

Chapter 5

Funds of the National Insurance Institute

1. National Insurance Institute Funds for the Community

A. General

The NII's main focus of activity is providing benefits in cash or in kind to those who are eligible under the law. These benefits are financed by NII budgets and collecting national and health insurance payments.

In addition to the benefits, the NII also helps to develop services in the community for the welfare of at-risk populations to broaden their opportunities. This is done by the NII's Funds¹ by virtue of the National Insurance Act (Combined version) 5755-1995. The Funds Branch (the Services Development Branch) was established in 2002, to collect all the NII Funds under one aegis², in order to promote projects, programs and initiatives³ intended to develop and introduce social services and infrastructures to meet the needs of the target population and NII policy.

The Branch operates through five Funds: The Fund for Development of Services for the Disabled; the Fund for Promotion of Long-Term Nursing Programs; the Special Enterprises Fund; the Fund for Occupational Health & Safety Activities (Manof); and the Fund for Development of Services for At-Risk Children and Youth.

The target populations for the Funds are children and adults with special needs, disabled elderly in the community and in institutions, families and individuals in financial and social distress, the long-term unemployed, at-risk children and youth, and workers at risk of work accidents.

In 2014, continuing the activity of previous years, the NII Funds focused largely on helping at-risk populations integrate into education and preparation for employment – the foundations of NII policy on welfare and social security and the main area of activity of three Funds: Services for the Disabled, Special Enterprises and Services for At-Risk Children and Youth. These Funds target people with disabilities, at-risk young people, women in financial distress, unemployed youths, and other groups such as populations in the country's periphery, Arabs and the Haredim. In 2014, together with other government ministries, funds were set up to develop social enterprises⁴, and they will begin operation shortly. This year programs were also prepared offering social, cultural, leisure and sports services to people with disabilities and the elderly, to meet the need for such services for these groups.

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- 1 The Research Fund, also included in the Act, operates as part of the Research & Planning Administration, see later in this Chapter.
 - 2 Until that time each Fund operated within the Branch relevant to its activity, except for the Children's Fund, which was established in 2004, and the Special Enterprises Fund, which was part of the Research Administration.
 - 3 A **project** mainly deals with building and equipping infrastructure; a **program** is mainly the operation of a service, and an **initiative** is a project or program involving the whole system (in terms of scope or collaboration between several Funds).
 - 4 See **Annual Report 2013**, Chapter 5

The authority of the Funds to develop welfare services is enshrined in law, which establishes the Regulations for examining projects and programs and governs NII participation in funding – using some of the contributions collected from employers and insured persons in the relevant branch. The maximum annual budget for each Fund is specified in law.

The NII Funds are as follows:

- **Development of Services for the Disabled:** helps public bodies to develop services for people with disabilities, to assist with their integration into society and work and improve their welfare. The Fund operates in the areas of special education and young children, vocational rehabilitation, sheltered housing in the community, leisure activities and sport, improved physical conditions in institutions for the disabled and purchase of rehabilitation equipment, and assistance in making public buildings accessible. The Fund also helps to improve quality of life and services in institutions.
- **Promotion of Long-Term Nursing Programs:** helps to develop and improve services for the elderly in the community and institutions, sets up day-centers for the elderly, purchases equipment for special needs, trains personnel to care for the elderly, and works to improve services in nursing homes.
- **Development of Special Enterprises:** helps public and private bodies develop social services with an experimental and innovative component in a range of fields, particularly for at-risk groups: dysfunctional families, youths and children at risk, people with special needs and old people suffering from violence. These programs are designed to be introduced into the community all over the country, and therefore most are accompanied by research assessment.
- **Development of Services for At-Risk Children and Youth:** works to promote the care of children under 18 who are at risk due to neglect, abuse, violence and sexual abuse, including youngsters who have broken the law, use drugs or are exposed to dangerous living conditions. The Fund is mainly engaged in developing programs to prepare adolescents for independent living and employment, with the aim of preventing future dependence on NII benefits.

The Fund also helps to deal with attention and concentration disorders that can be the basis of risk, and provides care for youngsters who have experienced sexual abuse. The Fund's rehabilitation programs bring these children back into education and welfare systems, and help to prevent them from descending into poverty and need.

- **Occupational Health & Safety Activities (Manof):** the Manof Fund focuses on activities to prevent work-accidents and promote greater health and safety at work: it finances research on this subject and implements the conclusions in experimental enterprises, develops and improves innovative safety means, locates occupational risks and safety hazards in the workplace, and helps with the purchase of safety devices, as well as providing training and information campaigns.

B. Scope of Activity

In 2014 the Funds signed agreements to develop welfare services worth about NIS 193 million for 290 different programs, an increase over 2013 of about 5.5% in financial assistance and 14% in the number of programs.

As stated, the scope of assistance provided by each Fund is prescribed by law. The Fund for Development of Services for the Disabled is allocated the highest amount, more than half of the entire Funds budget, followed in descending order by the Long-Term Nursing Fund, Special Enterprises, At-Risk Children and Youth, and Manof (Diagram 1). Most of the activity of the Disabled Services and Nursing Funds focuses on investment in infrastructure, which is why they need large budgets. The Funds for Special Enterprises and At-Risk Children & Youth focus on developing and operating services and their budgets as defined in the law are lower. The scope of activity and the nature of projects or programs can be seen from the average program budget in each Fund (Table 1).

The NII Funds do not fully finance programs in which they are involved, but rather pool resources from various entities. The maximum rate varies from fund to fund and is specified in its regulations. In some Funds the rate is also determined by the social and economic characteristics of the target population or the local authority (based on accepted statistical indices), and in the case of the Long-Term Nursing Fund – on the economic characteristics of the body operating the service.

