

Between older adults' needs and the law: The Israeli Long Term Care Insurance Law from the Perspectives of Service Users and Providers

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Abstract

The Israeli Long Term Care Insurance Law (LTCIL) was one of the first long term care insurances in the world to support older adults and their family members and allow them to stay in their homes for as long as possible. The present study aimed to evaluate the perspectives of older adults, their family members and home care workers regarding the LTCIL. Views of workers of the National Insurance Institute (NII), which is directly responsible for the enactment of the law, are also integrated. Interviews were conducted between June 2016 and June 2017. Thematic qualitative analysis is based on interviews with 15 NII workers, 31 older adults, 31 family members, and 6 paid home care workers. The present study stresses the tension between the LTCIL and older adults' perceived rights and needs. It also demonstrates how even though the NII workers are engaged with various stakeholders, they often lack direct contact with older adults, their family members and paid home care workers: those most directly influenced by the LTCIL. Policy considerations are discussed.

KEYWORDS

disability, home care, insurance, long term care, policy

1 | INTRODUCTION

Israel is a relatively young society, with 11% of its population being over the age of 65 (Brodsky, Shnoor, & Be'er, 2012). Nonetheless, Israel has faced a substantial increase in the percentage of its ageing population, as the older population constituted only 4% in the 1950s. This dramatic increase has been attributed to the increase in the average lifespan in the country and an immigration wave from the former Soviet Union, in which one-fifth of all immigrants was over the age of 60 (Meyers, 2000).

Given these dramatic changes, Israel has been facing a growing need to care for its ageing society. Second only to the Netherlands, Israel enacted the Long Term Care Insurance Law (LTCIL) in 1988. The LTCIL aims to support family caregivers and maintain older adults in their community for as long as possible. This is done through the provision of assistance to all Israeli citizens who require support in activities of daily living. Assistance is determined on a sliding scale based

on the level of impairment of the older adult. The LTCIL employs a financial criterion, which limits the most well-to-do older adults in the country from receiving assistance (Borowski, 2015).

The law initially provided in-kind services, such as personal care by a home care worker, incontinence products or adult day care services. More recently, the law was changed to also provide monetary support to those families that opt for this possibility. Nonetheless, to date, the most common service selected by 67.6% of the LTCIL recipients as a sole service is a home care worker. The support can fund up to 18 hr of care by a foreign home care worker or 22 hr of care by an Israeli home care worker (the difference in funding represents the wish of the Israeli government to provide an incentive for hiring local workforce) (The National Insurance Institute, 1995).

To date, much of the evaluation of the LTCIL has been at the macro-level (Borowski, 2015; Borowski & Schmid, 2001; Reichert, Naegel, Katz, Lowenstein, & Halperin, 2014; Schmid, 2005). This line of research has delineated some of the challenges or

shortcomings faced by the law. One such challenge is the failure to be self-sufficient, given the increasing numbers of older adults who require assistance and the relatively small percentage of tax revenues dedicated to support the LTCIL (Borowski, 2015). A second shortcoming concerns the fact that the LTCIL offers a very small number of levels of support, which may not meet the varied needs of older adults. Moreover, it often fails to fully meet the needs of the most impaired individuals or of those who require round the clock supervision due to cognitive limitations (Iecovich, 2012). In addition, the fact that the LTCIL uses means testing stands in contrast to the principles of universalism of social insurance (Borowski, 2015).

Another shortcoming of the LTCIL lies in the fact that it has outsourced the home care services provided to older adults. These services are currently supplied by an external industry (Asiskovitch, 2013; Borowski, 2015). It also is important to acknowledge that the law supports only those older adults who wish to remain in their homes. Although this represents the wishes of the majority of individuals in the country (Ayalon, 2009; Khalaila & Litwin, 2011), it has resulted in a failure to provide adequate support to those older adults who require institutional care. Finally, it is valuable to acknowledge the diverse sources of funding bodies that are involved in the care of older Israelis. Depending on their exact condition and living arrangement, older Israelis have to approach very different governmental agencies for support. This diffusion of services makes it difficult for older adults to obtain the support they require (Borowski, 2015).

