

The Care Deficit in Israel



**What it Means
and How it Can
be Reduced**

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Part I | Care Work through a Feminist Lens

Introduction

Care work is essential to the quality of life of each and every person, and vital for the well-being of society as a whole. Care work can be paid or unpaid, and can take place in institutions such as hospitals and schools or in the family home and other private settings. Care work merges personal, emotional relations with a moral commitment. For years, care work was considered the natural responsibility of women; indeed, in Israel as in many countries, women perform most care work activities – with or without pay.

The economy, according to philosopher Nancy Fraser (2016), depends for its very existence on non-commodified social relations – child-rearing, housework, schooling, affective care, and a host of other activities that serve to produce new generations of workers and replenish existing ones, as well as to maintain social bonds. Without these activities – most of which are performed by women – there would be no culture or political organization.

Most care work is performed without compensation. This fact is at the heart of the crisis today in the capitalist economy, with families and individuals finding it harder and harder to bear the burden of care work. The model of the “two-earner family” has become more and more widespread, forcing families to increasingly shift care work to other hands – generally poor women earning meager wages from jobs with poor working conditions and no job security. Therefore, argues Fraser, it is not enough to focus on work-life balance, but what is required is comprehensive, systemic action in support of social and public services, workers’ rights and unionizing, more generous parental leave, and more (ibid.).

In recent years, women economists in developed countries have been studying the need to invest in care work as part of an overall employment policy. This would mean moving from policies that rely on care that is market-based and sometimes exploitive, or on volunteer care work, to quality professional care performed for a fair wage, overseen and regulated by the state. An investment of this kind could address issues such as the care deficit – the growing shortage of care workers; gender inequality

in the division of labor, paid or unpaid; occupational segregation, and income gaps between women and men and among women themselves.

This document examines the care economy in Israel through the lens of international feminist scholarship. It focuses on two case studies: childcare and long-term care for the elderly. Based on these two cases, we examine patterns of public and private investment, and analyze what is required to move to a more decent care economy model. As part of this analysis, we discuss unpaid care work, which is performed primarily by women.

Care work – between family and the labor market

Throughout recorded history, it is women who have borne the burden of care activities within the family. In the capitalist era, although forms of care delivery were developed by both the market and the state, most care work is still performed within the home as unpaid labor carried out primarily by the women of the family. Despite the increased participation of women in the workforce and their significant contribution to family income, women continue to perform most of the direct caregiving for family members (Beneria, 2008; Folbre, 2014).

Over the last century, care work has been professionalized, reflected in the establishment of many institutions where care work, previously performed at home, now takes place – preschools, schools, hospitals, hospices, nursing homes, facilities for the disabled, etc. Alongside the professional institutions, care-support professions have emerged, such as cleaning, food preparation, and bodily care. These are carried out by a new class of people, mostly women (and disproportionately more women migrants from ethnic minorities), who are increasingly left behind by economic growth and occupy the bottom rungs of society (Tronto, 2013).

Defining the problem: The “care deficit” in developed countries

The “care deficit” (or the “crisis of care”) preoccupies many scholars engaged in research about the care economy. The term refers to the declining inability in developed countries to provide quality care to meet the needs of individuals, their children, their elderly parents, and other family members (Beneria, 2008; Fernandes, 2017; Tronto, 2013). The care deficit derives from a combination of factors – the greater participation of women in the workforce and, at the same time, the aging of

the population in most western countries. Having more women in the labor force, some as the household breadwinners, has generated a crisis in care activities within the family. This is compounded by increased life expectancy, which has extended the time that older members of the family are in need of care. Families often turn for help to relatives or they hire a caregiver if they can afford it. Some paid caregivers are migrants who are forced to leave their own families in order to provide care for others. In the wealthy member states of the OECD, the care deficit and growing demand for caregivers amplified the immigration of women from poor countries. In Israel, the number of caregivers who are women migrants has grown from about 22,000 in 2000 to approximately 57,000 in 2016 (OECD, 2017).

Invisible work – unpaid care

The provision of care usually draws upon a complex network of unpaid family caregivers and paid workers, who support and reinforce each other. Scholarship and public discourse about unpaid labor have evolved considerably in recent decades. As early as the 1970s, socialist feminists were using the term “reproductive labor” to emphasize the role of unpaid household work in the broader economy.¹

Today, women economists are examining the impact of unpaid care work, sometimes called “invisible work” upon economic living standards, social well-being, and the development of human capabilities. Households provide services such as childcare, schooling, attending to children’s health, and assistance to the disabled, the chronically ill, and the elderly. Therefore, feminist literature frequently documents and quantifies this work. A large portion of unpaid labor – particularly services provided within the family – is not defined as “productive” and therefore not incorporated into the national data used to define the Gross Domestic Product (GDP). GDP is the primary measure of a country’s economic success. In their scholarship, feminist economists such as Marilyn Waring and Nancy Folbre expose the politics of measuring the value of work. They seek to persuade policymakers that not taking the unpaid work into account when calculating GDP undermines gender equality, distorts the monitoring

¹ The concept of reproductive work originates in Marxist tradition as first cited by Friedrich Engels in 1884 to describe activities that sustain and reproduce the workforce (Engels, 1884/1972).

of economic trends, and biases economic planning and policymaking (Beneria, 1999; Folbre, 1991; Waring, 1988).²

Recent scholarship has also emphasized the work of grandmothers. Research from Europe reveals the intense involvement of grandparents in childcare: 58% of grandmothers and 49% of grandfathers provide some form of care to children aged 15 and under in European countries (Hank & Buber, 2009). Studies of the allocation of public resources to care-related initiatives – both preschools and parental leave – found that grandparent involvement in childcare serves to supplement and even replace state expenditures. In countries that spend generously on services and parental leave, the grandparents serve a complementary role, assuming childcare duties after the activity hours of public programs. Whereas in countries in which public childcare programs are rare and parental leave is brief, grandparents play a critical role in providing childcare on a daily basis. In countries in the middle – where policy is inconsistent, caregiving services are sporadic, and parental leave is limited or partial – grandparents provide weekly, not daily, support (Bordone, Arpino, and Aassve 2017; Igel and Szydlik 2011).

It is difficult to assign a market value to non-market work, nor can all its contributions be measured in market terms. However, an estimate of the monetary value of invisible care activities can provide important insights, revealing that market transactions represent only a subset of all the goods and services that we rely upon. In this sense, argues Folbre (2015), market logic can be turned against itself, demonstrating its reliance on non-market services.

Data collection about invisible work

The main methodology for gathering data about how women and men spend their time is time-use surveys. In these surveys, respondents are asked to report in detail about their activities during a defined period of time. These surveys also help quantify the amount of time that women and men devote to unpaid work (Gross & Swirski, 2002), and they have come into use in many countries. In the first decade of the twenty-first century, some 90 time-use surveys were carried out – more than in the entire previous century (Folbre, 2015).

² For a more exhaustive discussion of the work of Nancy Folbre and Marilyn Waring, see Berkovitch, 1996.

According to calculations of the International Labor Organization (ILO) based on time-use surveys from 64 countries, 16.4 billion hours of unpaid care work are carried out daily across the world. This figure is equivalent to two billion people working an eight-hour day without pay. Were such services valued on the basis of the hourly minimum wage, they would correspond to \$11 trillion, or some 9% of global GDP (ILO, 2018).

Time-use surveys also reveal that in every country, women do a disproportionate share of unpaid labor – three times more than men according to the ILO. In no country in the world do men and women perform an equal share of unpaid care work: In OECD countries, women devote on average two and a half more hours each day than men to unpaid work. The greater the participation rate of women in the labor force, the less time they invest in unpaid work at home and the more money they spend on purchasing these services. Time-use surveys also indicate that the amount of time spent on unpaid work is greater in low-income households (ILO, 2018; Miranda, 2011).

Besides time-use surveys, methods for estimating the value of unpaid work have also been developed. Some of these measure input – the value of the time invested in work – and others measure output – the value of the product. These efforts to assign a monetary value suggest that in OECD countries, the value of unpaid work ranges between 30% and 50% of GDP (Miranda, 2011). UN figures from 2016 indicate that the overall value of unpaid care work and housework is between 10% and 39% of global GDP (United Nations Economic and Social Council, 2016).

What to do with the data? There is no consensus about the best way to integrate these figures into the national accounts used to measure the level of economic well-being. Many countries have instituted “satellite accounts”, in which the aggregated data remain external to national accounts, but are linked to and enhance them.

Even when statistics of unpaid work are available, they do not necessarily inform economic policy planning. For example, although most European countries have collected time-use data, the austerity policies instituted in most of these countries since 2010 did not take into account the impact of these policies on unpaid work. Studies in several countries indicate that the cutbacks in public spending on welfare and care services as a result of austerity policies have fuelled more unpaid labor among women (O’Hagen and Klatzer, 2018).

How to recognize the value of invisible care work

Feminist researchers and activists disagree about whether recognition of the value of invisible work should be translated into payment. Should women be paid for their unpaid domestic work and caregiving?

In some countries, payment of family members for childcare or long-term care of the elderly is compensated by **“cash-for-care”** initiatives – direct payment to the caregiver family member. This payment, however, rarely compensates for the loss of income from a salaried job and negatively impacts women’s income and participation in the workforce. In Finland, for example, parents can receive a caregiver’s allowance at home after parental leave expires and until the child is 3 years old – on condition that the child is not registered in a publicly subsidized childcare program. This benefit is low, however, and falls short of the minimum wage. In contrast, a successful model of care for the elderly exists in Nova Scotia, Canada, where family caregivers are paid the equivalent of the median wage, ensuring that they can support themselves and not fall into poverty (ILO, 2018).

In Norway, allowances were instituted as early as 1998 for parents engaged in childcare. One of the goals of the Norwegian initiative was to create more equality in the use of public support between families who do and do not make use of publicly subsidized childcare centers. Unlike paid parental leave, this payment was not contingent upon participation in the workforce. The program was touted as gender neutral by liberal advocates for freedom of choice, but also won the support of the Christian Democrats as a way to strengthen family values. In the early years, participation was very high, but it began to subside in 2003 upon inauguration of a government program that guaranteed every 1-6-year old a place in a publicly funded daycare center.³ Today, the option of receiving payment for childcare is exercised primarily by women immigrants, whose workforce participation is low, while most non-immigrant parents in Norway prefer daycare centers for their children. The higher the mother’s level of education and income, the less likely she will choose money to perform childcare. This trend has catalyzed public debate in Norway about integrating immigrants into the labor force and society. One argument is that these payments encourage immigrant women to remain at home and outside the labor force, strengthening gender distinctions and

3 Parental leave in Norway is extensive and can be divided between the two parents; subsidized childcare programs in Norway are for children over the age of one.

ethnic gaps. Meanwhile, Norwegian policy has changed, and childcare payments are now available only for children under the age of two (Bungum and Kvande, 2013).

A similar debate is taking place in Spain, where payment to family members engaged in childcare was anchored in legislation in 2006. The original intent of this legislation was to improve gender equality and develop the caregiving professions, but it ended up entrenching the traditional gendered division of labor within the family, limiting women to caregiving jobs (men generally undertake this work only during periods of unemployment). Another question arose in Spain about the quality of the childcare – is every female family member necessarily a good caregiver? And does payment to the female family member further devalue paid caregiving – as it involves the perception that anyone can do it, regardless of training or skill. One way or another, the austerity program implemented in Spain after the financial crisis cut the benefits for family members (Benería and Martínez-Iglesias, 2014; Vara, 2014; Deusdad et al. 2016).

