

Israel's Social Services Best Practices During the COVID-19 Outbreak

First Edition

Project Coordination and Author: Ms. Tamar Abo
Editing: Mrs. Renee Techelet, Mr. Matthew Walker, Mr. Benjamin Behar

State of Israel
Ministry of Labor, Social Affairs and Social Services
Division for Spokesmanship and International Relations
Department of International Relations

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Foreword by the Director of the International Relations Department

The COVID-19 outbreak introduced to the modern world a pandemic not seen on this scale for approximately a century. The health struggle - learning about the virus, how to reduce its morbidity and how to treat those who contracted it - was compounded by other crises the pandemic created: economic, occupational and social welfare related. Both on a personal and societal level, the new situation demanded that we all step out of our comfort zones, make adjustments to our daily lives, and learn new concepts and tools: from exponential growth to social distancing, from Zoom to the Teams, Meet and Hangout apps.

We in the Department of International Relations feel a strong sense of pride in being part of the Israeli social service system and its valiant effort to serve our society throughout this crisis. The commitment and actions of the Ministry's professional staff and of the social workers in the local authorities was characterized by a rapid, flexible and professional response to the challenges that the emergency unleashed upon us.

Almost simultaneously with the need to adjust to the new situation and provide a rapid and effective response, we began to look to other countries we could learn from to cope with the crisis, and we tried to assist all those who similarly approached us.

Not surprisingly, we were not the only country to respond to pandemic in this manner. Very quickly, we began to receive requests to learn about how we were managing our social services during the crisis from international organizations, foreign embassies and colleagues abroad.

These requests, together with the realization that the Ministry of Labor, Social Affairs and Social Services and its branches has been responsible for first rate and impressive work, led us to want to share this information as quickly as possible. Collecting material and preparing this booklet has only served to strengthen our conviction of how exceptional the resourcefulness and flexibility of our colleagues across the Ministry has been in responding to the challenges produced by the crisis.

The booklet was prepared in a very short time, in the respite between the first wave and the second wave, and incorporates information that we deemed innovative, significant, and capable of helping our colleagues around the world. Because of the speed with which the material was collected and the booklet written, we do not currently have quantitative data. Please feel free to contact us and ask us for whatever figures would be of interest.

Due to the ongoing nature of the pandemic and the fact that program directors responded to us at different points in the period between May and July 2020, it is important to note that there may be some differences between the entries as to how they characterize the

situation in Israel. These differences are merely due to the timing of the accounts and do not reflect any wider dissimilarities in the nature of the crisis or in the nationwide response to it in Israel.

The booklet is divided into topics, and within each topic we present examples of work that was carried out both in the Ministry's headquarters as well as from the field, and from the local authorities' Departments of Social Services.

Throughout the booklet, you will find several recurring themes and approaches to overcoming the crisis across various contexts and topics. We attempted to strike a balance between those reading the entire booklet and those looking for specific topics (treatment and care of senior citizens, and preschoolers at risk, for example), so that both can find a diverse range of solutions and ideas for the challenges of the times.

Some concepts employed in the booklet are Israeli concepts, which we have always attempted to elaborate on where we felt that the terms may not be sufficiently self-explanatory. If you, the reader, would like a more extensive explanation of the concepts and the projects contained in the booklet, please feel free to contact us in the International Relations Department. In addition, the persons in charge are listed for every program mentioned, and you can contact them with any questions you may have about that program.

It is also highly advisable to send a copy of any questions you send to program directors also to the International Relations Department (email: benjaminb@molsa.gov.il), so that we can help facilitate a fast and efficient dialogue, and mediate any language difficulties that may arise.

I want to thank all the professional personnel in the Ministry's headquarters, the districts, and the local authorities who have given their time to sit down and write about the amazing things they are doing. Each and every one of you contributed to this booklet, and it would not have been possible without your efforts.

A big thank you to Benjamin Behar, responsible for the translations, and to Matthew Walker, responsible for the proofing and preparation of the English edition of the booklet.

A special heartfelt thanks to Tamar Abo, responsible for publishing the booklet, including approaching of professional personnel, the writing, and taking it to completion. The booklet would not exist were it not for her huge efforts and dedicated work, in such a short space of time.

Happy reading,
Renee Techelet

Director, International Relations Department



**Ministry of Labor
Social Affairs and Social Services**
State of Israel

The Ministry of Labor, Social Affairs and Social Services



Department of International Relations

www.gov.il | benjaminb@molsa.gov.il | www.molsa.gov.il
39 Yirmivahu Street, Miadalev Habira, Jerusalem 91012

Introduction

The State of Israel, with a population of 9.19 million (as of April 2020), was one of the first countries to impose entry restrictions in order to prevent a domestic outbreak of COVID-19. Restrictions gathered momentum in February, as more countries that demonstrated evidence of an outbreak were added to the list, while Israeli citizens returning from those countries were obliged to self-quarantine. The first cases were detected in Israel towards the end of February 2020.

From the beginning of March 2020, ever more stringent restrictions were issued to slow down the spread of the virus. This culminated in the emergency regulations that came into effect on March 25, under which members of the public were forbidden from going more than 100 meters from their home - and then, only for a short time - except for in the case of specific situations set out in the regulations. These stringent restrictions continued until the beginning of May, when the first steps were taken to ease the constraints on the public and resume greater economic activity.

In the regulations that accompanied March's declaration of a national state of emergency, the public sector was ordered to switch to an emergency footing under which only 30% of its personnel would be working, with the remaining 70% obliged to take emergency leave at the expense of their annual holiday allowance. This directive applied to Headquarters and frontline staff alike, and necessitated special preparations to be made across the Ministry of Labor, Social Affairs and Social Services for it to continue to provide key services and respond to the challenges and special needs triggered by the crisis. There were instances in which even employees on leave helped to provide services to meet these needs.

Several demographic factors proved significant in the State's effort to contend with the outbreak of COVID-19 in Israel, first and foremost, the size of Israel's **senior citizen population**, whose proportion of the general population has grown in recent years. At the end of 2018, 11.8% of Israel's residents were aged 65 years or older, of whom 41% were over the age of 74. Another pertinent figure was **Israel's large average household size**. Israel has the highest number of children per woman in the OECD. The total fertility rate in Israel in 2015 was 3.1, as opposed to an OECD average of 1.68 children per woman¹. It is also worth noting that, already prior to the crisis, housing prices in Israel were considered very high, and the average number of rooms per capita fell as the number of persons per household grew. In 2020, 44.9% of households in Israel have a density of more than one person per room, while approximately one quarter of Arab families and 11% of Jewish families have six or more members. Among municipalities with over 100,000 residents, the

¹ 'A Picture of the Nation', Taub Center Annual Report 2019



highest average number of persons per family is found in Beit Shemesh (5.17), Bnei Brak (4.75) and Jerusalem (4.27), as compared to the national average of 3.71. These cities were ultimately epicenters of the outbreak and were placed under special regional lockdown measures during both the first and second waves.²

These figures, illustrating Israel's aging population and large families living in crowded residences, proved to be key morbidity factors in the transmission of COVID-19 in Israel.

This booklet presents the preparations and coping strategies of the various administrative offices of the Ministry of Labor, Social Affairs and Social Services and the local social services departments throughout the country in response to the outbreak of COVID-19 in Israel. It should be noted that, because of the limited space, the booklet could not include the vast number of examples of good work done by the administrative offices and by the various services in continuing to provide treatment and run existing emergency programs.

This booklet will attempt to focus the spotlight on new initiatives and special changes made to existing programs in order to continue to provide services under the restrictions and to assist both the population served by the social services and the public at large to cope with this time of crisis, mindful of the fact that these might help other countries struggling with the outbreak.

² Data from Central Bureau of Statistics publications <https://www.cbs.gov.il/>

Senior citizens

During the Coronavirus pandemic, senior citizens were defined as a high-risk group on the basis of their age and higher prevalence of underlying illnesses. To protect themselves from infection, they were required, and are still recommended, to stay at home for an extended period, the end of which is not yet in sight. Concurrent to the implementation of the stay-at-home order, the social clubs, day care centers, and “Kitat Gimlaim” (pensioner classes in regular schools) that typically provide the main sources of structure and social contact for this population were all suspended, magnifying senior citizens’ isolation. While minimizing the risk of infection by the virus, being confined at home for an extended time also has many negative consequences for senior citizens, including a decline in their mental and physical quality of life due to loneliness, a lack of face-to-face encounters with family members and physical human contact in general, and a lack of opportunities to socialize with peers.

In addition, the situation that arose limited many senior citizens who, under normal circumstances, are relatively independent in attending to their basic needs. Closures of public transport and other restrictions interrupted many of the routines that senior citizens had developed to provide themselves with food, or by which their family members could help them and take care of their needs.

Helping to develop digital literacy, making technological devices accessible, and promote remote socialization

Technological devices, video call apps and social networks became the basic tools for communication and connectedness throughout the pandemic. The online world became the main arena for a whole range of activities, both at the family level and for social frameworks and services. Compared with younger generations, senior citizens needed a great deal of help in getting acquainted with and using these tools, and initiatives were therefore undertaken to make them more accessible to this population and to create social activities anchored in their use.

The programs presented below were established to meet this challenge.

The "Mehubarim" ["Connected"] program – Multi Sector initiative in the Southern District

Mehubarim is a joint venture of the Service for Senior Citizens and the Service for Community Work of the Ministry of Labor, Social Affairs and Social Services’ Southern District alongside Intel, Cellcom, Meshi Technologies and the Praxis Institute. The venture

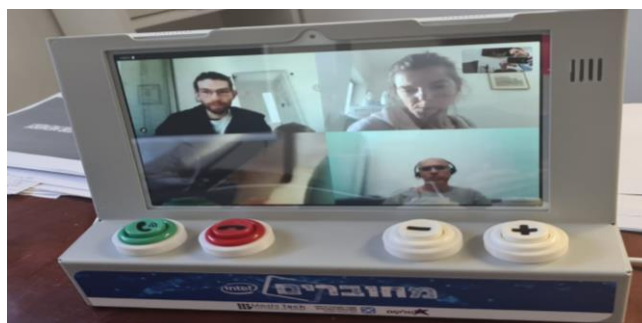
enables digital access using stripped-down technology to create online activities for senior citizens in five local authorities in the Southern District. The venture began during the Coronavirus pandemic when senior citizens were required to self-isolate and the facilities they attend for social and educational activities were closed temporarily. The venture essentially put class activities online, under the guidance of the usual instructors and facility coordinators, so that senior citizens could still engage with the friends they made from their usual participation in the senior club facilities, thus remaining busy and alleviating their loneliness.

The program's principles are based on:

Preserving the senior citizen's meaningful community and social networks through the array of community social services hosted in that local authority. The operators of the social service facilities, and the array of volunteers and class instructors that operate in these facilities, were trained in online remote work and received professional supervision.

Another important aspect of the program was the development of a user-friendly device that was “brilliant in its simplicity” in order to make users feel capable and want to engage with it. Developed by Intel at the beginning of the crisis, the device is based on a tablet fitted into a custom-tailored rigid housing and reprogrammed using a 'reverse innovation' approach to enable participation in a family gathering or in a specially adapted social activity at the press of a button, as soon as the device is plugged into electricity. The device uses a green button to connect and a red button to hang up. Use of the system was overseen by a remote technical support team based on volunteers in the community and professionals supervising the senior citizen users and their families. Intel Israel donated 500 devices to the program and Cellcom donated 500 SIM cards with a free internet connection for one year.

Beyond the crisis period, there are plans for the platform to continue to be used in normal times by senior citizens confined at home. In effect, this new technology will expand the services available to senior citizens in this situation at all times, and more services are exploring how their activities can be adapted to suit the devices and thus meet the needs of this population.



Responsible: Orna Amos, Coordinating Supervisor, Community Work Service, Southern District, OrnaA@molsa.gov.il

Sigalit Cohen, District Supervisor for Senior Citizens, Southern District, SigalitC@molsa.gov.il

Digital Commando program - Givat Brenner Regional Council

The Digital Commando program is an initiative of the Volunteering Unit of the Social Services Department of the Brenner Regional Council. The program is designed to resolve senior citizens' digital literacy by linking them with volunteers. Volunteers with computer skills were located to instruct, guide and assist each senior citizen individually who requested help in operating and using their digital devices. Volunteers tailored their support to suit the changing social distancing and quarantine restrictions of the Ministry of Health, providing assistance over the phone, in outdoor training sessions on the use of digital devices, and training family members in contact with the senior citizens.

The program's implementation steps:

1. Identifying the needs of Givat Brenner's senior citizens.
2. Locating volunteers with computer skills.
3. Assisting senior citizens to access community programs that were moved online in order to maintain continuity. For example: "Kitat Gimlaim" [pensioner classes at a regular school], social clubs, and more.
4. The volunteer coordinator mediates between the needs of the population and the volunteers and identifies solutions wherever possible.