Given the important role that the LTCIL plays in the lives of older adults and their family members, it is crucial to assess perceptions regarding the law and its main executors, namely the National Insurance Institute of Israel (NII). This is important not only at the local level but also globally. Currently, there are several countries, including Germany, the Netherlands, Japan and Korea, to name a few, which provide long term care support, whereas several additional countries are still contemplating the enactment of such policies (Borowski, 2015).

The different Long Term Care Insurance (LTCI) schemes can be characterised along the type of services they support (e.g. institutional vs. home care), the amount of coverage they provide for long term care, the expectation that care and financial resources will be provided by family members, the proportion of the population the LTCI covers, the specific eligibility criteria, and whether the LTCI provides services and/or cash support (Pavolini & Ranci, 2008). For instance, Japan offers a mandatory public LTCI with benefits provided unrelated to income or family situation. These benefits are provided as services, rather than as cash (Tamiya et al., 2011). In Germany, the LTCI Act established both social LTCI as well as private insurance, which cover almost the entire population. Germany, in contrast to Japan, does not use age as an eligibility criteria (Rothgang, 2010). In the United States, the public Medicaid scheme provides LTCI to poor older adults and covers 35% of the expenditures, whereas the second source of financing is out of pocket money. Medicare, the public health insurance for older adults, covers another 25% of the market, but about half of

What is known about this topic

- The Long Term Care Insurance Law (LTCIL) aims to keep older adults in the community.
- The LTCIL provides primarily home care services to older adults.

What this paper adds

- There is a tension between the LTCIL and older adults' perceived rights and needs.
- Those responsible for implementing the LTCIL have little direct contact with the public and with home care providers.

this support is for short hospital stays, rather than for long term care (Brown & Finkelstein, 2009).

The overall aim of the study was to assess intergenerational solidarity and family care in the Arab community. This is discussed in detail in a different paper (Ayalon, 2018). The present paper is focused solely on perceptions of the LTCIL, which emerged as an important topic during the interviews and analysis process. This overall topic was not envisioned at the design stage of the study, but was derived based on the data. The present study examined the LTCIL from the perspectives of multiple stakeholders directly involved in the provision and receipt of the law. Specifically, we interviewed NII workers who are directly responsible for implementing the law, older adults and their family members who are the recipients of the law and home care workers who provide direct care supported by the law. Each of these stakeholders reported on their perceptions of the law as well as shortcomings and advantages inherited in it.

In evaluating the findings, it is important to note that the sample was drawn from the North of Israel and hence, largely consists of the Arab sector, which represents over 50% of the population in that region (The Israel Central Bureau of Statistics, 2008). The Arab sector represents a minority group in the country and its perceptions of the situation might be colored by the sociopolitical situation in Israel (Ayalon, 2018; Ayalon, under review). It also has a lower socioeconomic status and more traditional family values (Khalaila & Litwin, 2012), which should be taken into account when interpreting the findings.

2 | METHODS

The study was designed as a qualitative research. To obtain a broad perspective on the LTCIL, we interviewed NII workers, older adults, their family members and paid home care workers. In designing the study, we specifically selected individuals who worked (e.g. NII workers) or resided (e.g. older adults) in different geographic regions in the North of Israel (e.g. mixed-cities of both Jews and Arabs, solely Arab or Jewish cities and small villages). The rationale for employing

maximum variability in our sampling procedure was geared in order to capture commonalities in experiences and perceptions beyond the individual particularities.

2.1 | Sample

Overall, the research team interviewed 15 NII workers (nine managers, six evaluators/consultants), 31 older adults, 31 family members, and 6 paid home care workers. The majority of the sample consisted of Muslim women. The average age of older adults was 79 years ($SD = 4.6$) and the average age of family members was 51 years ($SD = 12.5$). The average number of weekly hours of care provided by family members was 10 ($SD = 6.5$), whereas paid carers provided

on average 3 ($SD = 1$) hours of care per day, 5 days per week. See Table 1 for additional information.