The most common rate of participation by the **Fund for Development of Services for the Disabled** is 80% of the total project cost and in certain cases up to 90% of it, up to a maximum of NIS 2.8 million. In the **Long-Term Nursing Fund** maximum assistance in 2014 was NIS 3.2 million, updated at the start of each year. The regulations distinguish between projects in the community (such as day-centers) and projects in institutions (such as retirement homes). For projects in the community the assistance rate is determined

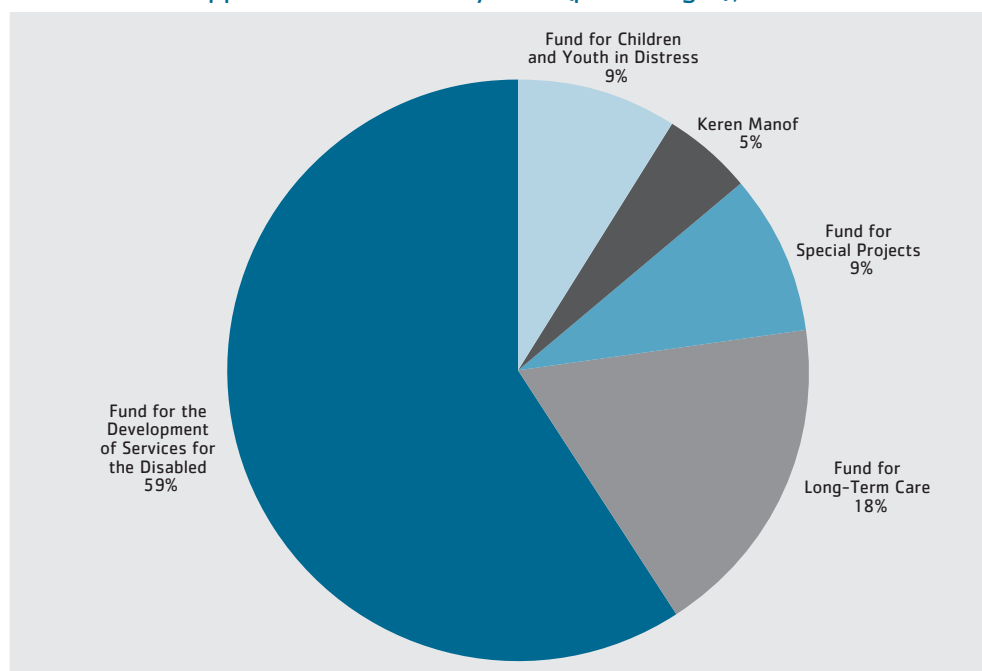
Table 1
Approved Programs and Assistance by Fund, 2014

Fund	Approved programs (number)	Approved assistance		
		Total* (NIS)	Average per program (NIS)	Percent of Division budget
Services for the Disabled	166	113,861,781	686,914	59%
Long-term Nursing	30	34,771,586	1,159,053	18%
Special Enterprises	42	17,659,823	420,472	9%
At-Risk Children & Youth	25	17,860,028	744,168	9%
Manof	18	8,757,890	417,284	5%
Total	280	192,911,108	...**	100%

* The financial data in the following tables refer to amounts approved in a particular year and not to the actual expenditure.

** This figure is not relevant due to the differing nature of the programs in the various funds.

Diagram 1
Approved Assistance by Fund (percentages), 2014



by CBS clusters⁵ and is 60%–90% of the total project cost⁶, and in institutions – 50–70%. The rate is determined after a recommendation from an accountant who checks the financial stability of the requesting entity. The **Fund for At-Risk Children and Youth** provides 50% of the program cost, the **Special Enterprises Fund** up to 80%⁷ and **Manof** may even fund the whole program cost.

Table 2
Total Cost of Programs, Approved Assistance
and Rate of Assistance by Fund, 2014

Fund	Cost of programs (NIS)	Approved assistance	
		Total (NIS)	% of Total Cost*
Services for the Disabled	182,967,761	113,861,781	62%
Long-term Nursing	79,726,790	34,771,586	44%
Special Enterprises	49,488,624	17,659,823	36%
At-Risk Children & Youth	44,412,759	17,860,028	40%
Manof	14,515,708	8,757,890	60%
Total	371,111,642	192,911,108	52%

* Taking into account the assistance threshold and percentage assistance specified in the Regulations.

5 See footnote 7.

6 Including resources with other entities. In the Long-Term Nursing Fund this is mainly the Israel Association for Developing Services for the Elderly (Eshel) and the Claims Conference.

7 For a program that the Fund is supporting for three years, financing gradually decreases from 100% to 50% by year of operation.

In total, in 2014 all the Funds provided assistance amounting to NIS 193 million, which was used to develop services costing NIS 371 million (Table 2), so money from the Fund facilitated the leveraging of programs worth almost double the amount of assistance provided. This amount increased by 4.5% over 2013.

The **leveraging ratio** is the ratio between the total cost of a program and the amount invested by the Fund. Leveraging Fund money is very important: it helps the program to significantly expand its activity, and this facilitates the development and operation of additional projects that could not exist without pooling resources. The higher the leveraging, the better the possibility of involving more sources of funding and resources increase. Leveraging also facilitates national deployment, strategic vision and setting standards, even changing the regulations.

