



מרכז אנגלברג לילדים ולנוער
THE ENGELBERG CENTER FOR CHILDREN AND YOUTH
مركز إنغلبرغ للأطفال والشبابية



מאירס - ג'זינט - מכון ברוקדייל
MYERS - JDC - BROOKDALE INSTITUTE
مایرس - جوینت - معهد بروکدیل

Ashalim Celebrates a Decade of Activity

Accomplishments and Future Challenges

Dalia Ben Rabi

Sharon Amiel

Miriam Cohen-Navot

Talal Dolev

Paula Kahan-Strawczynski

Dori Rivkin



משרד הרוחה
השירותים החברתיים

UJA Federation
of New York

10th Anniversary



אשלים
ASHALIM



Ashalim Celebrates a Decade of Activity – Accomplishments and Future Challenges

Dalia Ben Rabi

Talal Dolev

Miriam Cohen-Navot

Sharon Amiel

Paula Kahan-Strawczynski

Dori Rivkin

Jerusalem, June 2008

Preface

Israel is currently home to some 350,000 children and youth who are at risk and subject to abuse or neglect.

A decade ago I initiated the establishment of Ashalim – a nonprofit organization constituting a partnership between JDC-Israel, the Israeli government and the UJA-Federation of New York; the organization is dedicated to reducing the number of children and youth at risk and to improving their quality of life at the earliest possible stage.

Ashalim's target population consists of young children, adolescents and children with special needs.

The organization's major modes of operation include: strengthening parenting skills through universal and individual approaches; keeping children engaged with the community via well-developed community-service systems for children at high risk; addressing school drop-out and youth alienation problems through the development of occupational alternatives; developing new programs and models of activity for children with special needs; collecting and disseminating knowledge and professional training.

Over the past ten years, Ashalim has been engaged in laying organizational and professional infrastructures for large-scale dissemination of the models that it has developed. After a decade of activity Ashalim can point with pride to major, ground-breaking interventions such as the "New Beginnings" and "Better Together" programs. Ashalim's activity has created far-reaching changes in the social service and policy spheres, which have enriched professional knowledge in the area of at-risk children.

Unfortunately, it must be noted that social disparities in Israel continue to widen, and that heightened risk to our children is a part of our everyday experience. These regrettable circumstances pose numerous challenges for the coming years and make it essential that we marshal our resources wisely and pursue our various undertakings in a spirit of professionalism and innovation.

I would like to take this opportunity to acknowledge and thank all those who are involved in Ashalim's activities – in particular, the three directors who have led the organization since its founding: Prof. Yitzchak Brick, Prof. Yossi Tamir and Dr. Rami Sulimani, as well as Ashalim's dedicated staff. I also wish to express my hope that the coming decade will be fruitful and productive.

Special thanks go to the Myers-JDC-Brookdale Institute research team for their comprehensive and valuable study that serves to illuminate the struggle to advance the interests of Israel's at-risk children and youth and their families.

Arnon Mantver

Director, JDC Israel

Forward

Ashalim's tenth anniversary provides us with the opportunity to review relevant data, praise past achievements and note our future objectives and challenges. In order to better assess Ashalim's contribution to the field of children and youth at risk in Israel, it is also necessary to evaluate the state that the field was in prior to Ashalim's establishment.

Without a doubt, in the decades preceding Ashalim's establishment, there were significant investments in the field of children and youth at risk – by the Government and by non-profit organizations such as JDC-Israel. However, most organizations that took initiative and became active in the field did so on an independent and uncoordinated basis, leading to the occasional duplication of services.

Not infrequently, valuable programs were developed, but they were disseminated only within the service that developed them and thus were limited in scope. As such, they did not have the capacity to improve services and make them more efficient for similar populations elsewhere.

Furthermore, in recent years there has been a sharp increase in the number of children living in high-risk situations and below the poverty line. Despite these trends, the social service system budget was drastically reduced. In effect, policy-makers and professionals in the field of children and youth at risk became frustrated by the fact that there were not enough resources to develop new programs and/or expand successful programs.

It became clear that there was a need to work in coordination and cooperation with the social service system in order to more effectively cope with the growing challenge of children and youth at risk. Ashalim - the Association for Planning &

Development of Services for Children and Youth at Risk and their Families was established on this basis.

Ashalim is unique because it is a partnership between JDC-Israel, the Government of Israel – as represented by the Ministries of Education, Social Affairs, Health, Finance and the National Insurance Institute – and the largest Federation in North America, the UJA-Federation of New York. The partnership is built not only on the joint allocation of resources, but also on joint development of Ashalim policies, work plans and decision-making. In practice, all partners are actively involved in Ashalim's professional committees, where they discuss programs and the development of innovative services together.

Ashalim's ability to partner with government ministries in quickly developing programs that meet the needs of the target population positioned Ashalim as a significant player from the onset. Ashalim was able to assist the government in implementing social service policies.

By establishing partnerships with government ministries, Ashalim is able to tackle challenges in program development and dissemination: coordination between service providers, prevention of duplication, pooling of resources, and ensuring the program's long-term continuity within the services system. Thanks to this cooperation, efforts are now underway to make improvements in the workings of the social service system in order to enable all parties to benefit from collaborative work. We also know that Ashalim has successfully strengthened inter-ministerial cooperation and continues to help improve it by hosting occasions such as committee meetings, seminars and site visits that provide an opportunity for them to regularly interact.

This document is testimony to the praiseworthy accomplishments that Ashalim's dedicated staff members have worked towards over the past decade.

Ashalim can mark impressive achievements in its first decade of operation. This said, Ashalim's professional staff invests a great deal of thought regarding future directions. As Ashalim continues developing innovative programs, it is also undergoing a change in its approach. Indeed, it is transitioning from focusing on developing individual projects to thinking in broader, more strategic terms and developing larger-scale comprehensive programs that include a number of program components. This approach can be seen in Ashalim's work with early childhood, where the focus is now on service systems rather than on individual program development. Ashalim is now implementing city-wide programs that coordinate early childhood services in a given locality. Similarly, the development of the "Better Together" concept illustrates this transition as it focuses efforts on service systems operating in particular neighborhoods that have high proportions of children and youth at risk.

As Ashalim enters its second decade of operation, the challenge of implementing the Schmid Commission Report recommendations that were adopted by the government stands before us. "New Beginnings," a national program that aims to provide accessible, quality and highly professional services to Israel's most vulnerable children (ages 0-6), was developed and will be implemented as part of the response to this commission. The same JDC-Israel professional staff who operated the successful PACT (Parents and Children Together) program for the Ethiopian-Israeli early childhood population as well as the ECHAD (Early Childhood Achievement and Development) program for Arab-Israelis will be coordinating this program.

The recognition of Ashalim's professionalism and capacity to take part in the implementation of the Schmid Commission Report recommendations and to lead the important "New Beginnings" program is a "certificate of merit" for Ashalim. It not only reflects the extensive experience and expertise that Ashalim has gained in the field, but also the level of trust that exists between Ashalim and its government partners. This is a historic opportunity for Ashalim

to join in bringing about meaningful change in a critical area and in reducing the number of children at risk.

