Building Community Networks in Israel: Theory, Planning and Implementation

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This paper describes and analyzes an Israeli governmental experience in restructuring its social services. It has long been claimed that the social workers in the local welfare bureaus are detached and alienated from their target populations. One of the programs developed as a counteraction had as an objective that social workers become an integral part of the social network of the neighborhood in which they are employed. This paper will examine the theory, planning and implementation processes of this program in regard to the social workers' role in the community's social networks.

Theory

Durkheim suggested that traditional communities depend on mechanical solidarity for their cohesion: that is, in such communities members share the great majority of social norms and values, are socialized to behave in the same patterns, and live through almost identical experiences.1 Modern industrial communities, however, depend on organic solidarity for their cohesion. This type of solidarity produces a much lesser binding among members. The large size, the differences in activities to which people are exposed, and the heterogeneity of societal members lead to a variety of socialization patterns, values and beliefs. The solidarity depends on differences rather than on similarities.

Toennies' classical analysis of change in community is in the same vein. Toennies presented two possible communities which are basically the poles of community's social relationships. On one end is the gemeinschaft, i.e., relationships of empathy where emphasis is placed on the value of the group, in and for itself. On the other end is the gesellschaft, i.e., relationships which are based on task performing and on rationalized principles and which show greater formalization of interaction.²

It has been noted by many that along the axis of time, communities in the Western industrial countries are moving toward the gesellschaft type of relationships.3 The trend is toward lateralizations superseding communities. This trend is apparent in urban centers. Along with the industrialism and post-industrialiam came impersonal bureaucracy and division of labor.4 The first forced groups of people to be in one location without regard to their feelings, emotions and past experiences and the other divided and decreased that which was common and mutual between people. In Durkheim's terms the community has to base its cohesion on organic solidarity.

Parsons noted that in most modern communities one's productive environment is in most cases separated from one's consumption of service and goods. The connection of these two worlds is through an intervening network for distribution and allocation of services and goods. The question is what are the consequences of this process on the delivery of social services in the community? Warren, in his analysis of "the great change," found that "the change we are now considering is a change from the performance of functions by indi-

viduals and by simple barter agreements among neighbors to functions performed by business and government involving a direct or indirect payment of money."⁶

The question in such communities is, where does the family turn for help, the type of help that is required in such cases where individual and family crises present needs that are no longer within the family's responsibility or are beyond its ability to solve? Examples are illness, economic need and problems of childrearing or parent-functioning. Wilensky and Lebeaux showed that filling this gap is responsible for the creation of formal helping institutions, i.e., social services of many kinds.7 Social services were created to bridge the gap between needs and resources where social networks ceased and where mechanical solidarity disappeared. Functions which the family and the community failed to provide were transferred to the social services.

Stein found that most social services tend to be large, departmentalized, with a hierarchical form of organization and formal policies and regulations.8 Thus, they tend to become impersonal and less attentive to the community. Using Bradshaw's typology of needs,9 the social services focus on normative needs and tend to ignore the felt needs. In an informal network of help, felt needs gain larger importance which sometimes makes all the difference to people. In this case the helper is tuned to the one in need and not to the policies and regulations. Social services tend to become complex organizations which are not an integral part of the community networks and are not always a sufficient replacement for the strong ties of the past.

Maguire and Biegel,¹⁰ among others, stressed that the locus of help is of great importance. Services that are available on the local level, close to home, can be considered as part of the geimeinschaft. These are services consisting of a small

number of links, are more informal, and make better use of natural leaders in the community.¹¹ The issue is of reachability, i.e., real access of individuals within a network to each other and the number of intervening links between the person in need and the source of help.¹² The smaller the number of links in the client's path for help, the more use he or she can make of it and the more satisfied he or she will be. Kahn showed statistically that people closer to a service get more service than those who are far from it.¹³

Recent literature gives much evidence to the fact that there is a need to restore the old type of community with its cohesion and short, effective social networks. These networks can take the form of: self-help groups, neighborhood voluntary associations, stronger family ties, joint professional and informal care, neighborhood level activities and citizen participation. All of these networks, in their various forms merely replace the old ties, with the goal of helping individuals, families and groups cope with problems, unmet needs and stressful life events.

The first reorganization of social services in this vein can be found in the British Seebohm Report. It is recommended that:

We attach great importance to the comprehensive area teams approach in the search for an effective family social service, and, as a concomitant, the delegation of the maximum authority for decisions to the area office.¹⁵

The Seebohm committee also recommended how and where to use the area teams (composed of social workers only) and how to back them with specialist teams. These area teams were expected to be a part of the local network of formal and informal services. They were expected to contact and use members of the natural helping (or community-caring) networks.