Monitoring and meeting senior citizens' technological needs after the crisis: Once the situation has returned to normal, the plan is to continue to use the Digital Commando program to train and instruct as many senior citizens as possible in digital skills for computers and mobile phones. The aim is to maximize the number of senior citizens capable of using digital media in normal times and in times of emergency.

Responsible: Maya Zamir, Community Social Worker and Volunteering Unit Coordinator, Brenner Regional Council Mayaz@brener.org.il

Online implementation of the "Warm Home" model - Emek Hefer Regional Council

On the eve of the Coronavirus pandemic, the Emek Hefer Regional Council operated 14 Warm Homes serving 300 senior citizens. The "Warm Home" model was developed by the Eshel non-governmental organization (which has since been absorbed by the Ministry of Labor, Social Affairs and Social Services) to benefit localities ("yishuv") in Emek Hefer. "Warm Home" frameworks are available to all independent senior citizens in Emek Hefer

who are interested in participating in a structured social setting. In normal times, meetings are held at least once a week in the yishuv (usually either in an elderly center, a local culture center, or a communal dining space) for a minimum of three hours. The operators of the Warm Homes are volunteers from the yishuv, and the hosting includes an activity from the model's social program and light refreshments. The social program includes: marking the chagim (public holidays), holding classes and lectures, conveying information and assisting senior citizens to exercise their rights. During the pandemic, the "Warm Homes" had to adapt their services to meet the restrictions imposed by the Ministry of Health. It was decided that the activities of the "Warm Home" model would be moved from the fixed venue to online and transmitted to all the senior citizens in the yishuv via their digital devices. In this way, the now-online "Warm Home" program would allow senior citizens to maintain their socio-communal connections and alleviate loneliness, while also facilitating a gradual return to normalcy following the lifting of social distancing restrictions.

Online activities of the "Warm Home" model: activities meant for all the senior citizens in Emek Hefer were held on Tuesday mornings – called "Tuesdays on Zoom" - and included a diverse range of both physical activities and educational enrichment content. The activities also allowed for the development of interpersonal connections between participants. In effect, the rationale for developing the program was to simulate the "Warm Homes" activities in a digital medium, and in this way to try and restore routine and continuity to the lives of the senior citizens. The meetings were broadcast live in order to create a sense of a social connectedness, much like that typically created during in-person activities in regular times. Physical exercises and lectures were broadcast from the instructor or lecturer's home, and were accessible via a direct link or transmitted to the local kibbutz channels.

Multigenerational connection – Zoom trustees: alongside compilation of digital content for senior citizens, all participants needing technical support were identified via the locales' coordinators and a team of volunteers comprised of young people was then built to help those senior citizens learn to use the digital devices over the phone on a one-to-one basis. The volunteer youths became a technical support hotline for the senior citizens, explaining how to operate the digital devices and connect them to the online meetings.

Responsible: Shaked Kahlon Feder, community social worker, Welfare and Social Services Division in the Regional Council, shakedk@hefer.org.il

District Supervisor: Odeya Shabtai-Getahon, community social worker, Supervisor of Community Work, Tel Aviv and Central District, odeyas@molsa.gov.il

Helping senior citizens cope with loneliness, remain physically active and providing for their nutritional and health needs

Apart from the digital gap, loneliness and the need to remain at home has left many of the seniors needing support in the form of general assistance to provide for their basic needs - food, medicines, etc., as well as support to continue to remain active and socially engaged. With an understanding of the specific needs that arose during the pandemic, several national and local initiatives were undertaken to help senior citizens with these issues.

"Mishmarot HaZahav" ["Golden Guards"]: distribution of food portions produced by school meal production centers to the senior citizen population

During the crisis, the Ministry of Labor, Social Affairs and Social Services led an effort to maximize utilization of resources in collaboration with the Ministry of Education and the food production centers that supply meals to school students in normal times, the Ministry of Finance, the social services departments in the local authorities and volunteer organizations. Meals were delivered to senior citizens confined to their homes who were interested in such assistance. A nutritionist brought in by the Ministry supervised the menu in order to ensure that the senior citizens would receive a satiating and nutritious portion. The meals were then supplied by the suppliers of the school meal production centers, who, in normal times, deliver lunches to students at school. As all schools were closed during the peak of the crisis, this program intelligently made use of existing resources and production and logistical systems to ensure the food security of Israel's senior citizens.

Local Social Service Departments throughout the country relayed data about the quantities of food required, and located the senior citizens who needed a nutritional solution based on criteria defined by the Ministry.

These criteria defined that senior citizens whose physical and socioeconomic situation did not enable them to take care of their own needs at this time - childless senior citizens living alone or those eligible for assistance, those with no family support and/or those with a complex functional status - could receive nutritional assistance. In addition, the director of each local authority's Social Service Department was allowed to exercise discretion and identify senior citizens, who, while not meeting these criteria, nonetheless needed the Ministry's assistance to satisfy their basic needs.

The food was supplied via hundreds of distribution points across the local authorities, from where the food portions were delivered to the door of the citizens by a system of local volunteers, with the help of the Home Front Command, without coming into direct contact with the citizens. In addition, food baskets were distributed to populations in need.

The meals that were provided through the program were matched to the cultural characteristics of the various communities. The ultra-Orthodox communities were given the option of choosing meals commensurate with the level of kashrut that suited them, while the portions for the Arab sector were matched as far as possible to the foods customary to that population. In addition, priority was assigned to giving food baskets (as opposed to precooked meals) to Arab senior citizens because of their preference as observed in their feedback.

Summary of the figures:

The operation extended from March 22, 2020 to May 31, 2020.

6,265,542 chilled meals were distributed to senior citizens on 22 distribution days, in 235 local authorities.

339,000 food baskets were distributed to senior citizens in 250 local authorities.

128,000 senior citizens benefited from the program over the months of the operation.

Responsible: Orly Manzali, Deputy Director, Tel Aviv and Central District,

OrlyM@molsa.gov.il

Distribution of Yad Sarah panic buttons

In addition to the issues that impacted all senior citizens, childless senior citizens living alone faced another difficulty in receiving a response, namely, a shortage of family members to visit them, coupled with their inability to leave. During the crisis, several deaths of childless senior citizens living alone were discovered, evidently because their distress had not been communicated or they were unaware of or unable to request help. In light of this, the Ministry of Labor, Social Affairs and Social Services began an operation to install 20,000 Yad Sarah panic buttons in the homes of senior citizens. Yad Sarah is Israel's largest national volunteer organization, focusing on loans of medical and rehabilitative equipment to elderly and homebound individuals.

The panic button is designed to obtain immediate assistance following a fall (a commonplace phenomenon among senior citizens and one of their main causes of death) or a health related incident. The senior citizen can press the panic button, which is connected to the Yad Sarah organization's hotline, staffed 24/7. The panic button is a special sensor worn around the neck by users that alerts the Yad Sarah hotline automatically in the event of a fall, even if the user did not actively press the panic button.

Results following the distribution of the panic buttons indicate that the lives of several senior citizens were saved thanks to the presence of the sensor in their home during the crisis.

Sending an alert to the hotline instantly indicates the user's details on the operator's computer screen, including their medical condition, and relevant medical assistance is dispatched accordingly.

The Ministry has since established criteria for installing panic buttons going forward for a symbolic, one-time price of 20NIS:

1. 75 years old and above.
2. Lives alone.
3. No children or no connection with their children.
4. Lives on an old age pension and income supplement.
5. Known to the social services departments in the local authorities.
6. Not in possession of a panic button funded by another agency.

In addition, the Ministry reached an agreement with the Yad Sarah organization for preferred terms for senior citizens who do not meet the criteria, but who also want the panic button installed.

Responsible: Michal Dalumi, Director of National Supervision - Community, Division for Senior Citizens, MichalDal@molsa.gov.il

The "Hand-In-Hand" ["Yad B'Yad"] program - Netanya municipality

At the heart of the "Hand-In-Hand" program is the creation of an over-the-phone connection between a student in Netanya and a senior citizen throughout the period that Coronavirus-related restrictions remain in place, and subsequently, once the restrictions are removed, to encourage the participants of the project to meet in person. Another goal of the program is that the evolving relationship be meaningful and that the student's family embrace the senior citizen to some extent so that they may feel that assistance is near at hand. The existence of such ties are expected to be particularly beneficial in the event of an outbreak of another wave of the virus. The program focused on south Netanya, which has a high concentration of socioeconomically disadvantaged populations.

A school was chosen in each neighborhood of Netanya, as it was understood that physical proximity is essential for providing assistance in times of need, while also providing added value by creating ties between residents of the same neighborhood. Senior citizens in each neighborhood were recruited from the database of clients of the Senior Citizens Department and of 'Marshall' - the Multi Service Center for the Blind and Visually Impaired. Volunteers from Netanya's Volunteer Department contacted the senior citizens and recruited them to

the project, while the Director of the Post-Primary Education Department, together with the Director of the Youth Volunteer Unit in the Education Administration, enlisted the staff of the city's Eldad School to recruit their students.

Staff from Netanya's Social Services and Welfare Administration are in contact with the senior citizens to check their satisfaction with the program, while feedback from the students is received on their conversations with the senior citizens on Google forms alongside ongoing communication with their school's staff.

Before establishing contact with the senior citizens, participating students went through an orientation process and received guidance from community social workers.

Responsible: Shlomit Amrami, Community Resources Unit Coordinator, Netanya municipality, Sholmit.amr@netanya.muni.il

District Supervisors: Limor Museil, Supervisor of Community Work Service, Tel Aviv and Central District, limormu@molsa.gov.il

Odeya Shabtai-Getahon, Supervisor of Community Work Service, Tel Aviv and Central District, odeyas@molsa.gov.il

"Senior citizen's Hour" ("Sha'at Kashish") - Yeruham Local Council

Being confined at home, senior citizens were less active which impaired their physical fitness and cardiopulmonary endurance. Yeruham has a population of 1,150 senior citizens living in 930 households. A large percentage of them do not use technologies such as smart phones and Zoom, which help other age groups communicate and stay in close contact.

Immediately after the Passover holiday, the Yeruham Local Council began to hold activities for senior citizens in small groups within 100 meters from their home (that is, in compliance with the lockdown guidelines). The groups operated according to the Ministry of Health guidelines (up to 10 participants, 3 meters apart from one another, wearing masks and gloves, and with chairs being disinfected before the start of each meeting).

The participants in each group are fixed, in order to not expose the senior citizens to a larger number of people. The instructions of the Ministry of Health require that an official be present at every one of the groups (in addition to the trainer) in order to ensure adherence to the restrictions. Each group meets 3 times a week for physical activity and for content centered on various topics.

The program's goals are to boost the health and psychological well-being of the senior participants, and to alleviate the sense of loneliness they may feel given that, as a high-risk



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group, the restrictions imposed upon them are expected to continue for some time. Another goal of the program is to strengthen community engagement across locales in Yeruham. As of the beginning of May, 12 groups were operating in Yeruham in various compounds and frameworks, with 100 senior citizens participating in them.

In order to manage the operation, a partnership was created with the coordinators of the existing senior citizen clubs in Yeruham and with the local community center ("Matnas"). Activists and volunteers were also recruited to coordinate the groups. Physical activities were supervised by a professional sports instructor for a fee, and other content was run partly by volunteers and partly paid for. Demand is growing to expand the program, and the Council wants to expand the program's activities to other compounds and frameworks as well, in line with budgetary capabilities and the needs of the senior population. The Council has set a target of creating 15 groups operating in proximity to the residences of the senior citizen population, carrying out activities three times a week.

Responsible: Avital Ashkenazi, coordinator of the Community Social Work Unit in Yeruham
avitalas2@gmail.com

District Supervisor: Orna Amos, Coordinating Supervisor, Community Work Service, Southern District, OrnaA@molsa.gov.il

"Someone to talk to" - the Netanya municipality and Tel Aviv University

The Netanya Social Services and Welfare Administration and the School of Social Work at Tel Aviv University collaborated to find a solution to meet both the emotional needs of senior citizens in Netanya and to mitigate issues arising from the suspension of the typical training program for first-year social work students due to social distancing restrictions. This collaboration took place in a context where the local Social Services and Welfare Administration was already struggling to meet the needs of the other populations under its care, in addition to those of Netanya's senior citizens.