Our thanks go to Mrs. Talal Dolev and Mrs. Dalia Ben-Rabi of the Engelberg Center for Children and Youth at the Myers-JDC-Brookdale Institute for their dedication to preparing this comprehensive and important document.

I would like to thank Ashalim's founders: Mr. Arnon Mantver, Director-General of JDC-Israel who conceived and implemented the idea together with Dr. Yigal Ben Shalom, former Director-General of the National Insurance Institute, Professor Yitzhak Brick and Hana Primak who laid the foundations in the early stages of Ashalim's founding, and Professor Yossi Tamir who directed Ashalim and paved its path in Ashalim's early years.

A tremendous thanks to the wonderful staff at Ashalim who view their work as a social mission.

Dr. Rami Sulimani
Director-General

Acknowledgments

We would like to thank everyone who contributed to this study.

We thank the professional staff at Ashalim, in particular those who devoted time to finding and clarifying information and reading these chapters: area heads Rotem Azar Eliyahu, Itzik Zehavy, Shachar Schuman, Rivka Shai, and Flora Mor. Thanks to you all for your valuable knowledge and insights.

We are grateful to the director of Ashalim, Dr. Rami Sulimani, and his deputy, Ita Shahr, and to Hana Primak, and Michal Cohen Hattab, who worked closely with us on this report.

Thanks also to our colleagues at the Myers-JDC-Brookdale Institute: to the director, Prof. Jack Habib; Denise Naon, director of the Center for Research on Disabilities and Special Populations and her associate Meyrav Marom for their contribution regarding children with special needs. We thank members of the Engelberg Center for Children and Youth, particularly Lior Rosenberg, for their contribution to some of the sections in this report.

We are grateful to the production team at Ashalim, headed by Tuvia Mendelson; Rachel Dagan, program manager, Meyda – The Ashalim Centre for Knowledge and Learning; Atara Stein, knowledge coordinator; the translation and editing unit at the Myers-JDC-Brookdale Institute, headed by Jenny Rosenfeld; and Hagit Sela and Revital Aviv Matok of the Engelberg Center for Children and Youth, for helping to produce and publish this report.

Table of Contents

1. Introduction	1
2. Children and Youth at Risk – Current Approaches and Trends	3
3. Major Changes in the Services for Children in Israel	10
4. Ashalim’s Activity in Various Areas	17
4.1 <i>Interventions with parents</i>	18
4.2 <i>Psycho-educational interventions</i>	21
4.3 <i>Interventions in out-of-home services</i>	27
4.4 <i>Interventions with youth</i>	32
4.5 <i>Interventions with special-needs children and their families</i>	39
4.6 <i>Planning and coordination in local service systems</i>	45
4.7 <i>Comprehensive community initiatives</i>	46
4.8 <i>Interventions with special populations</i>	48
4.9 <i>Activities aimed at enhancing and disseminating knowledge</i>	52
5. Implications for the Service System	53
5.1 <i>Introducing innovative principles, approaches and work methods</i>	54
5.2 <i>The extent of the dissemination and institutionalization of programs and models that were developed</i>	56
5.3 <i>Ashalim's Involvement in major processes of change</i>	61
6. Future Challenges and Directions	63
6.1 <i>Implementing Positive Experience in Additional Areas of Activity</i>	63
6.2 <i>Directions for Improvement Based on Research Findings</i>	65
6.3 <i>Challenges Stemming from Changes in the Service System and in Policies towards Children</i>	74
7. Summary	79
Bibliography	85

List of Tables and Figures

Table 1: The number of children and parents who directly or indirectly participated in work programs with parents, by field of endeavor	20
Table 2: Distribution of psycho-educational programs' distribution and number of participants, according to types of activity and strategies	26
Table 3: The number of children and parents who received input in the out-of-home programs, according to fields of endeavor:	31
Table 4: The number of youth, parents and professionals who took part directly or indirectly in programs for youth, according to field of endeavor:	38
Table 5: The number of children, parents and professionals who took part directly or indirectly in programs for special needs children, according to field of endeavor:	44
Table 6: Programs for special populations, by operating strategy and type of population	49

1. Introduction

In Israel, there are approximately 2,367,000 children¹ from birth to the age of 17, comprising about a third of the population. Based on an estimate compiled by Myers-JDC-Brookdale the Prime Minister's Commission² assess that, approximately 15% of these children are at varying degrees of risk. These include about 142,000 children living in homes where there is physical violence between the parents; about 154,000 (6.5%) suffering from neglect; about 52,000 (2.2%) subject to abuse; about 11% of Arab teenagers and 2% of Jewish teenagers aged 14 to 17 not attending schools; about 11% of the students aged 12 to 16 who are "hidden dropouts"³; and children involved in delinquency and risky behavior, such as drug and alcohol abuse.

Over the past twenty years, Israel's social services have been actively addressing the challenges of responding to the needs of children and youth at risk. Beginning in the late 1980s, a significant number of laws and regulations were adopted. These laws and regulations have brought about significant changes in the way the needs of children and youth at risk are perceived by the public and the policymakers, as well as dramatic changes in the ways in which Israeli society and the system of services for children respond to these needs. On the one hand, the establishment and development of Ashalim is an integral part of these developments and evidence of these changes. On the other hand, since its inception a decade ago, Ashalim has played an important role in bringing about some of the key processes of change. This document describes Ashalim's activity during its ten years of existence. The second and third chapters describe the background for Ashalim's activity. The second chapter focuses on some of the major developments in professional approaches to children and youth at risk as they are reflected in the international literature.

¹ As at the end of 2006

² A report of the public commission investigating the status of children and youth at risk was submitted to the Prime Minister and the Minister of Social Affairs and Social Services in 2006.

³ They demonstrate three or more of the behavior patterns consistent with the latent dropout phenomenon – frequent absences, low achievement, a sense of alienation from school, social isolation, behavior and adjustment problems.

The third chapter describes some of the major changes in the Israeli service system. The fourth chapter summarizes Ashalim's activity in the various fields, the fifth chapter addresses the implications of Ashalim's activity for the service system and the sixth chapter describes its future challenges. The document is based on the following sources of information:

1. A review of the Israeli and international literature
2. Interviews with department heads and other key officers at Ashalim
3. A mapping of Ashalim programs in the various fields
4. A review of the available evaluation studies of different programs

2. Children and Youth at Risk – Current Approaches and Trends

A review of the international literature reveals a number of changes in the professional approaches to the needs of populations at risk in general, and of children and youth at risk in particular. These are the result of changes in two main areas: changes in the perception of human rights, and changes in the ways in which the issues and problems confronting the different population groups "at risk" are defined and understood.

Many of the new professional approaches and intervention principles vis-à-vis children and youth at risk are based on a relatively new ideological perception of human rights and – specifically – of children as holders of rights. The International Convention on the Rights of the Child fully expresses this perception of children as holders of rights and compels society to help children and their parents exercise their rights in all walks of life.