The NII funded the study and it was approved by the ethics' committee of the PI's university. All potential respondents were first approached by the NII in writing. Potential respondents received detailed information in writing about the study and were invited to participate in the study. Those who were not interested in participating were instructed to send back a mailed letter or to call a direct number to state their lack of interest in the study. Respondents were able to opt out of the study at any time and there were no sanctions related to a lack of participation.

Interviews were conducted between June 2016 and June 2017. We started by interviewing the NII workers and after an initial review

	NII workers (N = 15)	Older adults (N = 31)	Family members (N = 31)	Home care workers (N = 6)
Age in years	46 (8.1)	79 (4.6)	51 (12.5)	35 (16.0)
Men	7	7	15	1
Education in years	16.2 (1.2)	5 (4.4)	11 (4.4)	10 (3.9)
Jews	8	6	4	1
Christian	1	2	2	
Druze	1	1	2	
Muslim	5	22	23	5
Relationship to the older adults	NA	NA		NA
Child			16	
Spouse			5	
Other (cousin, daughter in law, grandson)			10	
Weekly number of hours of care	NA	NA	10 (6.5)	NA
Daily number of hours of care × number of days care is provided	NA	NA	NA	3 (1.0) × 5 (1.6)
Managers	9	NA	NA	NA
Evaluators/ consultants	6			
Subjective health (1–5)	NA	1.9 (0.6)	3.6 (0.9)	3.8 (0.4)
Subjective socioeconomic status (1–4)	NA	1.7 (.7)	2 (.6)	2 (.6)
Have a home care worker	NA		NA	NA
Yes		15		

TABLE 1 Demographic characteristics of the sample

NA, not applicable; Values for continuous variables (e.g. age, education, subjective health, subjective socioeconomic status, weekly number of hours of care × number of days) are reported for mean and standard deviation. Values for categorical variables (e.g. gender, religion, relationship to older adult, role at the NII) are reported as frequency.

of interviews with NII workers, we embarked on data collection with older adults, their family members and home care workers.

Interviewees resided in areas which were ranked between 2 and 5, out of a maximum of 10 on a socioeconomic ladder developed by the Central Bureau of Statistics. Hence, all geographic areas represent low to medium socioeconomic status. The distance to the NII services also differed with some areas having the NII facility in close proximity and others requiring a commute in order to reach services.

2.1.1 | Inclusion/exclusion criteria

Workers who worked in the North of Israel at the time of the study and were either responsible for the (a) overall management of the home care unit (e.g. managers); (b) evaluation of older adults' needs and functional disability (e.g. evaluators); or (c) determination of the level of financial support that should be provided to older adults (e.g. consultants) were invited to participate in the study. Older adults over the age of 70 who had applied for financial assistance through the LTCIL and resided in the North of Israel were also recruited. We interviewed participants regardless of whether or not their claim to the NII was approved. We asked these individuals for the contact information of their main family caregiver and paid home care worker, when applicable.

2.2 | Procedure

The interview guide was constructed as a funnel with broad questions in the beginning of the interviews and more narrow ones towards the end. NII workers were asked to describe their role and their relationships with the various stakeholders: older adults, their family members, and home care workers. They were asked to detail the strengths and weaknesses of their role as well as their coping style with various challenges at work. Finally, they were asked to describe and contrast their encounters with the Jewish and the Arab sectors and to potentially identify differences between the two sectors.

Interviews with older adults, their family members and paid home care workers started with broad questions concerning the home care arrangement and relationships between the involved stakeholders (e.g. older adults, family members, paid carers). Respondents were asked comparative questions, such as "what is the difference between the care provided by a paid home care worker and the care provided by a family member?" They also were asked descriptive questions, such as, "how did you reach the decision to approach the NII?" Finally, interpretive questions, such as "what are the challenges of having a paid home care worker?" also were asked.