Under this new program, each first-year student participant was assigned responsibility for two senior citizens to whom they had to give support over the phone twice a week. The director of the students from the School of Social Work built a curriculum for them, tailored to providing senior citizens with emotional support and enhanced resilience, including providing the students with lectures and training. At the same time, supervisors were recruited from the Administration in Netanya and from the School of Social Work to hold supervision sessions with the students once a week. A tool was built to track the number of calls made, and to monitor the needs of the senior citizens and the possible development of any high-risk situations. While the response initially dealt primarily with concrete needs -





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food portions in particular - as the relationship progressed, calls transitioned toward providing emotional support and helping the senior citizen mobilize family members who could provide them with support, to later coaching them toward a gradual return to normal life. By mid-June, of the 160 senior citizens who had been matched up with 80 students, 143 continued to be in an active relationship with their allocated student, and over 1300 calls have been made in total. With the completion of the students' academic year, those senior citizens aided by the students and not previously known to the Welfare Administration who wished to continue the connection are being transferred to a social worker in the Senior Citizens Department so that supportive communication may continue to take place.

Evaluation sessions in the aftermath of the program have indicated that students were pleased with their involvement, having been afforded an opportunity to practice social work at its best while responding to the call of a national mission. The School of Social Work got the opportunity to impart learning to its students about how to creatively adapt solutions to a changing situation, while the students have indicated in their feedback that they had gained from a unique experience in creating a meaningful relationship with senior citizens from afar. The Social Services and Welfare Administration benefited from a partnership that helped to deliver a professional response, which combined a theoretical framework with professional training, to a new and large population group that it was committed to in a time of crisis.

Responsible: Dr. Cigal Knei-Paz, Deputy Director of the Social Services and Welfare Administration in Netanya and Director of the Family Welfare and Therapy Center, Cigal.kne@netanya.muni.il

District Supervisor: Limor Bar Tal, District Director, Tel Aviv and Center District, LimorBa@molsa.gov.il



Domestic Violence

Preparation and coping within the field of domestic violence prevention during the crisis

The challenge: From the beginning of the Coronavirus crisis, it was clear that this period would be challenging for the field of domestic violence prevention. It was known that the need to remain under lockdown and be together at the family home during all hours would likely lead to a significant increase in instances of violence and calls for assistance. The key question was how to respond and intervene or provide assistance while complying with the restrictions of the Ministry of Health.

To address this issue, all social workers involved in treating and preventing domestic violence were categorized as essential workers (unlike other welfare services where large proportions of their workforce were not deemed essential). In addition, much of their activity was redirected to become proactive in nature, as contrasted with routine times when their actions are typically reactive to reports of violence:

a. Cases and populations known to the authorities:

- In centers for the treatment of domestic violence, regular phone calls were initiated to families already known to the social service departments in order to monitor their mental health and whether any violence was taking place. That is, to assess if there was a deterioration in the mental state among members of the family unit (and to examine how to assist) or if there was an increase in the level of violence (and therefore a need for immediate intervention).
- In the local authorities, two major steps were taken. The first was to increase coordination with the police as part of the "Threatened Women Procedure", which allows sharing existing information on the level of danger and accordingly examine the needs of intervention. While in normal times deliberations and assessments with the Israel Police about every high-risk woman are held once a month, during the crisis, this was done once a week to provide an effective intervention.
- Individual and group therapy, both women's and men's, was carried out online to enable continuity of treatment and care. The service was tailored to the patient's needs as well as their level of practical functioning and their home environment.
- In addition, a special intervention was provided for men against whom a "protection order" was issued, and who were required to leave their homes. While these men will usually find a place to stay with relatives or friends, during the crisis and



lockdown this possibility was rendered impossible. At the same time, it would not be safe for a man in such a situation to remain at home alongside the family members they have been violent towards. The Ministry therefore provided funding to the Local Authorities for placing these men in a hotel for a period of two weeks, for the purpose of organizing their next steps and subject to continuous contact with a therapeutic professional in order to promote their commitment to treatment and thereby reduce their risk. Today, steps are being taken to establish an orderly intervention for this issue.

b. Populations not known to the authorities:

From the beginning, there has been an understanding that the crisis could adversely affect families who had not previously experienced violence in the past due to the tension caused by the situation. The central tool for getting a snapshot of the domestic situation of families belonging to this group was the Ministry's 118 call center.

- A wide scale media campaign was launched to raise community awareness of cases of violence and the need to make a referral of such instances to the authorities. In addition, the purpose of the campaign was to raise awareness of the emergency line for women in distress. At the same time, the services provided through the Ministry's call center (118) were expanded to provide workers operating the call center with enhanced technological capabilities to manage incoming information and cope with the anticipated increase in the number of calls due to the crisis and lockdown.
- Establishing a "silent calls" line, via text message, with the rationale behind this initiative being that the proximity of the offender would not usually allow for a phone call, and therefore a call for help should be possible through another means.
- Establishing a call line for men in distress that allows men who feel anxious or are in a difficult mental/emotional state and feel that they may turn to violence to seek help before the situation escalates.

Another tool that was developed earlier in the aftermath of the crisis, and which is expected to be used routinely in the future, is the development of a designated app that asks users to answer a questionnaire on their situation that was formulated by professionals. The app evaluates the existing risk situation in light of the answers given and accordingly provides recommendations on what can be done to exit or avoid risk situations and what authority users should contact.

Supervisors in Charge: Hagai Moyal, National Supervisor (Domestic Violence), the Administration of Personal and Social Services, Division of Families, Children and Youth in the Community, HagayM@molsa.gov.il

Efrat Iris Ben Oz, Supervisor (118 Call Center), Division of International Relations and Spokesmanship, EfratB@molsa.gov.il

"Behind Closed Doors": program for the prevention of spousal violence during the crisis – Netanya Municipality

"Behind Closed Doors" is a program of the Regional Center for the Treatment and Prevention of Domestic Violence in the Netanya Municipal Welfare Division. Motivated by the understanding that the crisis and the lockdown restrictions would make family life more difficult for some and exacerbate family units in a cycle of violence in particular, the program sought to provide interventions to assist troubled family units during the lockdown and upon their return to routine once the strictest period of restrictions had ended.

The challenge: Continuing to provide treatment via technology in a space that is not protected for patients and, in addition, addressing the difficulty of protecting patients at risk from a distance (given the difficulty of obtaining complete information on their condition, whether they are protected and how to provide protection).

A number of initiatives were established to address this challenge and to address known and new populations.

The program included:

1. **Transition to online service provision:** Services were provided via phone or the various video platforms. Service timings were sometimes changed to suit patients and their responsibilities to care for children at home. There were also cases where the duration of the call was shorter, but the frequency of calls was higher (twice a week for half an hour), in order to suit patients' schedules. Given the nature of the space created (online treatment from home), and the difficulty of speaking freely, there were conversations that focused on finding ways for self-protection or how to relax in the home (therapists suggested different methods, such as mindfulness and other strategies).
2. **Zoom group sessions:** There was great response to these among the service's patients and they were found to be of great value. One of the women's groups, for example, said that the sessions were a very significant source of support during this period and that they could use facilitators and women in the group to think together about coping. Particularly positive was the group of men, some of whom participate in



the sessions routinely, who decided to continue meeting online at regular intervals with both facilitators, and to think together about how to control all those harsh feelings of anxiety and burden within the home, the same feelings that led them to resort to violence in the past.

3. Dyadic treatments for parents and children: The parent and child have chosen in advance, together with the therapist, a game that they will prepare for the therapy session and the therapist joins remotely to this play time while helping the child and the parent in unregulated moments that have come up to bring back the dyadic balance and moments of enjoyment. For most of these families, these were the only moments of play during this period.
4. Contacting patients on waiting lists and those who have completed treatment in the last six months: There are two groups that were characterized as particularly at-risk. The first was patients on waiting lists for treatment at the Domestic Violence Center, who may have been in a sensitive and dangerous situation having not yet received treatment amidst the developing crisis, and the second was families who had recently completed treatment but where a concern remained about a possible return to violence. Inquiries were made to both of these groups, including phone risk assessments, and those who wished to receive therapeutic assistance were provided an intervention.
5. Police complaints: An immediate response was provided to women who filed a complaint with the police, with both intake treatment initially being offered by phone. Subsequently, a protection plan was made for them, where needed, as well as the offering of financial assistance and help concerning the needs of children.
6. Appeal to a large population trapped in the home: There was awareness within the welfare system of the high possibility that there would be a significant population confined to their homes during the lockdown period who, for various reasons, would not be able to reach out for help. Given this, an attempt was made to reach the public through the dissemination of information across various media channels, as well as at the local level and with emphasis on social networks. A questionnaire was distributed across digital channels to examine if respondents were suffering from violence, while providing information for local help centers and the Facebook pages of respondents' local municipality. At the same time, in order to reach a broad population in public destinations through which many people pass, an attractive flyer was created and distributed in pharmacies, with a 'general' heading that did not include the word violence but which said 'There are things that drugs cannot help with' and, when opening the flyer, there was contact information for assistance.





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7. After the Lockdown: Currently, most of the center's efforts are focused on providing a therapeutic professional intervention to the previously-known patient population where, as expected, incidents of violence increased during the lockdown period. At the same time, the outreach efforts have succeeded in reaching previously unknown populations, and the plan is to encourage them to seek help and to work with them over the coming months.

Responsible: Nili Sander, Director of the Center for the Prevention of Violence, nilis@netanya.muni.il

Dr. Sigal Kney-Paz, Deputy Director of the Welfare Administration and Director of the Family Wellbeing Center, Cigal.kne@netanya.muni.il

District Director: Limor Bar Tal, District Director, Tel Aviv and Center District, LimorBa@molsa.gov.il



Children at Risk

Adjusting the operation of childcare facilities for children at risk in the community during the crisis

Community-based childcare facilities for at-risk children include clubs, centers for strengthening family forces and day-care centers (daytime facilities operating within internal boarding schools). These are complementary community-based therapeutic-educational programs that serve as a key service for children living in various risk situations. These frameworks provide services for children between the ages of 3 and 16 and operate after school hours, providing interventions to meet children's social, emotional, behavioral and educational needs, as well as supporting ties between the children and their parents. The frameworks are a protected, stable and safe space that simulates a warm home for the children, with the aim of promoting their condition and well-being and improving their family's situation so as to prevent the child's possible removal from the home.

The challenge: How to maintain contact with children and their parents during this period (when there are restrictions on leaving the home) and continue providing interventions in a manner adapted to the emergency period.

From the beginning of the crisis, all childcare facilities for at-risk children were defined as essential services and therefore could continue to operate. It was quickly understood that maximum flexibility should be allowed with regard to the activities they would provide, with "prioritization" taking into account the unique capabilities and situations of each local authority, each setting, each staff member and each child and their parents, combining in-person and online interventions. The central principle guiding the work was the importance of preserving the relationship between the family unit (including both children and parents) and the therapeutic and educational personnel previously involved in their care, with the understanding that the connection is now even more important than ever. The goal was to preserve stability and continuity of care for children and families, to provide practical tools for daily coping, to provide an ear to those in need and to identify risk situations that require special attention. The counsellors accompanied and guided the children and their parents online to create a routine and daily schedule as much as possible within the unconventional situation created by the crisis, and to help them cope with whatever difficulties they were facing. There was a great deal of flexibility in the hours when online conversations took place, depending on the unique needs of each family.

At the same time, while most of the childcare facilities usually operate by providing an in-person intervention in groups of about 15 children, during the emergency period a variety of activities had to be adjusted to meet the requirements of the Ministry of Health's guidelines.

Simultaneously, the facilities' practice was constantly revised in accordance with learning and experience of what was working best in the context of the emergency. The core practices adopted during the crisis period were: enabling activities in small groups of up to 3 children at a time or individual sessions, divided by hours and based on a rotation between the children according to a mapping of the children's needs and the situation at home; daily contact with the children who do not come for various reasons and providing them with services remotely while ensuring to keep online contact with parents; ensuring food distribution to each child every day (food was brought to children who do not come to the framework); distribution of activities kits, activities and games to the children's homes and utilizing the drop-off as an opportunity for a brief encounter with the child outside the home, when possible, and in accordance with the Ministry of Health guidelines.

Responsible: Naomi Abutbul, National Supervisor (Clubs and Professional Annexes), Division of Families, Children and Youth in the Community, NaomiAb@molsa.gov.il

"Soft Envelope" - An intensive treatment and care program for at-risk toddlers

"Soft Envelope" is a nationwide pilot program (in partnership between Joint JDC - Ashalim and the Peshar Association), designed for toddlers aged from infancy up to three years old who are at risk of injury and neglect in their home, according to the "Toddlers at Risk" Law. The program provides care for about 140 families in nine communities. In regular times, the program's intervention model takes place both in the family home, a familiar space for the toddler and the parent, with additional sessions also held in an educational setting. The main goals of the program are to promote the toddler's development and to reduce situations of neglect and risk. This is achieved through strengthening the relationship between the toddler and their parents, while enjoying playful sessions and at the same time maintaining regular contact with the toddler's educational framework.

The challenge: Adjusting the program's intervention model according to the emergency restrictions while ensuring continuity of treatment and reducing risk.