Another basis for these new professional approaches and intervention principles is the growing understanding of the needs of children and youth "at risk" and their origins. Over the years, the description and understanding of risk situations among children and youth has undergone significant changes, from relatively "narrow" definitions of problems – such as a parental disorder, which lead parents to beat their children or learning difficulties, which cause under-achievement in children – to broader definitions presenting the challenges faced by children in different areas of life that result in some of these risk situations. The current understanding is that children's problems interact with problems in their families, social environments, living conditions and even the broader societal context. These complex interactions – rather than a single factor – lead to the development of risk situations in the different areas of children's lives.

Thus, the following new intervention principles reflect the recognition that both adults and children have the right to a full and meaningful life, on the one hand, and the understanding that there is a need for a broader perception that takes into account the individual characteristics of children and their parents, as well as their circumstances and the modes of action of organizations in their surroundings, on the other hand.

- **Addressing needs in different areas simultaneously**, rather than addressing a specific “problem”: It is gradually being recognized that children at risk and their families have a wide range of needs, even if they are at first identified based on a single salient problem, and that these needs should be addressed holistically. For example, the professional literature stresses that it is not enough to focus on the student’s learning skills and achievements, but – in order to improve his success at school – additional needs, such as socio-emotional needs and his relationship with his parents must be addressed (Elias et al., 1997; Mor, 2003; Mor, 2006; Sulimani, 2006; Gandara and Bial, 2001; Cohen-Navot et al, 2001). Innovative approaches for intervention with adolescents stress the perception of delinquents as well as other groups of youth in extreme risk situations as whole individuals with psychological, physical, social, intellectual and moral needs (NCFY, 2006).
- **The child as part of the family** – Contrary to past approaches, the family (even a severely dysfunctional one) is perceived as a key target for support and intervention when it comes to treating children at risk. This approach focuses on the living and environmental conditions that these families face as an explanation for their inadequate parenting practices. Poverty, unemployment, social exclusion, poor access to information, the absence of positive parenting models and the lack of support systems lead to situations that prevent parents from developing accepted parenting skills and providing adequate care for their children (Azar, Povilaitis, Lauretti, and Pouquette, 1998; Belsky, 1984; Dore and Lee,

1999). This is particularly true for parents of children with disabilities or behavioral problems. Furthermore, this approach is based on the recognition – as expressed in The International Convention on the Rights of the Child – that the right to belong to a family is an important aspect of a child's wellbeing and that it is the state's obligation to provide children and parents with the conditions and support that will enable children to live with their families. Additional support for this approach stemmed from follow-up studies of children who grew up in out-of-home care (residential facilities and foster care). These studies indicated the emotional damage caused to children who were detached from their families (especially those who are not in a permanent setting), as well as the difficulties experienced by these children in transitioning to adult life (see, for example, Stein, 2006; Clare, 2006; Mason et al., 2003; Park et al., 2005; Pecora et al., 2005; Weiner and Weiner 1990; Courtney & Dworsky, 2006; Schiff & Benbenishty, 2006; Chasmore & Paxman, 2006).

- **Perceiving the individual as part of society** – This perception is based on the recognition that an individual's ability to successfully overcome problems is a result of a bilateral process between the individual and society. Society's role is to provide the individuals who need it with the support that will enable them to succeed despite their problems. Moreover, according to this perception, society should adapt to the needs of the individual. This is closely linked to another approach, which is based on the assumption that joint community activity involving professionals, residents and social organizations have the potential to promote the development of the communities and the individuals within them.
- **Exercising individual rights** – On the basis of the dialogue emphasizing the importance of enabling both children and adults to exercise their rights, innovative intervention approaches reflect the need to involve children, youth and their parents in designing treatment programs for themselves. A related principle is the emphasis placed on creating

partnerships between professionals and families in order to further promote the families' well-being.

- **Addressing the strengths of the person (and the child), even if they are only partial in nature** – Giving the person with the difficulties the opportunity to engage in normative activities to the extent that she is able and shifting the focus from replacing the deficient abilities to supporting and strengthening the existing ones, and providing the opportunity to lessen dependency on support as strengths increase.
- **Cultural adaptation** – Recognizing the distinction between different cultural and social groups and the need to tailor responses to their needs and preferences. The more a service is planned with the unique characteristics of its target population in mind, the easier it will be to help the population group in question and provide a solution to its core needs. Thus, differences in language, knowledge, values, customs, beliefs, religion and religiousness, the intensity of family ties, stressing the importance of society versus the importance of the individual, lifestyles and self-esteem must be taken into account in planning and developing services. (Pasick, D'Onofrio & Otero-Sabogal, 1996 ;Brown et al., 2002)

These principles are reflected in several intervention strategies:

- **Programs addressing problems with parenting and relationships between parents and children**, such as programs addressing the parents' emotional needs, programs based on cognitive-behavioral methods (such as anger management programs) and programs for dyadic therapy for the parent and child (Lutzker, 1994; Shellenbach, 1998; Gershner Molko, Lutzker and Wesch, 2003). These include the following types of programs:
 - **Imparting the parenting skills and knowledge** that are particularly vital to parents who lacked role models in their own childhoods or lack them in their present environment, young parents, immigrant parents or parents of children with special

needs who lack knowledge about their children's unique characteristics and how to cope with their needs.

- **Services that provide support and relief for parents**, especially those facing difficult circumstances or problems with their children, and who are unfamiliar with the service system. These include support and enrichment groups for parents, information centers and programs providing relief to parents by offering activities for children or integrating them in residential facilities for short periods of time.
- **Activity with parents in educational settings** – The educational system recognizes the fact that parental support and involvement in their children's education is vital to scholastic success (Ho-Sui-Chu and Willms, 1986; Coleman, 1988; Chen and Xitao, 2001) and that the lack of such support hinders successful adjustment to school. Both researchers and field professionals stress the importance of working with parents (Baker and Soden, 1998; Barr and Parrett, 2001; Sammons et al., 1995; Mapp, 2004), especially the parents of children at risk whose needs are expressed in a wide range of areas including problems outside the school.
- **Attractive, culturally adapted and accessible programs** – Various programs attempt to provide families with a positive intervention experience in different ways. Some programs emphasize providing services in an inviting physical environment and a respectful attitude toward parents; other programs adapt content to the preferences and cultural characteristics of the families (which is particularly important with populations of immigrants or culturally divergent populations) or employ mediators and liaisons to enable better communication with families from different groups or cultures. Another approach is to provide the services in a non-stigmatic environment – frequently in settings providing services to the entire population at large (such as a daycare center, a school or community center). Some of the intervention programs attempt to

increase utilization by providing some of the services in the families' homes.