C. Fund activity in different locations

Most of the Fund budget (about 80%) is invested in programs running in localities of various types (municipalities, local councils and regional councils) and only about 20%

Table 3
Approved Assistance, Proportion of Total Budget and of Population* by Region and District, 2014**

Region and District	Approved assistance		
	Total* (NIS)	% of total locality budget	Population (% of total)
Jerusalem	20,265,852	17	12
North	19,607,232	13	16
Safed	5,053,352	3	1
Sea of Galilee	1,644,374	1	1
Jezreel	6,273,411	4	6
Acre	6,636,121	5	7
Golan Heights	-	-	1
Haifa	16,968,045	11	12
Haifa	14,864,588	1	7
Hadera	2,103,457	10	5
Center	33,216,728	22	24
The Sharon	6,680,095	4	5
Petach Tikva	16,163,660	11	8
Ramle	6,304,209	4	4
Rehovot	4,068,76	3	7
Tel Aviv	22,933,262	15	17
South	26,493,890	18	14
Ashkelon	7,680,072	5	6
Beer Sheba	18,813,818	13	14
Judea & Samaria	6,604,776	4	4
Total local programs	151,507,819	100	100
Total national programs	41,403,289		
Total	192,911,108		

* The percentage was calculated from the total budget for local programs.

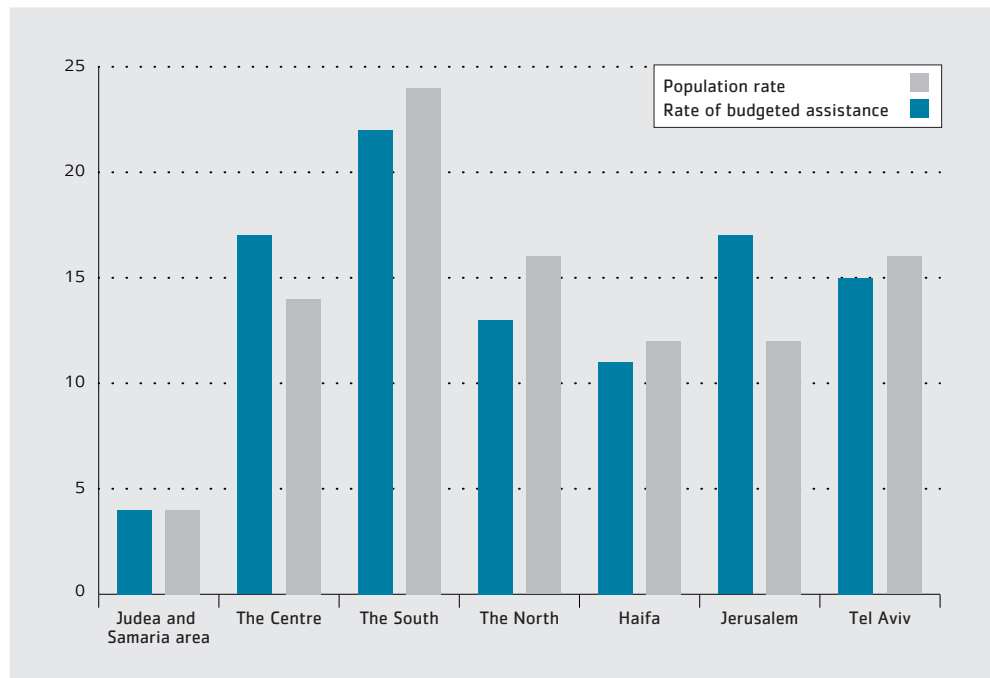
** The regions and districts are according to the official administrative division of Israel into 6 regions and 15 districts. From: Central Bureau of Statistics, Statistical Year Book for Israel, no. 65, 2014.

is invested in initiatives or programs at the national level (such as raising awareness of safety at work or promoting safety in the work place). The investment in peripheral areas – south and north – is about 30% of the total budget for localities, similar to the proportion of the population in these areas (Table 3, Diagram 2), but with a different geographical distribution: in the southern area and Jerusalem the share of investment is greater than the general population, while the proportion of the budget invested in Haifa, Judea & Samaria is similar to the general population.

Local authorities in Israel are classified in clusters by the CBS according to their socio-economic status⁸: clusters 1-3 are defined as having low socio-economic status (21%), clusters 4-7 have medium status (63%), and clusters 8-10 have high status (16%) (Table 4).

Analysis using this classification shows that in 2014, 12% of the budget was invested in localities with the lowest socio-economic status, 76% in medium status localities, and 12% in high status localities – compared to 16%, 60% and 12% respectively in 2013 (Table 4 and Diagram 3). In other words, the investment in low status localities was lower than their share of the population (11% against 21% respectively), in medium status localities it was higher than their share of the population (76% against 63%) and in

Diagram 2
Rate of Approved Assistance and Population by Region, 2014



8 Local Authorities 2013, Central Bureau of Statistics.

Table 4
Approved Assistance (NIS) and Rate of Total Budget
by Socio-Economic Cluster and by Fund*, 2014