Key principles of the crisis intervention process:

The program coordinator and the counselor allocated to each family collaborated to create a continuous, flexible and intense presence for the parent. This typically involved adapting the frequency of contact to suit the family's needs, with contact in some cases taking place on a daily basis, including evening hours, via phone and technological means. This relationship promoted the parent's emotional availability for the toddler, and provided the parent with a model of "beneficial parenting", how to be present, understanding, and consistent for their child (in the same way the counselor is to them). The program team was simultaneously given support from their management in a parallel process, characterized by

understanding and guidance, with high flexibility and availability to free the social workers for therapeutic intervention while they were experiencing the state of emergency themselves.

Preserving the safe, therapeutic relationship between parent and social worker was determined to be the best way to anchor the family unit in the principles of the program during the emergency period by giving the parent guidance on the following areas:

- a. Providing knowledge and tools for working with toddlers in times of crisis - Understanding that the toddler is affected by the adults' stress and may be exposed to difficult conversations or the news at home, guidance was given on how news of the situation should be mediated to suit the child's age in a manner that would not heighten their anxiety.
- b. Providing immediate intervention to help navigate possible traumatic situations: assessing and intervening with regards to the changing physical and emotional needs of the family and the toddler.
- c. Focusing on the connection between toddler and parent: Distribution of game kits and art supplies for creative and playful activities with toddlers at home. The purpose of the kits was to give a sense that the families were still being cared for by the service while offering them tools and reminders of insights that had been learned in treatment before the emergency and to preserve them. The games and artwork helped the parent to focus attention on the toddler and their relationship with them and to create a shared enjoyable experience. The distribution of the games was accompanied by video calls with the program counselor and the toddler and parent which helped to experience the continuity of the interrupted therapeutic relationship, including a brief observation of the toddler and the parent. In addition, pictures and videos were sent from the parents to the social worker, where the play activity was filmed, with the toddler knowing that the social worker would watch the video and was therefore still involved in their life.
- d. Continuous contact and sharing of information between family counselors and the educational framework - Contact was preserved between the family's social worker and a significant attachment figure for the toddler from their educational framework (which had been temporarily closed due to the emergency restrictions). Cases where high levels of risk were identified were jointly addressed by including the other authorities and services involved in the toddler and parents' care.

Responsible: Vered Carmon, Infancy Field Director, Family and Child Care Treatment Programs in the Community Service, Division of Families, Children and Youth in the Community, VeredC@molsa.gov.il

"Meimad" – A program in collaboration with the Service for Children and Youth

"Meimad" is a nationwide program that provides therapeutic interventions for approximately 90 parents who wish to improve and repair their relationship with their child, who is living with a foster family. The treatment consists of three parts:

- a. Guidance of the parent by a "Meimad" facilitator who is usually the foster family's supervisor
- b. Parent-child meeting time
- c. Processing the encounter with the parent following the meeting time with their child.

Sessions are held once a week or once every two weeks according to the decisions of the Care Planning Committee. From the beginning of the crisis, it was understood that there was a need to bring the program online, while needing to assess which of the patients this could be done with as each treatment is different, depending on the child's age, the child and parents' mentalities and the duration of the relationship between the therapist and the parent. Bringing the program online required an understanding of what were the current needs of the parent-child dyad and how best to meet them, working on the basis of what was possible. It was understood that flexibility and prioritization of certain cases was required, while taking into account the capacities of the counselors who were providing their services online from home, while simultaneously caring for their own children, as well as the needs and condition of the parents, the children and the foster parents.

The focus during the crisis was on how each parent could be given continuity of support and contact with their child through the construction of a new type of treatment in a virtual space. A major difference between this situation and the normal treatment mode was the fact that, in reality under the virtual treatment mode, there is not only one treatment space but three treatment spaces (the parent's space, the child's space, and the facilitator's/therapist's space), which posed challenges as well as opportunities.

Nevertheless, given the understanding that the continuity of the relationship is a valuable thing for all stakeholders – the biological parent, the child, and the foster carer – difficulties in providing treatment in a virtual space were navigated and overcome. The very effort made by everyone involved in the virtual session, giving rise to a knowledge that others are thinking about them and how to help them during this period, even if not everything is possible, already strengthens the connection between all involved. This was felt to be a particularly significant and positive outcome in a context where uncertainty and anxiety were very active.

Director in Charge: Dorit Levenson, "Meimad" Program Manager and social worker,
dorit@synergi.co.il

Supervisor on behalf of the Ministry's HQ: Rachel Levin-Iger, National Supervisor (Foster Care Unit), Division of Families of Children and Youth in the Community,
Rachelel@molsa.gov.il

Adaptation of the work in child–parent centers – Yahel House at Tirat Ha'Carmel

Child–parent centers are part of the continuum of interventions provided by the social services departments for at-risk children. Families whose children have emotional, social and/or behavioral problems, due to unresolved developmental needs and/or significant parenting difficulties, are referred to the centers. For each family unit and every individual within that unit a unique program is built according to their needs involving treatment at the center between one to three times per week.

During the crisis, information was received about families whose children were feeling distressed and anxious, about parents (who even in normal times struggle to meet their parental responsibilities) who do not properly mediate the crisis with their children, about parents who were having difficulties staying with the children at home, about chaos in homes, domestic violence, poor communication, increased exposure of children to tensions between divorced parents, and more.

The centers' services and work methods were adapted to the changing realities of the situation and its restrictions, and to the specific needs of the population of each local authority, and a wealth of new solutions was developed. The actions taken by Yahel House in Tirat Ha'Carmel, which serves as that locale's child-parent center, serves as a good example of the activities adopted by child-parent centers across the country:

The goals set:

- a. Providing a range of holistic interventions for the family unit and its individual members to prevent the transition from risk factors to the occurrence of dangerous situations for the children.
- b. Providing parents with tools for tailored mediation of the situation to their children.
- c. Treating the children's anxiety and providing tools for their parents to help their children with their emotional well-being, while developing and expanding their insight into their children's emotional world.
- d. Providing emotional support to parents, understanding that the longer they are held and supported, the less they are likely to project their difficulties onto their children.

- e. Providing creative tools and games for parent-child collaborative work.
- f. Continuing individual treatments for at-risk children with an emphasis on adapting to the new situation.
- g. Establishing ties with all services in the community that may help the family with their various needs.

The new operating model:

For each patient family, a remote treatment plan tailored to its needs, abilities and wishes was built alongside the parents that involved the following elements:

- a. Each family was offered recurrent family session with a social worker via Zoom.
- b. The social worker at the family treatment center provided guidance to all parents receiving treatment. For those who agreed to a family session, parental training was held immediately at the end of the family session. The training focused on reinforcing and promoting positive behaviors observed in the family dynamics that day, and on identifying and discussing counterproductive parenting practices. The training placed an emphasis on giving parents the possibility to vent their fears and frustrations, inquiring as to their needs, providing tools for adapted mediation of the situation to children and more. The social worker also sent parents suggestions for activities depending on the age of the children and the needs that emerged.
- c. All children continued to receive individual treatment online or via phone.
- d. The Family Treatment Director at the center brought up the family's situation and needs with the relevant authorities and parties as needed (from food to providing volunteers that would create breaks for the children).
- e. Groups of at-risk children were offered the opportunity to meet each other in a mediated therapeutic Zoom group.

When the families returned to the center after the lockdown period, everyone noted the importance of the connection during these complicated days.

Supervisor in charge: Ilana Arizon Messinger, Yahel House Manager, elanaam@walla.co.il

District Manager: Dalia Sinai, Haifa District Manager, the Haifa and Northern District, the Welfare Districts Division, DaliaSi@molsa.gov.il

On behalf of the Ministry's HQ: Vered Rothfogel, Director of Family and Child Treatment Program Services in the Community, Division of Families, Children and Youth in the Community, veredr@molsa.gov.il

Activities of the Parental Coordination service during the Coronavirus crisis – the Jerusalem Municipality

Parental Coordination is a service for separated parents which aims to help them collaborate and resolve issues related to their shared children. The goal of the program is to help parents move away from struggle to constructive discourse and to manage independent parenting.

Emergency regulations and the absence of educational frameworks forced parents to face additional challenges, such as coordinating attitudes and schedules during the restrictions. Parents had to update their visitation times for vacation days, find safe places for child transfer and find agreed solutions for child activities and visits with relatives and friends outside the immediate family unit. In some cases, the situation intensified unresolved conflicts, with the interruptions to the family's typical routine serving to bring up differences between the separated parents. On the other hand, the period also led many parents to concentrate on surviving with each other's assistance and abandon, at least for the time being, the principled conflicts and wars of justice between them.

The challenge: The service had to adapt its activities to the changing situation, from stopping the in-person sessions, through building an intervention model that met the restrictions and finding solutions to maintain continuity of support while also directly addressing the special needs that arose from the situation.

The counselors needed to convert the familiar and well-known tools used by the service into a new format. In-person sessions were replaced by video conversations, while, for families who lacked the necessary technological means (for example, members of the Ultra-Orthodox community), phone conference calls were held. The staff's personal computers were equipped with camera systems and they were provided with detailed instructions for use of the TEAMS communication app. In addition, an explanation was also provided to patients about the app, how the calls would take place and for what time periods.

The new meeting space required the re-establishment of the rules of the treatment room. Conversations were opened with a definition of the purpose of the discourse and related discussion, followed by the creation of written agreements between the parents. The conversations that took place in the parents' home or occupational space highlighted the need for making time for sessions. Parents were instructed to be in as quiet a space as possible, seated and without outside disturbances. In addition, adaptation was required to improve the virtual new space at the interpersonal level, to cope with the limits on human

interaction that exist for video conversations and build counselors' ability to hold a fruitful discussion on this medium.

The regular meeting schedule was completely disrupted following the disruptions to the agendas of the parents and their children, as well as those of the counselors. Organizing the sessions required finding a suitable arrangement for the children while at the same time the counselors invested time and effort in stabilizing an updated schedule adapted to the newly created conditions.

A number of achievements resulting from the remote sessions can be pointed out: there was success in maintaining therapeutic continuity and preventing deterioration of the treatment process, thereby mitigating the crisis's threat to family stability and children's sense of security. Concrete problems created during the Coronavirus crisis were also addressed, for example, changes to visitation schedules, finding creative solutions in the absence of educational frameworks, coordinating between parents about risk management, and bridging positions and concerns that often varied between parents. In addition, counselors were able to address routine issues that arise regularly, such as communication and educational issues and preventing conflicts from being exposed before the children..

Director in charge: Marcela Pinart, Director of the Transition Department, Welfare Department – Jerusalem Municipality, pnmarsela@jerusalem.muni.il

District Supervisor: Liat Arental, District Social Worker for Legal Procedures and Matters, Division of Families, Children and Youth in the Community, LiatEr@molsa.gov.il

People with Disabilities

The Administration of Disabilities of the Ministry of Labor, Social Affairs and Social Services provides services for people with intellectual developmental disabilities and other cognitive disabilities, and also individuals with autism, and sensory and motor disabilities. The Administration does not treat individuals with mental illnesses, who instead fall under the remit of the Ministry of Health. People living in residential care settings receive care and a variety of services in these frameworks around the clock. The Administration also offers services to people who are living in the community to integrate them into different employment and leisure settings and while receiving support and services according to their needs.

For many of these individuals, the programs they partake in from the Administration of Disabilities constitute the main staple of their daily routine. As the Coronavirus crisis broke out, the Administration of Disabilities' headquarters, other government agencies, local authorities' social service departments, service providers (organizations operating the various programs) and volunteers all continued providing the services under the new restrictions, creating new solutions to meet the needs given rise to by the emergency situation. The restrictions placed a particularly heavy burden on caregivers for people with disabilities, meaning that they were in need of a great deal of support throughout this time. Part of this chapter will focus on them.

Assessing the Administration to prepare it for the crisis

By the end of February 2020, even before the first Coronavirus case had been recorded in Israel, there was an understanding that there was a high potential for an outbreak. Correspondingly, the Administration of Disabilities began preparations to build capacity to be able to provide an effective, safe response through its frameworks in the event of an outbreak taking place.

Initial action plan

In the initial stages of the outbreak in February 2020, before the emergency was declared, the headquarters of the Administration of Disabilities began implementing three major courses of action, with efforts intensifying as political decisions were taken over the following weeks:

1. The Administration's Headquarters gave guidelines and requirements in an accessible language for all of its frameworks on how to prepare for the outbreak even before the

emergency was declared. The guidelines provided directions on issues like taking an inventory of hygiene materials (masks, alcohol, etc.), maintaining social distance, while also providing information to service provider's staff and their families on how to conduct their work within the frameworks, how to remain safe in their personal life, and how to prepare spaces within the frameworks to be used for quarantining individuals if necessary.

