

LEE LIMING
PROGRAMME IN
AGEING URBANISM

Housing for Older Population¹

Israel

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Israel's population is ageing dramatically due to advancement of modern medicine, changes in lifestyle and environment including the country's unique demographic pattern intertwined with political, cultural and religious complexities². There has been a constant inflow of elderly migrants even in the recent past from the former Soviet Union. By 2014, some 833,000 people or 10.6% of Israel's population were aged 65+. This number is projected to double to 1.66 million (14.6%) by 2035. Israel's elderly population growth rate is among the highest in the Western world and is expected to rise further. Yet, the majority (97%) of Israel's older adults lived at home; 77.3% owned their homes while 18.9% lived in rented apartments. Only 3% of the elderly aged 65+ lived in institutions. Many services and

1 This is an evolving database. We will be adding more examples and cases over time.

2 78% of Israelis aged 50 and over were born in other

countries. From 1989 to 2006, about a million immigrants arrived from the Former Soviet Union.

policies have been developed in the last three decades to integrate the ageing migrants into Israel society and enable the ageing population to 'Age-in Place'.

Ageing-in Place

From the onset of the state of Israel, the government has taken proactive steps in assisting and improving the living conditions of the elderly population.

In 1948, when the state was set up, 3.8% of the population was over 65 years. The then Israeli Government created 'Malben', an institution to assist the aged immigrants. Under *Malben*, various tasks were organised to support the ageing population like institutional care, community services, work opportunities for the aged, medical care and other localised programmes to engage the elderly.

In 1970, the proportion of elderly people had increased to 9% and more formalised efforts were made like setting up the National Advisory Committee for the Aged by the Ministry of Welfare. The committee was aimed at three major responsibilities - medical care, housing provisions for those not eligible for *Malben* and more work opportunities for the aged persons.

By the late 1990s, 94% of the ageing population lived within their own homes.

Within the decade, policies were beginning to encourage 'Ageing-in Place' as the main objective of the reforms to support the elderly to continue to live within their own homes. The government of Israel started to take formal steps to execute policies to enable ageing-in place.

Some of the notable efforts include:

The Long-Term Care Law - Apart from comprehensive medical services, the 'Long-term Care Law' was established. Under this law, services like assistance in laundry, dressing, food, emergency services, visits to day-care centres, distress call buttons were structured.

Day-Care Centres - This service was set up to cater to the disabled elderly in particular. It took care of breakfast and lunch, social activities, occupational therapy, physiotherapy and personal care. Many of them also had a dedicated wing for dementia and mentally frail elderly.

Ministry of Welfare and the Municipal Social Services Departments - The Ministry is responsible for setting the policies, principles for care and enable implementation at the local level in order to ensure that the elderly can

continue to live at home. Their services at the community level includes: assisting social workers for counselling, care and support, personal care for those not eligible for nursing care, subsidizing the low-income elderly, aid operation of social and occupational clubs, transportation for medical treatment, assistance in home equipment and additional services.

Foreign Caregivers - This facility was especially designed to facilitate ageing in place for the ageing Israelis wherein they will be given care by foreign workers. These caregivers supervise the elderly all day and assist them to perform their daily household chores and personal care activities. This service also reduces ill health due to loneliness in old age.

Supportive Communities - This system is uniquely designed to facilitate ageing in place. The role of support is distributed in 4 components:

1. Community father/mother - a paid professional located within the community and helping them in their day-to-day lives;
2. Emergency call system - installed in the elderly persons' homes to contact a call centre that will help to contact the relevant agency as per their need;

3. Medical services - Doctors and nurses make home visits in case of an emergency call; an on-call ambulance will also be available;
4. Social activities - organised social activities within the neighbourhood to keep the elderly active.

Non-profit Organisations - there are more than 100 such organisations in Israel that were established as the initiative of the Association for Planning and Developing Services for the Elderly in Israel. Their services include day care centres, supportive communities, home care, health promotion programmes, etc. The funding for most of this is from the government.

The 21st century witnessed rapid growth of community support services in Israel that enabled the ageing population to live in their homes, further strengthening the ageing in place trend. Due to the development of such comprehensive health and welfare services, it was observed that there was a dip in the number of elderly opting for nursing care.

SHARE Israel

Israel joined the Survey of Health and Retirement in Europe (SHARE)³ to establish

Retirement Survey (HRS), 11 European countries set up

³ Based on the model of the American Health and

the SHARE-Israel venture in 2005 in order to compile cross-national database on health and socio-economic wellbeing of people aged 50 and above. The SHARE is an instrument that focuses on

“demographic details, physical health, grip strength, walking speed, behavioural risks, cognitive function, mental health, health care, employment & pensions, children, social support, financial transfers, household income, consumptions, assets and future expectations” (Börsch-Supan and Jürges, 2005). In order to contextualise the survey, SHARE-Israel includes 2 more aspects: *Measure of long term trauma* (to include experiences of the holocaust) and *Examination of reactions to pension reform* (the delay of eligibility for retirement benefits in Israel to age 67 for men and to age 64 for women).

Due to ethnic diversity, the population has been broadly divided as Jewish-Israelis, Arab citizens and Russian immigrants. The adapted survey is executed in 3 different languages (Hebrew, Arabic and Russian) to capture the responses across the 3 ethnic groups. The survey results are collected by the Israel Gerontological Data Centre and shared with the various national agencies as base data for their surveys. Cross-country comparison to other European countries are also carried out apart from comparison within different

population groups in Israel to highlight the ‘uniqueness of the ageing experience within the State of Israel’.

Source: A. Börsch-Supan and H. Jürges (2005) (Eds.) *The Survey of Health, Ageing and Retirement in Europe – Methodology*, Mannheim: Mannheim Research Institute for the Economics of Aging; Y. Brick (2011) *Ageing in Place in Israel*, IFA Global Ageing Vol 7(2): 5-15; Y. Katan (2009) *Community Services for the Elderly Present and Future International Expert Meeting on Monitoring Long-Term Care for the Elderly*, European Centre for Social Welfare Policy And Research and Ministry of Social Affairs And Services of the State of Israel 7-9 September 2009, Jerusalem; H. Litwin (2009) *Understanding Ageing in a Middle Eastern Context: the SHARE- Israel Survey of Persons Aged 50 and older*, J Cross Cult Gerontol Vol 24(1): 49–62.

the Survey of Health and Retirement in Europe (SHARE) which is a cross-national survey of adults

aged 50 and above.