A more theoretical framework for this

design of service delivery was given by Hadly who called it the community-centered model. This model emphasizes: (1) action to strengthen informally and formally organized voluntary support; (2) action to increase the effectiveness of direct intervention by the social services department . . . by seeking earlier identification of those at risk and by deploying a larger proportion of personnel in front line positions with the ability to give help; (3) identifying underlying problems in the area served and attempting to deal with them before they produce individual casualties. ¹⁶

The Problem in Israel

The social services in Israel are supplied through the local authorities with 75 percent financial coverage from the central government.17 The scope of services given is wide and not uniform. 18 There are about 190 local welfare bureaus all over the country. Only the three large cities have more than one bureau to serve their citizens. Most of the social workers belong to the middle-class and are supposed to serve the lower-class. There is some evidence that this difference in background does influence the professional contact.¹⁹ There are clear feelings of alienation and increasing disengagement between the target populations and the service deliverers. Thus, for a large group of citizens, consumption of social services is involved with formal and impersonal application. Many social workers are settled in their offices and identified with the establishment rather than being an integral part of the community.

Some efforts were made to link the social workers and their clients, mainly by attempting to increase preventative work and reaching out. Such attempts focused on the issue of presentation in the community's bases and included sending social workers from the local

welfare bureau to the local schools and to the local child care centers. However, the problem remained the same. Most of the social workers' activity was separated from the community life, and they were not perceived as an integral part of the community. Using Caplan's definition of social support²⁰, the social workers in many cases lacked all three required elements: they were rarely considered as significant to others, their resources were considered limited and as a result they rarely enhanced their client's ability to deal with his or her situation.

One way of viewing this issue is through the concept of centralization of services. Though services are given on a local level, they are regulated and financed mainly by the central government. Even on a city level, services are given by a few middle-class social workers who are isolated and detached. The striking question is why social service delivery became so impersonal even though it evolved from a neighborhood service.21 Part of the answer in Israel, as well as in other countries, is rooted in the quest for professional status and the institutionalization of social work.²² This, combined with the fact that in Israel, in the last decade, a chain of community centers was developed, separated from the local welfare bureaus, which created new social links with the citizens, mainly on a recreational and prestigious service delivery basis. This caused an even larger gap and more hostility toward the local welfare bureaus.

The feeling of discomfort with the social services in general and with the local welfare bureaus in particular spread and in 1975 the Minister of Welfare appointed two committees to investigate the organization of service delivery through the local welfare bureaus. One of these committees recommended the diffusion of the social workers among all other agencies in the community as was done in the schools. The other commit-

tee recommended the creation of small size neighborhood multiprofessional teams. It should be noted that the ideas of the two committees were borrowed from other countries and settings.23 Both recommendations held the purpose of recreating the broken, traditionally informal networks between the people in need and the potential helpers.24 An analysis of the recommendations of the two committees reveals that the main purpose of this proposed reorganization was to bring about changes in the essential nature of local social services. Although physical and organizational changes might flow in the wake, these changes would serve merely as a means for the implementation of changes in the essential nature of such services.

The guiding principles for the reorganization numbered five:

- 1. The separation of social service care from financial assistance, with stress on transferring the emphasis in local social service activity from monetary to in-depth treatment and prevention of social problems.
- 2. Making services accessible to the individual, with emphasis on reachingout procedures.
- 3. Involving local residents in local social betterment projects.
- 4. Providing specific solutions to local problems as they arise.
- 5. Ensuring up-to-date information concerning community conditions to enable continuous social planning.

The Planning Process

After the two committees presented their recommendations, a process of debate and commentary began. It should be noted here that the committees' work included a much broader range of subjects than the one discussed here. As a result of this debate a new

department was established in the Ministry (which at that time changed its name and responsibilities to the Ministry of Labour and Social Affairs) whose task was to implement the recommendations of the committees.

It was suggested that the recommendations of the two committees be implemented in two different sets of local welfare bureaus in order to evaluate which is preferable in the Israeli reality. Two documents were prepared to guide the local welfare bureaus that participated in the experiment.²⁵

It was planned that the neighborhood team carry out eight major functions:

- 1. Providing help to people except in cases requiring highly professional knowledge.
- 2. Collecting data about clients.
- 3. Making referrals to other services.
- 4. Holding case conferences in regard to individual cases.
- 5. Identifying community-related problems.
- 6. Identifying potential resources within the community.
- 7. Using experts from a variety of professions to improve the daily work of the team.
- 8. Budgeting the work of the neighborhood team.

