.

This difference between the general disabled and the employment injured may stem from the fact that there were less women among the latter or, mainly from the fact that the employment injured left the labour market for a shorter time and all of them had experience at work. In other words, their ties with the labour market were stronger. Moreover, employment injured do not lose their right to a benefit even if they work whereas the earning capacity degree of the general disabled who have been rehabilitated in work rises and they are liable to lose all or part of their benefit as a result. It is possible that for this reason the amount of effort that they are prepared to invest in going out to work is smaller than that of the employment injured and this is expressed in the fact that the percentage of disability

influences the proportion of employed among the employment injured more than among the general disabled.

3.2 **Injury**

61% (2,247) worked at the time they were injured; 4% (160) did not work. The remainder were children, housewives, etc. 22% of the rehabilitees were mentally ill, 18% were injured in their arms and legs, 14% suffered from internal diseases and 11% from diseases of lung and respiratory organs. The remainder suffered from other diseases.

Those with crippled arms or legs, paralysis, back trouble and impaired posture and also the deaf - had a higher than average rate of employment. This was also the case with those who had brain defects. On the other hand, the rate of employment among mental cases and those with lung and breathing diseases was low. The blind, and those suffering from heart diseases and blood pressure (the latter two groups usually consist of the elderly) had a lower than average rate of employment. Those suffering from internal diseases and retardation had an employment rate similar to the average.

4. Application to the Rehabilitation Department

Apart from dealing with vocational rehabilitation, the Rehabilitation Department also participates in the processes of decision-making concerning the granting of various benefits, the main one being that concerning disability benefits. Disability benefit claimants who are not ill or hospitalized, except for those who have been initially declared by a physician to be unfit for any work whatsoever due to their disability, are referred to the Rehabilitation Department for examination of their earning capacity.

Diagnosis of earning capacity is a lengthy process during which data are collected and consultations are held with physician and other experts, according to needs. On its completion, an assessment is given on the claimant's earning capacity. The assessment serves as a basis for determining eligibility for a disability benefit.

Of all the applicants surveyed in this report, 56% first applied to the Rehabilitation Department for vocational rehabilitation. 37% were sent to obtain an assessment of their earning capacity in order to to decide on their eligibility for a benefit, as explained above. 7% applied in order to obtain information.

29% of the rehabilitees applied to the Rehabilitation Department on their own initiative, 60% were invited by the rehabilitation official following a claim for a benefit. The rest were referred for rehabilitation by a physician or community agency and the like. The majority (92%) of those who applied on their own initiative or were referred by community agencies applied for vocational rehabilitation.

Approximately two-third (1,236 people) of those whose invitation was initiated by the rehabilitation official, were invited in order to receive an assessment on their earning capacity.

32% of the rehabilitees expected, on applying to the Rehabilitation Department, to receive assistance in finding work (including 2% who sought help in order to return to their former employment). 23% wanted to receive vocational training and 2% wanted rehabilitation in self-employment. 22% were interested in financial aid (i.e. a benefit). 11% did not ask for anything specific and others expected to receive help in dealing with personal and other problems. Obviously, in the course of the treatment, the aim of the contact is likely to change.

69% (1.233 people) of the applicants for rehabilitation expected to recieve aid in obtaining work or vocational rehabilitation whilst the proportion among those referred for an assessment of their earning capacity was 38% (519 people); 35% of the latter (481 people) expected financial aid, i.e. a benefit.

70% (662 people) of those who applied on their own initiative did so in order to receive assistance in obtaining work or vocational training. Only 45% (863 people) of those referred by the rehabilitation official did so, and 25% (480 people) were referred to receive financial aid, i.e. a benefit. 17% (163 people) of those who applied on their own initiative were referred to do so.

Those who initially came for rehabilitation tended more to work on completion of treatment (43% or 984 people) than those who came in

order to receive an assessment of their earning capacity (29% or 432 people).

Those who applied for rehabilitation on their own initiative had a higher employment rate when completing the rehabilitation process than those who were referred for rehabilitation treatment or were invited by the rehabilitation official: half of the former (481 people) compared with 30% (621 people) of the latter worked on completion of the treatment. From this point of view, one may regard initiative in applying as a variable indicating independence and motivation.

Considerable differences in the rate of employed on completion of the treatment are revealed also according to the cause of the first application to the Rehabilitation Department. 42% (316 people) of the applicants for vocational training worked at the end of the treatment compared with about half (33 people) of those who sought to return to their former employment and over half (43 people) of those who applied for rehabilitation as self-employed (to which employment injured only are entitled). In other words, the aforementioned showed willingness to work and expressed a specific requirement regarding a clear direction of rehabilitation; the rate of employed among them was also higher than the general average. On the other hand, those who asked for general assistance in finding work had a slightly lower rate of employment than the average (35% or 344 people), whilst less than one third (434 people) of those who wanted to receive a benefit or other aid worked in the end.

5. The Connection with Social Services in the Community

53% (1,928 people) of the rehabilitees had resorted in the past, i.e. before applying to the Rehabilitation Department, to some social service or other, most of them to one service only. 911 people had applied in the past to the Social Services Department, 519 to mental health clinics and 498 to other services.

13% of those who had applied in the past to the Social Services Department had been rejected. A few were still in the care of the latter Department when they applied to the National Insurance Institute's Rehabilitation Department. 41% of the applicants to the Social Services Department received a benefit from it and 38% received individual treatment. Applicants to the mental health clinics obviously received mental care and of those who applied to other services 25% received a benefit and 27% individual care. (Today social benefits are granted by the National Insurance Institute only in the framework of the income maintenance service).

29% of those who had applied to any Social Service in the past, worked on completing their treatment, compared with 43% of those who had not applied to such a service. 26% of those who had applied to a Social Services Department or Mental Health Clinic and 35% of those who had applied to another service worked on completion of their treatment.

6. Status as Main Earner, Ownership of an Apartment or a Vehicle

53% of the rehabilitees regarded themselves as the main earner of the family prior to their injury and 43% following it. 36% regarded

themselves as the main earner both before and after injury. 16% regarded themselves as the main earner prior to injury but not following it. 41% did not regard themselves as the main earner at all and 7% did not regard themselves as the main earner before injury but did so after it. 44% of the men and 13% of the women had been and continued to be the main earner. Those who regarded themselves as the main earner when they applied for rehabilitation had a higher rate of employment on completion of the treatment (46%) than others (31%).

61% of the rehabilitees lived in apartments owned by themselves, 36% in rented housing on a monthly basis, and 3% in housing purchased for key money. Owners of apartments, i.e. those whose economic situation may be assumed to have been better, had a higher employment rate (41%) on completion of the treatment. The reason is most likely that people with a better economic situation had from the start a more stable employment history. It is also possible that among those living in rented apartments there were more single people who tended from the beginning to work less.

Owners of vehicles (482 people) had a higher employment rate than those without vehicles (54% worked), a phenonemon which strengthens the aformentioned assumption, but the existence of a vehicle in the family (there were 355 such cases) did not change the percentage of employed, i.e. personal employment history was the determining factor in this case and not only the economic situation of the environment or even the work atmosphere.

7. Employment History

89% of the rehabilitee population surveyed worked at some stage of life, including 51% who worked after injury, and 65% who worked before injury. Obviously, part of each of these two groups worked both before, and after injury (22%). 18% were working at the time of application to the Rehabilitation Department, including, again, some who were working before (12%) or after (7%) injury.