Another way to recognize care work is to **ensure some entitlement to a pension for periods in which women were engaged in unpaid childcare**. Performing unpaid care work adversely affects access to financial resources later in life. Women who have done caregiving without pay have fewer “working years,” on average, and many of these years were spent in part-time jobs, leading to gender gaps in wages and income throughout their lives. Thus, when pension coverage is based only on workforce participation, the results are markedly different for women and men (Jefferson, 2009). Therefore, some countries provide pension benefits for periods of childcare. When this is generous, it can compensate to some extent for the time invested outside the labor force in caring for family members. In Finland and Sweden, mothers and fathers are credited with points toward their pension for the period they were on parental leave (ILO, 2018).

The optimal system seems to be in France, where full entitlement to a pension is based on contributing to pensionary savings during 160 quarters (40 years). Credits granted for care work raise the contributions of women by one quarter for every year devoted to childcare to a maximum eight quarters per child. These points are awarded without regard for what happened to the woman’s career in light of her time spent doing childcare and can be used for early retirement or to raise the amount of the pension (Jefferson, 2009).

Paid care work

The performance of unpaid care work by women has implications for women's work in general, particularly their paid work options. Unpaid caregiving and the unequal sharing of household work together have an adverse effect on women's ability to take on paying jobs and limit the kinds of jobs that they can obtain. This is particularly true when quality public care services are not available. When public sector spending is cut, paid care programs are reduced, and individuals must provide unpaid care for family members. This generally falls upon women, who curtail their paid work in order to free time for family care. This takes a toll not only on women's income and assets, but it also undermines their bargaining power in the labor market and limits their access to social security and pensionary savings. Unpaid work also constrains the role of women in decision making and their access to representation and collective bargaining (ILO, 2018). Finally, the devaluation of unpaid care work manifests itself in low wages and a steady decline in the employment conditions of care professions in which women constitute a majority. These jobs are perceived as requiring little skill as they are viewed as women's "natural" work at home (Duffy, Albelda, & Hammonds, 2013; ILO, 2018).

In Israel, as in many western countries, those employed in care professions suffer from a double stigma: They themselves are marginalized in the labor market, and they care for others who are dependent and poor – populations lacking consumer power and generally marginal to public discourse. Care recipients are usually too old, too sick, or too poor to impact the private market. Even methods used to improve working conditions that are common in other professions, such as unionizing and strikes, lose their effect when the primary victims of the strikes are the disadvantaged. On top of this, privatization and social service cutbacks have led people with means to purchase some caregiving on the private market, leaving the middle and lower classes as the main "consumers" of public services (Dagan-Buzaglo & Hasson, 2011).

Defining care work and its distinctive characteristics

Care work is defined as activities and relations whose goal is to meet the physical, psychological, and emotional needs of adults and children. The jobs included in this definition are not in academic consensus. The basic definition includes nurses, doctors, teachers, childcare workers, social workers, psychotherapists, and personal caregivers

of the elderly and the disabled. These professions require intense interpersonal relations whose goal is to improve the personal well-being of the recipients.

A broader approach would include workers who provide indirect care, sometimes physical, that does not require face-to-face interaction such as cooking, cleaning, doing the laundry, and other activities that provide necessary and supportive conditions for personal caregiving. By this definition, care workers can also be cleaners, school cafeteria workers, kitchen workers in nursing homes, laundry workers in hospitals, and the like.

An even broader approach looks at the overall “care economy,” as does the ILO report of 2018. Because some professions provide health, welfare, and education services in support of other workers, they too are considered part of the care economy. These may include bookkeepers, technicians, and administrators employed in hospitals, nursing homes, and schools. They are part of the care sector even though they themselves are not engaged in direct caregiving.

The care sector can be seen as a distinct and unique subset of economic activity based on several qualities: First, care work is inherently characterized by interpersonal relations. The central role played by emotional ties and personal commitment make caregiving a distinctive kind of work. Second, care work benefits not just the direct recipients, but also broader social circles. Third, the market cannot fully meet the caregiving needs that are required – in quantity or quality. Furthermore, market prices do not reflect the value of caregiving because most direct recipients are not the ones paying for it. Most of those on the receiving end of the care are members of groups that are unable to provide full caregiving for themselves – whether because of age, illness, or disability – and their ability to negotiate receipt of that assistance is limited. These facts underscore the need for social arrangements that ensure access to quality care (Albelda, Duffy, & Folbre, 2009; Duffy, Albelda, & Hammonds, 2013).

The economic benefit of public investment in the care sector

Women economists in Britain conducted a simulation in seven OECD countries that compared the result from investing 2% of GDP in public care services or investing it in construction. The underlying assumption was that just as physical infrastructure is critical for human prosperity, so too is human infrastructure. The simulation found, for example, that investing in care services in the United States would create 13 million

new jobs, while a similar investment (2% GDP) in physical infrastructure would create only 7.5 million jobs (De Henau, Himmelweit, Łapniewska, & Perrons, 2016).

The ILO undertook a similar simulation based on data from 45 countries whose aggregate GDP represents 85% of global GDP and close to 60% of the population worldwide. In these countries, the combined workforce in the fields of education, health, and welfare amounted to 206 million employees in 2015 representing 10% of the entire workforce and corresponding to 8.7% of the combined GDP of these countries. This simulation asked what the care economy would look like in 2030 if the main variables remained constant – coverage rates, quality standards, and working conditions – and how it would look if the current investment were doubled, while conforming to the UN's Sustainable Development Goals and the ILO's Decent Work Agenda. If the status quo scenario prevails, total employment in the care sector would be 358 million jobs in 2030; if the investment is doubled, the result would be 475 million jobs in the care economy by 2030 (ILO, 2018).

How can the resources available for investment be increased? One way is by creating a more progressive and transparent tax structure. The ILO, for example, recommends taxing wealth more heavily than taxing consumption or work. Another recommendation is to exempt or substantially reduce taxation on care occupations and recognize care-related expenses as tax deductible (ibid).

Alternative feminist models to integrate care work into economic policy

In recent years, feminist scholars and activists have proposed policies that would reorganize the care services and financial support for them. Some call for an expansive fiscal policy, which focuses on sustainable economic growth and investment in social infrastructure, particularly care services (Fernandes, 2017). The Turkish economist İpek İlkkaracan, for example, developed a “purple economy” model (2016). This vision expands the “green economy” by incorporating gender equality. While a green economy recognizes the role of a healthy environment for the well-being of people, a purple economy recognizes the reliance on caregiving as an indispensable component of human welfare. Hence, economics needs to take into account the value of caregiving and facilitate its delivery without recourse to inequality-generating mechanisms. In other words, the “purple” vision promotes social and economic policies that

recognize, take responsibility for, and redistribute the burden of care work, based on an understanding that access to care is a fundamental human right. This approach rests on four principles:

1. Redistributing the responsibility for financing care work among households, the state, and the market, with universal care services for children, the elderly, the disabled, and the ill.
2. Regulation of the labor market to enable a work-home balance by creating equal incentives for women and men to assume caregiving responsibilities. Some examples: the legal right to a leave of absence from work to provide care for a child or dependent adult; a shortened work week; the right to flexible work practices to allow for changing responsibilities over the life cycle; reduced discrimination in hiring, wages, and promotions; ensuring equal pay for work of equal value.
3. Policies that address the need for care infrastructure in peripheral communities.
4. Macroeconomic change: Shifting the emphasis from GDP growth and economic efficiency to creation of decent jobs and guarantee of a fair wage. Hence, the need to assess the effect of taxation policies and government spending on the distribution of paid and unpaid care work by using tools like gender responsive budgeting.

A similar model was proposed by the British economist Diane Elson (2008; 2017), referred to as the **Triple R Model – Recognition, Reduction, Redistribution**. This model is based on integrating unpaid care work into macroeconomic policy while reducing and redistributing it. Elson, like others, claims that equal pay cannot be realized without equality in unpaid work. She suggests three strategies:

Recognition – making care work visible in national statistics, primarily through data collected systematically in time-use surveys; assessing the volume of unpaid work; and drawing public attention to how support for care work is divided up among the government, the market, civil society, and households.

Reduction – reducing the amount of unpaid care work and its drudgery by improved technology, investing in infrastructure for better access to basic services, and investing in social infrastructure such as health and care services.

Redistribution – of unpaid care work by incentivizing it and encouraging men to share some of it.

Wealthier countries, particularly those with generous welfare policies, have adopted some of the strategies proposed by Elson, with the encouragement of the ILO. This organization itself expanded Elson's model by adding two additional strategies to recognition, reduction, and redistribution:

Reward – a fair wage for care work.

Representation – ensuring women's participation in political and economic decision making; the freedom to unionize and conduct collective bargaining (ILO, 2018).

Below we examine some aspects of childcare in Israel, by using the Elson model.

Part II | Childcare:

Between the Family and the State

In Part II, we examine public investment in childcare in Israel. This will be measured against the model proposed by economist Diane Elson and expanded by the ILO: recognition, reduction, redistribution, reward, and representation.

Care for preschoolers arose to the top of the public agenda following “the stroller protest” of parents in 2011. The Trajtenberg Committee, established in the wake of the social protest recommended that free public education be extended to younger children. As a result, all Israeli children age 3 and over are now entitled to free education. This ranks Israel high among OECD countries with respect to subsidized programs for 3-year-olds and up. Over 90% of the cost of these programs is borne by the government, compared to an average 83% in OECD countries (OECD, 2018a). The issues only partially resolved concern younger children: parental leave; childcare-related benefits; public investment in preschools; length of the school day; and after-school programs for preschoolers and children in lower grades (up to age 8). These issues are discussed below.

Recognition of unpaid childcare

Data collection – Israel’s Central Bureau of Statistics carried out its only time-use study in 1991-92; hence no recent or sufficiently comprehensive statistics exist about the investment in paid and unpaid care. Data published by Dr. Amit Kaplan (2016) of the Center for the Advancement of Women in the Public Sphere (WIPS) indicate that the investment of Israeli women in caregiving of family members is double or more that of men. In qualitative-interpretive research based on group interviews with Israeli women from diverse backgrounds, many respondents noted that they do most of the invisible work related to the household and family caregiving. It was also found that the vastly unequal gendered division of invisible work crosses ethnic, class, and national lines (Kaplan & Karkabi-Sabah, 2017).

Researchers Endevel and Heller from the National Insurance Institute (2017) conducted a simulation of the contribution to GDP of the work done by housewives – married

women who do not work outside their home. They estimate that this work represents 2.2%-4.8% of GDP. As in other countries, in Israel, too, research found that most of the burden falls upon the poor.

Recognition of care via tax benefits – Child tax credits in Israel were once granted only to women to encourage employment and compensate them for the adverse effect on their income caused by employment interruptions for birth and childcare (Brender, 2005). This credit was worth NIS 216 in 2018. In 2012, upon recommendation of the Trajtenberg Committee, tax credits were also granted to fathers for children under 4 years of age. This was extended to men because, among other reasons, most working mothers (some 74%) could not fully utilize their tax benefits as their earnings fell below the tax threshold (Brender and Strawczynski, 2014).

