RESPITE HOME FOR THE ELDERLY: AN EXPERIMENT IN COMMUNITY-BASED SERVICES IN ISRAEL

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. . . [meeting the] critical need [for a] short term community-based facility for elderly patients discharged from local hospitals who could not get immediate service and, because of lack of families to look after them, could not return home.

THE DEVELOPMENT OF THE HOME

The Brookdale Institute's five-year plan for the elderly of Jerusalem clearly points to the need for a well-designed service continuum providing multiple service combinations accessible to the aged of the city.

Even prior to the completion of this plan the idea for developing a community based shelter as a new and innovative project for the city's elderly was born. The original thought was to establish a shelter for older people, as already exists for children, which would provide a roof for elderly either neglected by their families or having suffered a traumatic episode, such as fire, flood or being put on the street with nowhere to turn.

After a survey of the social workers in the different family and community service offices, a total of perhaps twelve cases in two years that would meet these criteria were reported. What became apparent as a critical need was a short-term community-based facility for four categories of elderly patients to present the most pressing needs:

1. Elderly patients discharged from hospitals who either live alone and need care and supervision such as assistance with showers and regular meals or who live with their families who cannot cope.
2. Elderly persons cared for by families that, either for reasons of business or pleasure, need to get away for brief periods.
3. Elderly couples in which the caretaker partner needs hospitalization and the homebound spouse needs to be looked after during this period.
4. Crises other than the above.

The city's Department of Elderly set up a Steering Committee, approached a variety of individuals and funding sources and located an appropriate facility. This facility as once a mother and baby center, located in the Rassco neighborhood of Jerusalem, a lovely residential area, conveniently located not far from public transportation, health services and shopping facilities. There is a synagogue above the Home and a kindergarten next door.

Two foundations were interested in providing the funds for preparing the building and providing the initial operating budget. The Ministry of Labor and Social Affairs made up the difference in the scheduled fee *(Ta'arif)* for those clients who were unable to pay the full fee. (The permitted *Ta'arif* of the Ministry was lower than the

actual operating costs).

From the outset the plan was to experiment having a private management company operate the facility with the city providing the professional supervision and setting standards and fees. It became very clear that this kind of an arrangement was not economically viable and an alternative was proposed whereby an *Amuta* (Voluntary Association) was formed and the private management company was contracted by the *Amuta* to supervise the administration of the facility. The *Amuta* and not the city is the employer of the center's staff. The result is that staff who sign individual contracts do not receive tenure. While they may enjoy benefits (holiday, sick leave, etc.) similar to those of city employees, the employer has a greater "flexibility" in hiring and firing. The *Amuta* also provides the appropriate legal mechanism for receipt of funds from the various sources. Most foundations and philanthropic monies cannot be given directly to local public authorities.

Vintage Consultants and Management Ltd. and the city's Department of Elderly undertook the joint management of the center. The tasks were clearly delineated and divided into two areas, administration and professional supervision. When this arrangement was proposed there was a great deal of skepticism it would succeed. After two years of operation we have indeed witnessed a successful arrangement in that the two bodies involved in the day to day operation found a common language. Whether this establishes that other public and private combinations with other principals could also function as smoothly is still an open question.

All of the preparatory tasks were undertaken jointly; purchase of furniture, working with contractors, recruitment of staff, etc. It should be noted that there was a tremendous savings on all of the purchases because of the ability to buy as a private company paying cash at the time of purchase.

In September, 1985, under the auspices of the Association for Community Services for Jerusalem Elderly *(Amuta)*, the "Respite Home for the Elderly" opened its doors in Jerusalem.

The Home has 10 beds in 3 bedrooms, with an additional bed in a small office for both emergencies and for the night orderly, a fully equipped kitchen and dining/living room area, 3 lavatories, 2 shower rooms and a laundry room containing a washing machine and dryer. Outside, there is a garden and patio with a pergola for sitting.

POPULATION SERVED

The Home was designed for short term stays of 1–4 weeks; its purpose, to serve as a quick response to both emergency and pressing situations in the four categories mentioned above.

The population served are elderly females and males 60–65 years of age and older, functioning independently or slightly frail, who are continent, of "normal" mental status and who can care for their basic daily needs. Minimal assistance with activities of daily living is provided.

The residents engage in passive activities: reading, watching TV, conversa tion, etc. The more active guests take walks, volunteers may take them on a little tour in their private cars and some even go into town on their own.

Referrals are made by the Social Service Department of all the hospitals in the city, family and community service offices of the City, *Kupat Holim* clinics, a few learn of the shelter by word of mouth or from reading articles which have appeared in the Anglo press. The largest group served are post-hospitalization, while the smallest are emergency situations. Others who live alone or are cared for by families are in need of temporary supervision or come "for a vacation." The last named appear during the summer months.