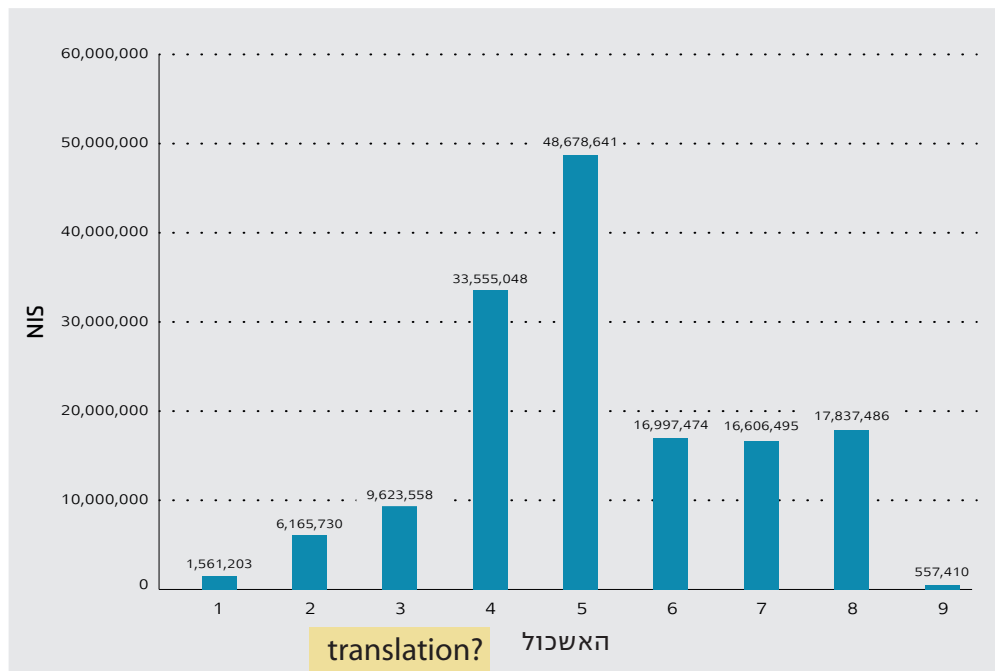
Cluster	Fund				Approved assistance		Population (% of total)
	Disabled	Nursing	Special Enterprises	At-risk youth	Total (NIS)	% of total budget in cluster**	
1	994,203	-	-	567,000	1,561,203	1%	2%
2	4,874,410	300,000	-	991,320	6,165,730	4%	9%
3	7,042,358	-	540,000	2,041,200	9,623,558	6%	10%
4	26,028,343	531,382	2,930,450	4,064,450	33,555,048	22%	19%
5	27,892,006	17,224,635	1,653,100	1,908,900	48,678,641	32%	24%
6	13,403,594	3,106,380	487,500	-	16,997,474	11%	12%
7	9,974,048	3,895,410	2,737,037	-	16,606,495	11%	8%
8	11,979,758	3,487,728	2,370,000	-	17,837,486	12%	15%
9	-	-	-	557,410	557,410	0.4%	1%
10	-	-	-	-	-	-	0.2%
Total***	102,188,720	28,545,535	10,718,087	10,130,703	132,408,015		
National total	113,861,781	34,771,586	17,659,823	17,860,028	192,911,108	100%	

* All programs in the Manof Fund are nationwide.

** The percentage is calculated from the total budget for programs in localities.

*** Total of localities included in the cluster classification.

Diagram 3
Approved Assistance by Socio-Economic Cluster (NIS), 2014



high status localities it was lower than their share of the population (12% against 16%). Localities are assigned to a particular socio-economic cluster according to the average socio-economic indicators in that location, and therefore all their residents are assigned to the same cluster in spite of their different incomes. Therefore, even in localities of medium or high socio-economic status there are at-risk populations requiring assistance.

D. Promotion of Healthy Lifestyle and Physical Activity for People with Disabilities⁹

Two of the main objectives of the NII Funds are to improve the quality of life (well-being) of target populations, and prevent a decline in their function, health and economic situation. The Fund for Development of Services for the Disabled and the Special Enterprises Fund have been working for many years to extend and improve programs that promote a healthy lifestyle and physical activity for people with disabilities.

Physical activity contributes to everyone's health and well-being, whether they have disabilities or not, but it is particularly important for the disabled because it improves physical capabilities, which are often likely to decline due to a sedentary lifestyle. Physical activity can also reduce the risk of developing fractures and chronic diseases such as diabetes, obesity and heart disease. Lack of physical activity may affect ability to perform simple daily activities and thus reduce independent function and – indirectly – personal autonomy. This in turn has negative psychological and physiological effects, such as social isolation, depression, weakness and fatigue.

Data collected in Israel and elsewhere indicate that people with disabilities generally do less physical activity than those without disabilities. A Ministry of Health report from 2009 found that the rate of disabled people who engage in physical activity at least 2-3 times a week is much lower (very disabled – 16%, disabled – 22%, without disability – 30%¹⁰).

In view of this, in recent years the Funds have worked to promote a healthy lifestyle for people with disabilities, by developing innovative frameworks and models, training professionals on the subject, and changing attitudes to sport among the disabled themselves. Activities take place in collaboration with the Fund for Development of Services for the Disabled, which assists with physical infrastructures and equipment, and the Special Enterprises Fund, which helps to develop suitable programs. In 2013 these two Funds set up a joint initiative and published a call for programs to promote physical activity among the disabled.

9 This section is based on Hotzler, Y. & Barak, S. (2012): **Suitable Physical Activity and Sport for People with Disabilities – Review of Literature and Description of Situation, Towards Preparation of a Manifesto**. The National Insurance Institute, Funds Division.

10 Shemesh, E. & Nakamoli Levy D. (2009). **People with Disabilities in the Community**. Ministry of Health, Economics & Health Insurance Division.

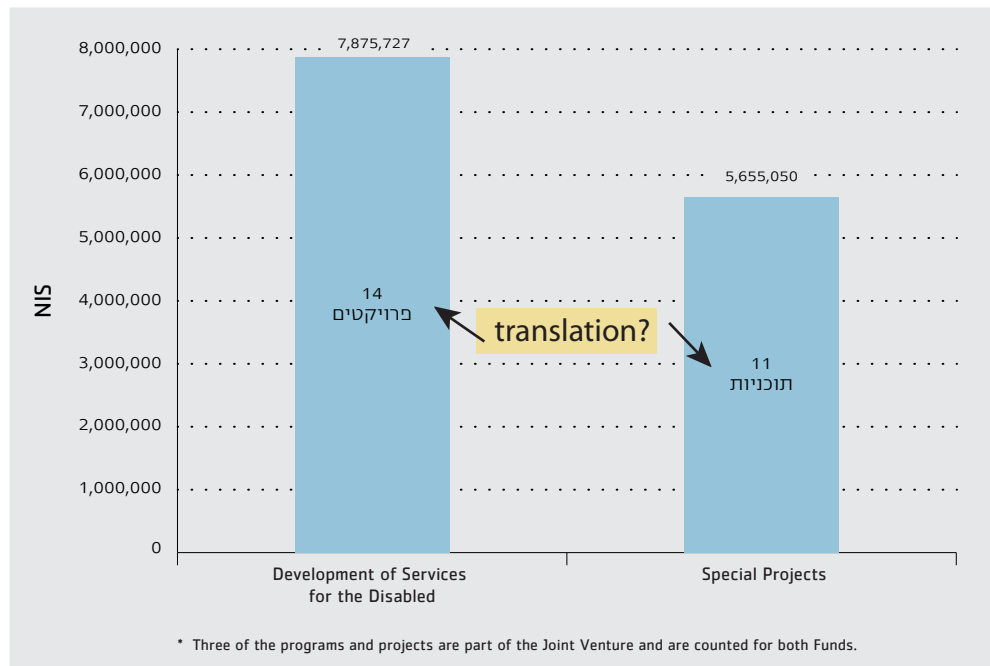
In the last 5 years (2010-2014) the NII Funds have approved assistance amounting to NIS 13.5 million for 25 projects and programs promoting healthy living and physical activity for people with disabilities (Diagram 4), some of them accompanied by assessment studies. Here are some examples:

- **Spivak Sports Center for the Disabled in Israel, Ramat Gan:** A unique facility operating since the 1960s and offering physical, mental and social rehabilitation for disabled people of all ages through participation in suitable sports programs. The Center currently serves some 2,500 children, youths and adults with various types of disability and meets all their needs – adapted sports equipment, professional training, personal assistance and social and psychological support. The Center runs a wide range of sports programs: basketball, swimming, lawn tennis, table tennis, quad-rugby and Boccia – a unique competitive sport for people with severe motor disabilities. The Center also houses an active learning center, to provide information, advice and training on the subject of physical activities for the disabled in the community.
- **Life Game – Association of Educational and Social Enterprises:** this program offers children, young people and adults with disabilities the possibility of engaging in sports suitable for their needs (football and netball) in a consistent, professional way, and to participate in tournaments with other teams. A unique aspect of this program is the use of team sports as a tool for learning skills, by exploiting situations that arise on the sports field in order to convey educational and rehabilitational messages. Thus the program helps to improve the image of participants in their own eyes and in the eyes of others and enhances their communication, motor and cognitive skills. Today more than 100 teams are active all over the country.
- **Challenges – Association for Challenging Sport:** challenging activities in nature, with bicycles and ropes, and marine activities for the disabled. The Association runs seven centers for bicycle riding spread over the country, and professional training for mobility with bicycles for those who are unable to reach the centers. Participants use single bicycles, tandems and hand bicycles. The Association also organizes rappelling and zip line activities all over the country, and diving courses in Eilat, using specially adapted equipment.

The following are examples of programs recently introduced by the joint initiative or in the final stages of preparation:

- **Israel Track – all the ways to exercise:** physical activity for Haredi youngsters with special needs, living in the residential system of the Siach Sod Association.
- **Someone to run with:** students with and without disabilities at Sapir College in Sderot work out together, to encourage disabled youngsters to engage in sport.
- **Expansion of Boccia activity:** including introducing a national league and team to represent Israel in international competitions.

Diagram 4
Projects and Programs to Promote Healthy Lifestyles and Physical Activity among People with Disabilities, by Fund*, 2010–2014



E. Intervention Model for Dealing with Neglected Children and Youths¹¹

In 2014 the Fund for At-Risk Children & Youths developed a joint initiative with the Rashi Fund and the Ministry of Welfare & Social Services to develop an intervention model for young people from birth to 18 years at risk from various types of neglect as well as their families (see Table 5 – types of neglect). This is the second joint initiative of these 3 entities: in 2007 they jointly established centers for girls and boys who were victims of sexual assault – an initiative that was later absorbed into the work program of the Ministry of Welfare¹².

The focus on neglect of children as a distinct concept matches the globally emerging professional perception, which brings a new message for welfare policy in Israel (see Box). This choice is not accidental: coping with neglect and its consequences for the future development of children and youth in Israel has been of concern to the initiative’s partners for some time. Experience in the field shows that families where there is neglect receive only partial help, so these three entities decided to initiate a comprehensive intervention to deal with the problem and help both parents and children who are not currently defined as a separate group in need of intervention, and thus there is no specific

11 Thanks to Miri Rossman for writing this section.

12 For more information see: National Insurance Institute, Annual Report 2012, Chapter 5 (p. 270).

solution for them.

Above all, the initiative's purpose is to create a protected and safe environment for the children, where their needs and those of their family can be examined in order to bring about future change. The initiative is based on the need for a varied, flexible range of solutions in the individual-family-community-society circles, recognizing that there are many factors contributing to child neglect. This perception affects not only analysis of the situation, but also the strategies developed for interventions. The purposes of the initiative are:

- To improve the ability of parents to meet their children's needs and provide protection and safety in the family framework.
- To improve the social, familial, academic, educational and emotional development and function of children.
- To reduce the numbers of children removed from their families due to neglect.
- To develop a theoretical and practical model for intervention, leading to social policy for coping with neglect of youngsters and creation of the services to implement this policy.

Table 5
Types of Neglect

Neglect of physical needs	Neglect of medical needs	Neglect of educational needs	Neglect of concern for child's safety	Emotional neglect
Nutrition Home Clothing Hygiene	Medical observation Treatment of illnesses Treatment of disabilities	School achievements Attendance at school Parental involvement	Neglect in parents' presence Neglect in parents' absence	Stimuli Inclusion and acceptance of child Parent-child relationship Mutuality of the relationship

The initiative began operation in October 2014 in six places (Acre, Karmiel, Ashdod, Modi'in Illit, Dimona and Segev Shalom), and is planned to cover 12 places in all. So far 400 young people and 120 families have participated. In each location a special model for coping with neglect is built, including a program adapted to specific needs. In spite of the differences between models, they are based on identical principles:

- The initiative is under the direction of the local welfare system with a multi-disciplinary team that uses local community resources.
- Interventions involve both parents and children.
- Intervention includes therapeutic and social aspects as well as concrete material help. Responses are individual, family and community based.
- Care is comprehensive, intensive and long term.
- Help with up-take of rights and reducing barriers to consuming services.
- Reaching out to families (home visits, flexibility in meetings, etc.).