The situation of child tax credits changed again following introduction of the “Net Family Plan,” in force from April 2017 and designed to provide economic relief to working parents in Israel.⁴ This program increased the tax credits for parents of children under 5 years of age: 1.5 credits during the first year of a child’s life and 2.5 credits each year from age 1 through 5. This expanded tax credit was enacted as an amendment to the Income Tax Ordinance within the Budget Arrangements Law of 2019. Its cost was estimated to be NIS 1.7 billion based on 85% of men utilizing the additional benefit, but only 15% of women (Finance Ministry, Office of the Chief Economist, 2017).

A gender audit of tax benefits carried out by the Finance Ministry upon the Tax Bill for 2019 found that women enjoy an annual benefit equivalent to NIS 2.58 billion, while the benefit for men is estimated at NIS 2.95 billion. Note that there is a structural difference in the tax benefits for mothers and fathers: Mothers are entitled to tax credits for each child until age 18, and an additional tax credit for children up to age 5.

Parallel to the changes in the structure of the benefit and the steep cost to the state (from NIS 1.7 billion annually until 2011 to NIS 5.1 billion as of 2017)⁵, there was also a significant change in the distribution between women and men – the share of women in the benefit dropped from 100% until 2011 to 47% thereafter (ibid). This does

4 The program included tax benefits to working families, differential subsidies for afternoon childcare frameworks, additional credits for mothers and fathers of young children, expansion of the work grant (negative income tax), and lower import taxes on baby clothes, shoes, and mobile phones.

5 This is the third most costly item in the tax benefits budget, after pension allowances and incentives to encourage capital investment (Finance Ministry, Office of the Chief Economist, Weekly Economic Review, 3 September 2017).

not mean that the benefits diminished and women now receive less than prior to the program, but rather that it is a significant supplement enjoyed primarily by men because their salaries are higher.

Work grant – This is a grant for workers in the lower income brackets. The main purpose of the grant is to encourage employment, and it is not related to recognizing care work. The grant is given retroactively for the previous tax year if the employee meets the criteria and files a claim. The Net Family Plan expanded this grant to low-income families – the main change was to raise the maximum grant given to men and equalize it to the grant given to women. Furthermore, the income ceiling eligible for this grant was raised from NIS 4,800 to NIS 5,000 monthly, and the maximum grant given to men rose from NIS 330 to NIS 495 monthly. An additional 30% was added to the grant for each member of the couple if both are working (Hasson & Swirski, 2018).

Child allowances – These were first paid in Israel in 1959, but over the course of four decades, only Jewish families were entitled to them. The allowance became universal in 1994, when it was also granted to Arab citizens of Israel. In the 1990s, the arrival of hundreds of thousands of immigrants from the former Soviet Union and Ethiopia caused a significant rise in the number of those eligible and in the total spending on child allowances. Between 1991 and 2000, the average yearly outlay on child allowances tripled, from approximately NIS 3 billion to NIS 9 billion (at 2015 prices). The budget cutbacks instituted in 2002 together with the decision not to update the allowance led to a monthly loss of hundreds of shekels from the income of families with children (Swirski & Dagan-Buzaglo, 2017). In 2017, the annual outlay on child allowances amounted to just over NIS 5 billion (National Insurance Institute, Statistical Monthly, 2018), representing some 0.5% of GDP – less than the average 0.8% of GDP in OECD countries. Child allowances in Israel are 1.6% of the average wage, compared to 4% in OECD countries (Bandelak, 2018).

Reduction of unpaid childcare

Reducing the amount of unpaid care work, relieving the drudgery of it, and easing the time burden can all be accomplished by applying labor-saving technology, enhancing access to basic services, and investing in social infrastructure (Elson, 2008; 2017). The key strategy in this context is moving to a model of universal care for the entire family, like that of Scandinavian countries, but unlike the model in Britain, the United

States, and Italy, where many care services are available only to poor families, with limited universal care (ILO, 2018).⁶

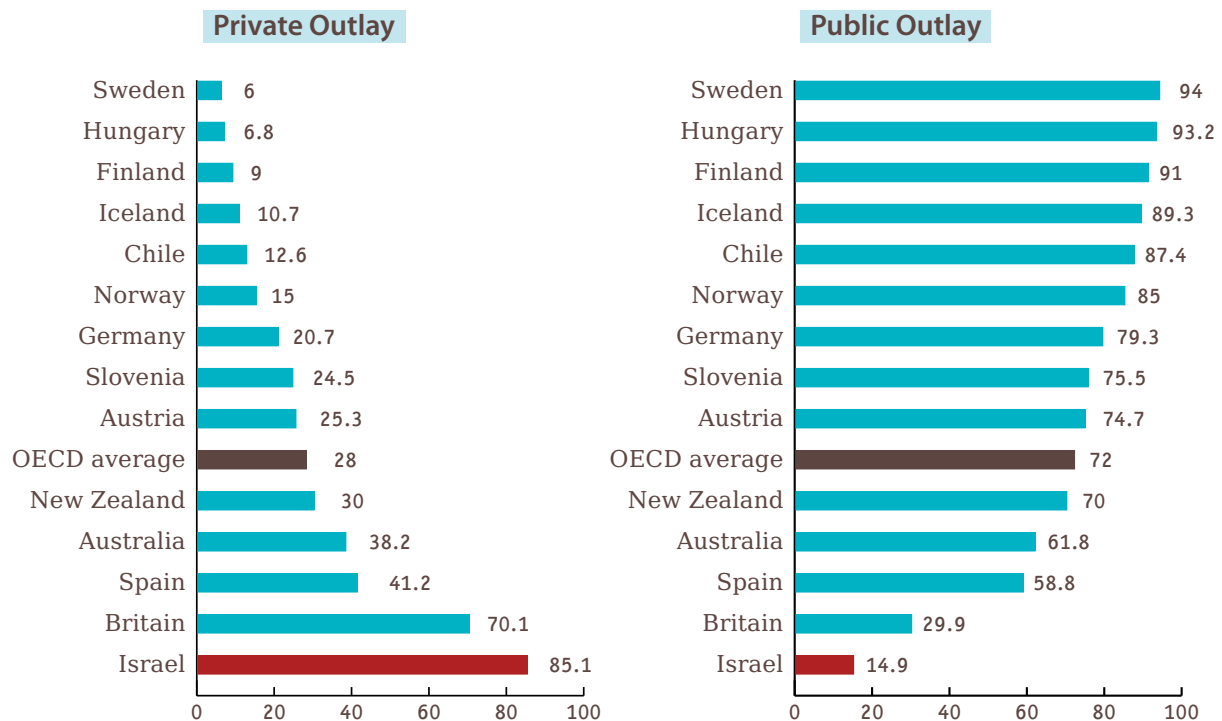
Israel does not have universal subsidized care programs and does not view care work as indispensable for the existence of society as a whole. Below are several key examples:

Childcare under age 3 – In recent years, awareness has grown globally about the importance of quality care and education for preschoolers. Thus, governments are investing in better quality preschool programs and expanding access to them (OECD, 2017). Although many developed countries publicly fund preschools for children under age 3, the level of funding varies. Saraceno and Keck (2011) compared countries within the European Union on the parameters of paid parental leave and publicly financed childcare services under age 3. Their study measures the length of time for which there is no government-funded coverage for children under age 3 – not for the parents (on parental leave) and not by subsidized care programs. In Scandinavian countries, as well as in France and Belgium, generous funding allows for broad coverage from birth to age 3, and somewhat eases the family’s burden of care. The most time without childcare coverage was found in Ireland, Italy, Spain, Portugal, Cyprus, Britain, and Holland. In these countries, care by-and-large remains the responsibility of the family, particularly the mothers, who remain the primary caregivers.

In Israel, public investment in programs for children under age 3 is low compared to other countries and the OECD average. Public funding in 2015 covered only 15% of all spending on these programs. Under age 3, Israel invests \$2,713 a year for every child registered in a program (at purchasing power parity rates) compared with an average \$12,433 per child per year in OECD countries (OECD, 2018a).

⁶ In most OECD countries, care for children under the age of 3 – private or public – is free only to low-income families, and the cost to other families is very high (highest in the United States among OECD countries). Some services are only partial (operating several hours a day). In Denmark, on the other hand, care programs are the responsibility of the local authority and all children from 6 months to 6 years are eligible for an entire day of childcare, payment commensurate with the parents’ income. Care services for adults in Denmark are financed by taxes, provided by the local authorities, and give long-term care without payment. Having care services available for children and the elderly allows working-age women in Denmark to hold down a full-time job, and reduces gaps in labor market participation. Wage gaps in Denmark are 7% (2012) – they are double in the United States (ILO, 2018).

Private and public spending on preschools for children under age 3 (2015)



Source: Education at a Glance 2018: OECD Indicators, OECD 2018

The two main frameworks for childcare up to age 3 are daycare centers and family day care. Daycare centers in Israel were established by women's organizations even before the state was founded and designed primarily to support working women. After Israeli independence, women's organizations continued to operate daycare centers, while government involvement was reflected mainly in the channeling of children from immigrant families to the centers and financing their tuition.

Following the 1967 war, Israel's rapid economic growth led to a shortage of workers. The need to integrate women into the workforce meant having to make arrangements for their children. In addition to economic growth, other factors contributed to the significant increase in working women, such as expansion of the social security and welfare systems and emergence of the feminist movement, which had begun to take hold in politics and the universities. In 1973, the Unit for the Advancement of Women was established in the Labor Ministry; this unit pushed for the development of daycare centers by women's and other organizations, and began to subsidize daycare center fees for working mothers (Ajzenstadt and Gal, 2001; Fichtelberg-Barmatz, 2004).

A family day care unit is a small, educational-childcare framework for up to five children from age 3 months to 3 years, operated in the home of the care provider. The first family daycares in Israel were opened in the late 1970s in an effort to create an alternative to larger, more expensive-to-operate daycare centers that would meet the developmental needs of infants and toddlers (Fichtelberg-Barmatz, 2004). With an insufficient number of structures for daycare centers, particularly in peripheral areas, an inexpensive solution was found by recognizing family day care, which saved the state money on constructing and maintaining a separate facility.

Parents are eligible for family day care subsidies according to various criteria (such as the number of children and income), provided that the child attends family day care or a daycare center recognized by the Ministry of Labor and Social Affairs. **Demand for these preschools outstrips the supply**: In the school year 2016-17, only about a quarter of all children under age 3 attended recognized family day care or daycare centers (Mizrachi Simon & Schwartz, 2018).

Government subsidies of daycare centers and family day care units **are neither generous nor universal**. The Bank of Israel (2016) estimates that the average subsidy covers about 45% of the full monthly fee. The monthly fee for working parents whose children attend recognized family day care ranges between NIS 710 (or NIS 743 for an infant) for the lowest income earners (per capita income under NIS 2,100 a month) to NIS 1,948 (or NIS 2,028 for an infant) for families with a per capita income over NIS 5,301 monthly. In daycare centers operated by non-profit organizations, fees range between NIS 669 for lowest income families to NIS 1,969 at the highest income levels (Ministry of Labor, Social Affairs, 2018).