Generally speaking, rehabilitees who worked both before and after injury as well as those who worked when applying did not change their vocation: about half were unskilled labourers, 17% clerks or technicians, 8% skilled workers, 7% professionals or teachers, 6% shop assistants, and the rest worked in agriculture, driving or other vocations.

The distribution of vocations among those who worked before injury reveals slightly fewer unskilled labourers (45%) and slightly more skilled workers (15% compared with 8% afterwards), slightly less clerks and technicians (12%) and slightly more technical and liberal professions (7% compared with 4% afterwards). In other words, injury slightly "lowers" the vocational level, but in general its composition remains the same after rehabilitation too.

7.1. Employment Before and After Injury

On completion of the treatment a difference was found in the percentage of workers between those who worked after injury (40%) and those who did not (36%). The tendency to work was stronger among those

whose last employment was in a liberal profession (51%), trade or artisanship (47% - assumably self-employed), skilled work (44%) and agriculture (46% - assumably self-employed). In contrast, the proportion of unskilled labourers who worked was relatively low (36%).

That is to say, those who were employed in physically light work or were self-employed had a higher rate of employment on completion of the treatment than the others. However, the reason that the self-employed had a higher employment rate was not the possibility of working less hours but the possibility of controlling the pace of work as well as, perhaps, identification with the firm and personal responsibility. This can also be concluded from the fact that even though the employment rate on completion of the treatment was higher among self-employed (47%) than among employees (38%), no difference was found in the rate of employment on completion of the treatment between those who worked full-time and those who worked part-time in their last employment prior to their application to the Rehabilitation Department.

Hardly any difference was found in the rate of employment on completion of the treatment between those who worked before injury and those who did not (37% and 38% respectively). The variety of reasons for not working before injury is too great in order to be able to distinguish a clear direction of influence. Among other things, young people did not work before injury but were likely to do so afterwards.

Besides, injury itself constitutes an important factor in determining employment after it.

The differences in the rate of employment on completion of the treatment, by vocation, status in employment and the number of working hours before injury resemble those detailed above regarding employment after injury.

7.2. Duration of Time Outside the Labour Market

If we ignore for the moment the distinction made above between those who worked before injury and those who worked after injury, and concentrate on the time spent by the disabled person outside the labour market, we shall see that this is one of the most important factors in determining the possibility of rehabilitating him in work. This factor actually "summarizes" many other factors which determine a person's "distance" or "proximity" to the labour market. The severity of the handicap, "seniority" of a disabled person, age at the time of injury and other factors, each one of which influences willingness and possibility to work, both directly and via their impact on the connection with the labour market, are summed up in the duration of time spent outside the labour market.

The rehabilitee population surveyed can be divided into a number of groups according to the duration of time spent outside the labour market:

11% (about 400 people) of the rehabilitees had never worked before applying to the Rehabilitation Department. They consisted

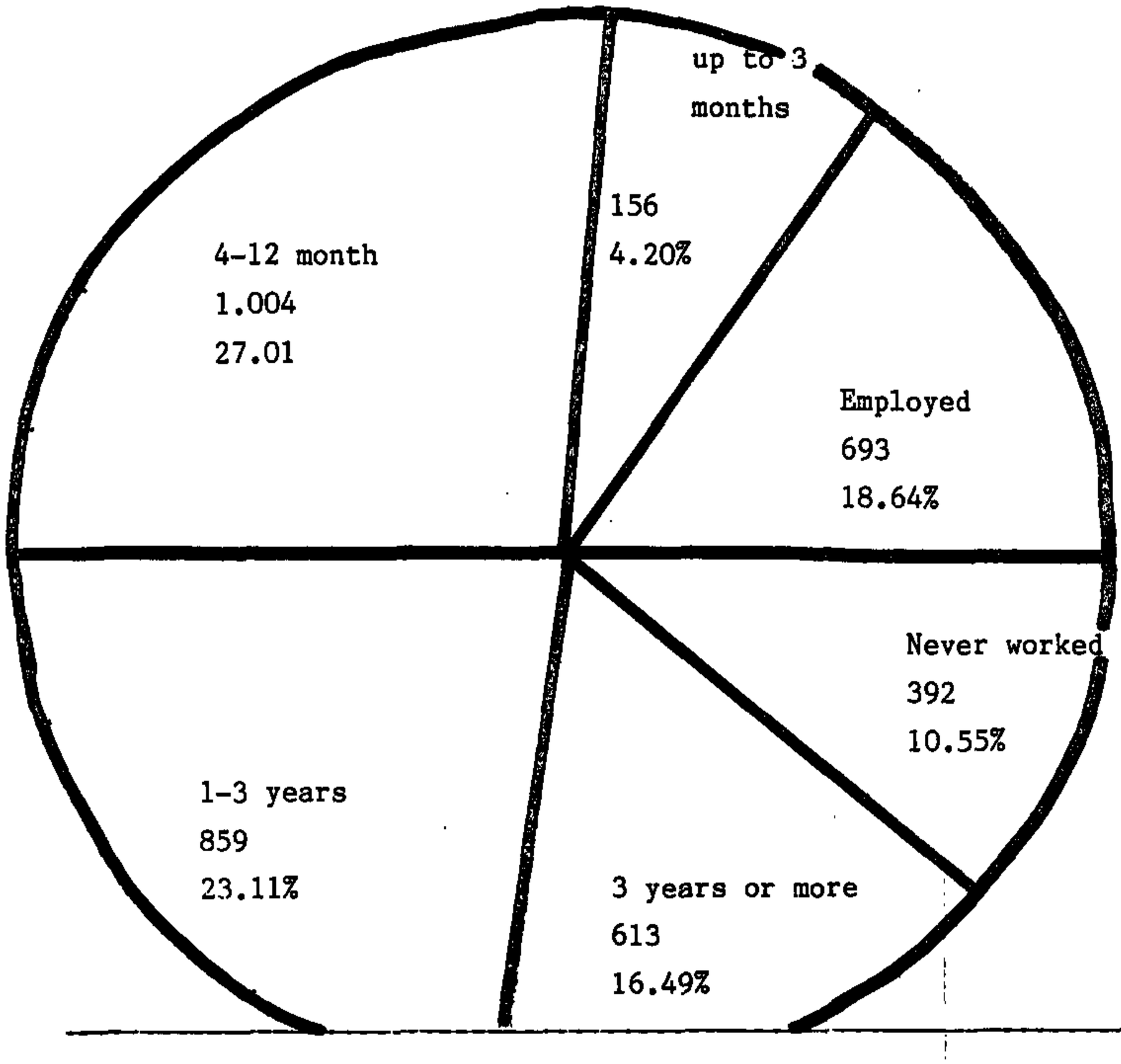
generally of young people (half of them aged up to 24 and one-third aged 25-34) who were diasbled from birth or childhood (60%) and, accordingly, were severely handicapped (86% of them had 50% or more disability, including a third who had 70% or more medical disability). Moreover, women were prominently represented in this group (45% compared with 25% in the total).

As regards continuity of time spent outside the labour market, this group is exceptional: some did not work because they were young and had not yet exhausted the possibilities open to them and, in fact, lack of work experience was likely to constitute only a stage and not a summary of a process. Others, on the other hand, were really people who were far from the labour market, as stated - severely disabled whose chances of entering the employment cycle were small.

18% (700 people) worked at the time of their application to the Rehabilitation Department. These were the two extreme groups on the continuum. In the middle were 16% (about 600 people) who were unemployed 3 or more years (but worked at some time in their life), before application for rehabilitation, 23% (about 860 people) who were unemployed 1-3 years, 27% (about 1,000 people) who were unemployed 4-12 months, and 4% (about 180 people) who were unemployed up to 3 months.