Such teams were expected to be composed of a social worker who would serve as the professional supervisor and manager of the team, an intaker, generic social workers and an administrative aid. These teams were to be subordinate to the central unit of the local welfare bureau. Other possible members of the team were: a community organizer, paraprofessionals, volunteers and other experts as required.26 At a later date, it was decided that the two sets of recommendations be united into one. Thus, the social workers of the neighborhood teams were asked to form relationships with other local agencies to share clients, information, projects and attempts to identify and prevent new problems. One can view this reorganization effort as a combined effort to implement the best of both committees.

It was expected that five major preparational activities would be required:

- A. Negotiating with the local authority with regard to offices for such teams in each neighborhood (housing).
- B. Allocating and distributing the required manpower, including maintenance of the new offices, flexible working hours and reporting procedures.
- C. Defining and dividing the geographical boundaries of each neighborhood.
- D. Presenting the new operation to the local services and recruiting their cooperation and support.
- E. Allocating the budget for each such team.

Aside from these teams, at least four general units were expected to operate on a city-wide level. The function of these units was supposed to be the provision of expert services. In such units (usually located in the building of the local welfare bureau), specially trained social workers were to serve as advisors to the neighborhood teams and to treat the difficult cases. The four recommended central and professional units are: unit for youth (0-15), unit for young adults (16-22), unit for the family and unit for the elderly.27 Larger local authorities or places with other special needs were allowed to open different or additional specialized units.

It was also planned that in the other set of local welfare bureaus such central units would operate. They were not, however, expected to serve the neighborhood teams. The social workers placed at the community's major junctions were their target. These social workers are employed by, supervised by

and responsible to the local welfare bureau's manager. They were placed in other services such as day-care centers, health clinics, community centers, schools, employment agencies, major factories and other social junctions which most people visit at varied frequencies. The functions of the social workers were, thus, to link people to sources of help, to provide basic social support, and to refer the problematic cases to the central units. But as was mentioned earlier, it was decided to combine the two methods and to operate them as one.

The Implementation Process

The division which is responsible for implementing the change started the described experiment in 1977. In the early stages it was clear that more preparation than had been expected was required. First it was deemed necessary to re-evaluate the client files. The reported caseload was out of proportion and served as an excuse to oppose the change. As an outcome of this reevaluation of files, a large number of files were closed and others were defined as not urgent. Thus the real target populations were identified and priorities were set.

After a short time it became clear that the key issue in such re-organization of the local welfare bureaus is the human factor. The social workers did not know what was actually expected of them in their new role as community partners and as experts in generic social work. This is similar to England's experience after the Seebohm report.28 It was easier and by far more familiar for them to perform the old task of office professional than to settle into the neighborhood. The vision of recreating the close and available helping networks was vague, too radical and even useless in the eyes of many social workers. As in

many other national changes the goals were positive but the means, not adequate. The planners viewed the social workers as flexible, knowledgeable and eager to change their old methods. This conflict of expectations between the line and the headquarters forced the latter to prepare some mechanisms to smooth the change. The need to train the social workers became evident. The unexpected resistance and ambiguity of the social workers delayed the actual implementation.

This problem exposed a more fundamental problem, the policy makers had the vision of active networks to and from the social workers, but, they did not plan the concrete creation of such networks in actual day-to-day work. The inconvenience was mutual to the headquarters and line as well. The solution was to hire group dynamics experts in order to work with the social workers in defining their methods, goals and future work in the team. It was an inductive process by which the key issues were extracted and the first teams structured according to them. The ends were recognized but the methods were unclear and evolved from the actual process of implementation.

New goals were set in the change effort and new decisions were made.

- 1. It was concluded that the two models were not contradictory but complementary. Thus the change program consists of both neighborhood teams and social workers at major community junctions.
- 2. Fifteen local welfare bureaus entered the process of change in 1977 and many more followed at later dates.
- 3. A decision was reached by all local welfare bureaus that participated in the change to add two new goals; increasing the cooperation with other services and broadening the range of services given to the community,

- which meant, basically, identifying new populations.
- 4. Special training programs were established for the neighborhood team coordinator/supervisors. This training is focused on casework methods, community organization and management. The emphasis on each part is equal.
- 5. In order to learn the real effect of this change, an evaluative study was planned, financed and carried out. This study covered a large scale of issues of which only a few can highlight the question of this study.

Evaluation

The evaluative study which covered only the first two years of the change was implemented and published.²⁹ It concluded that the effect of the change, the change program compared to local welfare bureaus which did not go through the same structural change, i.e., the control group, was minimal. The accessibility of services was improved in both groups, but was not significantly better in the change program. Citizen participation was found to be low in both groups.