Interviews were conducted in the place of choice of respondents. Interviews with older adults, their family members and home care workers took place in their home. Interviews with the NII workers took place in their office. Interviews lasted between 30 min and 1 hr. All interviews were recorded and transcribed verbatim. Interviews were conducted in Hebrew or Arabic to meet the preference of respondents. Interviews conducted in Arabic were translated into Hebrew.

In addition to the interview guide, respondents were also asked to provide demographic information. They also were asked about their subjective health and perceived socioeconomic status, using validated items.

Subjective health was assessed using the following question: "how do you assess your health: 1 = very poor, 5 = very good." Subjective socioeconomic status was gathered using the following question "how do you assess your socioeconomic status: 1 = cannot make ends meet, 4 = very comfortable." These two items have been used in a variety of epidemiological surveys and are currently included in the Survey of Health Ageing and Retirement in Europe. Measures have shown reliability and validity in past research (Arber, Fenn, & Meadows, 2014; Bowling, 2005).

2.3 | Analysis

Interviews were analyzed thematically. I started by approaching the interviews with no preconceived aims, using open-coding of the smallest units of meaning in the text (Elo & Kyngäs, 2008). I first analysed each interview separately. Subsequently, codes were collapsed into larger categories of meaning, using comparisons and contrasts within and across interviews. At this stage, each of the interviews was reviewed once again. Quotes from the interviews were entered into a table that included the major categories of meaning. Comparisons and contrasts were conducted within and between interviews to collapse smaller units of meaning into larger categories (Miles, Huberman, & Saldana, 2013). Next, I used selective coding to create a coherent storyline (Corbin & Strauss, 1990). Of the various categories identified, I selected thematic categories that addressed perceptions concerning the LTCIL and the enactment of the law by the NII. These themes are described in detail in the findings section. Each theme was examined from the perspectives of the various stakeholders who were interviewed in this study. Comparisons and contrasts between stakeholders are outlined. Additional major topics such as a strong sense of discrimination or intergenerational solidarity in the Arab sector are addressed in other papers (Ayalon, 2018; Ayalon, under review).

3 | FINDINGS

This section is divided into three major themes. The first theme concerns the reported *high levels of effort put by the NII* to ensure that older adults have their needs met. NII workers who were interviewed as part of this study stated that they make every effort to help older adults to meet their rights and needs, while respecting and enforcing the law. This view was contrasted with the view of family members and older adults that described the NII as rigid and eager to save money rather than to provide them with their legitimate rights to care. This theme was termed: "Between Older Adults' Needs and the Law: We Do Our Best for the Benefit of Older Adults."

The second theme addressed differences in perspectives with regard to the *claims made by older adults and their family members*. Some NII workers viewed the multiple claims submitted by older adults and their family members as a burden to the system and possibly, even as a dishonest attempt to receive unjustified support. In contrast, family members viewed the multiple claims as their only way to eventually receive the assistance they believed they deserved and needed. This theme was termed: Excessive Unjust Claims vs. Excessive Unjust Rejections.

Finally, a third theme brought up by the NII workers addressed their *engagement with multiple agencies and service providers* in an effort to ensure that older adults received the best possible services. At the same time, workers acknowledged having only limited contact with older adults and their family members. Moreover, they reported having no contact at all with paid home care workers. Family members and older adults stressed the limited contact with the NII, as their interaction was completely confined to the eligibility assessment. They also stressed the lack of monitoring and supervision of paid home care workers. This theme was termed: "We Engage with Multiple Agencies and Stakeholders in the Execution of the LTCIL, but Have Much Less Contact with Direct Service Providers and Service Recipients."