Table 3

Rehabilitees by Duration of Unemployment
at the time of Application for Rehabilitation
(Absolute Numbers and Percentages)



Obviously, differences exist in the time spent out of the labour market between general disabled and employment injured and, among the general disabled, between the disabled from birth and childhood and

the others. Employment injured, by definition, cannot be people who never worked. In fact, 36% of them worked when applying to the Rehabilitation Department compared with 14% of general disabled.

31% of the general disabled who were not handicapped from birth or childhood were unemployed 4-12 months. The disabled from birth or childhood were marked by the proportion of those who had never worked (31%). Assumably, this group included those disabled who applied for the first time to the Rehabilitation Department on reaching the age of 18. (See **Table 4.**)

A relatively large proportion of those who worked at the time of application had a low degree of disability, whereas a relatively large proportion of those who had not worked for a long time or had never worked at all had a high degree of disability. As expected, there was a large difference between the time spent outside the labour market by men and women: 40% of the women had been unemployed for over 3 years or had ever worked at all compared with 28% of the men.

Approximately one third of the young people had never worked. It may be assumed that these were the new applicants who had been disabled from birth or childhood. Only a few of the older people had never worked; it may be assumed that a person who had never worked would not apply for rehabilitation at a later age. (See **Table 5.**)

Military service was also found to be connected with the time spent outside the labour market: those who had served in the army had been unemployed less than the others. It may be assumed that this reflects the fact that many women had not served in the army and had

Table 4

Rehabilitees by Type of Disabilty and Duration of Time Outside the Labour Market on Application for Rehabilitation

(Absolute numbers and percentages)

Duration of time outside the labour market	Total	Type of Disability			
		General Disability			Employment Injury
		Total	From birth or childhood	Others	
Total: Absolute numbers	3,692	2,898	777	2,127	794
Percentages	100.0	100.0	100.0	100.0	100.0
0 (worked on application)	18.6	13.9	17.3	12.7	35.6
up to 3 months	4.2	4.0	5.8	3.3	4.8
4-12 months	27.0	27.9	20.2	30.7	23.9
1-2 years	23.1	23.8	15.2	27.0	20.5
3+ years	16.5	17.4	11.0	19.7	13.2
Never worked	10.6	13.0	30.5	6.6	--

Table 5

Rehabilitees by Duration of Time

Outside the Labour Market and Age

(Absolute numbers and percentages)

Duration of time outside the labour market	Total	Age				
		55+	45-54	35-44	25-34	up to 24
Total: Absolute numbers	3,676	421	761	796	1,106	592
Percentages	100.0	100.0	100.0	100.0	100.0	100.0
0 (Worked on application)	18.6	20.7	16.2	21.1	20.4	13.5
Up to 3 months	4.2	3.3	3.4	3.6	4.7	5.6
4-12 months	27.1	32.8	32.1	28.9	22.2	21.7
1-3 years	23.1	15.4	24.9	22.9	23.1	17.1
3+ years	16.4	17.3	18.9	17.2	17.6	9.3
Never worked	10.6	0.5	2.5	6.3	11.0	32.9

not worked and that those with low degrees of disability had actually served and had been unemployed for a short time only.

79% of those who worked at the time of application to the Rehabilitation Department, worked on completion of the treatment. About half (80 people) of those who had been unemployed up to 3 months worked at the end, as did 35% (356 people) of those unemployed for 4-12 months, 27% (232 people) of those unemployed 1-3 years, 17% of those unemployed 3+ years (but had worked at some stage of their life), and 20% of those who had never worked. (The last two groups contained 83 people who worked in the end).

7.3 Employment at the Time of Application and on Completion of Treatment

As mentioned, the majority (79% or 546 people) of those who worked when applying for rehabilitation also worked when completing their treatment whereas, only 28% (876 people) of those who did not work when applying worked when completing treatment.

Table 6:

Rehabilitees,by Employment on Completion of Treatment and on Application for Rehabilitation

(Absolute numbers and percentages)

Employment on completion of treatment	Total	Emloyment on Application for Rehabilation	
		Employed	Not employed
		Absolute Numbers	
Total	3,802	693	3,109
Employed	1,422	546	876
Not employed	2,380	147	2,223
		Percentages	
Total	100.0	100.0	100.0
Employed	37.4	78.8	28.2
Not employed	62.6	21.2	71.8
Total	100.0	18.2	81.8
Employed	100.0	38.3	61.6
Not employed	100.0	6.2	93.8

If the total rehabilitee population is divided into four groups according to their employment situation on application for and completion of treatment, it appears that 58% (2,223 people) did not work either on application or on completion. 4% (147 people) worked on application but ceased to do so (their characteristics are described below), 14% (546 people) worked on application and on completion and 23% (876 people) did not work on application but began to do so in the course of treatment (the last two groups constitute 38% who worked on completion of treatment).

One quarter of the 18% who worked on application had worked 5 or more years in the same place and one third - less than a year in the same place. Over one quarter of those who worked on application continued to do so in the same place that they worked before injury and others worked in a new place. Of course, most of those who worked on application at the place that they had worked before injury had a seniority of at least 5 years in that place.

The majority (81%) of those who worked on application were men, most of them (75%) applying for vocational rehabilitation. About half of them expected to receive assistance in obtaining work or vocational training and about one third expected to receive financial aid.

37% of those who worked on application were employment injured, 4% - hostile action casualties and the rest - general disabled of whom 35% suffered from illness.

The more continuous the employment of those who worked on application, the higher the rate of employment on completion of the treatment. This expressed itself in continuity of employment in the same place from the time of injury up to the application for rehabilitation and in the years of seniority accumulated in employment by those who worked on application. Moreover, the higher the employment seniority of those who worked on application, the better the chances that they would remain at work on completion of their treatment.

Self-employed remained at work more than employees and full-time workers tended to remain at work more than part-time workers at the time of application.

An examination of the characteristics of those who worked on application but not on completion of the treatment (147 people) reveals that the proportion of single people among them was relatively high and the educational level - average. When applying for rehabilitation, they tended to request help in finding work. Hence, they apparently could not continue in their former employment. This is where they differ from those who worked on application and continued to do so on completion; they usually asked for money, i.e. a benefit or as self-employed rather than help in finding work.

7.4 Non-Employment on Application for Rehabilitation

66% (1,441 people) of those who did not work on application to the Rehabilitation Department did not do so for health reasons. 24% (529 people) claimed that they had not found suitable work. 49% (70 people) were studying, and the rest had other reasons for not working at the time.

The longer the time spent outside the labour market, the more of those who did not work for health reasons and the fewer of those who did not find work.

The seriousness of intentions to work is measured, among other things, by active search for work: 36% of those who had not worked in the period preceding their application to the Rehabilitation

Department sought employment in the year preceding application. Over half of them did so by means of employment bureaus and the rest - by other means. Most of those who attributed their unemployment to their inability to find suitable work actually looked for work around the time that they applied to the Rehabilitation Department (72%). On the other hand, only 24% of those unemployed for health reasons maintained that they had sought work in the aforementioned period. The longer the time they were out of work, the weaker the tendency to seek employment.