It was also noted in this study that the priority in service delivery was shifted from the bottom of the social ladder to those who have a better chance to be helped. The researchers also noted that within the control group there was a spirit of change, a willingness to operate with a new method. This, in itself, indicated a positive reaction to the change program. The project as a whole dealt with a small scale country and those in charge had many contacts with those in control and some influence, which the researchers could not account for, took place. The change program was published and presented in national conferences as the new governmental control mode of service delivery. As such, local welfare bureaus which were not part of the experiment adopted parts of it, giving them different names.

Conclusions

It is evident that there is still a large gap between the theory of restructuring social networks and its practice in Israel. This planned change has not yet created new junctions of caregiving in the community. The potential clients are not yet aware of the availability of these new links in the community and the image of the isolated, super professional, cold social workers is still prevalent. Indications from a new study that is now being done in the field show that a considerable percentage of those people being served by the local welfare bureaus (names and addresses for this study were drawn from the social workers files) claimed to have no contact with the social workers, even when the latter were mentioned by name and place of work.30 This clearly indicates that the social workers did not bridge the gap with the local citizens and that the expected social links have not been created.

It is also doubtful whether this change is accepted by most professionals in Israel. Some professionals are still holding the idea that professionals should be above their clients and that the deprofessionalization of social work³¹ is a tragedy. Many more doubt that they should have more direct contact with the citizens on the neighborhood level and that they should serve as direct links in the network of help to people in need. There are some votes in favor of sitting in the office and waiting for the clients to drop in. In the name of financial restrictions, there are some who do not wish to adapt to the changes and to the new approach. Some of the resistance to this change is rooted in fear of the unknown plus inadequate preparation.32 It should be emphasized here

that similar and even worse reactions came from the British social workers post-Seebohm. There were harsh reactions to the generic role in the neighborhood which was titled as the "Seebohm factory".³³

In most neighborhoods one can find nuclear families with social ties both inside and outside the local geographical boundaries of the community. There are hardly any communities in which most individuals and family networks are on the local level. Pancoast and Collins stated that artificial networks can function "when they replace those that operated similarly under other conditions, when natural neighbors already exist even though they function minimally, and when the natural neighbor is readily accessible to the potential client."34 In other words, in relatively new neighborhoods where natural social links are not a tradition the chances to implement artificial networks are low from the beginning. Successful projects of this nature included people who share the same problems and communities with a tradition of mutual help. Since networks do not have boundaries and their strength can vary, the social workers will find it hard to know when and how to be an integral part of the networks. Should they contact relatives who live out of the neighborhood, should they live in the neighborhood, should they visit the area in the evening, should they help as fellows or as the representatives of the local authority and should they be active in local arguments. Although there are some good techniques to measure social networks,35 the real test of the social workers is through their helping ability. They do not know how to be evaluated and how to be intergrated into the natural networks. The program asked them to settle in the neighborhoods, but there were no guidelines as to how and what to do.

When analyzing this experiment from a theoretical and historical perspective one should keep in mind that social work actually developed from and in the neighborhood work.36 Settlement houses and C.O.S., for example, were developed on the local level and as a mechanism to enhance life in one geographical area. The Israeli experiment resembles the one which was done in the U.S.A. in the 60's and early 70's when the focus was on returning service delivery and control over resources to its origins, i.e., to the neighborhood. In both cases it was mostly with regard to the administration of the service without sufficient attention to planning how better to serve the clients. A suitable characteristic of this emphasis can be found in the name of the two committees. They were appointed to investigate the administration (organization) of the local welfare bureaus rather than their service. In short, we can summarize that the described planned effort has not, as of yet, established a new mechanism which will enhance mechanical solidarity and artificial networks. It is doubtful whether such an attempt is actually possible.

Prior to this attempt, it was accepted that a go-between was required. The claim was that in order to make a bridge for the population to the services, a local citizen who knows the local relationships and codes was required.37 It should be noted that the use of indigenous workers brought some help and in some cases improved services in the quest for better contact with their potential clients. In general, all these methods are useful in a limited way. They can be useful in one setting and useless in another. The attempt to implement one of them in all communities at one time seems shaky and costly. At the present time the Ministry of Labour and Social Affairs has regulated the system and is aiming at demanding its implementation in all 190 local welfare bureaus.³⁸ The real test will come in a few years when an updated study is conducted and a cost benefit analysis is performed to find out whether or not the community networks were widened to accept the new players and in turn what roles they received.

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