To complete the picture, the Ministry of Economy estimates that in 2016, 4.7% of children aged 3 months to 3 years were cared for by a hired nanny, 21.5% by the mother, and 13.2% by another family member. Some 28% of the children this age attended private daycare centers, nurseries, or family day care. The private frameworks are not subsidized and their fees are a financial drain on the families – most of them middle-class and lower-income. Private family day care presents a range of offerings. There are prestigious nurseries that charge high fees and offer manifold activities, distinctive education methods, and trained staff. And there are low standard childcare frameworks that charge less than those recognized by the Ministry of Economy and Industry. A large number of private nurseries operate without a state license or public supervision, and do not maintain basic standards of safety and sanitation, educational

content, group size, ratio of staff to children, adequate space, structural suitability, and the like (Fichtelberg-Barmatz, 2016).

Recently (October 2018), the Knesset enacted a law to ensure the regulation and supervision of early childhood frameworks in which seven or more children are enrolled. This law, which will be in force from September 2019, stipulates that operating a daycare center without a license will be a criminal act. The budget allocated for enforcing this law will be NIS 280 million over the course of seven years (Yaron, 2018).

Long School Day Law – The Long School Day Law was enacted in 1997; since 1999, its implementation has been repeatedly postponed through the Budget Arrangements Law. In the 2019 Budget Arrangements Law, the Knesset postponed implementation of the law for the eighth time, now until 2023. The Long School Day Law calls for instituting an eight-hour school day in all educational institutions in order to “expand and deepen student knowledge and education, to add education for values, and social activity, all in the framework of the state education goals.” According to figures from the Ministry of Education, a long school day was in effect in the 2017-18 school year for about a quarter of the students in elementary schools – this number remains constant since passage of the law – and for about 8% of preschool children. Half the students to whom the law applies live in locales that fall into the lowest socioeconomic clusters (1-3) (Weissblau, 2018). The cost of fully implementing the law has been estimated at NIS 3.6 billion, while the current cost of partial implementation amounts to NIS 1.2 billion. Although the education budget has grown by some NIS 40 billion over the past decade, money has not been found to fully implement the law (Dattel, 2018).

Three studies examined the effect of a long school day: two found that it had a positive impact on reducing education gaps between students from different social backgrounds. A long school day was also found to correlate with improved income for mothers (Weissblau, 2018).

Afternoon childcare frameworks – In the absence of universal application of a long school day in Israel, and to fill in the gap between the parents' working hours and the hours of the formal education system in preschools and elementary schools, informal afternoon childcare frameworks have emerged. These operate from the end of the day in preschool or school until 4 or 5 in the afternoon. On some school holidays, the afternoon childcare facilities are supposed to operate on the format of

a long school day but not all of them do. This arrangement is not really an extension of the school day but basically a baby-sitting service.

The Trajtenberg Committee recommended afternoon childcare programs in preschools and schools for all children aged 3-9, subsidized according to the socioeconomic cluster of the locale, and that these programs be under the aegis of the Education Ministry. The government endorsed these recommendations and decided that children who live in local authorities in the three lowest socioeconomic clusters would be eligible for a full subsidy, and that the subsidy of children in the other clusters would be reduced commensurate with the family's economic situation. In the 2013-14 budget, this program was down-sized, its funding was cut, and subsidies were allocated only to local authorities in the three lowest clusters (and Jerusalem), and to children under the age of 8. Implementation was to be handled by TZILA – Afternoon Enrichment Program (Hasson 2016). The State Comptroller harshly criticized the Afternoon Enrichment Program, noting the discrepancy between its original goals and its implementation – cancelling the partial subsidy for towns in clusters 4-10, for example, and thereby not alleviating the burden of working parents who reside there. The Comptroller also noted the lack of congruence between the parents' working hours and the program hours, and the fact that they do not operate on school holidays (State Comptroller, 2014).

In May 2017, the government approved a new, subsidized, afternoon program for children in preschool and first and second grades called "Nitzanim" [buds] (Government Decision 2659) – an initiative of the Finance Ministry as part of its Net Family Plan. The Finance Ministry recommended differential subsidies based on the economic status of the local authority, ranging between NIS 150 a month for children residing in localities in clusters 8-10 and NIS 350 a month for children residing in cluster 4. Children in clusters 1-3 would receive an almost full subsidy (Rabinovitch, 2017). A key problem with this subsidy model based on the socioeconomic status of the local authority is that it does not take into account economic disparities between neighborhoods or households within the same municipality.

According to figures from the Ministry of Education, in the 2018-19 school year, 195 local authorities participated in the Nitzanim program, comprising 199,000 students aged 3-8. Half of these local authorities outsourced operation of the program and the others operated it through a municipal company, a community center, or on their own (ibid.).

Nitzanim offers two levels of activity from which local authorities can choose. The basic level does not operate on school holidays and the monthly cost per child ranges from NIS 587 in schools to NIS 650 in preschools. The second level has more extensive offerings, including activities on school holidays, more activity hours, and more specialty groups, and it costs up to NIS 935 per month per child. In the 2018-19 school year, the wealthier local authorities were more likely to choose the more expensive, expanded model: While all the local authorities in the highest clusters (9-10) chose the expanded model, none of the local authorities in the lowest cluster (1) chose this one (ibid.).

With regard to the level of staff training required to run Nitzanim, the program leader must be an accredited preschool teacher, a preschool teacher-in-training, or a teaching assistant. The support staff for the leader or teaching assistant must have 12 years of schooling and pass a course for teaching assistants. In reality, many of the support staff have not taken the prescribed course; because of high turnover, many do not take the course even during the year. The specialty group counselors for these afternoon programs are not required to have professional training, educational background, or experience working with children (Manikandam-Givon, 2017).

Redistribution of care work

Redistributing unpaid care work can be done through incentives that encourage men to share some of the work. It would abolish Jobs with gender designations. Furthermore, change must be made in how paid work is organized, such as shortening the work week for everyone.

Maternity/paternity/parental leave – Granting men paternity leave is an example of a strategy that seeks to redistribute care work. For the effective redistribution of childcare, it is important that parental leave not be transferrable (i.e., that the time allotted for the father or second parent cannot be transferred to the mother) and that it be accompanied by a high earnings-related payment (Seigelshifer, 2010). Experience from many countries indicates that when parental leave is allocated jointly, it is women who utilize most of the days. However, when parental leave is well paid and nontransferable – defined separately for each parent – the proportion of fathers who take leave increases (Peretz, 2011; Castro-García & Pazos-Morán, 2007). An egalitarian allocation of parental leave not only contributes to the fathers and children, it also reduces wage gaps between men and women. Research in Sweden found that the

wages of mothers whose partners chose to share parental leave increased in direct relationship to the time the father cared for the child (7% more for every month the father took paternity leave) (Johansson, 2010). The countries in which parental leave is the most egalitarian are Iceland, Sweden, Norway, and Portugal.

Maternity leave in Israel is 26 weeks, of which 15 weeks are paid (“maternity allowance”)⁷ to compensate for the loss of wages. Maternity leave in Israel is shorter than the average of OECD countries. After the first 15 weeks, the mother is no longer eligible for payment, but her job and employment conditions are secure until the 26th week of leave. Therefore, many women – some 60% – return to their jobs at the end of the period of paid maternity leave (Harris-Olshak, 2014). According to a survey by the Economy Ministry, 80% of Arab women in 2012-13 returned to their jobs at the end of the paid maternity leave; for Jewish women, 86% of ultra-Orthodox women and 48% of secular women returned to their jobs at the end of their paid maternity leave. The main reason for returning to work is economic (ibid.).

Parental leave is defined in Israel as a right of women, who may, if they wish, transfer some of it to their spouses. The right of the father to paternity leave is contingent upon his spouse’s right. A father is eligible for paid paternity leave only if he replaces the mother and on condition that she return to work after six weeks. Neither the father nor mother receive separate parental leave, but each is taken at the expense of the other. A father can also take paternity leave for a week together with the mother – at the expense of her maternity leave⁸ (National Insurance Institute website). Since 2016, working fathers are also eligible for paternity leave that includes, in addition to sick leave on the day of the birth, also five subsequent leave days – the first three deducted from his annual leave (or taken as unpaid leave) and the remaining two as sick leave.⁹

Because maternity leave is short and Israel does not offer the father separate, non-transferrable paternity leave with substantial compensation, there is no real incentive for parents to divide up parental leave. Indeed, only 520 fathers utilized their right to paternity leave in 2016 (National Insurance Institute, 2017).

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7 The amount of the allowance depends upon the payments previously paid to National Insurance, the length of time employed, and other variables to a maximum NIS 1,463.83 a day. As of 2017, maternity allowance constituted 80.3% of the average daily wage (National Insurance Institute, Statistical Monthly).

8 In which case she would be granted 14 instead of 15 paid weeks.

9 Upon enactment that year of Amendment 54 to the Employment of Women Law.

In OECD countries, the average outlay per child for parental leave is \$12,316 – more than 2.6 times the average outlay per child in Israel, which is \$4,586. According to figures of the Israel Women’s Network, which take into account the high birth rate in Israel, public investment in parental leave per family is approximately \$14,533, compared to \$20,937 in OECD countries – 1.44 times the amount per family in Israel (Mann, 2018).

Reward and representation

The strategy of reward means providing a fair wage for care work. It also entails regulating the terms and conditions of employment; ensuring equal pay for work of equal value for all care workers; supporting nonprofits that are dedicated to care services; ensuring a safe and attractive work environment for caregivers; training, professionalization, and skills enhancement; promoting equal participation of men and women in care work; advancing women to managerial and senior positions in care professions; enacting laws and implementing measures to protect migrant care workers, including social security, a fair wage, protections for mothers, etc.

Representation, dialogue, and collective bargaining refer to the full participation of and equal opportunity for women at every level of political and economic decision making; promoting the right of care workers to unionize; strengthening the right to collective bargaining in the care work sector; and building and promoting alliances among labor associations that represent care workers, civil society organizations that represent care recipients, and organizations working for the recognition of unpaid work.

We will examine the strategies of reward and representation based on two cases: assistant teachers in preschools and caregivers in family daycares. Both represent groups of women with little training whose jobs are generally marked by difficult working conditions, limited opportunity to advance, and poor wages that do not reflect the true social and economic value of their work. For years, assistant teachers and caregivers have been struggling for recognition as educators and for improvement in their working conditions and professional status.

Assistant teachers in preschools

Approximately 35,000 assistant teachers work in preschools, classrooms, and special education frameworks. They assist teachers, conduct group work, and give individual attention to students having difficulties.

The great majority of assistant teachers provide support in preschools. Their role includes opening the preschool, helping the children settle in, cleaning the premises, preparing meals, caring for the physical needs of the children, helping arrange the classroom for activities, and assisting the teachers in their educational functions (Labor Bylaws for Employees of Local Authorities, First Supplement, parag. 104.21). According to the standards code of the Ministry of Education, a preschool class must have no more than 35 children, who can be of different ages. Parental protest about crowded preschool classes led to the requirement of a second assistant teacher for 3-year-olds in preschools with more than 30 children. This applies only to preschool classes in which all the children are 3 years old. In other words, there is no provision for a second assistant teacher in multi-age preschools (Gertel, 2018). Note that adding an assistant teacher does not resolve the problem of crowded preschools in Israel, high among OECD countries.