Table 7:

Rehabilitees who did not Work When Applying for Rehabilitation, by Duration of Time Out of Work and Search for Employment

(Absolute numbers and percentages)

Duration of time out of work	T o t a l		Search for Employment Did	Did not
	Absolute Numbers		Percentages	
Total	2,829	100.0	36.5	63.5
Up to 3 months	146	100.0	62.3	37.7
4-12 months	970	100.0	42.5	57.5
1-3 years	810	100.0	36.9	63.1
3+ years	903	100.0	25.6	74.4

One third of those who looked for work in the year preceding their application to the Rehabilitation Department sought employment as clerks. 25% did not know exactly what they wanted to do, and 23% sought employment as unskilled laboures or drivers. Other sought employment in other fields.

Whatever the length of time that they were out of work, when the reason for it at the time of application for rehabilitation was study, the chances of finding work on completion of the treatment were better than when the reasons were health or inability to find work.

Those who did not work at the time they applied for rehabilitation, but proved the seriousness of their intention to work by having sought employment in the previous year, had a higher than average employment rate (40% or 480 people) on completion of the

treatment. Those who had not sought employment then had a lower than average rate of employment on completion of the treatment (32% or 666 people). Those who had sought employment on their own had a higher employment rate (43% or 184 people) on completion of the treatment than those who had sought it via employment bureaus (39% or 266 people).

The actual search for employment has a stronger connection with work on completion of treatment than does the cause of unemployment (inability to find work compared with health).

8. The Rehabilitation Official's Estimation of Applicants at the Time of Diagnosis

During the diagnostic interview, the rehabilitation official was requested to estimate to what extent the disabled person understood the questions put to him and how much he showed interest in the explanations and the treatment programs offered to him. This estimation constitutes a sort of general summary of the disabled's capability on the one hand and his willingness and aspiration to achieve vocational rehabilitation on the other hand.

The rehabilitation officials were asked to estimate the extent to which the questions during the diagnostic interview were understood. According to interviewers' estimation, most of the disabled (78%) understood all the questions put to them. Only 17% had difficulties with complicated questions and 5% only had difficulties with all the questions, usually due to a low general comprehensive ability.

The rehabilitation officials were also asked to estimate the degree of interest shown by the applicant during the diagnostic interview. 42% showed considerable interest in what they were told, 45% showed some interest, 10% were indifferent and 3% revealed opposition or unwillingness.

Those disabled who from the start applied to the Rehabilitation Department in order to receive an assessment of their earning capacity only, cooperated but showed less interest than those who applied in order to receive assistance in vocational rehabilitation. The employment injured also showed more interest than the general disabled.

Another thing that the rehabilitation official was asked to estimate during the diagnostic interview was to what extent the disabled was suitable for vocational rehabilitation. Obviously this was only a preliminary estimation, and in the course of the treatment, with the accumulation of information, acquaintance and experience with the disabled person, the treatment program or the preliminary estimation were likely to receive a different direction.

According to the first estimation of the rehabilitation official, most (80%) of the disabled who applied or were referred to the Rehabilitation Department were suitable for vocational rehabilitation, i.e. the rehabilitation officials believed that efforts should be invested in most of the disabled, with chances of rehabilitation. Of those who were found to be unsuitable (20% of the applicants or 625 people), 110 worked and there was no need to change their employment;

therefore there was no need for vocational rehabilitation. Regarding another 80, it was not yet decided whether they were suitable for rehabilitation. The remainder, according to the preliminany estimation, were not suitable for vocational rehabilitation: 270 for reasons of health, age or lack of qualifications. Another 35 were still under medical or other treatment and 100 were not interested in rehabilitation.

Those suitable for rehabilitation included of 700 people who apparently could be referred for immediate placement in employment; 1,150 for whom vocational rehabilitation was planned; 370 whom it was intended to transfer to a sheltered workshop; and 450 whom it was planned to refer to higher education, self-rehabilitation in a business, a rehabilitation center, ect.

Half of the general disabled who were not suitable for rehabilitation were not so due to health reasons. Among the employment injured this was the case with only a fifth. Obviously, the higher the degree of medical disability, the greater the unsuitability for rehabilitation due to health reasons.

One third of those who showed no interest during the diagnostic interview were estimated as unsuitable for rehabilitation at that time. Only 10% of those who did show interest were estimated as unsuitable. (See **Table 8.**)

As expected, those who were estimated as understanding all the questions had a better chance of working on completion of the treatment (39%) than those estimated as having difficulty in

Table 8

Rehabilitees, by Suitability for Rehabilitation and Extent of Interest Shown at Time of Diagnosis

(Absolute Numbers and Percentages)

Suitability for Rehabilitation			Total	Extent of interest shown at time of diagnosis		
				Not interested	Interested	Very interested
Total: Absolute numbers			3,082	396	1,377	1,309
Percentages			100.0	100.0	100.0	100.0
Unsuitable: Total			17.8	32.6	18.8	12.3
	of whom: employed		3.4	2.0	3.0	4.2
		not decided	2.5	3.8	2.4	2.2
Suitable:	Total		82.2	67.4	81.2	87.7
	of whom:	vocational training	35.6	22.2	31.5	44.0
		placement in free market	21.6	19.4	22.6	21.2
		sheltered workshop	11.0	12.7	13.0	8.2
		other	14.1	13.1	14.0	14.3

understanding (24%). As mentioned, it was estimated that most (78%) of the rehabilitees understood most of the questions.

The percentage of employed on completion of the treatment was also higher (46%) among those who were estimated as cooperative and very interested during the diagnostic interview than among those who were indifferent or even showed opposition during the interview (21%).

If the treatment program planned for the rehabilitee at the time of the diagnostic interview may be regarded as the rehabilitation official's forecast of his chances of working, it may be said that the direction turned out to be correct. 42% of those estimated by the official during the interview as suitable for vocational rehabilitation, worked at the end of the process as against 29% of those estimated by the official as unsuitable for rehabilitation from the start. About one quarter of those intended for sheltered employment worked on completion of the treatment. A relatively large proportion (62%) of those intended for self-rehabilitation worked at the end, but it should be borne in mind that their absolute number was small (60).

9. Follow-up of Rehabilitees

As mentioned, a few months after the commencement of the vocational treatment, a follow-up questionnaire was sent for every rehabilitee who in the diagnostic questionnaire was reported as intended for treatment. Altogether, follow-up questionnaires were

recieved for 3,355 of the 5,106 rehabilitees who completed treatment and are surveyed in this report. The following data refer to them.

9.1 Creation of Contact during the Early Period of Treatment

The rehabilitation workers had active contact with most of the rehabilitees surveyed (86%). This included meetings during the early treatment period. The aim of the contact was better aquaintance, formulation of a treatment program and treatment.

One third of those with whom there was no contact in this period were not interested in contact. Another 20% decided to arrange work on their own, and the others were found to be unsuitable for rehabilitation or were referred for treatment by community agencies, etc.

As expected, the percentage of rehabilitees with whom contact was maintained in the early period of treatment was relatively high among those who were estimated as suitable for rehabilitation during the diagnostic interview, but contact was also maintained with the others (two-thirds of the rehabilitees), probably in order to prepare a report on their earning capacity or to refer them to a suitable treatment agency, etc.

Treatment during this period consisted of various activities which were undertaken for various purposes; obviously the treatment of each rehabilitee included a number of simultaneous activities whose purpose was to achieve a number of aims (therefore the following percentages should not be added up). Thus, with regard to the early

treatment aim - various activities were undertaken with 46% of those with whom contact was maintained in that period in order to deepen the diagnosis. 24% underwent pre-rehabilitative treatment, and 29% - formulation of a rehabilitation program; 19% were accompanied during vocational training and 5% during economic rehabilitation. 27% were provided with advice and placement in employment and 27% supportive treatment or welfare activities.