- **Interdisciplinary intervention programs** addressing needs in different areas under one roof, e.g., programs for students experiencing difficulties often address the emotional, social and family aspects as well. Various programs for parents also take into account the needs of the entire family and crises situations (immigration, divorce, unemployment). Innovative programs for adolescents offer a wide range of activities such as scholastic assistance and education, leisure activities, emotional support and employment assistance. These programs enable the youths to acquire skills in many areas (Lauver et al, 2004 ; Lerner & Lerner, 2005; Catalano and Berglund, 2004; Pittman Johnson et al, 2003).
- **Service continuum models** – Efforts are being made in various fields to develop services catering to many areas of life, while making it possible to provide different levels of assistance according to changes in age, needs and ability. These include models of out of home care which offer possibilities for children to spend more time at home as their situation or that of their parents improve; facilities for alienated or delinquent youth providing different levels of care ranging from locked institutions to community settings; models of educational facilities enabling children with special needs to combine regular classroom attendance with special assistance through individually - tailored programs. In schools, differential teaching methods were found to be particularly effective for students experiencing problems (Barr & Parrett, 1995; Druian & Butler, 2001; Sammons, Hillman & Mortimore, 1995; Slavin & Madden, 1989). Another aspect is the focus on the transition to adulthood in the form of programs geared to help children at risk and children with special needs to prepare for adult life.
- **Programs aiming to reinforce strengths and maintain partial strengths** – There are programs for children at risk that are not intended to completely replace the parents' child-rearing efforts, but rather to

provide a partial solution that enables parents to fulfill the roles they are able to. For example, within day or out-of-home settings for children at risk, efforts are being made to promote parental involvement and enable them to fill partial roles (e.g. taking their child to the doctor or attending meetings at the school concerning their child, even if s/he is in a residential facilities). Innovative programs for youth include a wide range of activities and programs – such as sports, social games, leisure activities (through social spaces), arts & crafts and music – which enable the youth to have the positive experience of participating in, and making a social contribution to, the community. In the case of children with special needs, the emphasis is on utilizing and strengthening the existing strengths, despite the disabilities, as well as learning social and practical skills.

- **Providing the services in a normative and minimally restrictive environment** – Programs for children with special needs stress mainstreaming as much as possible. Where children at risk are concerned, efforts are being made to develop community services in order to avoid separating them from their families and their communities. If out-of-home placement is necessary, the tendency is to create small, family-like environments or opt for care in a foster home which will most resemble family life
- **The right to participate** – Various services focus on enabling the children and their families to choose among different alternatives and even to be partners in initiating new programs. A key component of the programs is the attempt to minimize the alienation that may exist between professionals (such as social workers and teachers) and families by sharing the information and decisions with the parents (and the children) and sharing the responsibility for the children. Family group conferences (a model that was developed in New Zealand is an illustration of the principle of involving parents) as well as the entire family and the community take part in designing the appropriate interventions for children in high-risk situations. There are also initiatives that involve the parents as a group in decision-making and in developing services

for children in their community. Innovative programs for youth strive to increase their involvement in the decision-making processes related to services and programs designed for them (Lerner & Lerner, 2005; Reid and Tremblay, 1994; NCFY, 2006; Pittman Johnson et al, 2003; NCFY, 2007).

- **Community initiatives** – Designed to support children and families at risk by involving the families themselves as well as various community-based organizations and services in the planning and implementation. One way of addressing the needs of children in impoverished communities is to launch Comprehensive Community Initiatives (CCIs) or Area Based Initiatives (ABIs). These are long-term initiatives implemented in areas (neighborhoods, cities, districts) that are typically deteriorating physically and economically, are socially excluded and lack political empowerment. The leaders and participants strive to improve the community's status and the well-being of the individuals and families who reside in it by adopting a comprehensive approach and fostering community strength. The Comprehensive Community Initiative strategy is gaining momentum both in Israel and worldwide and is considered to be the best comprehensive solution to complex problems, as well as the preferred work method from an ideological standpoint (Kubisch et al, 2002).
- **Training professionals** – Disseminating innovative principles and practices requires working intensively with professionals – both on changing attitudes and perceptions and on learning the skills and work methods that will enable them to implement the principles. Training programs focus on imparting knowledge and intervention skills, improving diagnostic and assessment procedures, systematically planning responses (for individuals and population groups), developing the ability to involve parents, children and residents in these initiatives, fostering cultural sensitivity, adopting an interdisciplinary approach, extending the professional roles and working in collaboration with professionals from other services.

3. Major Changes in the Services for Children in Israel

Until the late 1980s, most of the changes and reforms in the Israeli social services were driven by the desire to improve the situation of specific

population groups and promote more successful integration. Israel's efforts were designed to achieve greater equality for vulnerable or disadvantaged population groups. A clear illustration of this policy is the integration in the education system which, similar to the reforms in the US during the 1960s, was initiated in order to overcome the differences in opportunities between children from weak neighborhoods and children from stronger neighborhoods by integrating them into the same schools. Another important illustration is the implementation of the recommendation of the Katz Committee for Disadvantaged Children and Youth in the 1970s. These included substantial policy changes for entire population groups: changes in child allowances, and a significant expansion of child care options offering a sliding fee scale.

Since the late 80s, the problems of individuals – both children and families who have significant trouble coping with major tasks in their lives, regardless of the group they belong to – have begun to reach the awareness of both the public and the decision makers. In 1989, after the murder of a child within her family, attention was focused on children suffering from abuse and neglect. During the same period, attention was also focused on youth who had dropped out of school. In both cases, new policies were implemented. These were based on legislation or budgetary agreements that provided solutions to individuals whose needs were not met by the available services. These include enactment of the amendment to the Penal Law (Obligation to Report Abuse and Neglect of Children) and the unprecedented change in the policy toward children at risk that occurred as a result, as well as securing the eligibility of dropouts for free education – which is the foundation for a wide range of services for youth "at risk".

The shift in focus from groups to individuals has led to several additional changes in the professional approaches and in the services and interventions for children and youth at risk:

- The transition from single-discipline, one-dimensional thinking to multidimensional thinking: Addressing the needs of individual children and families has increased the recognition that these children and families have a

broad range of needs which require multidimensional and interprofessional attention.

- Making the transition from uniform services to recognizing the heterogeneity and divergence between socio-cultural groups.
- The growing body of information and knowledge about children and youth "at risk" and their needs has sharpened the recognition that children at risk are not a homogeneous group and that there is a continuum of risk situations on different levels.

The differences between the definitions for children and youth at risk proposed by two "Prime Minister's commissions for children and youth at risk," which were active in the 1970s and in 2000, reflect the significant changes in the way these children's problems are perceived and understood. The Katz Committee – in the 1970s – defined children and youth "at risk" in terms of the socio-demographic characteristics of the children and their families (income, education, number of children per family, housing density). The definition proposed by the Schmid Committee in 2004 relates to the risk situations reflected in the behavior or functioning of the children and their parents in different areas of life.

Another two trends had an impact on the changes in the professional approaches and interventions during this period: The large waves of immigration, which brought the heterogeneity of Israeli society to the attention of the professionals and generated greater sensitivity for the necessity of tailoring solutions to the unique needs and consumption patterns of groups from different cultures, and the ratification of the International Convention on the Rights of the Child and the growing dissemination of its principles – which supported the aforementioned intervention trends – also engendered a greater awareness of the importance of listening to the children and involving them in developing interventions and making decisions affecting their lives.