- Help for families in dealing with obstacles preventing their participation in activities.
- Monitoring cases of neglect (in welfare, education, health and physical care) among children, including real-time reactions.
- Professional but informal work, based on partnership with families, being non-judgemental, accessible and available, believing in the ability to change and recognizing parents as individuals with needs.

The initiative is planned to operate for four years, during which time the intervention model for dealing with neglect will be finalized. It will be based on work in the field, accompanying research, and computer-based collection and documentation of information.

Neglect among Children

Neglect is defined as **long-term inability of parents to supply the basic physical or emotional needs of their children in a way that could significantly affect their health and development** (from birth to 18). Neglect may be expressed by the inability to provide food, shelter or suitable clothing, or the inability to protect the child from physical abuse, or to ensure he/she receives health and education services. Neglect can also be expressed by failure to respond to the child's emotional needs¹.

Tanner & Danielle² mention some features of the situation, derived from the above definition:

The chronic or long-term nature of the neglect: there is a difference between one-off cases or responses to a specific situation and an ongoing situation that becomes a way of life.

The harm caused to children– the physical, emotional or developmental harm due to long term neglect shows that neglect is harmful in itself and is not just a side effect of other types of abuse.

We should distinguish between child neglect and systematic, intentional emotional abuse (a sustained attack on the child's identity and personality), recognizing the link between other types of harm to children and neglect.

According to Dubowitz³, most of the definitions relating to child abuse involve actual harm, but the harm caused by neglect is sometimes potential, since the outcomes may only manifest themselves years later. His definition of neglect focuses on the child

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- 1 Great Britain, Dept. of Education (2006). *Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children*. The Stationery Office.
- 2 Tanner K. & Danielle T. (2003). What do we know about child neglect? A critical review of the literature and its applications to social work practice. *Child and family social work*, 8, 25-34
- 3 Dubowitz, H. (2009). Tackling child neglect: A role for Pediatricians. *Pediatric Clinics Of North America*, .56, 364-378

and his/her unmet needs, recognizing that there are many causes of neglect, including parental conduct. This approach matches the ecological one, which states that it is impossible to determine one single cause of neglect, and factors relating to the child, the parents, the wider family, the community and society must all be considered.

Neglect is a widespread phenomenon. Here are some facts:

- It is the most common form of child abuse. 71% of all documented cases of harm to children in the USA in 2010 were neglect. In the USA and Canada, the most commonly documented forms of child neglect are absence of proper supervision, physical neglect, abandonment, and educational and medical neglect⁴.
- 34.5% of cases reported to welfare officers in Israel in 2012 involved neglect⁵.
- 75% of children whose cases reach care planning committees in Israel suffer from neglect or lack of supervision⁶. The assumption is that the main cause for arrangements outside the home is neglect and that most children removed from their families are suffering severe neglect.
- Physical neglect is generally accompanied by emotional neglect, but the reverse is not always true⁷.
- Nine out of ten neglected children receive no treatment⁸.

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- 4 Lavi I. (2013). **Physical and emotional neglect**. Jerusalem: The Haruv institute
- 5 Zionit, Y. and Berman, Ts. (2013). **Children in Israel**. Child Welfare Council. 2013.
- 6 Slonim-Nevo, V. & Lander, Y. (2004). Can the child's welfare exist separately from the family's welfare? Thoughts and recommendations for change, *Society & Welfare*, 24, 4, 401-433
- 7 See footnote 4.
- 8 Horwitz, N. & Berboy, R. (2013). **Review of Literature in order to determine policy on developing services for children living with neglect**. Agora Policy.

F. Promoting Higher Education and Employment for Young People with Disabilities¹³

1. General

The position of the Funds Division of the NII is that education and employment are the basis for integrating at-risk populations into society and the community, and therefore, five years ago the Special Enterprises Fund and the Fund for Development of Services for the Disabled decided to upgrade centers providing support services and advice for students with various difficulties (physical, sensory and mental) – the **Higher Education Revolution**. Identification of needs and study of models used overseas led to the conclusion that a special service should be developed bringing under one roof the whole range of individual services, to provide information and change attitudes, using various means of accessibility.

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13 Thanks to Sarit Morai for writing this section. The section is based on the operating kit and details of successful practice written by the academic consultants of the initiative, Prof. Arlen Cantor and Dr. Nitzan Almog, and internal memos written by the staff of the initiative.

Although the proportion of individuals studying in post-secondary institutions of education in Israel is one of the highest in the world, the rate of students with disabilities is significantly lower than their share of the general population. This contradicts a fundamental principle of the Equality for People with Disabilities Act 5758-1998, which states that “The rights of people with disabilities and the commitment of society in Israel to those rights are founded on recognition of the principle of equality, on recognition of the value of man created in God’s image, and on the principle of human dignity”. Not only that: people with disabilities suffer high rates of unemployment, partly due to their low standard of education. Therefore, access to higher education for the disabled is important not just for the individuals concerned but for all Israeli society. Removing obstacles that deny them education in general, and higher education in particular, is an essential condition for their integration into employment in jobs that match their skills and abilities.

The last two decades have seen developments in the area of access to higher education and employment for people with disabilities – in legislation, legal rulings and policy. The NII Rehabilitation Division has broadened its activity in this area, and help from the Funds has increased. The Council for Higher Education is also funding support centers for students with learning disabilities. These developments have laid the foundations for the development of multi-disability centers to help disabled students overcome the many obstacles they face.