During the first year, the length of stay was two weeks to a month. More recently, people want more than the two weeks and

they stay up to five weeks. The cases being referred to the Home today moreover have complex health problems.

In five or six instances, clients stayed at the Home for a few months until an appropriate permanent living arrangement could be made in a Home for the Aged.

Today, after two years of operation, there have been a few individuals who have returned for a second stay.

Since the Home does not have facilities for couples, there have been cases in which a spouse spent a period at the Home, and at a later time the other spouse came for a stay because of the positive experience of his or her partner.

The original plan was to serve the surrounding community, especially for the noonday meal. However, too few persons responded to continue the practice.

ADMINISTRATIVE CONSIDERATIONS

The Respite center has 24-hour supervision provided by a staff that includes: a House Mother, 2 aides, a cleaning woman and night orderlies. There is no doctor or nurse on staff.

Of the three meals a day, the noonday meal is brought in from a local geriatric hospital and the remaining two are prepared by staff. To contribute to the homelike atmosphere, hot water for tea and coffee, fruit and biscuits are always available during the day or evening hours. Assistance is given in personal care and prescription drugs are dispensed. Supervision is present on a 24-hour basis.

Although the current staff is not the same as when the facility opened, turnover has not been a problem.

The caregiving staff consists of middle-aged women whose children are no longer at home and who have returned after many years to the work force. They evidence a great deal of enthusiasm and concern for the guests at the Home. Night orderlies are generally students and in one case a newly arrived Russian immigrant.

Who pays for all of this? As indicated earlier, the sources of income, after the initial start-up expenditures, are the elderly person himself or his family, the Ministry of Labor and Social Affairs and contributions from organizations and individuals.

The projected operating budget is a break even one. The one constraint that has been experienced involves space. With almost the same staff, the Center could handle an additional eight or ten individuals if there were additional space.

In the year ending August, 1986, the capital costs ran about $85,000. The operating budget for that period was $50,000.

Referrals are made mainly by social workers (city, hospital or *Kupat Holim*), but families may and do apply directly. Medical and financial information is forwarded to an admissions committee on which a volunteer physician, a Department of Elderly Social worker and the housemother sit. The committee decides on admission, the projected period of stay and the fee to be charged.

In the two-year period from October, 1985, the Center has served about 200 different individuals. Sixty percent paid the minimum and forty percent paid between full fees and partial fees. Most of the "guests" were females and the average age was over 75.

DISCUSSION

After two years of operation a great deal has been learned. Aside from changes suggested in physical set-up, changes or rethinking have been pointed up in the following:

Length of stay: Residence should not be permitted for more than one month. Staff discovered that those who stayed beyond this time period tend to become too familiar with staff and interfere with the latter's management function; or the older people may feel rejected by their families and begin to act up. A case in point was one woman who buried her false teeth as

an act of displeasure with her family for leaving her at the Home for too long.

Payments: Most elderly live on Social Security benefits only and do not have other sources of income. Their children are in a much better financial position. Families should be required to contribute a greater amount than the minimum fee since as a temporary arrangement it is more affordable and the families benefit from the service as well.

Intake procedure: The admissions committee has to be more flexible despite difficulties that accompany its intake procedure and take in people who may not exactly meet the criteria exactly: for example the mentally frail as long as they are continent and cooperative.

Different languages and cultures: Integration of persons of various cultural backgrounds and languages proved to be the problem originally anticipated.

Family visits: It is important to maintain a homelike atmosphere and encourage family visiting.

The kindergarten next door added a great deal to the intergenerational aspects of the program. Visiting each Friday for an Oneg Shabbat and holidays are a real treat for the elderly.

Volunteers: While there were some volunteers who do help out in various activities, there is a need for more friendly visiting, volunteer-led activities, etc.

Leisure time activities: The population that has been coming to the House are not interested in activities such as crafts since they are frail and lack coordination. They prefer sitting together, talking and watching TV. There is no need for a professional activity staff.

Schedule: The fact that a daily schedule and timetable exists is very important. This order is very helpful in organizing life at the Center.

Meals: Purchasing the noonday meal from the geriatric hospital proved to be an excellent idea. There is a definite saving given such a small population.

"Male room": There is a problem of space utilization with regard to this one room. One room out of three is set aside for male guests. At times there is only one person occupying the room and 2 beds are empty. Other times there are 3 males and a fourth applies and there is no room for him.

Overbooking: While most hotels can overbook reservations this facility cannot. Families who have a relative in a hospital apply for admission for a family member and then the date of release is postponed. The bed cannot be filled by the next person on the waiting list as the release of the individual may be imminent.

CONCLUSION

This new and innovative project in the City of Jerusalem has answered the needs for some of the elderly population and their families living in the community. A similar facility to serve the frail elderly is now being planned.

The project is, as yet, only a small part of the continuum of services necessary for our elderly, but an important one since it offers a valuable, innovative way for the elderly to remain in the community and participate in it with dignity.