"Between Older Adults' Needs and the Law: We Do Our Best for the Benefit of Older Adults"

"We do our best to support older adults and their families." Most NII workers discussed their active efforts to ensure that older adults receive their rights and get their needs fulfilled. To many, doing that meant that they were "doing their job right." They reported a great deal of satisfaction from this and viewed it as the most essential part of their job. The following is a quote by a Jewish agency manager (#1). She emphasises her determination to ensure that older adults get their needs met and receive the rights they are entitled for:

Our hope is really to approach the eligible cases. And make sure that those who are eligible receive their rights. We have no limits with regard to money or to the number of cases. If a hundred percent of the cases were functionally impaired, then a hundred percent would receive support. I am not limited. No one will come and tell me "you have a limited budget only 20% of the population can receive support."

This is directly contrasted with the views of family members and older adults. They viewed the NII as being solely concerned with saving the NII money. Many did not appreciate the efforts made by the NII, but rather viewed the NII eligibility assessment as intruding:

We submitted a claim. I do not remember the whole process. Remember there was a social worker over here, who suggested that we submit a claim for home care support.

So, we submitted the claim. We completed all the forms and sent them out. After a period, they sent an evaluator. He asked a few questions, tried to assess my father's functional ability. Then we got a rejection. My dad said there was no need to submit an appeal and this is why it was over. The problem is that the NII is behaving like a business, but I think this reflects all the governmental agencies in the country. This is a profitable agency and this is how they behave. They try to make profit. This is the main problem with them. I think it is not a matter of whether or not an older adult deserves assistance. It is not a matter of criteria. My father deserves home care assistance, but the NII is operating based on for profit considerations only. A 54-year-old Muslim son (#2)

"The LTCIL is inadequate to meet the needs of older adults." Many NII workers talked about their uneasiness when making decisions, which carry a tremendous impact on the life of older adults and their family members. The following employee (#3) emphasised the levels of diligence and care by which he performed his work. At the same time, he pointed to a tension between the hard, factual law and real life complexity, emphasising the requirements put on the NII workers not to break the law and to remain humane and considerate:

We have quite a lot of unrest with regard to some of the claims. When an evaluator brings a file that was rejected for instance, and I see in the medical records a functional difficulty and I see inadequate functioning and when she comes for a visit and sees that everything is okay, I call her or consult a consultant. "What happened? I disagree with this. I return the file back." We have a lot of unrest. There is uncertainty, when I see a case, a difficult case and the evaluator emphasises this and brings appropriate scoring but for some reason he (the patient/case) stays at the same eligibility level. He still doesn't cross the bar. I am asking, "where can I find another extra half point?" (to help the older adult to cross to the next level of support).

Other NII employees explicitly spoke about a need to ease the criteria set by the LTCI to ensure that clear cases of disability or extreme sickness will not go through the evaluation process of the NII but instead, be automatically eligible for support. This too represents an attempt of the NII workers to negotiate between the hard law and older adults' needs. The following is a quote of a Muslim consultant (#4):

I think that people who are on oxygen support at home should become eligible for the LTCI automatically. There is no need to check them. Sometimes I go to evaluate people and I realise there was no point in doing so.

Older adults and family members also complained about the nature of the exam to determine eligibility, viewing it as humiliating and unjust:

My daughter submitted the claim. We have been submitting claims for 4 years. They come here, ask me to take off my clothes by myself. To take off my underwear and put it on. What is this? How am I going to do this in front of a stranger? They used to ask me to enter the restroom, the shower. What is this? They came here four or five times, doing check-ups. Asked me to boil water, but I have Parkinson's. My hands are shaking. I cannot. Once, I tried and everything spilled off. I felt dizziness. I could not. A 78-year-old Muslim care recipient (#5)

Many older adults and family members viewed the support provided by the NII as their "just right." They have argued that they have paid taxes all their lives and served their country, and it was time for their country to pay back. The following is a quote of a 76-year-old Muslim wife (#6): "It is a problem that all your life you pay for social security and then when you grow old and need it, you get nothing."