Treatment technique included treatment conversations with almost all (92%) rehabilitees with whom contact was maintained in the early treatment period. These included 36% whose treatment consisted only of conversations. Conversations with the families took place in 27% (650 people) of the cases. Home visits were made in 15% (363). 9% (206) underwent psychological tests and 8% (202) - medical tests. In 2% of the cases (52 people), economic advice was given. Active search for employment, directly or by means of employment bureaus, was undertaken for 21% (502) of the rehabilitees and visits to places of employment were made in 8% of the cases (193 people). 7% of the rehabilitees were referred to social welfare bureaus, 7% (157 people) to mental health clinics and 2% (57 people) to health bureaus.

158 rehabilitees received lump-sum payments during the early treatment period, some of them in the form of an advance payment and others - capitalization.

Maintenance of contact in the early treatment period increased the rehabilitee's chances of working at the end of his treatment, or rather a treatment contact was established immediately on application

to the Rehabilitation Department with those who had a chance of working: 42% of those with whom there was contact in the early treatment period worked at the end of the treatment compared with only 32% of those with whom there was no contact.

9.2. Implementation of Rehabilitation Program in Early Period of Treatment

Rehabilitees who were found suitable for rehabilitation programs were referred to an active program at the beginning of their treatment. They numbered 1,200 - about one third of the rehabilitees surveyed. 280 of them participated in various training programs such as courses, study for matriculation, higher education, etc. 160 were referred to placement in employment, and the rest to "Hameshakem", other sheltered establishments for observation and acquisition of work habits.

The proportion of participants in rehabilitation programs was slightly higher among those whose purpose in applying to the Rehabilitation Department was vocational rehabilitation (36%) than among those whose purpose was receipt of a report on their earning capacity (29%) (See **Table 9.**)

A comparison of the rate of participation in active rehabilitation programs during the early period of treatment with the preliminary estimation of suitability for rehabilitation and the rehabilitation program drawn up at the diagnosis indeed shows that only a few of those who were estimated as unsuitable for

Table 9

Rehabilitees, by Estimated Suitability for Rehabilitation at Time of Diagnosis and Active Participation in Rehabilitation Programs in First Treatment Period

Active participation in rehabilitation programs	Total	Unsuitable	Suitable - by Type of Program							
			Placement in employment			Self-rehabilit.	Training			
			Free market	Hame-shakem	Other sheltered establishm.		Course	Higher educat.	Rehab. center	Other
Total: absolute num.	2,400	304	517	207	76	44	977	36	133	107
percentages	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Participation	33.5	13.5	29.4	47.9	26.3	11.4	40.5	41.7	36.8	25.2
Non-participation	66.5	86.5	70.6	52.2	73.4	88.6	59.5	58.3	63.2	74.8

rehabilitation were referred to a rehabilitation program (24%). The highest participation rates in rehabilitation programs in the early treatment period were among those who were estimated when diagnosed as suitable for work in "Hameshakem" (48%) and among those estimated as suitable for vocational training including higher education (over 40).

Participation in an active rehabilitation program during the early period of treatment raised the chances of working on its completion: approximately half of those who participated worked on completion of the treatment, whereas only 36% of those who did not participate worked.

10. Summary of Rehabilitation Treatment

As stated in the description of the sources of information, when contact with a rehabilitee was terminated, the rehabilitation official filled in an "final questionnaire" which contained information summarizing the treatment given to the rehabilitee. Detailed data of this summary are given below.

10.1 Duration of Treatment and Number of Treatment Workers

The average duration of treatment of the rehabilitees surveyed (5,106 people) was 18 months. 17% were treated up to 3 months, about one third - 4-12 months, 22% - 1-2 years and 27% - over 2 years (including 14% who were treated over 3 years).

Over two-thirds of the rehabilitees remained in the care of one rehabilitation worker during the whole period of treatment. 25% - in the care of 2 and the others - in the care of 3 or more.

The longer the period of treatment, the higher the employment rate on its completion. Thus, 30% of those treated up to 3 months worked in the end compared with 34% of those treated 4-12 months, 41% of those treated 1-2 years and half of those treated 2-3 years. Treatment which exceeded 3 years did not raise the rate of final employment (47%).

At first it would seem that the increase in the number of workers together with the duration of the treatment stemmed from the fact that those who were treated for a longer time studied, and whoever studied had a higher employment rate than others. But the data don't confirm

this supposition. The prolongation of the treatment of those who did not receive vocational training also led to an increase in employment on completion of the treatment. In other words, the explanation is probably that having made a certain acquaintance with the rehabilitee, the rehabilitation workers are able to estimate in whom it is worth investing efforts, and they continue to treat only those who have better chances of succeeding in vocational training. Obviously this works in the opposite direction too: those who have no intention of employment rehabilitation do not continue with the treatment and terminate it themselves.

10.2 Termination of Contact with Rehabilitees

According to the estimation of the rehabilitation officials, treatment was ceased before completion among 56% of those who finished treatment and were surveyed in this report. Termination of treatment before its completion means that the optimal treatment program of a certain applicant has not been fully exhausted. Since we do not possess data on the treatment programs determined for every case (except for the general preliminary estimation on suitability for rehabilitation treatment), we cannot examine the significance of the estimation regarding the termination of the treatment. According to the data, it would seem that the rehabilitation officials tended to regard treatment as terminated if the rehabilitee worked in the end and vice versa. Therefore, when comparing the percentages of workers among those who "completed" treatment and those who "suspended"

treatment, it should be remembered that those two variables are interdependent.

46% of those whose treatment was suspended before completion severed contact with the Rehabilitation Department themselves. In 54% of the cases, the rehabilitation official severed the contact.

According to the estimation of the treatment worker, the reason for stopping the treatment of 46% of the rehabilitees before its completion was that they were not interested in continuing the contact. Another 26% were found, after a more serious diagnosis, to be unsuitable for rehabilitation treatment (half of them for health reasons) and their treatment was therefore suspended. The rest worked (14%), came only to obtain information or received treatment from another agency and therefore did not maintain contact.

It is clear that the proportion of those found unsuitable for treatment (about one third) was higher among rehabilitees whose treatment was terminated by the rehabilitation worker than among those who terminated it on their own initiative (13%). Over half of the latter on the other hand were not interested in rehabilitation treatment (compared with about one third of those whose treatment was terminated by the rehabilitation worker).

The treatment of those whose treatment was terminated lasted 15.7 months on the average, compared with 20.7 months among those whose treatment was completed.

10.3 Aim Achieved on Completion of Treatment

The rehabilitation workers were asked to note the principal aim achieved on completion of the treatment of rehabilitees who, according to the treatment worker's estimation, completed their treatment. It was found that among 56% (1,222 people) of those whose treatment was completed, the principal aim achieved was a work arrangement. These included 9% (201 people) who returned to their former employment (with the help of the rehabilitation treatment, some after vocational training), 33% (722 people) who were arranged in new employment (about one third after vocational training), 4% (91 people) who received assistance in self-employment and 9% (203 people) who were placed in a sheltered work place.

As regards the others, various aims were achieved and apart from this, some of them worked either with or without the help of the rehabilitative treatment. 14% (306 people) were referred to a community agency, 19% (405 people) received financial aid, 12% (256 people) received individual treatment. 15% (47 people) of those whose treatment was completed by referral to a community agency worked in the end, as did 35% (90 people) of those who received individual treatment and 65% (263 people) of those received financial aid. Most of the latter were employment injured who continued to work and came to materialize their monetary rights. Altogether, 69% of all those who "completed" their treatment, according to the treatment worker's estimation, worked (for some of them the principal aim achieved was

not work) compared with 17% of those whose treatment was terminated before completion. As already mentioned, these two variables are independent and therefore the comparison should be regarded with caution.