2. The Higher Education Revolution – Centers at Institutions of Higher Education

The purpose of the **Higher Education Revolution** initiative is to increase the number of students with disabilities at institutions of higher learning and thus increase their chances of finding suitable employment. Two specific goals of the initiative are to increase the number of students who start and complete academic studies, particularly those with severe disabilities, and to increase awareness at institutions of higher learning (among teaching staff, administrative staff, students) of the necessity for integrating disabled students and encouraging them to play an active role.

In order to promote these goals, it was decided to set up multi-disability support centers in higher education institutions to manage activity on the campuses (the “one stop shop” method) and offer the following services: a program to prevent dropping out, loan of learning and teaching aids, study and social programs, mediation with faculty, advice on fully taking up legal rights and mediation with suitable organizations, preparation for work, personal advice, and workshops on subjects such as time management, overcoming exam anxiety, and learning strategies.

The Centers will advertise their activities to potential target groups (high school students, disabled people not currently studying, parents and teachers) and will build a pool of data for monitoring integration of students into employment.

So far the initiative has been granted over NIS 20 million to set up 35 centers in 32 institutions¹⁴ (6 universities and 26 colleges), which account for about 75% of students in Israel. Twelve centers were approved in 2011 and a further 23 in 2012. Most centers are already active, and the rest will start operations at the beginning of the 5776 academic year (2015-2016).

Quantitative and qualitative findings of an evaluation study accompanying the initiative will be published in a few years, but it is already possible to point to a number of general trends:

- An increase of 18% in the number of students with disabilities at the institutions, from 5,320 in 2012 to 6,267 in 2014.
- An increase of at least 40% since the start of activity in the number of students with physical and mental disabilities, Asperger and chronic illnesses.
- The centers are an integral part of the institutions and operate under the aegis of the Dean of Students. Heads of the institutions provide financial backing for further activity and development.
- The centers are an important factor in advising and assisting students from their first application to completion of their studies. They have become the principal address on the subject of rights, and are integrated into the services of the NII Rehabilitation Division.
- The centers provide advice on all aspects of campus accessibility (buildings, services, studies). They also initiate information campaigns and training for academic and administrative staff on accessibility to studies, and thus promote awareness of students with special needs.

In 2014 the Knesset held intensive discussions on approval of accessibility regulations for institutions of higher education. The work of the Funds Division bore fruit, and a sub-committee on regulations based on the Equal Rights Act for People with Disabilities 5758-1998, at a meeting on 1.4.2014, recommended including the support centers in the Regulations and defined their functions according to the principles drawn up for the **Preparation for Employment** initiative, with the intention that this would lead to similar centers in all institutions in Israel and greater accessibility for people with disabilities.¹⁵

G. The Integrated Model for Caring for Elderly People with Complex Needs¹⁶

For the last three years, the Long Term Nursing Fund has worked with Eshel and the relevant Government Ministries to develop an integrated model for caring for elderly people using a care coordinator following the **case management** method.

14 In three institutions, two centers were set up at different campuses: The Hebrew University, Sami Shimon College, and Levinsky College.

15 For further reading: Cantor A. and Almog G. (2013): **Successful practice in the work of Support Centers for Students with Disabilities in Institutions of Higher Education**. The National Insurance Institute (2013). **Guidelines – Equipment for Support Centers in Institutions of Higher Education**.

16 The section is largely based on: Assiskowitz, S., Shmelzer, M., Laron, M., Reznitzki, S., and Brodesky, G. (2015) **Pilot program for integrative care in Ashkelon – Accompanying assessment study**. Jerusalem: National Insurance Institute, Research & Planning Administration, and Myers Joint Brookdale Institute.

The ageing western population has caused a rise in the number of people suffering from chronic illnesses and loneliness, or experiencing declining health, function and cognition, with greater awareness of the need to keep the elderly in the community ('aging in place'). In this reality, governments worldwide are facing a challenge to create continuity of care, in order to improve the quality of services, reduce costs of repeated hospitalization, increase uptake of services in the community, and cut rates of institutionalization. According to the literature, managing ageing in the community improves the function and welfare of the individuals involved, helping them with medication management and use of community services, while avoiding their institutionalization¹⁷.

In Israel, old people and their families struggle with a scattered and unco-ordinated system of services, ignorance of existing services, lack of essential services, and lack of clarity about where to turn in times of crisis or distress. Developing the case management model is a way of providing a solution for the elderly and their families, particularly old people with complex needs, in the maze of existing services. Here Israel's efforts echo those of many other developed countries, which have been building such models for populations with multiple or complex needs.

In order to develop the integrated model, a joint administration was set up, including government ministries and various organizations, which decided on the pilot program in Ashkelon. The pilot was intended to examine how to operate a case management model for old people with complex needs within the social services systems in Israel, and it had three main goals: to define the main target populations that could benefit from the program, to define the role of the case manager and his/her interface with other functions in the local health and welfare services, and to look at other benefits of case management for the aged and their families.

The pilot started in April 2014 with 60 old people in Ashkelon. An independent care co-ordination unit was set up that was not attached administratively to any of the elements involved in care, with a social worker to manage the program, and two care co-ordinators – a social worker and a Clalit Health Services nurse.