The NII workers also viewed the law as being quite stringent and not necessarily providing older adults with their needs. For instance, at times, older adults might need cleaning services, rather than personal care, but this is not considered as an eligible service within the scope provided to older adults through the LTCIL:

I know that this is the law and what the law is, but people are expecting to receive a housekeeper, someone who brings in medication, who buys food, shops, walks them to places. And no, this is not a criterion and not part of the evaluation. We find ourselves explaining this all the time. People outside do not understand this. There is a gap, they view us as inconsiderate. We just had a complaint, "do not throw us in old age, how come you are throwing away our mother? She just needs 1,500 shekel per month. Nothing more! Just someone to buy her food and clean the house." So- I have to explain, these are not the criteria, unfortunately. A Jewish local NII agency manager (#7)

Similarly, older adults and family members explicitly viewed the support provided by the NII as being inadequate, inappropriate or insufficient. They pointed to a discrepancy between the types and quantity of services approved by the NII and the types and quantity of services they actually wished for:

Of course this is not enough (LTCI support). I, for instance, pay 350 Shekel every month for medicine. There is no assistance to cover this cost. They provide no assistance with regard to medication. A 78-year-old Muslim man (#5)

3.1 | Excessive unjust claims vs. excessive unjust rejections

"We receive excessive unjust claims." The NII workers viewed many of the claims as being unjustified. They have discussed the

involvement of the home care industry in the process and have argued that home care agencies convince older adults to request the assistance of the LTCIL even when it is clear that the older adults do not meet the eligibility criteria:

Sometimes, this is only the interest of the nursing care agency. I will try to be accurate here. There is a free market and home care agencies are in the hospitals, trying to reach people. Sometimes, they even get to their homes. I have no idea how. They say, "submit" and many times, not many times, but sometimes, there is no reason to submit a claim and this creates a great sense of frustration. A Jewish local NII agency manager (#8)

"We experience excessive unjust rejections." Older adults and family members, on the other hand, reported that their claims have been rejected over and over again. They expressed a great disappointment from not having their needs met, arguing that their needs for assistance were real and truly justified:

We have submitted multiple claims. All of them have been rejected. My mom really needs care, but they (NII) do not approve it. They have sent rejection letters saying that mom gets along well. I do not understand why they rejected our claims even though she does not function at all. I cannot explain their decision. Maybe we should have made a show in front of the examiner, should have lied to them. But this is not our character. My mom will not lie and will not act to get this treatment." A 59-year-old Druze daughter (#9)

"We Engage with Multiple Agencies and Stakeholders in the Execution of the LTCI, but Have Much Less Contact with Direct Service Providers and Service Recipients."

"We engage with multiple stakeholders." The NII workers have emphasised their very rigorous engagement with multiple agencies and stakeholders to ensure that older adults receive all the services they deserve and become aware of their rights. Within the NII, multiple professionals are responsible for ensuring that the decision about the eligibility of an older adult for support is made on an accurate basis. In addition, other governmental and non-governmental agencies are often involved to ensure that older adults become service connected:

We have multiple contacts with people inside the department, inside the NII and with other relevant offices, older adults, home care agencies, etc. It is my commitment. We work with the welfare office, with charities, with adult day care centres, with health care funds." A Jewish agency manager (#10)

"We have limited contact with older adults, their family members and their home care workers." In contrast to these various agencies

and stakeholders with whom the NII workers reported having high levels of involvement, they reported having only limited contact with older adults and their family members. Contact with older adults and their family members was usually confined to the initial eligibility assessment. Moreover, the NII workers reported having almost no contact with home care workers. The following is a quote of a Muslim evaluator (#11):

We are not exposed to the carers. We are not exposed to the service providers and there is no connection between us and the service providers. When I come to conduct an assessment, the family might say that the older adult receives services from a certain agency. This is information I need in order to make a functional assessment. What I need to know is on what days they receive the hours of care, are they satisfied with the care or not. I can also state my opinion on the quality of the service that is given, if there are complaints or anything else. But, there is no direct contact with the agency or with the carers. The only case is if a paid carer by a coincidence, sits in during a visit and wants to add something. So, we do allow her to talk.