2. Surveys were conducted among the frameworks' staff from the beginning of the crisis throughout the emergency period. The survey questions dealt with the frameworks' level of readiness, allowing the Administration's Headquarters to map and resolve any gaps in the frameworks' preparations.
3. For the residential frameworks, the Headquarters prepared tools and models to help them to deal with the crisis as well as useful tools for emotional support as provided along three tiers of the Administration's hierarchy: district supervisor, framework manager and therapist. These constituted the infrastructure of the work plans for managing the crisis and included the tasks that were required to be fulfilled and expected interfaces during the transition between routine and emergency, while paying attention to the need for information to be transferred both top down and bottom up throughout the emergency and the expectations from the different levels of management and care givers. They also contained information aimed at increasing the awareness of all those involved in the emotional aspects of the looming crisis among tenants and staff, with the intention of drawing staff's attention to behaviors that may indicate distress. Directors and managers were given tools to prevent burnout among employees and materials to raise awareness of stressful situations that could arise.

In addition, relief kits were prepared that provided important information about how people with disabilities cope in crisis and change situations, including a variety of stress relief activities that met the rules of necessary social distancing. The stress relief kits were packaged according to age and functional level, and included enrichment activities, movement activities, group games and a combination of computer and media games.

In addition to the practical role of the variety of the tools presented here, the kits had great value in creating a sense of security, knowing that the responsible officials at the Administration's Headquarters understood the situation and could also assist in the general uncertainty that was characteristic of the Coronavirus crisis.

The Director of the Administration of Disabilities' presence in the inter-ministerial Coronavirus action Headquarters

At the State of Israel's national headquarters for the fight against the virus, there were, among others, representatives from the Ministry of Health, and the Ministry of Labor, Social Affairs and Social Services' Division for Senior Citizens and the Administration of Disabilities. The presence of the Administration of Disabilities at the national headquarters enabled the guidelines given to the residential frameworks for individuals with disabilities to be accurate and timely, while also expediting the carrying out of tests for the virus when necessary, for both residents and staff, and to track and receive the test results. The number of tests carried out to keep the residential frameworks safe was significant and required a great deal of organization: mapping the frameworks and determining which should be prioritized for testing, tracking the results and responding to the outcomes of testing in a timely and safe fashion. In this way, the presence of the Administration of Disabilities in the Coronavirus action headquarters was an important asset in the Administration's efforts to protect the vulnerable population it serves.

Continuing to respond to and assist the disabled population during the period of restrictions

The various populations that the Administration cares for require constant assistance to have their basic needs met and to ensure that they enjoy a decent quality of life. In view of the restrictions imposed in response to the pandemic, as well as these vulnerable populations' general dependency on carers to meet their needs, creativity was needed in changing and retraining how services were provided alongside the formation of a holistic view of the disabled people's environment through this period to ensure that their social and mental needs were also met.

Assistance and response to independently living populations in the Administration's Community Supported Housing Program during the crisis

The Community Supported Housing Program is designed for people with disabilities living independently in the community. Through this program, various ways of support are provided to assist them in their daily lives, according to their needs. For example, the program may provide individuals with a caretaker in their building to carry out minor repairs, a distress button, social activities, support from a social worker, and more. With the outbreak of the Coronavirus crisis, the Community Support Housing Program set up its "Virtual Center" program, providing as many of its regular services as possible online. This enabled the continued provision of socio-educational content, the communication of

essential information, emotional support, leisure and enrichment activities, and tools for people with disabilities to maintain their daily routine.

At the same time, there were emergency situations where **people with disabilities living in the community were transferred to residential settings**. Typical cases of this were when their primary caregiver had to be into quarantine or was sick, or if they had to go into quarantine and this could not be done in their home. When such actions were necessary, suitable settings were identified and disabled persons were immediately integrated into them.

Assistance for the blind and visually impaired population

1. **Rehabilitation Training for the Blind and Visually Impaired** gives people with vision disabilities tools for independent and safe functioning (e.g. how to get to work by bus, how to cook, how to change a baby's diaper). The Coronavirus crisis raised new issues in which some members of the blind population needed guidance. Depending on the situation, trainings were offered by phone, video chat or computer remote control. Among the popular topics were questions about emergency preparedness, using technology for recreational activities such as YouTube or the Blind Library, orientation at home (for people living alone), and remote guidance for parents dealing with blind preschool children to provide them with exercises for the development of their children's senses.
2. Blind and visually impaired people use a variety of technological solutions to manage their lives independently. The technology service center for the blind helps solve technical problems through remotely controlling service users' computers and providing guidance over the phone. During the Coronavirus crisis, the service center served a crucial function in helping these populations adapt to new routines from their home, and the number of referrals to the service center doubled. The main area that service users asked for assistance in was in using the Zoom software.

Assistance to the deaf and hearing impaired population

Even during regular times, deaf and hearing impaired people who need help to communicate with individuals who do not know sign language and who do not have access to technology that could facilitate communication, can use the **remote communication assistance center for the deaf and hearing impaired**. A representative from the communications center will transcribe the words of the deaf or hearing impaired individual and the other person to facilitate communication. This is achieved through the deaf or hearing impaired individual using an app that allows them to use sign language with the

assistant who translates his words to the other party and vice versa. During the lockdown period, many deaf and hearing impaired people were assisted through these means, as a tool to assist them with their basic needs, such as scheduling medical tests, obtaining results, and operating services such as ordering food by phone.

Adapting the treatment, counseling and training centers and social clubs to the crisis period

1. The Administration's treatment, counseling and training centers run a unique program which focuses on sexuality and sexual conduct for the disabled population. Usually, this program is delivered through individual and group therapy or through parent and staff training. The recipients of the service are people with disabilities with different functional characteristics living in their homes in the community or in residential settings. Intervention in the social-sexual field for people with disabilities, at different levels of functioning and needs, requires a tailored and individual approach. To enable therapeutic continuity, and to provide urgent care in emergencies, this program of the treatment, counseling and training centers was brought online. Treatment was now conducted by telephone or video call, while still being tailored to the patient's needs, abilities and wishes. The duration and frequency of treatment varied in light of the newly built therapeutic setting. The emergency situation, which was accompanied by a ban on leaving the house, greatly increased feelings of stress. People who have been the victims of sexual abuse or who have sexually harmed others were even more affected in many cases by the isolation and continued contact with a therapist was essential to maintaining their emotional well-being and in some cases the well-being of others in their environment. Follow-up surveys of service recipients were conducted by the Ministry to ensure that the treatment performed online was satisfactory, and most of the responses were positive.
2. In the Administration's **day programs and social clubs**, which are a significant part of their participants' daily routines, activities were shifted online to provide continuity of care to service users. The online activity included personal contact between the instructors and service recipients, recreation and leisure activities, activities to preserve social relationships, discussions of the current situation and the provision of emotional support. Recreational frameworks could quickly transform their service into an online format thanks to the preparations made by their teams concerning the possibility of an emergency situation and the establishment of kits for such situations.

3. **A protected online social network for people with disabilities.** The network, called "Net.Haver" ["net.friend"] is managed by a professional body. Network members receive instructions and guidance in using the system, enjoy live recreational activities online, make new acquaintances, catch up on news and events in a mediated and accessible way, and more. In this way, the network meets several needs of people with disabilities who are often at high risk of being harmed on the internet, who may suffer from social loneliness and who are often uninformed about the current affairs surrounding them. During the crisis, the restrictions eliminated the ability of people to leave their homes, and the social circle with which people with disabilities could be in contact with was significantly diminished. "Net.Haver" provided an effective response to these issues, and its operators even expanded the range of services provided on it, both in terms of the scope of activities and the number of people who could access the network. Young volunteers were recruited to provide instruction to new users and to provide basic technological support where required. The manager of "Net.Haver" incorporated lots of diverse content to enrich the network's optional activities, with some of the activities being broadcast live. As the network's number of participants increased significantly, as did the volume of activities carried out on it, supervisory work was done to ensure safe browsing among users, as well as information provision exercises, to ensure that users' internet surfing activities remained safe.

Supporting the family members of people with disabilities during the crisis

During regular times, the Administration operates centers that provide family members of people with disabilities a variety of treatments and guidance. The reality of disabled family members being confined at home without their daily routine often exerted great hardship on their relatives, even more so than usual. During the crisis, the centers provided emotional support and guidance remotely on an array of issues and offered activities to keep family members busy. The centers addressed the needs that emerged from families such as the need for mediation and explanation of unpaid leave to individuals with disabilities, or other phenomena in the crisis that needed explanation.

Designated compound for people with disabilities diagnosed with Coronavirus in mild condition

The outbreak of the Coronavirus necessitated an immediate response by the health care system to the treatment of many patients, while needing to protect health care staff from widespread infection. In addition, measures were needed to protect populations at high risk or populations requiring special care in light of their current condition or needs from the virus and to isolate infected patients in the Administration's welfare settings from the rest of the residents.

The Management of the Administration of Disabilities subsequently opened dedicated frameworks for people with disabilities who were diagnosed with the virus but who were in a mild condition. Three centers with inpatient beds were opened that could provide quarantine conditions. Tenants to these centers were referred from residential settings across the country. Such a transfer for people with disabilities can be extremely difficult, as it breaks their established routine and disconnects them from their familiar environment. To mitigate these difficulties, caregivers were required to provide detailed information about each infected resident requiring transfer to a secure facility, including their health, their daily routine, their hobbies, and their favorite foods. Each room in the isolation centers was equipped with a computer or iPad that allowed virtual daily contact with family and staff from their usual housing setting. Through these measures, people with complex disabilities were able to receive a good, tailor-made treatment immediately upon arrival. Additionally, one of the centers was dedicated to the Ultra-Orthodox population in order to provide them with a culturally appropriate framework.

Treatment in the isolation centers was holistic and included the following aspects: supervision and medical monitoring, social and recreational activities, supportive care and contact with families. The treatment teams in these settings included professional personnel from the welfare and health fields. They received intensive training on how to create a safe and adapted environment for the patients' functioning levels and how to best manage the health risks of individuals relocated to these centres. People who are diagnosed with certain disabilities may not recognize risk situations, and some may have life-threatening behaviors such as Pica syndrome (compulsive eating of nonfood items) or a tendency toward self-harm. Others also presented with complex medical conditions such as pressure ulcers or diabetes that require regular treatment.

Special hotlines for the emergency period

Organizations running various programs of the Administration of Disabilities offered special hotlines for people with disabilities and their families. The hotlines provided assistance on the specific issues raised by callers. The lives of all service users were abruptly interrupted by the lockdown period, including any emotional treatments they may have been receiving, some of which were discontinued or stopped temporarily. This raised the need to provide over the phone emotional support, guidance for family members, mediation and explanation of the guidelines and information.

The hotlines provided their service in both Hebrew and Arabic. They operated almost every day, some 24 hours a day. Hotline numbers were distributed through websites, knowledge

communities, through the various frameworks of the Administration of Disabilities and during supervision and inspection opportunities.

The hotlines were each staffed by therapeutic professionals who were familiar with the needs of people with disabilities and issues that frequently arise in the families of individuals with disabilities.

Distribution of food to those in need among the disabled population

The distribution of food to the disabled community is a service that the Administration of Disability does not provide routinely, but, in light of the nature of the crisis and the restrictions, the Administration decided to offer a response in this area as well. To accomplish this, a partnership was required between the headquarters of the Administration of Disabilities in order to provide national guidelines, the districts supervising fieldwork, and the social services departments of the local authorities. The headquarters set the eligibility criteria - for example, people with disabilities without family support who live alone in the community or families who are unemployed due to the situation and who have a disabled family member. The local authorities were responsible for locating individuals eligible for receiving food under these criteria, and the districts were responsible for supervising local authorities' distribution and overall usage of the service in their district. Packages including food and hygiene products were delivered to over 6,000 households nationwide.

Distribution of electronic tablets

The crisis resulted in the transfer of many services online in order to preserve therapeutic continuity while meeting the Ministry of Health's guidelines for managing the pandemic. Educational and community activity shifted to video software and use of apps. Despite this, many populations, especially of low socioeconomic status, were not able to partake in these activities because they lacked the necessary technological devices and had no financial means to purchase them.

The Ministry of Labor, Social Affairs and Social Services conducted a mapping of needs among the children served by the Administration of Disabilities towards the purchase of tablet computers. At the same time, a mapping was also carried out of the types of tablets suitable for the unique needs of children with disabilities and the applications they would likely need. 558 tablets for children were purchased. The purchased devices were found to be appropriate in terms of hardware and technical specifications for the needs of the children who received the device. 50 volunteers with backgrounds in technology and employees at "NESS Technologies" were trained to provide telephone support and technology instruction in relation to the tablets. The volunteers were recruited and trained

through partnership with the Joint Distribution Committee (JDC) Israel. The volunteers underwent training that included obtaining tools on how to guide people with disabilities and who lack computer skills and assisting them in operating the device. Technical support was provided in both Hebrew and Arabic. An Arabic-language instruction booklet was also written for users to read and learn independently if interested. A similar purchase of tablets is also expected to be made for people with disabilities living in residential settings.