While preschools are under the aegis of the Ministry of Education and preschool teachers are employees of the ministry, assistant teachers are employees of the local authority. A circular of the Federation of Local Authorities states that assistant teachers must have at least 12 years of schooling and pass a dedicated training course as a condition for tenure. In actuality, the obligation of training before tenure is not enforced, and each local authority acts at its own discretion (State Comptroller, 2015). **Assistant teachers employed directly by the local authority** are hired under general collective wage agreements (Labor Bylaws for Employees of Local Authorities) as well as special arrangements in some locales. All assistant teachers are ranked in the administrative grading even if they are college graduates. They can advance 2-4 grades (Federation of Local Authorities, 1998) and are eligible for tenure after working two school seasons in a row (Labor Bylaws for Employees of Local Authorities, First Supplement, parag. 104.112).

The full-time position for an assistant teacher is 42.5 weekly hours, while a full-time position for other teachers is 35 weekly hours (Knesset Education, Culture, and Sports Committee, 25 January 2016). In actuality, only some assistant teachers are employed full time; others have part-time positions.¹⁰ In 2017, the average monthly income of an assistant teacher was NIS 4,636.¹¹

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¹⁰ See, for example, Federation of Local Authorities, Notice Regarding Employees 1082/07; Agreement 20060067 between the Kiryat Bialik Municipality and the Workers Council from 2 February 2006; Labor Appeal 544/07 Eilabun Local Council v. Jreiv Kamilia et al., PD from 26 November 2008.

¹¹ Figures courtesy of the Central Bureau of Statistics, received 20 December 2018.

In addition to those employed directly by the local authorities, some assistant teachers are employed by companies, organizations, and private preschools, which set their own employment terms. These terms are generally the lowest permissible by labor laws (minimum wage, minimal leave, minimum sick days, etc.). Some assistant teachers are employed by not-for-profits recognized by the state – approximately half the preschools in Israel belong to recognized but not official education networks, i.e., privately owned, but recognized by the Education Ministry and funded by it up to 75% of their budget. Most preschools that are recognized but unofficial are operated by several ultra-Orthodox networks, most prominently Beit Yaakov, El Hama'ayan, and Agudat Yisrael. In ultra-Orthodox schools, assistant teachers are commonly employed by not-for-profits at inferior terms that allow for termination and re-hiring every summer, withholding wages, illegal payroll deductions, a ban on unionizing, and prohibiting recourse to legal remedy (website of Women Lawyers for Social Justice; State Comptroller, 2009). It should be emphasized that deleterious employment conditions take place even though these organizations receive significant funding from the Ministry of Education and are required to submit to pedagogical supervision and regulated terms of employment.

In the summer of 2011, the National Organization of Assistant Teachers was founded with the assistance of the Women Lawyers for Social Justice. The latter continues to give legal aid to the Association and helps rally public support to bolster their professional status and improve their employment conditions (website of the Women Lawyers for Social Justice). One achievement was to terminate the practice of drafting a parent when an assistant teacher is absent: This practice had allowed the preschool to operate without an assistant teacher, thereby harming the right to strike of assistant teachers. Another accomplishment was advocacy for a second assistant teacher in crowded preschools (Gertel, 2018).

In 2015, the Histadrut Labor Federation also began to advocate on behalf of assistant teachers. It successfully changed the employment status of assistant teachers from contract worker to direct employee of the local authority in most locales. The Histadrut also prepared a document that legally defines the employment conditions and rights of assistant teachers according to 13 roles they perform. However, assistant teachers do not have a representative workers' committee (ibid.).

In July 2017, a bill was tabled in the Knesset that sought to regulate the training and functions of the assistant teacher. From the explanatory notes of the bill: "The fact

that the role of the assistant teacher is not regarded as a profession leads to the exploitation of assistant teachers, [evidenced by] complaints over the years of harmful employment practices, such as irregular salary payments or frequent replacement by others. As a result, the salaries of assistant teachers have been eroded over the years" (Assistant Teachers in Educational Institutions Bill – 2017).

The low wages of assistant teachers are a reflection of the lack of recognition of their work and perception of them as non-professional support staff. The fact that assistant teachers work side-by-side with credentialed preschool and school teachers and the desire to lower the cost of these frameworks reinforce their status as non-professionals in part-time jobs with low salaries (Dagan-Buzaglo & Hasson, 2011).

Care workers in recognized family daycares – self-employed without independence

More than 3,700 family daycares operate in Israel under the supervision of the Ministry of Labor, Social Affairs, and Social Services. Family daycares are intended for two distinct populations: the children of working mothers who meet the criteria designed to encourage their participation in the workforce; and children-at-risk who are eligible for placement in family daycares or daycare centers, in accordance with a ministry decision. Some 18,000 toddlers are enrolled in family daycares every year in Israel. As noted, in the absence of a sufficient number of daycare centers, these family daycares provide an educational-childcare alternative at a significant saving to the state, which does not have to construct and maintain new facilities¹².

About half the regulated family daycares are operated by local authorities and half are run by four private operators – Neot Margalit and Beit Yaakov in ultra-Orthodox society, Sakhnin College in Arab society, and the Community Centers Association. The state signs contracts with these companies in which they undertake to supervise the family daycares, train the caregivers, and register and intake the children. In most cases, these companies are also responsible for transferring the subsidy from the state to the caregivers (ibid.).

¹² See the proposed bill Adapting the Mode of Employment of Caregivers in Family Daycares under the Supervision of the Department of Daycare Centers and Family Daycares in the Ministry of Labor, Social Affairs, and Social Services – 2018).

Caregivers in family daycares have a unique employment situation in Israel: Though defined as self-employed, their employment terms more closely resemble those of wage-earners. Family daycares are privately owned and the owner-caregivers are registered as small-business owners (self-employed); however, to be entitled to a government subsidy, the family daycare has to be recognized by the Ministry of Labor, Social Affairs, and Social Services. To that end, the caregiver must meet ministry criteria, including those related to the physical care of the children, hygienic conditions, safety provisions, suitable furnishings, space in the home and yard, playthings, and equipment (Schwartz, 2009). The family daycare owner must have at least 12 years of schooling and pass a course for caregivers subsidized by the Department of Professional Training in the Ministry of Labor and Social Affairs. The initial expense of opening a family daycare that would meet ministry demands is estimated by the Caregivers' Association to be NIS 10,000-20,000. After launching the family daycare, caregivers must pass an additional course and regularly attend in-service training courses as well as personal and group instruction (Ministry of Labor, Social Affairs, and Social Services, 2007; 2009; Mizrachi Simon & Schwartz, 2018). Although these caregivers are subject to the conditions of the Ministry of Labor and Social Affairs – its standards, tariffs, and supervision – they are considered self-employed and not in an employer-employee relationship with the Ministry. Therefore, they themselves are responsible for National Insurance payments, pension arrangements, third-party insurance, etc., and do not receive social benefits. When a caregiver falls ill, she must find a substitute for herself or distribute the children to nearby family daycares.

The caregiver of a family daycare cannot make her own decisions about the number of children, their age, working days, holidays, etc. All these are dictated by the Ministry of Labor and Social Affairs. The pay scale of the caregivers is set by the working hours of the family daycare, and does not cover preparatory work such as cleaning, cooking, or preparing materials, which the caregiver is not allowed to perform during daycare operation. According to estimates of the Caregivers' Association, the number of work hours, including preparatory time, can reach 230 hours a month.

The maximum monthly revenues of a family daycare are NIS 9,636. Given that operating costs are 37% of this, the caregiver is left with NIS 6,071 monthly (Mizrachi Simon &

Schwartz, 2018). Dividing this wage by her actual working hours, remuneration for a caregiver job falls below the minimum hourly wage.¹³

Care workers at family daycares are paid by the parents and the local authorities. A subsidy from the Ministry of Labor and Social Affairs is transferred at irregular dates. In debt-ridden local authorities, however, parents sometimes do not pay the price set for them – either in full or partially – so that the caregiver must get by on payments from the Ministry of Labor and Social Affairs.¹⁴

On top of income insecurity there is job insecurity due to the caregiver's employment status. She is contractually bound to the local authority or to the operator, who can terminate the contract at any time. A woman who invests in creating a home-based family daycare can find her contract not renewed after only a year of operation (Shtewee, 2010).¹⁵

The critical issue for the caregivers of family daycares is their employment status. Since forming an association in 2010 within Koach LaOvdim – Democratic Workers' Organization, they have waged a campaign to become salaried employees. Currently (December 2018), a Knesset bill is pending that seeks to define them as salaried and to regulate their status. Koach LaOvdim estimates that having caregivers of family childcares become salaried employees would cost the state NIS 40 million annually.¹⁶

13 Many caregivers do not earn even this much, as the daycare may not have full enrollment because some children join later in the school year also because of delays in receiving approval for discounts (interview with Noa Nutzani, Koach LaOvdim – Democratic Workers' Organization).

14 Conversation with Noa Nutzani, Koach LaOvdim – Democratic Workers' Organization, 29 October 2018.

15 Ibid.

16 The Knesset Research and Information Center arrived at a similar figure.

Part III | The elderly: Long-term care

In Part III, we examine issues around long-term care within the community in light of the care deficit. This is particularly pertinent in view of increased life expectancy and the fast-growing population of the elderly in Israel, as in other developed countries. According to forecasts of the Central Bureau of Statistics, the proportion of those over age 80 is expected to grow from 3% of the population today to about 5% in another 30 years (Haran-Rosen, Kovacs, & Ramot-Nyska, 2018). At the same time, women increasingly participate in the labor market, with a concomitant decline in the availability of female family members to perform long-term care activities.

These dynamics make clear why it is critical to examine the long-term care options for the elderly in Israel – both public services and informal care arrangements by family members. Some 97% of the elderly in Israel remain in the community (Ron, Horwitz, Keidar, & Arbel Alon, 2016), as do approximately 87% of those entitled to long-term care benefits (Haran-Rosen, Kovacs, & Ramot-Nyska, 2018). Therefore, we focus on community-based services and not geriatric institutions.

The main factors contributing to the care deficit for community-based care for the elderly in Israel are meager long-term care benefits, a limited range of services, dependence on family members for caregiving; and the formal care system's reliance on cheap, untrained help, which leads to a constant shortage of caregivers. To these should be added the reliance on foreign caregivers brought to Israel and employed under poor working conditions.

In 2018, the Israeli government approved a reform of long-term care insurance for the elderly, which addresses some aspects of the care deficit: It provides for more public spending, more generous benefits, and the allocation of resources to expand services, thus having the potential to ease the financial burden on households. However, the reform does not grapple with the acute shortage of home caregivers or their poor wages and working conditions, which hamper the recruitment of new caregivers by service companies.

Public spending on long-term care

Public spending on long-term care is low in Israel. The Bank of Israel (Haran-Rosen, Kovacs, & Ramot-Nyska, 2018) estimates that in 2015, the **national expenditure** on long-term care was NIS 14.5 billion, or 1.2% of GDP. The national expenditure is composed of public spending – some NIS 7.7 billion – and private spending, some NIS 6.8 billion. Private spending is underestimated, however, because it does not take into account the cost of informal, unpaid care, i.e., the value of the time invested by family members in caring for their relatives. Based on persons aged 80+, **per capita public spending** is 0.25% of GDP per capita, standardized. This is low compared to most western European countries, but high compared to the countries of Eastern Europe, Italy, Spain, and the United States, and resembles per capita spending in England, Canada, and Japan (OECD, 2018b).