The following table presents the distribution of the rehabilitees whose treatment was completed in the rehabilitation worker's estimation, by their employment at the time of application for rehabilitation, their employment on completion of their rehabilitative treatment and the principal aim achieved in the opinion of the treatment worker. When comparing the percentage of employed on completion of the treatment among those who worked and those who did not work when applying for rehabilitation, it should be remembered that the table includes only those whose treatment was completed and, as stated, most of them worked on completing their treatment.(See Table 10).

10.4 <u>Details of Treatment</u>

Almost all the rehabilitees received information from the rehabilitation official in the course of their treatment. Assessments of earning capacity were given to over three-quarters of the general disabled. Approximately half of them were prescribed a disability degree, and half were found to be fit for work.

58% (1,978 people) of the rehabilitees were referred to a community service in the course of their treatment: 41% (1061 people or 26% of all the rehabilitees) were referred to a rehabilitation

Table 10

Rehabilitees who Completed Rehabilitative Treatment
by Employment at Time of Application for Rehabilitation,
Employment on Completion of Treatment and the Aim Achieved on Completion of Treatment

(Absolute Numbers)

Aim achieved on completion of treatment	T o t a l		Worked on application		Did not work on application	
	Total	Of whom worked on completion	Total	Of whom worked on completion	Total	Of whom worked on completion
Total	2,189	1,541	443	411	1,108	692
Worked in free market	298	877	178	173	547	514
Worked in sheltered establishment	203	183	53	53	84	74
Self-rehabilitation	91	81	29	27	29	25
Financial aid	405	263	129	125	99	22
Supportive individual treatment	256	90	30	24	140	35
Referral to other agency	306	47	24	10	209	22

center, 26% (680 people) to an employment bureau, 9% (232 people) to social services, 7% (189 people) to mental health services and 6% (163 people) to the Department of Social Services.

As stated, most of those referred to a rehabilitation center or diagnostic clinic were referred for vocational diagnosis and the others for vocational training. 61% were sent for placement in employment on the free market on completion of the diagnosis, and 18% to a sheltered establishment. 20% were found to be unsuitable for work at the end of the diagnosis. The diagnosis was completed by almost all members of the first two groups and by only 43% of the last group.

36% of those referred to a diagnostic clinic or rehabilitation center worked at the conclusion of the rehabilitation process compared with 38% of all those who completed rehabilitation and worked. 37% of those referred to employment bureaus worked, and 26% of the others who were referred to a community service - welfare, hospital or social service department - worked. Only 20% of those referred to mental health services worked at the conclusion of the process.

10% (80 people) of the employment injured received assistance in the form of self-employment, mostly by loans and partly by grants or advance payments. Most of them worked on completion of the treatment. 54 people received assistance in purchasing work tools. 8% (364 people) received welfare assistance.

10.5 Vocational Training

13% (628 people) of all the rehabilitees (excluding those trained

in rehabilitation centers - see previous paragraph) received vocational training in the course of their treatment: half of them in courses (including driving), 153 in individual training, 87 in higher education and 71 in complementery education. Approximately two-thirds of those who started vocational training finished it.

The provision of vocational training - when it was suitable for the rehabilitee, of course - increased his chances of working: 60% of those who underwent vocational training worked compared with 38% of those who did not. The percentage of employed was, naturally, even higher among those who completed training. Moreover, the rate of employment was lower among those who did not complete training than among those who were not referred to training at all. Suspension of training possibly indicates a lack of serious motivation to enter upon a regime of study or work, despite the existence of the necessary qualifications for it.

45% of those who worked on completion of the training found employment on their own initiative, 22% were assisted by the rehabilitation official and 14% were referred to an employment bureau.

Almost all those who found work by themselves were employed at the completion of the treatment (86%). About two-thirds of those assisted by the rehabilitation official or the employment service worked at the end. A considerable proportion of those who worked on completion of the treatment in liberal and technical professions, driving, commerce, as clerks or technicians found work on their own.

40% of the labourers - skilled and unskilled - found work themselves, 25% with the help of the rehabilitation official and 20% with the help of the employment service.

10.6 Estimation of the Rehabilitee on Termination of Contact

Even though the declared aim of the rehabilitation treatment and its legal mandate are rehabilitation in work, there are additional aims which the rehabilitation official aspires to achieve in the course of treatment. These aims include, among others, improvement of the disabled's quality of life by bolstering his self-confidence and ability to cope with his particular situation. These aims are important both in themselves and as a stage in helping the disabled to enter the employment cycle. On completion of the treatment, the rehabilitation officials were asked to estimate to what extent a change occurred in the rehabilitees in connection with these aims.

According to the estimation of the rehabilitation officials, a positive change occured in the "self-image" of about one-third of the rehabilitees who completed their treatment. In 3% of the cases there was a change for the worse and in 44% - no change at all (including 9% who from the start had no problem on this question). In 20% of the cases the situation was not known to the rehabilitation official. The changes that occurred, according to the rehabilitation official's estimation, in the rehabilitees' self-confidence and general coping with their situation, were distributed similarly.

A positive change occurred in the family relationships of 17% of the cases. A negative change occurred in 2% of the cases and no change in 47% of the cases (including 12% who had no problem on this question).

The distribution of the disabled by changes in family functioning and relationships was similar. In about a third of the cases, the rehabilitation official had no information on these matters.

In 21% of the cases, a positive change took place in the disabled's inter-personal relationships. A negative change took place in 2% of the cases and no change in 43% of the cases (including 11% who had no problem on this question). The rehabilitation official had no information on this matter either in about one third of the cases.

In approximately three-quarters of the cases in which the rehabilitation official could not estimate the rehabilitees' situation in the aforementioned connection, treatment was stopped before its completion and this was assumably the reason that they could not give an estimation.

The treatment workers estimation of the changes that occurred in the rehabilitee's self-image, self-confidence and coping with his situation were found to be connected to a large extent with the rehabilitee's work on completion of the treatment (r=.42, .44 respectively). In other words, those whose situation was estimated to have improved from the above points of view tended to have a higher employment rate on completion of the treatment than those whose

situation was estimated not to have changed or to have changed for the worse.

Thus, two-thirds of those who underwent a positive change worked on completion of the treatment compared with a quarter of those who had problems but underwent no change and 59% of those who had no problem in this sphere.

The family's attitude towards disability, the family's functioning and inter-personal relationships within the family were also found to have a connection with the rehabilitee's work but to a lesser extent (r=.29,.29 respectively), whilst the connection of inter-personal relationships in the <u>environment</u> was stronger with work on completion of the treatment (r=.36).

To sum up, it may be said that the chances of working on completion of the treatment were influenced mainly by the rehabilitee's coping with his situation as a disabled person and his self-confidence; his ability to develop inter-personal relationships in the environment was also important. Family relationships and functioning seemed to have less influence. In a research being carried out at present in the Beit Levinstein Rehabilitation Center, the proposition was put forward that too much support on the part of the family prevents motivation to become independent and go to work, i.e. to have a sheltered environment sometimes legitimizes so-called inability to work.