Response to “wandering tenants”

The situation of tenants with challenging behavioral characteristics who tend to escape their residential settings and wander in its surroundings is a common issue in several frameworks. There were fears that, in the lockdown period when active levels of infections were high, this tendency could expose them and other residents of these settings to the virus. Consequently, **a special apartment for “wandering tenants”** was established by the Administration of Disabilities. Opening the apartment provided a solution for containing “wanderers” and protecting all the tenants of the permeant settings they live in while still ensuring that the “wandering tenants” were safe and being cared for by professionals with knowledge of their background.

Who will care for the carers - responding to human resource needs during the Coronavirus crisis

Caregivers in community and residential frameworks had to cope, almost without prior preparation, with complex situations of remote treatment, care and support. In addition to this, the entire system was constantly in short supply of counselors and therapists due to some becoming ill, having to care for their families, or being required to enter quarantine.

Suitable training programs for the needs of the crisis

Throughout the crisis, there was a need for extensive recruitment of new employees for caregiving and therapeutic work for people with disabilities in light of staff shortages and heightened needs among the treatment population. The newly recruited teams were often without a prior background in treating disabilities and lacked relevant knowledge. Therefore, the Ministry had to build training programs that were suitable for the conditions and the urgency of the crisis period:

1. Short online courses for new workers were designed by the Administration of Disabilities in collaboration with the Central School for Social Work of the Ministry. The content of the training was targeted to expedite the deployment of new



employees. Topics covered included levels of functioning associated with different disabilities, providing a person-directed service, the relevant legal frameworks and working in accordance with professional ethical rules. In addition, the students were given stress-detection tools to be utilized in emergency situations.

2. Training kits were distributed to all new employees, personal therapists and volunteers. Training kits include an orientation briefing to the world of disabilities, information on functioning levels associated with different disabilities, and more. In addition, the training included information on how to conduct online activities. The training was developed in collaboration between the Administration of Disabilities and "Israel Beyond Disability - Joint JDC Israel".
3. Training was also provided to the preexistent teams of the frameworks, including training on how to follow the virus-related instructions given to field workers by the Administration of Disabilities and district supervisors. The training was carried out online, enabling easy dialogue between the field and the headquarters, proper learning, and the raising of issues experienced by staff.

Support and guidance for frameworks that underwent widespread quarantine of tenants and staff

A housing framework is required to provide continuity of care to tenants in both routine and emergency situations. A virus outbreak in the framework and a quarantine requirement for tenants and staff is a crisis event and poses many significant challenges to the management of the framework. A support and guidance model was built for the framework manager, which included: online training and guidance available from the start to the end of the event, building a program for conducting tests, and providing protection measures and training staff on how to protect tenants and themselves from infection.

Hotline for employees in the frameworks of the Administration of Disabilities

The objective of the hotline is to provide individual responses to the variety of needs faced by employees of different positions. The hotline is staffed by volunteering therapists who know how to work with people with disabilities.

Responsible: Naama Shavit, Director of Knowledge Development and Personnel Training, the Administration of Disabilities, naamash@molsa.gov.il

Preservation and adaptation of the Adult Probation Service's non-custodial rehabilitation programs

Under Israeli law, the government agencies responsible for prosecuting criminal offences (the Police's Prosecution Service, the Prosecutor's Office and the Department of Police Investigations) are authorized to close an investigation against a suspect, provided the suspect has admitted to the alleged wrongdoing, in a process known as "closing in a settlement". Under this process, the prosecuting authorities are able to set for the individual a non-custodial rehabilitation program that will be supervised by the Adult Probation Service. In general, the use of the settlement is intended to apply to minor offenses or offenses committed under various mitigating circumstances. A person deemed appropriate by the prosecuting authorities and the Adult Probation Service for a settlement agreement will be directed to participation in a program that includes attending workshops, performing public service, and participating in a justice-related treatment program. The rehabilitation program under the settlement is tailor-made in alignment with the assessment of a probation officer, who accompanies, handles, monitors and oversees the integration of the referred person.

The challenge: Continuing the provision of rehabilitative responses to the population referred to the Adult Probation Service despite the restrictions of the crisis

Probation officers continued to be in individual contact with their clients, albeit remotely. However, at first, group activities were discontinued and could not be sustained on the online platforms due to concerns regarding a lack of privacy and confidentiality. Understanding that the lack of group workshops would prevent program participants from completing their preordained program under the conditions of their settlement, and considering that this time of crisis could adversely affect participants and possibly contribute to problematic behavior, worsening the build-up of people awaiting response, the adult probation service decided to adapt the group workshops so that confidentiality could be preserved and therefore the workshops could be safely provided online during the lockdown period.

The workshops are intended for those who have been assessed as being at a low risk of recidivism and who have been recommended to attend a psycho-educational workshop. The model is implemented in collaboration with the organization that runs the workshops, and offers a new structure allowing for remote participation through online lectures and individual conversations with each participant. The workshop includes six one-hour sessions with each participant in attendance, which are compulsory. These sessions do not reveal any personal or identifying information about the participants, thus preserving their

anonymity, and the processing component of the sessions is carried out on an individual basis to be completed after the workshop has finished. The instructors give the probation officers a summary of the session and include presentations and self-monitoring tools, which are also given to the workshop participants. At the end of all of the unit's workshop sessions, the probation officer then meets with the participant in-person or online, discusses with them the contents of the session and encourages the internalization of the sessions into their personal world. The entire process is documented in the participants' files. Individuals who attend all of the required online workshop sessions and set conversations with their probation officer are considered to have met the conditions of their settlement program. So far, six rounds of workshops have been completed and two more are set to be opened soon, catering to a total of approximately 80 participants. Upon their completion, feedback from the participants will be collected, allowing the program's lecturers and accompanying staff to be evaluated and to determine the effectiveness of the remote workshops, as well as the possibility of incorporating them on a routine basis outside of the context of the crisis.

Responsible: Dr. Shikma Nitzan-Biran, Director of Alternative Procedures in the Adult Probation Service, ShikmaN@molsa.gov.il

'Probation Service during Corona' – Probation Service for Adults

The challenge: The Coronavirus crisis created an unfamiliar reality in which we were all required to follow social distancing regulations. During this period, more than 60% of the service's workers also had to go on forced leave from work. The staff who continued to work faced a twofold challenge of having to meet the needs and concerns of their clients while also taking care of themselves and their families. This situation gave rise to a need to support staff both emotionally, with communal and team activities and discussions to contribute to a sense of belonging and closeness, and professionally, to give them the right tools to be effective in this new working context.

In order to create in the service a sense of professional belonging and cohesion among employees and to maintain continuity of contact between team members, a program consisting of a **series of lectures and web learning sessions** was initiated. The vision was to increase cohesion through meetings that would enable employees at all levels of the Adult Probation Service, those at home and those in the office, to partake in learning and enrichment processes around topics that would engage them personally and professionally during this time. It was assessed that keeping close contact with staff and monitoring how they were coping with the crisis would instill in them a strong sense of self-awareness which, in turn, would be useful in guiding their clients through the situation. The online



sessions were delivered by various lecturers, from both inside and outside the Adult Probation Service, and were open to all service employees, by pre-registration.

The lectures given so far were on the following topics:

"Family during a crisis" - Exploring situations and dynamics that can frequently arise in families during a crisis according to characteristics of the family unit, the proximity or distance of the relationships within it, as well as addressing the issue of violence within the family during a crisis. Employees were invited to share their personal experience in small groups for processing on an experiential and personal level.

"Personal resilience during a crisis" - An experiential session that dealt with participants own experience of having and fostering resilience during a crisis and transitioning into a new routine for the crisis period. The meeting presented models for personal development and finding the motivation to start and persevere in an emergency routine.

"Meeting with the service manager" – in this session participants discussed how the Adult Probation Service dealt with the Coronavirus crisis and the exit from it, the background to management decisions made during this period, as well as how they personally felt and dealt with the situation.

"Returning to In-Person Meetings" – Two sessions were held on the topic of bringing the service back to in-person settings, covering both individual and group sessions. The first lecture was predominantly a discussion on the topic, while the second was a workshop exploring issues that may arise in the context of group therapy.

More than 200 employees have participated in the online meetings so far. In light of the success and demand of the employees for the continued existence of this platform, it was decided to continue to carry out these sessions as part of the Adult Probation Service routine.

Responsible: Dr. Shikma Nitzan-Biran, Director of Alternative Procedures in the Adult Probation Service ShikmaN@molsa.gov.il

Merav Rotem Cohen, Deputy Director of the Adult Probation Service meravro@molsa.gov.il

Exercising rights

The "Shil" citizens' consultation service on exercising rights - in times of emergency

"Shil" - the citizens' consultation service on exercising rights, is a unit within the Ministry of Labor, Social Affairs and Social Services that provides guidance and consultation on the rights, obligations and services at the disposal of every citizen, while also making this information easily publicly accessible. The service is provided free of charge, with professionalism and strict confidentiality, by volunteers at 84 "Shil" offices embedded within the local authorities. Some volunteers are experienced consultants from areas such as jurisprudence, as well as accountants, financial advisers, and other professional backgrounds. All "Shil" volunteers are senior citizens who volunteer from home and who communicate with enquiring individuals from their own personal phones. This free service is intended to be used by ordinary members of the public. During the crisis, almost all of the "Shil" offices were closed as a result of the restrictions, even though the need for information accessibility on exercising citizens' rights grew as a result of the various phenomena arising from the crisis and its impact.

The challenge: continuing the provision of the service despite the constraints imposed on the opening of "Shil" centers, given the foreknowledge that there would be an increase in the number of inquiries related to the exercising of citizens' rights and obtaining benefits and unemployment support in connection with the crisis.

In order to provide a service during this period, the "Shil" units' way of working was changed and adapted to the situation. With the instructions to reduce economic activity and close the centers embedded in the local authorities, a national WhatsApp group was created (for the first time) of "Shil" volunteers, comprising of office managers of the stations, professionals, and volunteers. The group consisted of 97 participants who helped each other and the wider public to understand the laws and regulations decisions as they were made and changed throughout the crisis period. The group made it possible to integrate all the inquiries received from the public and to provide highly accurate information in the face of the emergency regulations. By the end of April, the volunteers had responded over the phone to over 12,000 inquiries on a voluntary basis.

The Ministry's national social services hotline (118), which "Shil" collaborates with in normal times, became the main agency through which inquiries were received. The hotline transferred inquiries on certain topics - workers' rights, consumerism, and more - to the "Shil" manager on a daily basis. The "Shil" manager distributed the inquiries to volunteers via WhatsApp (over 130 inquiries daily, who in turn got back to every single individual with a professional and accurate answer, as they would do during normal times.

An additional essential function provided by the volunteers during the Coronavirus period was their calming of the public during phone exchanges, and, along the way, checking if people had other needs that were not being met, and to notify the responsible agencies. "Shil" volunteers worked on the weekends and public holidays out of a sense of responsibility, dedication to others, and a sense of civic mission in times of emergency.

Two key steps are currently being taken to continue to advance the service and its ability to cope in times of emergency. First, research on how rights were exercised during the crisis period is being conducted in order to improve the work and the technological means at the service's disposal in times of emergency; in particular, in order to prepare for a possible second wave. The second step is making the service more accessible to the Arab sector by having more Arabic speaking volunteers. Subsequent to an ad campaign and additional efforts to inform Israel's Arab population in a variety of ways, a group of Arab speaking volunteer lawyers was recruited with the help of the Ministry of Justice to volunteer and thus overcome the language barrier and thus assist this population in exercising its rights. Simultaneously, a think-tank of professionals from different fields, primarily Arab speakers, has begun work to examine how to make additional information on exercising rights more accessible and effective for the Arab sector.

Breakdown of the inquiries to "Shil" by field

Subject	Percentage
Workers' rights/unpaid leave	80%
Relationships in the family	7%
Consumerism	5%
Medical/health guidelines	3%
Employers	3%
Education	2%
Transportation	1%

Responsible: Daphni Moshayov, Unit Director (Exercising Rights and "Shil"),
 DaphniM@molsa.gov.il

New Service from the 118 Emergency Call Center – Initial Economic Consultation and Guidance from Family Economics Specialists

The challenge: With the outbreak of the Coronavirus crisis, many workers were sent on unpaid leave causing the unemployment rate to soar from about 4% to over 25% according

to Social Security data. This phenomenon caused concern among the Ministry of Labor, Social Affairs and Social Services' professionals that clients of the social services departments and the wider public may take out loans with high interest rates, whether through the banks or the gray market. Moreover, during this period, SMS advertisements for the taking out of all-purpose loans increased. These trends brought about concern over harm being done to the economic stability of many families, an impairment which could lead to situations of stress and distress, debt accumulation and, in extreme cases, turning to dangerous avenues for solving raising funds.