The assessment study accompanying the pilot from the start presented conclusions regarding the main issues examined in the pilot:

- **Target populations who can benefit from the program:** the program expanded the services provided to low-income old people living alone and suffering from complex problems. About 2/3 of participants began to receive some services for the first time, and although there was no control group, the program's contribution is clear. It was

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 17 You, E. C., Dunt, D., Doyle, C., & Hsueh, A. (2012). Effects of case management in community aged care on client and carer outcomes: A systematic review of randomized trials and comparative observational studies. *BMC Health Services Research*, 12(1), 395; Low, L. F., Yap, M., & Brodaty, H. (2011). A systematic review of different models of home and community care services for older persons. *BMC Health Services Research*, 11(1), 93.

possible to find a solution for two groups who currently receive insufficient attention: old people with no family support (about half the participants), particularly those with complex needs who have to find their way around the health and the welfare systems without the help of family members; and those who are beginning to decline in terms of function, health or cognition, but do not yet qualify for services such as the nursing benefit under the Long-Term Nursing Act, and whose socioeconomic situation does not enable them to purchase such services privately.

- **Defining the role of care management and testing the interface with health and welfare systems:** the care co-ordinator's thorough familiarity with health and welfare services shortened the time needed to handle problems and inter-organizational processes. For example, co-ordinators could guide families on how to submit applications for services, such as long-term nursing. Not only that: the professionals pointed out that the program promotes faster communication between health and welfare services.
- **The benefit of a multi-disciplinary team to deal with complex needs:** the welfare services stressed the advantage of incorporating a nurse, while health services stressed the advantage of having a social worker. The multi-disciplinary team also meant members "talked the same language". The professionals pointed out the heavy load of daily work in both welfare and health services, stating that the program gave them the ability to give more attention to complex cases and provide individually tailored responses to old people.

The pilot is currently being extended in the Southern Region to about 600 old people, and there will soon be a new job definition for the care co-ordinator for old people with complex problems, in the expectation that this will improve the responses to these old people.

2. The Research Fund and the Research Room

The NII supports research by providing grants to researchers in the fields of social security, the labor market, the social arena and social policy. Funding is provided according to section 36 of the National Insurance Act 5713-1953. Researchers submit study proposals by December each year, and in the following year decisions are taken on whether to approve funding and for what amount. There are several stages in the research approval process: discussion by the NII's internal Research Committee and formulating recommendations, discussion in the Research Sub-Committee of the NII Council according to the recommendations, and a decision by the Council's Finance Committee. Research proposals must also be approved by the Minister of Welfare and Social Services. Priority is given to research that is closely linked to the NII's objectives and its fields of activity, and research that adds knowledge and helps to shape and evaluate socioeconomic policy. Some research has additional sources of funding.

Types of assistance given by the Fund:

- Regular research grant – partial or full funding for a research project that meets the required conditions.
- Comprehensive research grant – the NII initiates comprehensive studies in the fields for which it is responsible and also participates in proposed research for topics that are in its work plan and according to its order of priorities.
- Participation in funding needed to set up and maintain large databases relevant to NII work, such as widening the scope of the CBS survey of family expenditure, funding follow-up surveys (long term data on incomes).
- Student grants – to encourage young researchers to study the fields mentioned, grants are awarded each year to 2-3 researchers who are studying in Israel and preparing doctoral theses.

After the Minister has approved the funding, a detailed agreement is signed with the researchers, specifying the conditions for receiving funding at defined research milestones.

On completion, the research is published on the NII website, indicating that it was supported by the Fund. All research that was done with the Fund's support since its establishment that could be located has been uploaded to the website.

Since its establishment, the NII has partially or fully funded about 170 studies and has assisted with databases relevant to the study of social security and socio-economic conditions, and research grants for students. Some research has ended and other studies are still ongoing. Eligibility criteria for funding from the Fund and instructions for submitting requests can be found on the NII website under the tab **Funds**.

Research Room

In order to increase research options, in 2011 the NII Research & Planning Administration opened a Research Room, where researchers can make use of the NII's databases and micro-social files after identifying details have been removed.

The Research Room has three workstations equipped with statistical and econometric software suitable for processing R, STATA, SPSS and SAS data. The comprehensive database includes NII administrative files and those of other entities with which the NII has professional contact, such as the wages file of the Tax Authority and data from the Population Register. Other files are brought specially to the Research Room and are incorporated (with the consent of their providers) into the administrative information. For each request, NII staff members prepare a database suited to the goals and needs of the research. Researchers wishing to use the Research Room must undergo a security check and sign a confidentiality undertaking.

A committee representing the Research & Planning Administration meets once a quarter to discuss requests to use the Research Room according to criteria such as the importance of the research, quality of researchers, and scope of resources needed to

prepare the relevant files. The NII reserves the right to charge for the preparation of complex files, and particularly for any changes and updates to requests.

Since the establishment of the Research Room up to the end of 2014, about 15 researches have made use of its data. As with the Research Fund, once the research is complete, researchers are asked to publish their results by arrangement with the NII. Some studies are done in collaboration with researchers from the Research Administration.

Prominent studies that made use of the Research Room data¹⁸:

- **Bank of Israel, Research Division, Noam Zussman & Tamar Ramot-Niska: Public Housing – characteristics of apartments and residents.** The study provides an understanding of who receives housing assistance, and helps to focus policy on relevant populations who receive a range of social services.
- **Ministry of Welfare, Miri Ben Simchon: Characteristics of Recipients of Ministry of Welfare and National Insurance Services.** The research seeks to define populations known to the Ministry of Welfare and who receive NII benefits.
- **Employment Service, Rony Hacoheh: Follow-up Study – Program to help recipients of Income Support – “Circles of Employment”.** The research examines changes in pay and employment characteristics of participants in the Circles of Employment program compared to a control group.
- **Brookdale Institute-Myers-Joint, Engineering & Youth Corps: Noam Fishman & Avraham Walde-Tsadik: Follow-up Study of Makam Graduates.** The research was intended to assist the Center for Promotion of Special Populations (Makam) to learn about the situation of those who left the Center during the following 10 years, to help them make future decisions about target populations, program content and the responses provided.

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 18 The first list can be found in the National Insurance Report for 2013.