A large portion of the public spending on long-term care goes toward the payment of benefits. In 2016, the National Insurance Institute spent some NIS 5.8 billion on long-term care support. Benefits that year were paid to over 16% of the population past retirement age (67 for men, 62 for women), of whom 70% were women (National Insurance Institute, 2016). This proportion is higher than the OECD average of 9.6% coverage. In very few countries – Holland, New Zealand, Sweden, and Switzerland – was the proportion of those entitled to this benefit higher than in Israel (Bandelak, 2018). Most beneficiaries of long-term care benefits (some 87%) remained at home for their care while others were institutionalized. Since 2007, the availability of beds for long-term care institutionalization has been shrinking in proportion to the population in need, which also reflects the preference of the elderly and their families for at-home rather than institutional care. Almost all recipients of long-term care benefits prefer homecare, and only a few request the benefit in cash (Haran-Rosen, Kovacs, & Ramot-Nyska, 2018). Public spending on long-term institutional care is higher than public spending on homecare, apparently because of the steep cost of employing skilled professionals – doctors and nurses. Care within the community, on the other hand, relies on relatively inexpensive care workers.

National Long-term Care Program –

a partial solution to the care deficit

In January 2018, the government approved the National Long-term Care Program – a reform of public, long-term care insurance for individuals past retirement age. This program, to be rolled out over five years, will have an annual cost of about NIS 1.4 billion at full implementation in 2021. In that year, the public expenditure on long-term care insurance will have increased by 20% relative to spending in 2015 (Haran-Rosen, Kovacs, & Ramot-Nyska, 2018). In addition, the requirement that families partially pay for the long-term hospitalization of their elderly will gradually be eliminated at an annual cost to the state of NIS 400 million at full implementation.

The long-term care reform significantly increases caregiver hours, particularly at higher levels of dependency. It allocates the size of the benefit at six levels, compared to three currently. At the lowest level of eligibility, a monthly allowance of NIS 1,000 will be granted. At the highest level, 30 weekly hours of services will be paid to an Israeli caregiver or 26 hours to a foreign caregiver. One will be able to choose either services in kind or a cash benefit. The cash benefit will be NIS 5,200.

The reform also significantly expands the healthcare services included in the benefit and notes that additional services in the community are planned, including rehabilitation options (Government Decision 3379 from 11 January 2018).

In the discussions that preceded the government decision, a proposal was raised to fund the program through a 0.5% increase in the health tax. This proposal was rejected, and the funding will come from the state budget.¹⁷

If the National Long-term Care Program is implemented, it will ease the current burden on households. Nonetheless, a comprehensive Bank of Israel report, prepared as the basis for discussion about the reform, also elucidates its shortcomings (Haran-Rosen, Kovacs, & Ramot-Nyska, 2018):

First, the reform relates to the current situation, but does not address the measures needed to cope with increased public spending in view of demographic and economic trends. Second, the program greatly alleviates the burden of long-term care for elderly

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¹⁷ As of November 2018, the changes required in the state budget of 2019 were not yet introduced in the wake of a disagreement between the Finance Ministry and the National Insurance Institute about the staffing needed to carry out the reform.

at the highest levels of dependency: Their benefit will increase by some 40%. The program is not expected, however, to ease the financial burden of long-term care at the lowest and middle levels of dependency.¹⁸ Moreover, elderly at the lowest income level will continue to struggle with their lot, particularly those who live on their own or lack a home of their own or financial assets. In this context, the Bank of Israel proposes that a progressive arrangement be considered whereby the public subsidy will be increased for elderly in the lowest income brackets (ibid.).

Furthermore, unlike the current situation, the new standard practice for elderly people who require long-term care for most of the day will be a cash benefit, unless they choose to receive in-kind services. This is surprising considering that, in 2015, only 1.5% of those eligible preferred cash (ibid.). Switching to a cash benefit could increase the bureaucratic burden of purchasing long-term care services and might reduce the take-up rate of rights. Although the program proposes hiring a “care coordinator” who would also help the elderly access their rights, this is not budgeted, and it is made contingent upon a work plan that is not yet formulated.

Caregiving – working conditions and wages of long-term care workers

Home-based caregiving services in Israel are provided by the 116 companies and not-for-profits that won contracts through tenders issued by the National Insurance Institute. In 2016, these organizations employed 80,500 Israeli caregivers – most of them older women, new and veteran female immigrants, and some 50,000 female foreign workers.¹⁹

The employment conditions and wages specified in the tenders for home-based, long-term care have produced a constant shortage of Israeli caregivers and hindered the recruitment of more employees to meet the need. Poor employment conditions and unwillingness to raise the price of the labor component in these tenders are key factors creating the care deficit. The shortage of workers and difficulty of recruiting women and men to this profession will only worsen in view of the forecasted increased

¹⁸ In most countries, the subsidy is given primarily to those in need of long-term care at the highest level of dependency, and this reform appears to be headed in that direction.

¹⁹ According to the Population and Immigration Authority, some 50,000 male workers were also employed that year as long-term, community-based caregivers. Bank of Israel figures note that some 40% of the total female long-term care workers in the community are female foreign caregivers who are virtually the only ones who serve around the clock in the homes of the elderly (Haran-Rosen, Kovacs, & Ramot-Nyska, 2018).

longevity and the need to expand these services. The long-term care reform passed in 2018 has increased caregiver hours without addressing their working conditions or wages. Thus, a serious caregiving crisis may be on the way.

Long-term care work characteristics and employment conditions in Israel

According to data from the National Insurance Institute (2017), 80,477 female long-term care workers were employed in Israel in late 2016 (compared to 76,612 in 2013). Women comprise some 92% of all care workers in the country. More than half are 50+ years old, a third are 60+, and approximately 40% are immigrants who arrived in Israel after 1990.

Sociologist Orly Benjamin (2015) outlines mechanisms that undermine the working conditions and wages of social service employees whose salaries are set by contracts with the state. These operate in the care work professions in which employment parameters are defined that deter many women from working in the field and even undermine the quality of the services given to the elderly.

Deleterious wage and benefits – Low wages set by the state in tenders for long-term care result in an ongoing shortage of workers and undermine the quality of the caregiving. The hourly wage set for long-term care workers by the National Insurance Institute is the minimum hourly wage. A not-for-profit receives NIS 53.79 an hour for home-based long-term care, and a healthcare service company receives NIS 59.50 an hour including VAT. From this amount, 85% is used to pay the caregiver, 11% goes toward operating expenses, and 4% remains as profit for operating in accordance with National Insurance Institute directives. The profit margins of the operators leave no room for raising the wages or improving the employment conditions of the caregivers. Research by Abraham and Tamir (2012) found that the wages of long-term care workers in Israel were approximately half the average wage in Israel, which is lower than in most European countries and places Israel at the bottom of the list of developed countries. Another point is that the wages of caregivers in Israel do not take into account differences among the recipients of their care. Working with elderly individuals who have minimal mental and physical functioning is compensated at the very same rate as working with elderly individuals who function more fully. This undermines the sense of fairness among caregivers, alienating them from

those who need them the most. Despite repeated recommendations of companies and committees to compensate differentially based on the functionality of the care recipients, these have been ignored.

The caregivers are employed by subcontractors: They do not benefit from their years of working in the field and they have a hard time acquiring social benefits because of frequent changes in the care recipients and fluctuations between part- and full-time jobs.

Not one job but multiple jobs – Weinkopf (2009) coined the term “mini-jobs” to characterize the multiple jobs held by care workers in order to make a decent living. The travel time between recipients is not counted as work time and the hourly wage generally does not reflect the work load. Israeli care workers are employed on a part-time basis. According to figures from the 2016 Household Income and Expenditures Survey of the Central Bureau of Statistics, Israeli caregivers work an average 21.3 weekly hours and earn an average NIS 2,615 gross monthly. Only 10% are employed full-time.²⁰ About half the care workers provide service to a single recipient, 38% care for 2-3 recipients, and the others care for 4-6 recipients (1.2% of care workers serve seven or more recipients) (Asiskovitch, 2017). They do not receive payment for the time required to travel between care recipients.

Lack of training suppresses salaries, limits advancement, and entrenches the minimum wage – Training for caregivers is partial, not budgeted, and does not pay financially, even though everyone in the profession insists that training is important. Tenders published by the National Insurance Institute mandate that 30% of the caregivers of every operator must have 67 hours of training. They also require training for the other 70%, but do not set the required amount or content. Some companies train more of their employees, but low profit margins limit the training options. Indeed, operators note the difficulty of recruiting caregivers for training because there is no financial incentive since being trained has no effect on their working conditions or wages (Knesset Committee for Labor, Social Welfare, and Health and Knesset Economy Committee, 2018).

The National Insurance Institute, which issues the tenders, does not enforce even this minimal training requirement. The State Comptroller found that from January through

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²⁰ “Average gross monthly income of foreign and Israeli long-term care workers,” Household Expenditures Survey 2016 – analysis by the Central Bureau of Statistics for the Adva Center, 12 November 2018.

September 2016, more than 50% of the care work hours received by the long-term elderly at the highest levels of dependency were performed by caregivers with no professional training. Furthermore, more than 60% of the long-term healthcare operators that were paid in September 2016 reported that fewer than 30% of their employees had professional training. In twelve companies, not a single caregiver had training (State Comptroller, 2017). The Bank of Israel reports that training requirements in Israel for home-based, long-term caregivers are among the lowest in OECD countries, where extensive theoretical and practical training is normally required – over 200 or more hours, usually over the course of half a year or more (Haran-Rosen, Kovacs, & Ramot-Nyska, 2018). The gap in training requirements is one reason for the different costs of home care between countries in GDP terms. One hour of home care in Israel, as in the United States and France, costs around 33% of GDP per hour worked; in Sweden, it is 120% (Muir, 2017).

Job insecurity and economic planning woes – Working in long-term eldercare is physically and emotionally draining; it also yields poor pay and low job status. Care workers are paid by the hour, and if the care recipient goes on vacation, is hospitalized, or dies, the care worker receives no wages. All these destabilize compensation and lead to a high turnover of care workers in Israel. Organizations in this field report that young people are unwilling to take these jobs. Since most of the current caregivers are older female immigrants, there is no reserve of future workers in the profession (Knesset Committee for Labor, Social Welfare, and Health and Knesset Economy Committee, 2018).

Obstacles to unionizing and regulating working conditions through collective bargaining because of small, dispersed organizational units and frequent employer changes. One illustration of the obstacles encountered by caregivers trying to organize to improve their working conditions is evident in the suit filed by the Workers Rights Centers of Yedid representing long-term care workers against the National Insurance Institute and healthcare service companies that provide long-term care. The suit sought recognition for travel time between care recipients as working hours. Because of the obstacles to organizing care workers, the petitioners asked to file a class-action suit. Although initially approved by the Tel Aviv District Court, the National Labor Court and High Court of Justice overturned the ruling, stating that the suit does not qualify as a class action because of the variation among caregivers with respect to moving from one care recipient to another and the travel times between them (HCJ 4736/18, 26 June 2018).