10.7 Estimation of Contacts with Rehabilitees

As in other types of treatment, rehabilitation treatment also includes cases which require deeper and closer treatment and, on the other hand, cases which require relatively little and superficial acquaintance. These facts are determined first and foremost according to needs, pressure of work in general and, assumably, the nature of the personal contact that develops and the "chemistry" between the rehabilitee and the rehabilitation official.

According to the rehabilitation official's estimations, the amount of investment in treatment and acquaintance was average in 48% of the cases, less than average in 38% of the cases and more than average in 16% of the cases in which intensive work was done.

The other side of the coin is the extent of the rehabilitee's involvement in the rehabilitation process. 38% were active in it during most of the treatment, 27% were active at times and 38% were usually not active. Of course, the extent of the rehabilitee's involvement and interest was connected with and influenced the extent of the rehabilitation official's aquaintance, and effort and the correlation between them is quite high. At the same time, severely disabled people were known relatively better than others.

Significant correlations were not found between the extent of acquaintance with the rehabilitee and the treatment worker's investment in him on the one hand and the rehabilitee's employment on completion of the treatment on the other hand. The reason assumed was that severely disabled people, in particular, need a large amount of investment so that acquaintance becomes close. However, despite this, it is naturally very difficult to rehabilitate severely disabled people in work.

The extent of the rehabilitee's involvement in the rehabilitation process was found to be connected with his work on its completion even though in opposition to what was expected, the correlation was especially high (r=.28). Nevertheless, 58% of those who were involved in the treatment process worked on its completion compared with one quarter of those who were not involved and 37% of those who were involved part of the time.

11. Branches

The rehabilitee's characteristics in the various branches differed according to the composition of the general population in the region. Thus, for instance, in the Tiberias - Safad, Haifa and Jerusalem branches, the proportion of women was below average, and in the Nazareth and Hadera branches the proportion of men was above average. In Hadera, Rehovot and Jaffa, the proportion of married persons exceeded the average. In Nazareth, the proportion of those living with their parents was higher than the average and of those

living alone - lower than the average. In Nahariya, the proportion of those who lived with their parents as well as those who lived alone was higher than the average. The proportion of those living alone in Natanya, Petah-Tikva and Jerusalem was also higher than the average. In Haifa, on the other hand, the proportion of those living alone was less than average. In Afulah and Nazareth, the average age was relatively high, and in Ramleh, Yafia, Ramat-Gan and Haifa - relatively low. In Afulah, Ramleh and Tiberias, the average level of education was relatively low, and in Haifa, Petah-Tikva, Nahariya and Ramat-Gan - relatively high.

In Nazareth, the majority had naturally not served in the army, whereas in the Krayot, Kfar Saba, Tel-Aviv and Ramat-Gan the proportion of ex-soldiers was above average. In Hadera, Natanya and Ramle it was below average.

In Nazareth, Ramleh and Tel-Aviv the proportion of general disabled was above average and that of the employment injured was below average. In Hadera, the Krayot and Natanya, the proportion of employment injured was above average. These proportions also depend on the characteristics of each region, i.e. on the type of employment to be found in them. The proportion of hostile action casualties also depends on the region - there were none in Nazareth, Hadera, Natanya and Kfar Saba.

Nazareth, the Krayot, Natanya, Ramleh and Rehovot had below average rates of those who worked on application for rehabilitaiton.

Hadera and Beer-Sheba had above average rates, whereas, Nazareth and the Krayot had a high rate of those who had never worked.

In Ramat-Gan and the Krayot, relatively many worked after injury, whereas in Nazareth and Nahariya relatively few did so.

The differences in the proportions of the those who worked on completion of the treatment corresponded to the differences among the branches with regard to the general characteristics of the population. In Natanya, Nazareth, Tiberias, Jaffa and Kfar Saba, the rate of employment on completion of the treatment was above average, whereas in Rehovot, Hadera and Afulah it was below average.

APPENDIX I

The Relative Importance of Various Characteristics in Estimating the Chances of Working on Termination of Contact with Rehabilitees

In order to examine the relative importance of the various variables from the viewpoint of their impact on chances of working on completion of the treatment, use can be made of the stepwise logistic multiple regression method. This method fits a model to the dependent variable which consists of the variables entered into the calculation. The speciality of this method is that it **(a)** fits a model to the dependent variable which is binary (i.e. has the values 0 and 1. In the present case, 1 - working on completion of treatment, 0 - not working); **(b)** transforms the various variables into dummy variables, i.e. each category in each variable becomes a variable in itself where the existence of the characteristic is denoted 1, and non-existence of it is denoted 2; **(c)** is based on the logarithm of the variables' values; all of which are in order to overcome the fact that the existing data lack a linear connection with the dependent variable and/or are qualitative.

Like the regular stepwise multiple regression method, this method constructs a model of variables (which are, in fact, groups of rehabilitees) which have the strongest correlation (r) with the dependent variable, i.e. work on completion of the treatment; and at every stage, in addition to the variable model which provides the

largest additional "explanation" or "connection" (r) among the remaining variables. When there are no more variables (among those entered in the model) which give an "additional explanation" at a determined level of significance, no variables are added to the model. The size of the final correlation, r, expresses to what extent the entire model "explains" the dependent variable, i.e. to what extent the variables in the model determine the variability of the dependent variable whilst its "remaining" variability is determined by other variables including chance, on which there is of course, no information.

The result is obtained by means of two indices:

(a) "β" = the strength of the connection of each of the independent variables or categories entered separately into the model with the dependent variable.

The sum of the "β"of all the categories of a given variable equals 0. Thus, for example, a category connected with the dependent variable will have a high, positive or negative β, and the remaining categories of the same variable will produce the total of the same summary of β but with the opposite sign.

(b) The order of entry of the categories into the model and the addition in r which each one gives, including the final correlation - r.

A large number of combinations of variables was examined with regard to the general population of variables and its various groups

such as men as opposed to women, employment injured as opposed to general disabled, those who worked on application for rehabilitation as opposed to those who did not. Variables which did not enter the model were excluded from the calculation and in the end a few variables were left which were found to be significant and others which were not found to be significantly connected with employment on completion of the treatment. This means - regarding some of them - that they have no connection with employment, and regarding others - that their connection with it is "channeled" by other variables. Thus, for example, it was found that sex does not generally influence employment on completion of the treatment. However, we know that there is a large difference in the rate of employment between men and women. The explanation for this is that the influence of sex on employment is "channeled" by means of other variables such as the duration of employment and the data confirm this supposition.

The model obtained for the general population of rehabilitees surveyed has a correlation of r=.40 which is a relatively high one in the social sciences.

The following table presents the order of the variables' entry into the model, i.e. the order of their "importance" for the "chance" of working, by the <u>additional</u> chance that each variable adds to those entered into the model before it. The table also shows the <u>additional</u> correlation which every variable adds to the model (r) and the

strength of the connection between it and employment on completion of the treatment, <u>independent</u> of the other variables (β).

This table demonstrates the r=.40 with regard to the general rehabilitee population and .47 with regard to the employment injured and hostile action casualties. The higher correlation shows that with regard to the latter type of disabled, the given variables enable better prediction of the dependent variable.

This is attributable to the fact that the employment injured had a stronger connection with the labour market: a considerable proportion worked when they applied for rehabilitation and the characteristics of these disabled were quite similar, i.e. they constituted a homogenous population. It is therefore possible to make a better "forecast" of chances of employment in this group.

On the other hand, it is more difficult to estimate the chances of the general population to work in the end (r=.33).