The changes in perceptions pertaining to children and youth at risk, and the information that has begun to accumulate about their needs and characteristics, brought about significant changes in the service system. These changes are reflected in the accelerated development of models and services based on intervention approaches that are different from those that were utilized earlier and that are also

compatible with the professional approaches that were beginning to develop in other countries worldwide and were described in the previous chapter:

- A preference for community-based intervention methods over out-of-home solutions.
- Intervention methods that perceive the child as part of the family and stress interaction with the parents.
- Comprehensive models addressing all aspects of the child's life and that of his parents and involving various government ministries.

As a result of these trends, there have been substantial changes in the last two decades in the services geared for children and youth at risk. These changes include:

- The development of a very wide range of models and new intervention programs , based on the new principles. The range of models and programs that exist today is much greater than what was available just 20 years ago, and most of them reflect – in one way or another – the new intervention principles. Models were developed by each of the main ministries catering to children and youth at risk: Education, Social Services, Health, Labor and so forth.
- A change in the attitudes and practices among professionals in the various services in directions which are compatible with the new approaches. This is reflected in a greater awareness of the need for a multidimensional approach, in the recognition of the importance of forming ties and working with parents and families, and in the collaboration with professionals from a wide range of services and professions. It is further evidenced in the actual change in practices Work with parents has grown substantially (for example with parents of children in residential facilities who were subsequently involved in planning, treatment and evaluation committees in social services departments). Moreover, teachers' working methods have changed and more attention is paid to students' needs, even if they do not involve scholastic achievement. Kindergarten teachers have also become more aware of their role in identifying and addressing difficulties among preschoolers.
- A substantial increase in the number of local initiatives for planning and developing services adapted to the needs of children and youth in the local authorities. Multi-disciplinary mechanisms and master plans designed to address issues in many areas in the lives of children and youth – such as violence, leisure activities and

susceptibility to extreme risk situations – have been launched in a considerable number of authorities.

- Interprofessional and multi-organizational initiatives on the local and national levels for the purpose of establishing a more systematic policy and joint efforts between the various organizations that address the needs of children and youth. These initiatives were implemented by almost all agencies and services acting on behalf of children and youth at risk and focus on a range of issues. At the national level, worthy of note is the Ministry of Social Affairs' national program developed in the 90s, the educational initiative for 30 communities and the ASA program (a Hebrew acronym for 'violence, drugs and alcohol') initiated by the Ministry of Education and the Ministry of Public Security. In addition, the establishment of Ashalim also reflects an attempt to facilitate the planning and implementation of initiatives requiring joint efforts and inter-organizational partnerships.

Despite these changes, there are still many barriers to developing and implementing more adequate responses for children and youth at risk and facilitating fuller implementation of the updated perceptions of the needs and preferred intervention approaches:

- There are still substantial gaps between the extent of the needs and the extent of available responses. Although a variety of new programs have been developed, in most cases they were not implemented nationally and have not brought about a significant increase in the extent of services. About half the children known to be at risk do not have access to any services at all, while others have access to services that only partially meet their needs. An analysis of the budget allocated to services for children and youth at risk between 2000 and 2004 indicates that the increase in funds that were allocated does not match the increase in the numbers of groups in the population with concentrations of children at risk (poor families and families on welfare): the budget allocated for services for children and youth at risk increased by 10% from 2000 to 2004. However, during that period, there was a 37% increase in the number of children known to the social services and a 36% increase in the number of poor children (Prime Minister Report on Disadvantaged Children and Youth, 2006).

- Because of the limited dissemination of the new programs, they are not accessible to most of the children at risk and their families. Despite the extensive increase in the range of intervention models available in Israel, the range of services that are actually available to children and youth in most communities is still very limited.
- Despite evidence of the changes in attitudes and practices among professionals, many professionals still have trouble adopting innovative approaches. This is because the services were not able to meet the challenge of training and imparting new skills to such a large number of professionals within such a short period of time. Furthermore, the internal allocation for different types of services within the budget for children and youth at risk has not changed substantially. An analysis of the budget allocated to children at risk in 2004 revealed that disproportionate parts of the budget are still devoted to out-of-home placement, to services for youth – primarily those at the high end of the risk continuum and to services designed for treatment with a small prevention component:
 - 56% of the expenses for children at risk are directed at 14 to 17 year-olds, 30% at 6 to 12 year-olds and 14% at 0 to 5 year-olds.
 - The average expense per teenager aged 14 to 17 years is NIS 23,493. This expense is almost 4 times higher than the expense per child for 6 to 12 year-olds (NIS 6,434) or for a child from birth to 5 years of age – (NIS 6,751).
 - 88% of the budgets are designated for treatment programs, 12% for prevention programs – only 6% of which are dedicated to programs which are actually geared to preventing risk situations.
 - 31% of the budgets for children at risk are directed toward out-of-home services, 53% to community services and 16% to services that can be provided both in out-of-home settings and in the community (such as allocations).
 - The out-of-home services (residential facilities, foster families, hospital settings) are provided to about 10% of the children at risk. Accordingly, their cost per child per year is 4 times higher than the cost per year for children at risk who are not in out-of-home settings.
- Despite the multitude of facilities promoting inter-organizational and multi-professional partnerships as well as the understanding of the need for multi-organizational efforts, these are still not fully effective and do not enable any true

pooling of resources. One of the reasons for this is the fact that, on the one hand, the budget allocation for most services is centralized and executed by the ministries at the national level and, on the other hand, it is fragmented – thus each budget line can only be used for a specific purpose according to specific criteria, thereby precluding flexible utilization of the funds according to need as well as pooling resources between organizations or even within organizations. An additional limitation on effective inter-organizational partnerships is the lack of any clear definition of the respective responsibilities of the various ministries and agencies and between the central and local government.

Barriers to effective decision-making processes and more optimal budget allocations also result from technological deficiencies (such as lack of advanced knowledge management systems and knowledge bases accessible to decision makers) facilitating a systematic decision-making processes.

In summary, despite the introduction of innovative intervention approaches among decision makers and a large number of professionals in the service system, most budgetary allocation and training systems have not adapted to these changes to the extent and at the rate necessary to enable a broad and systematic dissemination of the new programs and approaches. . An exception to the rule is the policy of the Children and Youth Services' "Towards the Community," which allows the local authorities to flexibly utilize resources previously allocated to out-of-home care, to develop community based services.

The National Program for Children and Youth At Risk, which is based on the recommendations of the Prime Minister's Commission for Children and Youth At Risk (Prime Minister Report on Disadvantaged Children and Youth, 2006) is meant to help the service system make the transition from developing approaches and intervention methods to their widespread dissemination. The program, which was launched in 2008, is designed to facilitate a broader and fuller implementation of the approaches, the programs and the practice principles that were developed over the past two decades and to change the national budgetary allocation priorities by investing additional resources exclusively in community-based services, with special emphasis (and special budgets) on services targeting early childhood.