Furthermore, the under-budgeting of tenders and the unwillingness to increase the budget for compensation to caregivers prevents the signing of collective agreements to improve their working conditions and wages, despite efforts by the Histadrut Labor Federation and the healthcare operators to regulate the profession. In 2004, a collective agreement was signed for the first time between the Association of Long-term Care Workers – the companies and not-for-profits that provide long-term care – and the Histadrut. Although this agreement was extended by court order to all care workers, the conditions turned out to be incompatible with the tender requirements of the National Insurance Institute. In 2009, the two sides reached agreement on an industry-wide wage increment for care workers based on length of service, supplemental payments for those with training and for those caring for two or more individuals, and higher pension payments. Implementation of the agreement required the annual transfer of NIS 120 million to the healthcare operators, but the Finance Ministry objected and the agreement was never implemented. Ever since, talks are held sporadically among the parties, but in the absence of budget approval, a collective agreement cannot be reached.

Several additional problems about the employment of caregivers have been cited by the Bank of Israel and the National Insurance Institute, and in joint meetings of the Knesset Committee for Labor, Social Welfare, and Health and the Economy Committee:²¹

- While about 30% of the elderly who are eligible for home-based, long-term care are men, the vast majority of care workers are women. This is uncomfortable for some men and women, but the working conditions and wages do not attract men to the profession. Attempts were made to have home-based, long-term care qualify as “preferred work” for which discharged soldiers get extra grants, but this was unsuccessful at attracting young men.
- The job description of the caregiver is imprecise and leaves room for exploitation and disagreements between caregivers and the care recipients or their families, or between caregivers and operators. Cleaning “around the elderly individual,” for example, is sometimes interpreted by the healthcare companies and families as general house cleaning, rather than ensuring hygienic conditions near the care

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²¹ Bank of Israel, 2017; joint meetings of the Knesset Committee for Labor, Social Welfare, and Health and the Knesset Economy Committee, to discuss “Creation of a National Master Plan on Aging.” Protocol 6 from 6 February 2018; protocol 12 from 22 May 2018; and protocol 20 from 17 July 2018.

recipient. The National Insurance Institute is in favor of general house cleaning being part of the job description, but this could be onerous for caregivers who already bear a heavy burden.

- Difficulties monitoring the work of the caregivers: Healthcare service companies find it hard to recruit social workers to take on a supervisory role. Following the State Comptroller report (2017), which found false statements in about a quarter of the caregiver reports examined, a pilot tracking program was instituted – a telephone sign-in from the home of the care recipient. The program had many drawbacks – an over-loaded system in the mornings; constraints on the caregiver’s flexibility for shopping or doing errands for the care recipient on the way to work; and also the fact that tracking relates only to presence or absence, not the quality of the work. The caregivers’ objection to the suspicious attitude toward them and their own lack of faith in the system led dozens to resign (Goichman, 2018). As of this writing, the fate of the pilot program is not clear.

Committees and experts²² that addressed the issue of home-based, long-term care recommended that more Israeli women be hired to ensure a sufficient number in the current and future years. To that end, they contended that care work should be professionalized: training programs should be better developed and mandatory; certification should be required of all those working in the profession; a grading system should be devised of the job’s complexity – the physical and mental health of the care recipient – and the expertise required to perform it; a wage scale and advancement opportunities should be created; and full-time jobs should be constructed rather than hourly work.²³ These recommendations were never implemented.

Working conditions of migrant homecare workers

According to Worker’s Hotline (2016), about 60,000 migrants are employed in long-term care in Israel, over 80% of them women. Approximately 50,000 have a work permit

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²² The most recent official body to address this issue was the Shoshani Committee, which submitted its recommendations on the subject of foreign workers in September 2014. These recommendations continued the work of previous committees on this subject (the Andoran Committee, 2004; the Sovel Committee, 2006; the Eckstein Committee, 2010).

²³ Research by Ayalon and Green (2013), which examined the attitudes of caregivers to their job, found that most would prefer to work full-time, but not Saturdays or holidays.

for engaging in the care profession.²⁴ About half are from the Philippines, some 15% from Nepal, 10% from India, 10% from Sri Lanka, almost 10% from Moldova, and the rest from various eastern European countries.

As it functions today, the long-term care benefit partially covers the cost of at-home care, but does not meet the needs of individuals at the highest levels of dependency who require round-the-clock care. This kind of care is available in one of two ways only: hospitalization in a nursing home or employment of a migrant worker for live-in care.

The preference of most long-term care recipients to remain at home and the shortage of Israeli caregivers have made the employment of migrant workers the solution of choice for those who require long hours of care and can afford it (Shoshani, 2014). The National Insurance Institute reports that about a quarter of those eligible for long-term care benefits in 2016 had a permit to employ a migrant worker (Asiskovitch, 2018).

Employing a live-in, migrant worker for care work requires a permit from the Population and Immigration Authority, granted in certain health circumstances, as well as a room in which to house the worker. Once the permit is in hand, the long-term care benefit can be taken in cash and paid directly to the caregiver. Alternatively, one can employ the caregiver jointly with the healthcare service company – the company will take responsibility for the hours covered by the benefit, and the care recipient (or his/her family) will have to cover the balance of a full-time salary.

In both cases, the care recipient (or family) will have to add to the wage, as the long-term care benefit does not cover the cost of full-time caregiving. The Bank of Israel estimates the overall cost at approximately NIS 6,500-7,500 a month. The care recipient would also have additional expenses – medications, transport, etc. Thus, the cost of employing a migrant worker for home-based, long-term care is estimated at NIS 8,000 a month (Haran-Rosen, Kovacs, & Ramot-Nyska, 2018). With inception of the reform in November 2018, the long-term care benefits at the two highest levels of dependency are now NIS 3,899 and NIS 4,912.²⁵ The financial burden on the household remains NIS 1,500-2,500 a month (not including the other expenses noted). This gap between the cost and the benefit puts the arrangement out of reach for low-income



24 All were originally asked to come to Israel and legally entered the country with a work visa. Most of the undocumented workers lost the visa due to regulations of the Ministry of the Interior or failures of their employer or service contractors to legally arrange the visa.

25 National Insurance Institute website: <https://www.btl.gov.il/English%20Homepage/Benefits/LongTerm%20Care/levels/Pages/default.aspx>

households. Further problems are the small number of foreign workers in peripheral areas of Israel and the difficulty of recruiting caregivers for elderly people with complex health problems (Shoshani, 2014).

The rising demand for foreign caregivers has taken a toll on the Israeli economy and on Israeli caregivers. A series of committees appointed to examine these issues as well as academic studies have all noted the shortcomings. First, the inferior terms of employment of foreign workers have had an adverse effect on the terms of employment throughout the industry. Also, the secondary profits that are made, such as “brokerage fees,” have spawned an industry of importing workers beyond the need for them. The arrangements for bringing women to jobs in Israel make them easy prey for abuse (Abraham & Tamir, 2012; Shoshani, 2014; Eckstein, 2010; Sovel, 2006; Worker’s Hotline, 2016). Note that all three committees that addressed these issues pointed to the need to strengthen the local caregiving system and improve the employment conditions as the preferred way to cope with long-term, homecare needs.

Foreign caregivers experience a work environment in Israel that is harsh and exhausting. They work in the home of the care recipient 24 hours a day, six days a week. They are always on-call by virtue of living in the home of the recipient, with an imprecise job definition and unclear boundaries between work and rest. Their hours of work and non-work are not regulated by law, and the labor courts have ruled that Israel’s Work and Rest Hours Law does not apply to them,²⁶ but they are entitled to 25 hours a week of rest.²⁷

Studies by the National Insurance Institute and Bar-Ilan University have examined the issue of the mistreatment of foreign women caregivers and the need for stricter supervision of their terms of employment (Ayalon & Green, 2013). Some of these terms make it difficult for them to realize their social benefits: One clear example concerns their pension savings, deposited into an account that can be paid to the worker only upon approval of the employer and the worker’s permanent departure from Israel, as stipulated in the terms of the permit (Kol Zchut website).²⁸

26 Set in Labor Appeal 157/03, Yolanda Gluten v. Lea Yaakov, issued 1 January 2007; further deliberation HCJ 10007/09, issued 18 March 2013.

27 Labor Appeal 47576-10-12, Aryeh and Batia Zettleman v. Valentina Petrov, National Labor Court, issued 7 July 2016.

28 According to Worker’s Hotline, these conditions prevent many workers from accessing the moneys deposited into their pension plans.

Foreign caregivers earn the minimum wage, from which employers may withhold up to 25% for reimbursement of their living costs, medical insurance, and other expenses.²⁹ According to the Household Expenditures Survey for 2016, foreign, home-based caregivers worked on average 48.8 weekly hours and earned an average NIS 4,727 monthly gross wage.³⁰

Foreign caregivers are required to have some form of training in their own country, and the healthcare companies are required to give them training before they begin work in Israel (Haran-Rosen, Kovacs, & Ramot-Nyska, 2018). A State Comptroller report of 2017 indicates that only 10% of foreign care workers actually received professional training.

One key issue in the employment of foreign workers concerns the high “brokerage fees” they are charged. A survey by Worker’s Hotline (2016) notes that half the caregivers from other countries pay brokerage fees of \$10,700 on average. These monies are paid to employment contractors in their home countries as well as employment contractors and brokers in Israel. Due to the rules circumscribing the stay of foreign caregivers in the country, a disturbing phenomenon has emerged of charging additional brokerage fees – up to \$5,000 a worker – to caregivers who have not found a new employer after they complete a job. As noted by the State Comptroller, the payment of brokerage fees creates a dependence of the workers on the employer and opens the door to exploitation. Recently, Israel for the first time signed an agreement with the Philippines designed to regulate the entry of care workers to Israel while limiting brokerage fees to \$800, rather than the thousands of dollars they once paid. Israel also has a pilot program with Sri Lanka in which several hundred women workers were brought to Israel.

The National Long-term Care Program ignores the urgent need to improve the working conditions of caregivers

The National Long-term Care Program allocates NIS 45 million a year to ameliorate the employment conditions of caregivers in long-term care institutions, but says nothing

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²⁹ Besides income tax, the employer may also withhold social security deductions for payment to the National Insurance Institute. From the website of the Ministry of Labor, Social Affairs, and Social Services: <https://employment.molsa.gov.il/Pages/default.aspx>.

³⁰ Analysis by the Central Bureau of Statistics for the Adva Center, 12 November 2018. The minimum wage in early 2016 was NIS 4,300 gross, but reached NIS 4,650 later in the year.

about the low wages and poor working conditions of home-based caregivers. Although this program budgets NIS 335 million for improving home-based care, the money is earmarked only for training and supervision. As noted in the Bank of Israel report, the reform does not sufficiently address homecare work with its physical and emotional demands or the complex relations between caregivers and care recipients and their families. In fact, except for enhancing professional training and supervising the home caregivers, both Israeli and foreign, the reform does not address the crucial problems: the low wages of the caregivers, the absence of differential pay commensurate with the complexity of the work, the lack of compensation for time spent moving between care recipients, and the shortage of caregivers due to the working conditions and wages. Furthermore, although the reform expands the eligibility for care work, the calculation is based on the current costs. This portends continued low payment for long-term care, and does not ameliorate the situation of the care workers (Government Decision 3379 from 11 January 2018; Haran-Rosen, Kovacs, & Ramot-Nyska, 2018).