The 118 Emergency Call Center of the Ministry of Labor, Social Affairs and Social Services customarily provides a comprehensive response to a wide range of welfare issues. From the existing cooperation between the Service for Family and Child Welfare with the call center's management, a new service was created at the call center to provide callers with economic guidance where needed. The financial counselors provide callers with an initial consultation and provided guidance on financial questions, needs and conduct, whether on debts of various types, advice before taking out a loan or trying to overcome barriers with the banks.

The Emergency Call Center's new procedure is as follows:

- a. The Service representatives at the call center who receive an inquiry on a financial matter know according to a structured call script to ask relevant questions and/or understand from keywords such as debts, bouncing checks, foreclosures and related terms, that the caller should be offered initial financial guidance.
- b. A caller accepting the offer of financial guidance receives a message that a financial adviser will contact them within 3 hours.
- c. The financial consultants receive a referral from the call center's system, which includes contact details for the applicant and initial background information. The consultants contact the applicant via mobile phone on behalf of the Ministry and provide them with initial financial consultation and guidance.
- d. The consultants update in the system that the referral has been addressed and indicate whether further assistance is needed, such as making a referral to the caller's local Social Services Department.

Directors in charge: Maayan Ze'ev, Director of Inter-Ministerial and Inter-Sectoral Partnerships, Service of Family and Child Welfare, MaayanBe@molsa.gov.il

Efrat Iris Ben Oz, Director of the 118 Emergency Call Center, EfratB@molsa.gov.il

Turning the "Otzma" (empowerment) center into a job center in light of the crisis -
Gilboa Regional Council

In normal times, "Otzma" centers assist people in poverty and experiencing financial hardship in areas such as exercising their civil rights, obtaining training and guidance for employment, achieving greater integration in the community, and helping them to manage their finances. There are currently 17 Otzma centers operating in Israel.

The challenge: to provide local residents with a real-time response providing assistance with respect to their rights given the employment and economic difficulties created by the crisis, and to help people manage possible changes in their economic activity required by changes in their circumstances.

From the beginning of the crisis, it was clear that some individuals would see their employment and economic situation negatively impacted, requiring new ways of organizing and carrying out their affairs. There was a need to help residents understand the change: from salaried workers to business owners and the self-employed. At the same time, a need arose to provide guidance and support for individuals facing new working environments and realities; for example, on the use of digital tools.

In the wake of the crisis, the Otzma center in the Gilboa Regional Council became a job center for all of the Council's residents, while also adapting its ways of working to the constraints and changes in the economy. The center transitioned to working online while also providing consultation and guidance in this field (utilizing in digital tools). Enquiring individuals were also referred to online information that was made readily available and which was relevant to this period.

Communication with jobseekers and employers was carried out by phone, video or Zoom, while ads and inquiries were channeled through the Council website.

In order to understand the needs arising from the changes to the economy, it was necessary to map the situation. This was carried out by using an abridged intake over the phone, adapted to jobseekers and employers separately, and addressing the various needs and issues arising from the crisis in two languages: Hebrew and Arabic. Responses to the different and changing needs were adjusted on the basis of results.

Simultaneously, consultations were also provided on the subject of exercising rights in the face of the frequently changing needs and financial realities; for example, on the subjects of working with banks, deferring payments, and making requests for grants for both jobseekers and employers. At the same time, the center tried to provide support on an emotional level in the work sphere, on issues such as overcoming barriers during the crisis



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with flexibility and creativity, identifying sources of support, acclimatizing to changes in individual's living situations, and preparing individuals for the period following the crisis.

Throughout the crisis, "Otzma" staff in the Gilboa Regional Council were given training by their manager as well as from outside sources in order to be able to provide optimal service.

The center also examined if there were any other groups that they could assist during the crisis with their own unique set of needs, such as single parent families or families in need of advice on how to conduct themselves financially in the light of the changes.

Responsible: Smadar Orag, Director, Department of Social Services - Gilboa Regional Council, smadar@hagilboa.org.il

District Supervisor: Anat Bar Sadeh, Community Supervisor, AnatBar@molsa.gov.il



Community activity and services

The current crisis, and the restrictions on going out of the house that were introduced, imposed hardships on the entire population resulting in feelings of loneliness, stress, fear about the future, and also difficulties in carrying out every day errands involving leaving the house (making purchases, non-emergency medical care, etc.). These hardships were intensified among individuals who live alone, those cut off from technology, and those with special needs. They found themselves both prevented from leaving home and also from having others enter their home, while still needing assistance to carry out the tasks they are unable to do by themselves. However, this difficult context also gave rise to one of Israel's finest hours of community and of solidarity.

The lockdown constraints necessitated the establishment of creative solutions for a wide range of issues faced by community members. In addition to providing assistance to those in need of help, these solutions also sought to simultaneously create a sense of togetherness and community resilience, raising morale and interest, while also keeping people occupied throughout the long hours in confinement.

Throughout this period, there were various initiatives at the level of the wider community, from the level of the town to the neighborhood to that of individual buildings, to implement solutions to resolve the unique needs of each setting. Many towns and locales made efforts to promote solidarity within the community via "Adopt a Neighbor" or similar programs, and established various activities to keep both children and adults occupied while leaving the house was not an option. Steps were also taken to develop local community leadership to serve as a bridge between the population and the authorities.

We present here a few examples of solidarity programs developed and implemented during this period, as well as initiatives established in the light of the specific circumstances that arose.

"Good Neighborliness" program - Raanana Municipality

This program started five years ago as an initiative of the Department of Community Work Services in the municipality's Social Services Division, in collaboration with the Community Work Service of the central Ministry of Labor, Social Affairs and Social Services. The program is designed to build community resilience and capacity to cope with the various crises that can and have impacted Raanana and Israel more generally. The parameters for building community resilience are based on developing local leadership, channels of communication, and greater community cohesion.

During the pandemic, the following situation-based actions were taken through the program, in line with the defined community resilience parameters:

1. Local leadership: A group was created of leaders from the town's seven neighborhoods, who had already been designated before the crisis, and it was agreed that all activity and information relevant to Raanana's residents would be transferred to them through their neighborhood's local leader. One motivation for this measure was that it had the effect of enhancing public awareness of these individuals' standing as their local leadership. Every message was sent through the leadership to approximately 4,000 households.
2. Neighborhood channels of communication: Neighborhood leaders were also responsible for managing and participating in local conversations to ensure that messages from the municipality had been correctly transferred, while also gathering residents' concerns and issues and communicating them back to the municipality. Each neighborhood leader established a WhatsApp group for their area through which they could share Coronavirus related instructions and messaged from the municipality. They also encouraged neighborhood residents to actively participate in locating and identifying people in need of help from their neighbors or from the municipality. Establishing these localized channels of communication ensured that messages were transferred quickly and efficiently throughout Raanana.
3. Community cohesion: To encourage people to remain productive and positive as a way of coping with the crisis (to dispel fears, lift morale and demonstrate a sense of belonging to the community), the program proposed regular activities that could be carried out within the limitations imposed by the Ministry of Health. Twice a week, the neighborhood leaders received a task to perform (such as preparing a sign of encouragement to hang from a balcony, leaving a greeting card at a neighbor's door, etc.), which they shared with their neighborhood's residents. Those residents that performed the task photographed it and sent the picture to their neighborhood leader who decided on prizewinners. The families that won had a family board game delivered to their door. The participants' reactions testified to the establishment of relations with new neighbors, the strengthening of ties with longtime neighbors, and greater social cohesion and positivity.
4. Use of a database of "emergency contacts": During the crisis, individuals listed in the "emergency contacts" database that was built before the crisis were approached by their neighborhood leader or the municipality on multiple occasions. They were asked to locate people who might need help in the same building or street they live in. With these individuals' assistance, people were located who were not known to the Social Services Division, but who, under the circumstances, needed the assistance of the relevant municipal services. Through the use of the emergency contacts database, 400 buildings

were located throughout Raanana containing people not known to the authorities who were in need of assistance.

5. Story hour: Volunteers prepared 'story hour' videos for children living in Raanana, which were then distributed through the WhatsApp groups that were established in connection with the program before the crisis. The videos were also shown at a set time on Zoom.
6. Telephone-friend program: the leaders of the neighborhoods linked lone pensioners in each neighborhood to local volunteers for phone calls of support and assistance.

Following the lockdown phase of the pandemic, residents expressed great satisfaction with the "Good Neighborliness" program and its activities throughout this period, and two new neighborhoods asked to join the program.

Responsible: Dorit Keefe, community social worker, "Good Neighborliness" program coordinator, Raanana municipality, doritk@raanana.muni.il

Supervisors: Limor Museil, Community Social Worker, Supervisor of Community Work Services, Tel Aviv and Central District, limormu@molsa.gov.il
 Odeya Shabtai-Getahon, Community Social Worker, Supervisor of Community Work Services, Tel Aviv and Central District, odeyas@molsa.gov.il

Avi Sender, Community Social Worker, Director of the Unit for Community Resilience (National Supervision), Community Work Services, AviSe@molsa.gov.il

Distribution of food and necessities using the Hagai app – Migdal Haemek

Already prior to the crisis, various NGOs in Israel had begun to use the Hagai app, which was developed by Noam Honig in memory of his late nephew Hagai Ainemer, to deploy volunteers that distribute food packages. Once volunteers arrive at the distribution point for the packages, the app assigns them a cluster of families as geographically close to one another as possible. Each volunteer setting out from the distribution point receives an SMS with a link to the distribution list assigned to him or her. The list contains the details of those who must receive the packages, their address and their contact information, with entries listed in the order of the driving route for maximum efficiency.

The app enables the volunteer to begin a navigation to the address at the press of a button, and to call the recipient too. The app also allows volunteers to indicate whether the package was delivered or not, while providing the manager of the organization/department with a real-time visual picture on a map of the volunteers' reports, indicating who has received a package, who has not yet received a package and why. Volunteers reported that using the app reduced the time it took to distribute all of their packages to just one third of the time it usually takes. Additionally, every organization or authority that signs up to use

the app receives a separate work environment for their service, with strict adherence to data privacy.

With the outbreak of the pandemic, other than Migdal Haemek, 36 local authorities and regional councils, as well as the Home Front Command, made use of the app in order to distribute food and necessities to residents in need. The app is provided free of charge, using open source code, and today organizations around the world have started to use it. The app website: <https://noam-honig.github.io/salmaz/en.html>

Person in charge: Noam Honig, the developer of the Hagai app, noam.honig@gmail.com

The online community recipe book initiative for families with children with disabilities – Nesher Municipality

The Center for Families in Nesher is a local supplementary service for families with children with disabilities. During the crisis, the Center for Families tailored its usual support to offer a channel for families to maintain contact with one another under the given constraints and also to provide them with constructive activities to fill up the hours of free time. The Center for Families therefore created a Facebook group to strengthen ties between the families they serve on social media. Initially, a family task was published in the group every few days with each family being asked to upload a photograph or video of them performing the task. This led to other families reacting, which met both needs - filling up free time in the family home and strengthening ties between the families assisted by the Center for Families. The families were subsequently called on to participate in producing a community recipe book together. Each family posted a favorite recipe, a photograph of the dish, and a family photograph with a few words about them and the story of the dish. In participating in the creation of the book, the families got to know one another while also sharing ideas for and experiences of new cooking challenges. One page of the book was published each day, with the ultimate aim being to produce a complete copy of the book in PDF format, as well as a number of hardcopies for distribution to the families.

To encourage cooperation, a family-size pizza or family board game was delivered to families who posted.

Responsible: Naomi Mandelbaum, Director of the Center for Families, Nesher Department of Social Services, naomi.m@nesher.muni.il

District Supervisors: Esti Doron, Community Social Worker, EstiD@molsa.gov.il

Hadas Shapira, Social Worker, HadasSh@molsa.gov.il

Advancing and leveraging social media leadership and online communication –
Nesher Municipality

With people forced to remain at home for long periods of time, facing an anxiety-provoking situation, the crisis led to heightened use of social media and, in connection, heightened dissemination of fake news reports. There was thus a need to heighten public awareness of this fact, as well as to increase the accountability of group moderators on social media. This project set out to help moderators to use their social media groups to help people cope with difficulties given rise to by the crisis and to strengthen community resilience and cohesion, while training them to detect and deal with fake news reports or posts likely to result in division or panic.

Video conferences were held with the moderators of Nesher's social media groups (with some groups numbering in hundreds or even thousands of members), including a virtual roundtable discussion of ideas to leverage social media in order to promote community resilience and a whole range of related issues at this time, in addition to exploring ways of collaborating together. Initially, it was decided to recruit moderators and to promote collaborations between them in order to relay essential information to the communities, to promote cultural accessibility, and to pass on recommendations to the municipality on how it could help citizens cope with the crisis.