The national program is an inter-ministerial program involving five government ministries and coordinated by the Ministry of Social Affairs and Social Services. It is thus designed to promote more effective inter-ministerial and multi-organizational collaboration. This is reflected in the adoption of a uniform and accepted definition of children and youth at risk by all ministries and in the program's organizational structure. Moreover, the program's budgets are not divided between the ministries and their use is subject to interprofessional decision-making at the local authority level and their approval by inter-ministerial committees at the regional level. The program's aim is to help create systems of services culturally adapted to local needs by granting maximum budgetary flexibility to local authorities and making them responsible for the systematic planning and development of services. Along with increased responsibility at the local authority level, the program aims to enhance the government's supervision and control.

The launch of the national program and the completion of the first decade of Ashalim's activity have created the opportunity to review Ashalim's activity to date and to indicate some of the challenges that lie ahead, in light of the changes that transpired in the service system in general, and the implementation of the national program, in particular.

4. Ashalim's Activity in Various Areas

Ashalim was established in the context of significant changes in the awareness and understanding of the needs of children and youth at risk in Israel and is meant to help the service system to study, develop and implement the new intervention approaches developed in Israel and abroad. This chapter will describe the approaches and strategies reflected in the various programs in each of Ashalim's areas of activity, the investment required to address the different areas for the duration of Ashalim's involvement (as reflected in the number of programs, the budgetary investment, the number of communities or settings and the size of the population the programs reached), and the partnerships Ashalim formed with various ministries and organizations.

The chapter describes activities in the following areas:

1. Interventions with parents.
2. Psycho-educational interventions.
3. Out-of-home service interventions.
4. Interventions with youth and adolescents.
5. Interventions with children with special needs and their families.
6. Planning and coordinating local service systems.
7. Comprehensive community programs.
8. Interventions for special population groups (Arabs, immigrants, Ultra-orthodox Jews).

The efforts made by Ashalim to develop knowledge and support its dissemination will also be addressed.

4.1 Interventions with parents

In its ten years of activity, Ashalim has developed intervention methods, integrated approaches and designed programs that focus on working with the parents of children at risk. The emphasis on working with parents is discernible in each and every one of Ashalim's areas of activity with regard to the different populations addressed by the organization. Ashalim was involved in introducing the concept of working with parents in existing programs through upgrade or training programs – such as in the multi-purpose daycare and after-school programs – and components of parental involvement have been adopted in almost all the intervention programs that were developed, e.g. for programs within educational settings and programs for children with special needs, as specified below. Moreover, a substantial portion of the training programs offered within the scope of the information and training center (“Meyda”), involves working with parents.

Ashalim has devoted substantial resources to developing 24 unique programs that focus on working with parents. The programs can be divided into 4 main groups, according to their strategies and target populations:

1. **Parent education and support programs:** These programs provide parents with the information, skills and support they need to function as parents and cope with problems. In most cases, the programs are geared for parents who belong to populations known to have trouble coping with some of the challenges of raising children (such as young or poor parents). Most of the programs in this group address parent education and include group work with a professional or a paraprofessional, support groups for the participants, and joint activity for parents and children during which the parents play and interact with their children. Ashalim programs of this kind target the parents of preschoolers.

2. **Unique programs designed to support families in crisis situations:** This area includes aid, support and parent education programs for new immigrant families. These programs aim to meet the specific needs of immigrant parents who are confronting new social systems. These programs are often run by professionals who come from the participants' country of origin and facilitate an encounter among parents with similar problems. Programs such as "Effective Parenting" for women and their children staying in shelters for battered women and group interventions for divorced parents and their children can also be included in this group of programs.

3. **Intensive therapeutic programs addressing parenting practices and capacities:** These programs are aimed at families with significant parenting problems such as neglect, abuse or violence (physical or emotional), severe parent-child relationship problems, or an inability to exercise proper parental authority. The programs employ a wide array of methods to address these difficulties. These programs are almost always offered on an individual family level and feature individual, couple, dyadic (parent-child) or family intervention. Some of the programs employ unique therapeutic methods such as the "Orim" program, which uses family videos and The Parent-Child Centers which offer expressive and creative therapy with various tools such as animal-assisted therapy or psychodrama. Other programs – such as the anger management training program, a group therapy model offering an alternative to

criminal punishment, and an anger management training program for mothers who batter their children – focus on imparting skills to parents who resort to violence.

4. **Programs promoting parent – professional partnerships:** These programs aim to forge collaboration between parents and professionals. Family Groups Conferences help parents and the extended family to design therapeutic programs to protect children, or prevent teenage delinquency. Two programs emphasize the importance of training parents as leaders and finding ways to help other parents.

Table 1 describes the total number of programs for parents in each of the groups, the ages of the children for whom the programs are designed and the number of program participants.

Table 1: The number of children and parents who directly or indirectly participated in work programs with parents, by field of endeavor

	Total	Training	Support for families in crisis or transition	Intensive therapy	Parental involvement
Total number of programs	24	4	5	12	3
Number of parents	12,424	899	850	10,635	40
Number of children	22,473	1,203	2,375	18,835	60
Number of programs according to the children's age*					
Early childhood	13	4	2	6	1
Elementary school	11		3	7	1
Junior high/high school	5		2	2	1
All ages	3		1	2	

*Some of the programs are designed for more than one age group

Approximately \$14,000,000 was invested in the 24 programs focused on working with parents – this represents an average investment of approximately \$580,000 per program. Most of the budget was invested in intensive therapy programs (56%), and support programs for families in crisis (27%).

During the course of Ashalim's involvement, there were 12,400 parents participating in the various programs, primarily (about 11,000) in the intensive therapy programs. Approximately 22,500 children participated directly or indirectly in the programs designated for parents – again, mostly (about 19,000) in the intensive therapy programs. Most of the programs are intended for the parents of preschoolers (13 programs) and elementary school children (11 programs).

During Ashalim's involvement, most of the programs (17) were implemented in up to 12 communities (5 of them in one community only).

Government, municipal and other organizations participated in funding approximately 50% of the programs' budget. The Ministry of Social Affairs and Social Services is the leading partner, with 16 programs. Non-governmental and non-municipal organizations (foundations and non-profit organizations) took part in 18 programs.

4.2 Psycho-educational interventions

Ashalim's main mission in the field of education was to help the education system address difficulties encountered by weak students and students at risk. Their problems are reflected in poor scholastic achievement, but also in family, behavioral and social problems. Ashalim invested mainly in programs that facilitate a holistic approach to the students' problems. Thirty programs were launched; a minority of them (7) provided direct assistance and the majority (23) focused on interventions with professionals in educational settings (through the use of three different strategies), to enable them to

cope with the needs of children at risk, weak students and students with learning difficulties.