Family members and older adults also acknowledged the role of the NII workers around the eligibility assessment, and stated that beyond this eligibility assessment, they had no contact with the NII workers. The absence of adequate supervision and monitoring of the home care arrangement was delineated by many interviewees:

They (NII) say "you have a carer, you receive help." But, this help is not real. She (paid carer) will not do what is good for me. She is busy with her phone. All the time, busy with her phone. She does not have face to face conversations with me. When a person is with you, you develop a relationship. This person is with you, so you do not feel comfortable, do not want to complain, especially because we know she is a single mom and you do not want to hurt her and she has kids and I understand she is having a hard time. You do not want to hurt. So, if there was someone who supervised this a bit deeper. For instance, here, no one has ever visited, no one has asked questions." A 76-year-old Jewish woman (#12)

4 | DISCUSSION

This paper examined the LTCIL from the perspectives of the people most affected by it: older adults, their family members, paid home care workers, and the NII workers, who are in charge of implementing the law. Our findings suggest that there is a great divide between the perspectives of the NII workers concerning the LTCIL and that of older adults, their family members and paid home care workers.

Although the NII workers truly believe their role is to ensure that older adults receive their rights and needs met, older adults, their family members and even paid home care workers view the current LTCIL support as being inadequate and view the assessment carried out by the NII as humiliating. Another source of tension concerns the view of the NII workers of the multiple claims made by older adults and family members as burdening the system vs. the belief of older adults and family members that repeated claims are the only way for them to ensure that their just rights would be fulfilled. Finally, there is an agreement between the parties with regard to the only minimal contact the NII workers have with older adults, their family members and their paid home care workers. These findings are discussed with an attempt to introduce opportunities for policy change.

The NII workers interviewed for this study are critically aware of the tension between the LTCIL and the actual needs of older adults that are not always met by the law. Nevertheless, they all see their role as being of a major significance and value their contribution to the welfare of older adults. Older adults, their family members and their paid home care workers are more critical of the support provided by the LTCIL. Older adults and family members view the eligibility assessment as humiliating and unjust and many believe that they are entitled to receive the support, "just because they need it and have reached old age." This alludes to a knowledge gap regarding the law and its aims.

Although the NII workers are aware of the limited knowledge the public has about the law and are actively trying to provide the public with accurate information, it is clear that misperceptions about the support provided by the LTCIL as well as eligibility criteria set by it are abundant. This can be explained by the discrepancy between the notion of the LTCIL as being universal and the fact that the LTCIL is actually determined based on need (Borowski, 2015). Moreover, although older adults and their family members viewed the LTCIL as a potential remedy to all their aches and pains, the NII workers were acutely aware of the fact that the law was meant to provide for only very specific needs and not others. Consistent with past analysis of the LTCIL, it is clear that in its current form, it is too narrow to meet the needs of many older adults and their family members (Iecovich, 2012).

Another challenge acknowledged by all stakeholders stems from the fact that the NII workers have very little contact with older adults and their family members (with the exception of the eligibility assessment) and no contact with paid home care workers at all. This creates a great source of tension that all stakeholders have noted. There is no clear supervision of the paid home care workers and in fact, although the NII provides financial assistance towards the employment of paid carers, it takes no responsibility for the quality of services provided. Home care services in Israel have been outsourced and are currently in the domain of the home care industry, which supplies paid carers and also supervises their services (Asiskovitch, 2013; Borowski, 2015).

It is interesting to note that only recently was the LTCIL changed to allow for direct financial support, rather than in-kind services (Borowski, 2015). This change could potentially resolve at least to some degree,

the discrepancy between older adults' wishes and needs and what the LTCIL actually supports in its more restrictive in-kind form. It could also ease the paradox, in which the LTCIL provides in-kind support, yet does not supervise or monitor its quality. Another approach would be to increase the level of involvement of the NII in the home care industry to the point that it takes greater responsibility for the quality of services provided. Clearly, to perform their job well, the NII workers require a lot of co-ordination between various parties. However, by neglecting to more carefully consider direct service users and providers, the NII fails to ensure that its mission is adequately performed.