Aware that this initiative could have a long-term impact well beyond the crisis, a decision was taken to hold a series of training sessions on issues raised by the group's moderators and participants in the video conferences pertaining to the use of social media, and to formulate a joint covenant for all the groups.

Responsible: Naomi Mandelbaum, Community Social Worker at the Nesher Department of Social Services, naomi.m@nesher.muni.il

Oz Marinov, third-year student of Community Social Work at Haifa University

District Supervisor: Community Social Worker Esti Doron, EstiD@molsa.gov.il

"Gishur Ad Habayit" ['mediation to your doorstep'] program – "Gishurim" program -
community mediation and dialogue centers

The "Gishurim" national program for community mediation and dialogue, which is sponsored by the Ministry of Labor, Social Affairs and Social Service's Administration of Community Services, established a conflict mediation hotline initiative that was set up to meet a need to provide consultation and support in resolving conflicts, wherever they may be, and to heighten public awareness about the range of tools and methods available for mediation, dialogue, and peaceful coexistence, both at the community level, and at the personal and family level. The program is co-managed by the Mosaica Center for Conflict

Resolution, in partnership with the Association of Community Mediation and Dialogue Centers and runs through the local authorities' social services departments.

In view of the crisis, a broad package of video call and voice call services was developed to provide support for individuals facing conflict. At the same time, a comprehensive weekly training was established for Gishurim's professional mediators (who are volunteering in the program), with new procedures written that focused on their online interactions with service users and to prepare the mediators for the context of the crisis and the new tools that their services would be delivered through. To date, this has included general training in the use of the Zoom app, training in providing services over the phone, training in practicing conflict resolution in an era of the Coronavirus pandemic, ethical issues in online mediation, and training in online family mediation.

The package of services adapted to this period:

An immediate preliminary response (intake): the hotline is staffed 10 hours a day by professional and skilled mediators from the Association of Community Mediation and Dialogue Centers. The hotline can be contacted via a special phone number, by email, or through the hotline's website. The mediators receive inquiries and propose an immediate preliminary mediation response. Inquiries are transferred to the relevant Community Mediation and Dialogue Center for more in-depth handling, according to the category of the inquiry and the residential location of the inquirer.

In-depth handling by the local Community Mediation and Dialogue Center: the center to which the inquiry is transferred gets back to the inquirer within 24 hours of its receipt, and offers a more extensive and thorough response, as necessary. Such a response might include: phone or online mediation with the other party/parties to the conflict, training to practice settling of disputes (providing the inquirer with tools for conflict resolution if the other party is unwilling to participate in mediation), and face-to-face mediation and meetings, as necessary and subject to the regulations, where possible.

By the beginning of May, dozens of inquiries had been received. The initiative continues to respond to every inquiry, adjusting the service as necessary on the basis of the latest instructions from the Ministry of Health. The cases referred during this period involved domestic and family conflicts, conflicts pertaining to intergenerational issues, conflicts between neighbors and in communities, and conflicts pertaining to work and consumerism. The mediators at the Community Mediation and Dialogue Centers continue to respond to the inquiries conflicts referred to them using the various contact modalities.

Responsible: Noa Shilo, Community Social Worker, Director of the "Gishurim" ['mediations'] Program, gishurim.noa@mosaica.org.il



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Supervisor: Avi Sender, Community Social Worker, Director of the Unit for Community Resilience (National Supervision), Community Work Services, AviSe@molsa.gov.il



Department of International Relations

www.gov.il | benjaminb@molsa.gov.il | www.molsa.gov.il
39 Yirmivahu Street, Miadalev Habira, Jerusalem 91012

Loss and Bereavement

The "Out of the Depths" program

The experience of loss and mourning, even in regular times, is often characterized by a sense of great loneliness. The current crisis intensified the loneliness and grief of family members facing death, with the difficulties in providing them family and community support in this context making the loss even more difficult for them. During the lockdown period, funerals were held in a restricted way, with friends and acquaintances unable to attend. Following the funeral, there were also strict restrictions applying to the Shiv'ah period (a week of grieving in which visits are paid to the deceased's mourning direct family member's home) and memorials, with even close family members unable to participate. This is a very challenging situation for the grieving person and is likely to exacerbate their feelings of loneliness and emotional suffering.

The "Out of the Depths" project was founded by the "In the Path of Udi" association in partnership with the Ministry of Labor, Social Affairs and Social Services and several other partner organizations. It is intended for anyone who experiences bereavement during the complex Corona pandemic. At its center is a wide range of online services provided to those dealing with bereavement, through video or telephone calls.

Services offered:

1. Virtual funeral and Shiv'ah - Cisco enlisted to enable family and friends to participate remotely at a funeral and at the Shiv'ah through the accessibility of advanced technologies. Bereaved families who are interested, received a free user account, which allowed them to watch the funeral and attend it virtually. Furthermore, a family can receive a virtual room where they can summon the relatives, even those in quarantine, which allows some comfort in grief. The virtual room will be open for 10 days 24 hours free of charge and can be used according to the preferences of the family.
2. Individual Emotional Support - The project offers families assistance with emotional support using remote conversation technologies. The support includes up to three phone or video support sessions, according to the needs of the applicant and carried out by qualified therapists who volunteered for the program.
3. Spiritual Counseling – Through the program, participants can receive up to three sessions of spiritual counseling, led by qualified spiritual counselors, to assist them with both the separation process from their family member and for the period after the death.



4. Counseling for parents - Parents are able to receive guidance about how to talk to their children about death and support their mental health. The consultation includes up to three sessions by phone or video and is provided by qualified therapists who volunteered for the program.
5. Emotional Group Support - The project also offers online support groups led by qualified professionals for those who are interested in participating. Participants can attend groups whenever they please, without restriction.
6. Clerics - The project works in collaboration with clerics from four religions (Judaism, Islam, Christianity and the Druze ethnic group) who provide religious support related to rituals and the grieving process from the religious perspective.
7. Support for hospital staff - The program offers support and guidance to medical staff, social workers, and nurses currently facing huge emotional burdens due to the crisis. Support will be provided on issues such as processing and delivering difficult news and assisting family's in their separation processes. An emphasis underlying all support provided to these personnel was to develop their sense of resilience and ability in coping with these situations.

Responsible: Ilan Sharif, Director of the Service of Loss and Bereavement, Couples and Family Therapy, Division of Families, Children and Youth in the Community, Ilans@molsa.gov.il, <https://www.outotd.org/?lang=en>

Tools and training for social services teams

In general, the crisis and the restrictions period gave rise to two major challenges that affected all areas of welfare and social services, as seen throughout this booklet. The first of them, was an increase in the size of the population requiring treatment, including a larger variety and amount of cases and types of populations needing assistance. The second challenge was the fact that welfare and social services teams were also experiencing this crisis which was affecting their own lives and those of their families. In light of this, various initiatives and programs were set up aiming at improving the response of the social services as well as providing support to workers in the welfare and social services.

"Amigo for Good" program – the Southern District's Community Work Service

Dealing with the Coronavirus pandemic required the quarantine of many individuals, families, and even entire communities due to concerns of infection with the virus or close proximity to a confirmed case. This presents a huge challenge at the national level when it comes to maintaining direct communication with a large number of quarantined individuals and gathering up-to-date information about their physical and mental state.

The "Amigo for Good" app is a messaging software that accompanies people who have been quarantined because of the virus and monitors their medical, mental and practical needs. Amigo was originally developed for the organization Enosh - the Israeli Mental Health Association – with the assistance of Digital Israel and sponsorship from Bank Hapoalim. The app uses automated software to ask tailor-made questions specific to the users' age, reason for quarantine, culture, and other characteristics defined by the system's operator that would attest to their situation, to thousands of people simultaneously. Responses are evaluated automatically through an algorithm which flags when distress or personal problems are suspected, transferring the case to a social worker or the emergency services. The app also sends content intended to cheer up users or support their personal resilience.

The management system enables administrators to view and monitor all of the communications made with the user, with an alert system for when distress signals have been communicated or identified to provide users with an immediate response. The system also provides operates with an overview list of the total number of people quarantined, subdivided by age, region, languages and interests, and allows administrators to enter questions and content in different languages. All answers are stored in the system's database, allowing the operator to know what the state of each quarantined individual is at each stage.

The system uses the Telegram messaging app, which is secure at a high level and an intuitive software that was often already familiar to users. The system includes:

1. Close monitoring of the situation of the quarantined user and storing of reported information.
2. Receiving immediate information at a frequency determined by the professional who sends the Amigo questions.
3. Personalization - Matching the content to the specific quarantined person.
4. Automatic pushing of calming content and other material relevant to the state of the quarantined person.
5. An automated system that allows contact with an unlimited number of quarantined people simultaneously.
6. The system supports different languages and bridges the gaps between the different populations and the operator.
7. Immediate alarm system for the operator in case of a crisis or detection that a user's condition is deteriorating.
8. Use of the Telegram app without the need to download a designated app.
9. Data collection for machine learning and behavior analysis.
10. A management system that coordinates the data and statistics of all quarantined people and provides an 'overview' of their situation.

Responsible: Orna Amos, Community Labor Supervisor - Southern District,
OrnaA@molsa.gov.il

Developing a "National Mission" application for managing volunteers and distributing goods- Givat Shmuel

The challenge: The Coronavirus crisis has caused many families to need assistance from the welfare departments in the local authorities to purchase basic food and medicine supplies while, at the same time, the most at-risk populations (senior citizens and people with disabilities) had to remain in quarantine due to the high health risks they would face if they contracted the virus.

In order to reach such a large population, local authorities' welfare departments recruited volunteers to help vulnerable citizens, requiring supervision of a complex array of operations to meet all requests. It was found that functions available through the Excel software to help collate customers' addresses and distribution points made it difficult to provide an efficient service due to the sheer number of individuals requiring and offering assistance.

At the beginning of the crisis, one of the volunteers, a resident of Givat Shmuel was exposed to the existing Excel method and, together with his friend, a resident of Petah

Tikva, decided to develop an application to improve the process. The two met with the director of the Social Services department to study the existing needs of the department and its Excel method and, based on that information, began to develop the "National Mission" application. The software at the base of the application turns the names of the customers with their addresses into distribution routes via Waze according to the proximity of the residence. The day before the distribution, the administrator releases the routes to their pool of volunteers and each volunteer can choose a route of his choice. The software arranges the route according to predetermined distribution points, rendering the most efficient route possible. Furthermore, a person can apply through this application for volunteering responsibilities (and thus be covered by insurance). When the volunteer arrives at the division center, his route is initiated. On their phone's screen, the volunteer can see a number of statistics: the amount of distribution places set for their route the names of the customers, addresses, telephone numbers and what happened to the package (delivered or not). At the touch of a button, they can receive a route on Waze for driving to the distribution point and another button calls the customer to inform him that he has a package outside the door. Another button allows volunteers to indicate what happened to the package - whether it was delivered or not - and to write any comments if there are some.

All of the above information is transmitted to the system administrator so that they can track where volunteers are on their routes and which packages have been delivered. Instances where a package could not be delivered would remain on the system so that distribution could take place at a later point. Another advantage to the software is that before each distribution, the administrator can know whether they have enough volunteers to cover all of the distribution routes or if there is a need to recruit more volunteers to carry out the day's activities.

The software allowed the delivery of packages to take place with minimum contact between people. Parcels were left at the door of the distribution center; the volunteers took them from there and left them at the door of the customer's house. Customers were notified when the parcel was outside their door. It was important for the distribution to be fast and for the customer to take the package quickly as they often contained chilled food that could go bad if left too long. This system also ensured that volunteers' time was efficiently used during their rounds.

The app was provided to nonprofit organizations in the city who are involved with large food distribution operations for the residents of the city every weekend and especially during the High Holidays and Passover. There is also a desire to use it for the routine distribution operations of the Social Services and Welfare Division.

Responsible: Eti Somekh, Director of the Social Services and Welfare Division in Givat Shmuel, etis@givat-shmuel.muni.il



**Ministry of Labor
Social Affairs and Social Services**
State of Israel

District Manager: Amalia Ben Shoham, Director of the Eastern part, District of Tel Aviv and the Center, AmaliaBe@molsa.gov.il



Department of International Relations

www.gov.il | benjaminb@molsa.gov.il | www.molsa.gov.il
39 Yirmivahu Street, Miadalev Habira, Jerusalem 91012



**Ministry of Labor
Social Affairs and Social Services**
State of Israel

For further questions and inquiries, please feel free to contact Mr. Benjamin Behar,
Coordinator of International Organizations at the Department of International Relations, at:
benjaminb@molsa.gov.il



Department of International Relations

www.gov.il | benjaminb@molsa.gov.il | www.molsa.gov.il
39 Yirmivahu Street, Miadalev Habira, Jerusalem 91012