Unpaid long-term care work

In most countries, long-term eldercare is by-and-large informal – without payment and mostly performed by female family members. The ratio of formal to informal care is complex and differs from country to country based on the scope of caregiving services that are granted and funded by the state. In Scandinavia, for example, the proportion of informal care is relatively low, consisting mainly of social support intended to break down the isolation of the elderly, as the state and local governments fund a considerable amount of long-term care and assistance. In Spain, Italy, and the Czech Republic, on the other hand, informal caregiving is the main source of support for the elderly, providing assistance for daily activities (Doron & Lazar, 2016).

Research indicates that the proportion of informal caregiving in Israel is significant. This is because of the high percentage of elderly who remain in the community coupled with insufficient public spending on professional care. An estimated million and a half Israelis – most of them women – serve as primary caregivers of a relative or friend who is ill, disabled, or elderly, usually while maintaining a household and career. This number is expected to grow in the coming years. Women constitute some two-thirds of the primary caregivers, are an average 55 years old, and typically provide 21 hours of caregiving a week for an average four and a half years, all for no financial compensation (Brodsky, Resnizky, & Citron, 2011; Doron & Lazar, 2016). The

2006 Social Survey conducted by the Central Bureau of Statistics³¹ reveals that one third to half the hours spent in long-term eldercare – between 2.3 and 4.9 million hours a year – are provided by family members without pay.

Informal, long-term care work takes a variety of forms: bodily care (bathing, dressing), household management (cleaning, laundry), activities outside the home (errands, accompanying to medical tests or treatment), social and emotional support, economic support, and even helping with activities that had once been the role of professionals: Because of shorter hospitalization stays, for example, family members are called upon more often to help with rehabilitation from a serious illness; and with increased life expectancy, family members now grapple at home with end-of-life caregiving. A not-insignificant percentage have taken on complex medical activities – changing bandages, administering injections, and the like (Brodsky, Resnizky, & Citron, 2011).

There is public consensus that without a broad range of informal help, many of the elderly would have to be institutionalized. Most, however, prefer to be at home, and professionals agree that remaining in the community contributes to the quality of their lives. State authorities rely on the family to provide caregiving for the elderly, which saves on public resources. The State Comptroller noted explicitly that the broad involvement of family members in caregiving **reduces national spending on long-term care**. What's more, the state places most of the practical responsibility for long-term care on family members, and views its own role as complementary to that of the family (State Comptroller, 2017).

The authorities, however, have not given due attention to the support needed by family caregivers: No clear policy or overall government plan addresses their needs, and they receive limited support.³² As a result, a heavy burden falls upon family members, one which often undermines their physical or mental health, and disrupts family life and the general quality of life (Doron & Lazar, 2016, State Comptroller, 2017).

In addition to the physical and mental burden, there is also a financial drain. In a survey conducted by the State Comptroller (2017) among family members engaged in

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31 The most recent Social Survey dealing with this issue.

32 Israeli labor law provides for three circumstances: (1) the right to be absent from work due to illness of a parent or spouse, which is counted as sick leave, up to six work days; (2) the right to income support without an employment test for someone caring for an ill family member. Some 1,500 recipients of income support benefits are engaged in ongoing care work for a family member (Brodsky, Resnizky, & Citron, 2011); Doron & Lazar, 2016). And (3) an employee who resigns to care for an ill family member is entitled to severance pay under certain conditions.

caregiving, some 54% reported that caring for an elderly person causes great or very great difficulty in terms of their job, and a similar percentage reported a great or very great financial burden as well. The damage to one's livelihood, writes the Comptroller, "sometimes to the point of giving up one's job," financially harms the entire household. The cost to families includes spending on services and products for which there is no reimbursement (e.g., medical specialists, medication, and transport).

The relationship between unpaid and paid caregiving can be discerned from the needs expressed by the family caregivers, such as the need for consulting, information, and training, as well as emotional support and "a break from caregiving."

One critical need is to increase the hours of formal caregiving. Among family members of an elderly dependent, some 41% of those who use an Israeli caregiver, and 24% of those who use a foreign caregiver, reported that they devote over 30 weekly hours to long-term homecare of the elderly relative (State Comptroller, 2017). In research by Brodsky et al. (2004), about three-quarters of the informal caregivers declared that a paid care worker makes their lives easier: It gives them time to themselves, reduces the emotional strain, allows them to get out of the house, lets them work at their job more, and reduces their worries about the elderly person. Note that the recent reform in long-term care provides some relief for the families of the elderly at high levels of dependency. Nevertheless, while paid care workers can allow family members to increase their job and leisure hours, the gendered division of labor remains intact, and women are still seen as responsible for managing the care of dependent family members (Shamir, 2013).

Another need cited by family members who are caregivers is the value of the adult daycare centers (Brodsky, Resnizky, & Citron, 2011)³³. Visits to the center by the elderly can reduce the work of the family caregiver. However, only a small proportion of the dependent elderly visit these centers, and they are visited by an even smaller proportion of the low-income dependent elderly. This is because a visit to an adult daycare center necessitates a choice between giving up two hours of homecare from the benefit or financing the visit from one's own pocket – an option that weighs heavily on low-income families (State Comptroller, 2017).

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33 Adult daycare centers provide personal services, a range of social and cultural activities to break down the isolation of the elderly, and paramedical, medical, and social services.

Having to choose between care worker hours and an adult daycare center is a clear example of the care deficit in the field of long-term care and how the limited access to services places an excessive burden on family caregivers.

In addition to informal caregiving, financial support of the elderly by family members and the obligation of children to their elderly parents are anchored in Israeli law. Legally, an elderly person can claim financial support from family members; government ministries can make this demand before providing the services themselves. Although government agencies rarely do this for elderly people who live in the community, they do seek out family members to finance institutionalization.³⁴ The recently approved National Long-term Care Program gradually eliminates the obligation of children to pay for institutionalizing their parents in long-term care facilities.

A new arrangement: Paying family members for caregiving

In April 2018, the National Insurance Institute launched a pilot program in which family members working as home-based caregivers of the elderly would be entitled to the long-term care benefit, which would be paid by the company awarded the tender. This pilot program was made national in August, and currently a family member can be employed as a paid caregiver under certain conditions.³⁵ This arrangement had already existed in Arab society where many families preferred to use the long-term care benefit to pay a family caregiver. Most of the caregivers at the time were the granddaughters of the care recipient and some worked for many longer hours than were allocated by the professional committee and they performed tasks not listed in the official work plan (Weill, 1995).

By 2008, Arab society had changed, and the number of professional care workers who were not family members had increased (Adva Center, 2008).

The pilot program of 2018 was conceived in order to address the shortage of caregivers. The National Insurance Institute supports the program on the grounds that it compensates women who are anyway engaged in care work, have quit or cut

³⁴ Note that working people who help pay for a family member in a nursing facility can declare this as a deductible expense on their income tax return (Kol Zchut website).

³⁵ National Insurance Institute, Benefits Administration, Long-term Care Division, Circular 22, April 2018, "Approval to employ family members for caregiving of those entitled to a long-term care benefit;" National Insurance Institute, Benefits Administration, Long-term Care Division, Circular 1, August 2018, "Approval to employ family members for caregiving of those entitled to a long-term care benefit;" and Dispatch 375 from that date.

back on their jobs, or whose pension payments are meager.³⁶ As noted in Part I of this paper, such cash-for-care programs operate in several countries to offset at least some of the earnings lost and give recognition to the contribution of unpaid caregivers.

Because this initiative is new, statistics are not yet available about paid care work performed by family members.

36 Conversation with Orna Zamir, Head of the Long-Term Care Department at the National Insurance Institute, from November 27, 2018.

Recommendations

This paper seeks to draw attention to care work as indispensable for the well-being of society as a whole. According to forecasts of international bodies, the demand for care work will grow over the years; even today, quality care for children, the elderly, and the disabled is not always available. This paper contends that caregiving services must be reorganized through economic policies that recognize its value, the fundamental right of every person to quality care when required at all stages of life, and the right of caregivers to earn a decent living and achieve economic independence. Because quality care is of benefit to broad swathes of society and because many of those in need are unable to provide it for themselves, care work cannot be consigned to market forces. It must be regarded as vital infrastructure, like physical infrastructure, for which the government takes responsibility.

The primary recommendations that emerge from this paper seek to strengthen the system of care services while significantly increasing government investment in them. As shown in the studies cited above, these expenditures yield long-term economic benefits.

1. Recognition of unpaid care work, estimation of its volume by systematic data collection, and documentation, and publication of the findings. The purpose of the data is not just to reveal how care work is divided between women and men, or between the government, the market, civil society, and households, but to serve as the basis for fairer and more equitable economic policy planning.
2. Development of a systematic plan for recognition and support of family members who are caregivers. This would provide not only economic support, but also emotional support, consulting, information, and training.
3. Recognition of the economic and social value of care work and the importance of quality caregiving, which require:
 - a. Ending the practice of setting a low price for care services in tenders and thereby under-budgeting personnel costs. Well paid professional caregivers are at the heart of quality services.

- b.** Immediate improvement of the working conditions and wages of caregivers of children and the elderly, which entails:
 - Deepening the training and professional development of caregivers who serve all population groups (children, the elderly, the disabled, etc.), and providing fair payment to caregivers for their training.
 - Eliminating the barriers that prevent the unionizing of caregivers and their ability to negotiate collective agreements about their working conditions.
 - Strengthening the standards governing Israeli long-term caregivers by improving their employment conditions and wages – recognizing years of experience and training; creating opportunities for advancement and full-time jobs.
 - Ensuring a safe and attractive work environment for all caregivers, including foreign workers who are vulnerable to exploitation by employers and contractors and whose social benefits are at risk.
 - Changing the employment status of assistant teachers from contract workers to direct employees in order to end their harsh employment conditions, improve their wages, and expand opportunities for full-time employment.
 - Ending the deleterious employment conditions of caregivers in family daycares by recognizing them as employees of the Ministry of Labor, Social Affairs, and Social Services and providing payment for all their hours of work, including preparatory time. Also changing the tender conditions to ensure continuous operation of the family daycares, job security for the caregivers, and uninterrupted cashflow.

- 4.** Improved access of the elderly at all levels of dependency to long-term care services by:
 - a.** Enabling access to adult daycare centers without necessitating a choice between a visit to the center and caregiving hours.
 - b.** Creating more generous and progressive public subsidies of the elderly in the lowest income brackets in line with the recommendations of the Bank of Israel.

5. Ensuring that it will be possible for parents – both fathers and mothers – to care for their children and still be economically independent. To that end:
 - a. Extending the period of paid parental leave and granting each parent separate, non-transferrable leave at full wages. Countries that adopted this strategy have found that it incentivized fathers to share caregiving and promoted gender equality in the labor market.
 - b. Expanding the system of daycare centers and family daycares by broadening eligibility and increasing the subsidy with the aim of providing universal daycare to all children in Israel. Although there is consensus about the importance of this, little progress has been made to advance it.
 - c. Full implementation of the Long School Day Law to provide universal, public schooling for all children 3 years old and over.

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