The lowest correlation was found among those who did not work at all at the time of application for rehabilitation (r=.24) because this population is heterogenous and its chances of employment in the end are not good. It was also found that it is possible to estimate men's chances of working better than women's (r-.47, .40 respectively).

When studying this table it should be noted that the correlation r is sometimes positive, i.e. that the characteristic in question increases chances of employment on completion of the treatment and sometimes negative, i.e. that the characteristic in question reduces

the chances of working - in other words, absence of this characteristic increases chances of working.

Rehabilitees by Group and Order of Entry of Variables into the Stepwise Multiple Logistic Regression Model

1. T o t a l

Order of Variables' Entry	β	r
Worked (or unemployed up to 3 months) on application	0.9	0.35
Showed great interest during diagnosis	0.4	0.12
General disabled	-0.6	-0.10
Did not look for work	-1.5	-0.10
Looked for work	-1.0	-0.06
Expected vocational training on application	0.5	0.05
Married	0.2	0.04
Israeli-born, father born in Israel, Europe or America	0.4	0.04
Born in Asia or Africa	0.3	0.03
Expressed opposition during diagnosis	-0.4	0.03
Man	0.3	0.03
Aged 55+	-0.4	-0.03
Expected employment on application	0.3	0.03
Had 35%-49% medical disability	0.3	0.03
T o t a l		r = 0.40

(cont'd)

2. <u>Did not Work at Time of Application</u>

Order of Variables' Entry	β	r
Showed great interest on application	0.4	0.13
Unemployed up to 3 months	1.3	0.10
Unemployed 4-12 months	0.7	0.09
Did not look for work	-0.3	-0.08
General disabled	-0.4	-0.07
Expected vocational training on application	0.6	0.06
Unemployed 1-3 years	0.4	0.06
Expected employment on application	0.4	0.05
Israeli-born, father born in Israel, Europe or America	0.3	0.03
Aged 19-29 at time of injury	-0.2	-0.03
T o t a l		r = 0.24

(cont'd)

3. General Disabled

Order of Variables' Entry	β	r
Worked or unemployed up to 3 months on application	1.3	0.28
Did not look for work	-1.1	-0.11
Showed great interest on application	0.3	0.09
Unemployed 4-12 months	0.7	0.09
Expected vocational training on application	0.6	0.06
Looked for work	-0.8	-0.04
Expected employment on application	0.3	0.04
Israeli born, father born in Israel, Europe or America	0.4	0.04
Aged 19-29 at time of injury	-0.3	-0.04
Unemployed 1-3 years	0.3	0.03
Born in Europe or America	0.3	0.03
T o t a l		r = 0.33

(cont'd)

4. Employment Injured

Order of Variables' Entry	β	r
Worked (or unemployed up to 3 months) on application	2.3	0.41
Aged 35-44	1.1	0.13
Showed great interest during diagnosis	-0.6	0.11
Aged 35-44	0.5	0.06
T o t a l		r = 0.46

(cont'd)

5. Men

Order of Variables' Entry	β	r
Worked (or unemployed up to 3 months) on application	0.9	0.34
Showed great interest during diagnosis	0.5	0.12
General disabled	-0.6	-0.10
Did not look for work	-1.4	-0.08
Unemployed 3 + years	-0.6	-0.-8
Looked for work	-1.1	-0.08
Aged 35-44	0.4	0.06
Unemployed 3 + years	-0.4	-0.04
Studied 1-4 years	-0.5	-0.04
Unemployed 4-12 months	0.3	0.04
T o t a l		r = 0.41

(cont'd)

6. Women

Order of Variables' Entry	β	r
Worked (or unemployed up to 3 months) on application	1.7	0.33
Did not look for work	-0.8	-0.14
Expected vocational training on application	0.7	0.11
Israeli-born, father born in Israel, Europe or America	-0.8	-0.07
Showed great interest during diagnosis	0.5	0.07
Born in Asia or Africa	-0.5	-0.06
T o t a l	r =	0.37

Appendix II

Bibliographical list of publications of the National Insurance Institute on the subject of disabled persons' rehabilitation

1. Dr. A. Nizan: Absorption of Employment Injured in Employment,1958.
2. Dr. A. Nizan: Rehabilitation of Persons with Limited Work Capacity in Independent Businesses, 1961.*
3. B. Newman: Insurance and Rehabilitation of Employment Injured, 1963.*
4. Dr. A. Nizan: Absorption and Rehabilitation of Employment Injured in Employment, 1965.
5. The Rehabilitation of Employment Injured in Independent Businesses, 1968.
6. Dr. A. Nizan and H. Avidor: Experimental Research on Employment Disabled in Israel, 1969.*
7. Dr. A. Nizan: Employment Disabled in Israel, 1969.*
8. Survey of Rehabilitation of Employment Injured in Various Branches of the National Insurance Institute, 1970.
9. E. Blumenthal: Rehabilitation of the Disabled in the Years 1968-1970, 1972, Survey No. 8.
10. E. Blumenthal: Rehabilitation of the Disabled - 1971-1972, 1974, Survey No. 14.
11. Rehabilitation of Employment Injured through Vocational Training, 1974.
12. Rehabilitation of Severe Employment Disabled, 1975, Administrative Survey No. 7.

13. A. Meinhard: The Rehabilitation of Injured Workers - Analysis of Files for the Period 1971-1976, 1978, Survey No. 22.

14. D. Gordon: Sociodemographic Characteristics of Urban Widows Who Receive Survivors' Pensions, 1978, Survey No. 23.

15. A. Meinhard: Rehabilitation of the Children in Avivim Following the Terrorists' Attack in 1970, 1979.

16. D. Gordon: Widows and Their Rehabilitation in the National Insurance Institute, 1981, Survey No. 31.

17. Questions of Rehabilitation in East Jerusalem, Social Security No. 22, 1981.

18. B. Ben-Zvi: The Essence of Vocational Rehabilitation, Social Security No. 22, 1982.*

19. L. Shapiro: Vocational Rehabilitation and Program Evaluation - International Literature Review, Social Security No. 23, 1982.*

20. L. Shapiro: Client Planning Groups as a Means of Implementing Consumerism in Vocational Rehabilitation, 1982.*

21. M. Carmi: Statistical Publication on the Activities of the Rehabilitation Department, 1982.

22. The Development of the Rehabilitation Department's Activities According to Purposes and Aims, 1982.

23. A. Blum and M. Holzman: Evaluation of the Types of Services by Applicants and Their Rehabilitation Workers, Social Security No. 24, 1983.

24. L. Shapiro: Rehabilitation Centers - Analysis and Evaluation of Reporting and Evaluation of Findings, 1983.

25. M. Carmi: Activities of the Rehabilitation Department - Analysis and Statistics, 1983.

26. D. Gordon: Rehabilitation of Disabled in the National Insurance Institute - Preliminary Findings on the Completion of Rehabilitation Treatment, 1983.

27. Special Services for the Disabled, 1983. Administrative Survey No. 20.

28. A. Avrahami: Special Benefits for Employment Injured, 1983.

29. Z. Givoli and N. Merbach: Problems in Rehabilitation, 1983.

30. N. Antebbi: Encouragement of the Employment of the Disabled in the Economy.

31. D. Gordon: Work-Seekers' Club.

32. The Story of a File - appears every few months.

33. Monthly and Quarterly Publications of the National Insurance Institute (include regular monthly and annual data on rehabilitation).

34. Annual Survey of the National Insurance Institute (appears annually and contains data on rehabilitation activities in the Institute).

The above list does not include publications on disability which do not contain direct reference to rehabilitation subjects.

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* Appeared in English also.