The insufficient contact with direct service users could potentially account for the very different views regarding resubmission of claims by older adults and their family members. Although older adults and their family members viewed resubmissions of claims as necessary to ensure that they actually get their needs met, the NII workers viewed repetitive appeals as a nuance. It is important to note, however, that all NII workers who were interviewed as part of this study expressed great empathy towards older adults and their family members and were acutely aware of needs and challenges of older adults, which were not always met by the LTCIL.

A criticism of the assessment procedure employed by the NII to determine the LTCIL eligibility was raised by older adults and their family members. This could reflect the limited relationship established between the NII workers and the older care recipients, in the light of very sensitive and intimate service needs. Although the assessment procedure attempts to be minimally intrusive, it is clear that asking about physical needs and addressing dependency issues could raise a sense of discomfort among older adults and their family members. This is consistent with past research conducted in Israel, which has shown a reluctance of certain populations to seek out the support of the law because of stigma associated with the ways in which the law is implemented (Strier & Werner, 2016).

In reviewing these findings and interpreting the strong sense of inadequate support provided by the NII as reported by older adults and their family members, it is important to consider the study's limitations. The study was conducted in the North of Israel and the sample consisted primarily of Arab Israelis. The North of Israel is characterised by a lower socioeconomic status compared with the majority culture. Similarly, the Arab population is of lower socioeconomic status compared with the Jewish population in the country (Khalaila & Litwin, 2012). Moreover, past research has shown that the Arabs in Israel experience higher levels of functional decline compared with Israeli Jews (Spalter, Brodsky, & Shnoor, 2013). These characteristics represent a population of high-need. Possibly, populations of better socioeconomic status and functional impairment experience greater satisfaction with the services provided by the law. It also is important to note that the Arab population in Israel is characterised as a family-oriented society, which often cares for its own, using informal resources (Khalaila & Litwin, 2012). Hence, attempts to rely on formal support could potentially represent a transition from traditional values to more modern perspectives (Ayalon, 2018; Ayalon, under review). Moreover, the majority of older adults and home care workers who participated in this study were women. Although this is often the case

as women live longer than men and are more likely to take on the care-giving role, the perspective of men care recipient and home care workers is limited in this study. Additional research will benefit from a wider geographic and sectorial representation as well as stratification of the sample based on functional impairment and gender.

5 | CONCLUSIONS AND IMPLICATIONS FOR POLICY

Despite its limitations, the study provides important insights to policy makers. It stresses the tension between the LTCIL and older adults' and their family members' actual needs and wishes. It is important to ensure that the assessment conducted by NII workers will focus not only on functional impairment but also on the values of older adults and their family members in an attempt to improve the quality of support provided to them. The recent shift of the LTCIL towards cash support, rather than the sole reliance on in-kind support provides a positive opportunity to allow older adults and their family members to purchase the type of services they believe they need, rather than the ones the state sees as needed for them. This is in line with the present study, which stresses the need for policy makers to adjust the LTCIL for the changing needs of older adults and their family member.

The study also demonstrates how even though the NII workers are engaged with various stakeholders, they often lack direct contact with older adults, their family members and paid home care workers, the most direct stakeholders influenced by the LTCIL. These findings are consistent with research on the marketisation of elder care, which is hypothesised to be due to attempts to save money in a neoliberal economy, which views the individual as responsible for his or her welfare (Schwiter, Berndt, & Truong, 2015). Nevertheless, the study calls for a broader definition of the NII's roles in order to ensure that the resources provided through the LTCIL adequately meet the needs of older adults. There is a need for greater involvement of the state in supervising the quality of long term care services provided to older adults in order to ensure the welfare of older adults and their family members.

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