Intervention programs with the educational teams: According to the professional literature, ongoing learning among educational team members throughout their careers is of outmost importance. The many challenges continually faced by teachers are especially apparent when working with students who are underachievers and have problems adjusting in school. The heterogeneity among students and their different scholastic, social and emotional needs require ongoing professional training and imparting the knowledge and skills required to address the pedagogical and interpersonal needs of these students (Darling-Hamond, 1998). There are training programs designed to impart knowledge and tools to professionals as individuals, while there are other programs designed to contribute to the entire school staff – teachers, administrators and other school professionals such as school psychologists and guidance counselors (Sulimani 2006; Mor & Luria 2006).

The programs have four major goals:

- To broaden the educational teams' perception of their role; to raise awareness of the students' emotional, social and family needs, and the necessity of addressing these needs and identifying appropriate responses.
- To provide the tools, knowledge and skills required for the interpersonal work with students experiencing problems and with their parents.
- To promote teamwork within the educational setting.
- To strengthen the inter-professional working relationship among professionals from different fields (within and outside of the school) in order to enhance the ability to address the students' needs in the different areas.

The emphasis that Ashalim placed on developing and implementing programs of this kind is based on educational approaches developed in Israel and abroad

(Mor, 2003; Gaziel, 2001; California State Dept. of Education, 1990; Cohen-Navot et al, 2001) (Weare, 2000; Gandara & Bial,2001; Webster-Strattom & Reid, 2004) which support working with school faculty for the following reasons:

- a) It is a way of influencing all the school's students – both in the present and in the years to come
- b) It has an impact on all student activities during the entire school day.
- c) It makes it possible to have an impact on many meaningful aspects of the school environment, beyond the specific activity – e.g. on the school's atmosphere, on the teachers' work experience, on the administrative infrastructures, etc.

Ashalim interventions with educational teams employed three main strategies:

1. Developing models focused on the educational setting: Ashalim's first and most prevalent strategy was to develop models that focused on an individual setting such as a school or kindergarten. Each framework received professional input – mainly training and guidance – and in some cases other input, such as enhancing the physical environment or providing additional classes and professional therapeutic sessions for students and parents. Training and guidance focused on expanding the teachers' perception of their role and responding to children's interpersonal needs. Unlike other programs implemented in schools, relatively little emphasis was placed on imparting didactic skills..

The first program to be developed in this area was the “New Educational Environment” program (NEE), which was offered in regular and technological high schools. Its aim was to equip the educational team with tools to cope with the weakest students who are at risk of dropping out by enhancing teamwork and designing a flexible learning environment tailored to the needs of these students. Three other programs adapted the model for junior high schools and two programs applied the same principles to elementary schools. In addition to providing instruction and guidance for the staff, one of these programs also includes a relatively extensive set of

direct inputs to the students: These include an extension of the school day, an expansion of the therapeutic team, individual and group scholastic assistance, enrichment, and activities with the parents.

Two programs focused on educational settings for early childhood: the “Ma’agan” program, which helps preschool teachers (within the preschool setting) identify and assist children with developmental and behavioral problems; and the “Hatzer Pe’ila” (“Active Nurturing Playgrounds”) program designed to enhance the preschool teachers’ awareness of the developmental needs of children in the ultra-orthodox population.

- 2. Developing a community model:** The Tzahi program (a Hebrew acronym for “community educational growth”), which is currently being implemented, reflects a new strategy for enhancing the ability of educational staffers to meet the needs of at-risk students. It focuses on creating and fostering interdisciplinary community teaching teams as an alternative to introducing outside experts to the schools. The program includes guidance for school principals and the therapeutic team of the schools in a given community and aims to support them in introducing changes in the way in which each school's educational staff addresses the needs of students at risk. Another program that works at the community level is “Mabatim” - a program aimed at helping kindergarten teachers to identify children who exhibit developmental, behavioral or social problems. Another two programs aim to train kindergarten and school staff members (at the community level) to develop language and reading skills among young children.
- 3. Nationwide training:** A third strategy designed to instill the principles of working with students at risk is conducting a range of nationwide training sessions – some in collaboration with academic institutions – based on the same professional principles. Some of these programs focus on the general guidelines pertaining to working with students at risk, while others focus on the needs of special populations, such as a teacher training

program geared for teachers in Arab schools. Some of the training targets general educational teams (teachers) while others target other professionals (such as school principals, guidance counselors, consultants, truant officers). In these programs a central goal is to help school leadership and other professionals introduce changes into the educational settings in which they work.

Some of Ashalim's programs do provide direct services to the students. These include mainly scholastic assistance and therapeutic attention. There are 7 such programs, the most prominent ones being "MALEH" (a Hebrew acronym for Alternative Learning Space – ALS), which aims to help junior high school students create a special learning center in which the social, emotional and educational needs of students at high risk are appropriately met. and "Merchav Batuach" ("Safe Space"), which involves professional group therapy for students with violence issues and their parents, as well as follow-up by a "mediating teacher". These two programs also include a staff training component. Additional programs provide scholastic and emotional support by volunteers for children with learning and emotional difficulties.

Table 2 describes the total number of psycho-educational programs and their distribution according to types of intervention and the strategy employed.

Table 2: Distribution of psycho-educational programs' distribution and number of participants, according to types of activity and strategies

	Total number of programs	Interventions focusing on training			Interventions focusing on student-gearred solutions
		Focus in the educational institution	Community model	Nationwide training	
Number of programs	30	11	4	8	7
Number of educational institutions in which the programs were run:					
Up to 5	3	3			-
6 to 20	7	2			5
21 institutions and over	5	3			2
Indirect input for students: Number of students with whom (or with whose parents) professionals who took part in the program worked	73,950	17,500	48,200	8,250	
Direct input					
Number of students	5,391	2,800			2,591
Number of parents	1,150	600			550

A total sum of \$19,000,000 was invested in programs to support weak and at-risk students within educational settings. This reflects an average cost of approximately \$630,000 per program. Most of the budget (about 60%) was invested in developing and implementing training programs focused on individual educational settings, approximately 20% in providing direct responses to students and about 14% in nationwide academic training. About 6% of the budget was invested in the relatively new community intervention model.

Out of the 22 programs implemented in educational settings or communities, most were implemented in 6 communities or less (16 programs) and in 20 institutions or less. 14 programs encompassed up to 100 professionals and 7 programs over 500 professionals.

A large number of children (about 74,000) studied in facilities or communities in which the interventions were implemented. Approximately 5,400 children received direct input through programs providing direct responses. Some of the programs also included interventions with the students' parents. These interventions reached approximately 1,000 parents.

As expected, the key partner in this area is the Ministry of Education. The Ministry participated in funding 26 of the programs. Non-governmental organizations took part in funding 16 programs. Ashalim's partners funded a total of 56% of the programs' budget.

4.3 Interventions in out-of-home services

Out-of-home care in Israel is an important part of the service system for children at risk⁴. Between 65,000 and 75,000 children (about 3% of the children in Israel) live outside their families. Most of them, about 60,000, are youths (aged 14 to 17) who chose to be educated in boarding schools. In this chapter, we will address the needs of those children, from birth to 17, who were placed by the social services or by court order in out-of-home care due to the need to protect their well-being. Most of these 12,000 children (are living in residential facilities (about 8,000) and foster homes (2,000) under the supervision of the Child and Youth Service and an additional 2,000 are in settings supervised by the Youth Protection Authority, which is designed for youth who are delinquents or are in other severe risk situations. Compared with other countries, Israel has a high percentage of children living in residential facilities as compared to foster care. In addition, the average length of stay in out-of-home placement is relatively long – three or more years.

⁴ For a broad review, see Dolev, T. (2003), Boarding school care for children and youth at risk in Israel – new developments and challenges for the future – background paper for policy discussions at Ashalim.

At the end of the 1980s and the beginning of the 1990s, reports that criticized the inadequate care and living conditions in residential facilities attracted a great deal of public attention. The ratification of the International Convention on the Rights of the Child also generated demand for closer supervision of the out-of-home settings. These developments brought the need for change in major aspects of out-of-home care to the public attention. The aspects that were deemed in most need of change were the size of the facilities, the lack of diversity in the responses provided by the facilities, the limited contact between the children and their parents and the need to improve the quality of the care.

Ashalim was established a short time after these developments and thus was involved in some of the major processes of change in the out-of home care system. Initially, Ashalim supported a committee for the strategic planning of out-of-home services that made recommendations for further development and improvement of the out-of-home care system. In addition, Ashalim developed 17 programs which helped to address some of the most significant challenges in the out-of-home care system.

1. Creating a continuum of care between residential facilities and the communities: One of the main efforts in residential care internationally and in Israel is to create systematic links between the residential facilities and the communities in which the children live. Ashalim addressed this challenge through three types of programs:

- Developing new models of community-based residential facilities: Two major models are Community Residential Facilities and Day Residential Facilities. These two models incorporate many of the state-of-the-art approaches in residential care: providing intervention to the whole family, maintaining the relationship between the child and his parents and providing opportunities for partial parenting; involving the parents in the care provided by the residential facility and maintaining the relationship between the children and the communities in which they

live. In both these models, the goal is to reduce the length of stay and return the children to their homes after 2 or 3 years.

- Strengthening the relationship between children in out-of-home care and their parents: Two programs focus on the relationship between parents and children in out-of-home care settings. They include interventions aimed at supporting and preparing the parents and children for the transition into out-of-home care, provide intervention for the parents while the children are in care and prepare the children and parents for the return to their homes and to the community.
- Utilizing the expertise accumulated in out-of-home care facilities to upgrade community based services: These programs are designed to utilize the therapeutic infrastructures and resources at the disposal of some of the residential facilities, to provide therapeutic services and support to children and parents from the community in which the residential facility is located.

2. Adapting the treatment in the residential facilities to the needs of the children with more severe behavioral and emotional problems:

One of the main challenges facing residential facilities, both in Israel and in other countries, is the increasing number of children with complex and unique therapeutic needs. Four programs focus on training professionals and child care workers in out-of-home settings in specialized intervention methods appropriate for these children. Three of the programs focus on teaching skills to the staff on how to contend with violence and sexual abuse and one program focuses on training personnel in the residential facilities to work with parents.

3. Improving the quality of the personnel: Two programs are designed to improve the quality of personnel in different out-of-home settings. a program to retrain academics for instruction and coordination jobs and a program for the professional development of directors of residential facilities for children and youth. Additionally, Ashalim was involved in a

committee to define the roles and improve the status of child care workers.

4. Supporting the transition to adulthood: Two programs support youth and young adults who have aged out of the residential system in their transition to adulthood. One program supports young adults with no families who have completed their stay in residential facilities and foster care, to integrate into employment and higher educational settings. Another program establishes alumni groups in residential facilities to encourage peer support.

5. Alternatives to residential care: Many community services that Ashalim developed over the years provide community-based alternatives to residential care. In addition, two programs focus on strengthening the foster care system to position it as a significant alternative to a residential arrangement. The Omna Barosh program is designed to develop professional skills among foster care professionals, including professional tools for working with children, and to develop a system for working with the children's biological and foster parents. The Eshkol Omna program aims to make foster families partners in the process of rehabilitating the original family, while recruiting the community services to empower the child and his family.

Table 3 describes the out-of-home programs and the number of children and parents who have received input from them

Table 3: The number of children and parents who received input in the out-of-home programs, according to fields of endeavor:

	Total	Residential facilities – community continuum	Intensive and specialized treatment	Improving the quality of personnel	Transition to Adulthood	Alternatives to institutional arrangement (improvement of the foster care system)
Total programs	17	6	5	2	2	2
Number of children		2,336	7,620		315	870
Number of parents		730	1,100			620

Ashalim and its partners invested approximately \$9,000,000 in programs for out-of-home care. This represents an average cost of \$530,000 per program. About one third of the budget was invested in strengthening the continuum of care between residential facilities and the children's communities. Another third of the budget was invested in developing and providing training in special treatment methods. About one fourth of the budget was invested in the two programs to improve the foster care system.

The programs that were designed to develop new work models (the residential facilities – community continuum program, one of the foster care programs, the transition to adulthood program) were implemented in a relatively small number of settings (between one and 10 settings). The training programs were provided in a large number of settings. The program designed to upgrade the foster care system was a national program.

While Ashalim was involved in the programs' operation and funding, over 10,000 children received direct or indirect input from these programs. Many of the children were in the residential facility – community continuum program (about 2,300) or in facilities in which the staff has undergone training (about 7,600). Some 2,500 parents received treatment, support and assistance while their children were staying in out-of-home facilities.

Additionally, about 1,900 professionals received input, mostly in training programs for modes of treatment.

As expected, Ashalim's main partner in this area was the Ministry of Social Affairs and Social Services which was a partner in all the programs. Foundations, nonprofit organizations and other NGOs were partners in 8 programs. In total, the various partners funded 50% of the overall budget of the programs.

4.4 Interventions with youth

Addressing the problems and behaviors of adolescents has been challenging the social and educational services for many years. From the 1960s to the end of the 1980s, work with youth focused on the problems and risks inherent in the transition from adolescence to adulthood and was based on the view that positive behavior by youth is the absence of risk behaviors. A "positive" adolescent was one who did **not** use drugs or alcohol, who did **not** participate in violence, who was **not** absent or did **not** drop out of school, and so forth. Thus, most of the interventions focused on specific potential problems that the youth had to avoid, such as substance abuse or unwanted pregnancies. This was done by providing information and explanations.

During the 1990s, a new concept evolved: Positive Youth Development (PYD). The basic assumption of this approach is that adolescents require opportunities to fulfill their developing needs: psychological, physical, social, intellectual and moral. According to this concept, youth profit from positive learning and experience and, in the absence of such experience, they are liable to find alternatives in negative experience (NCFY, 2006). Therefore the approach to youth must emphasize "what" is worth doing and not "how" to stay out of trouble.

In order to implement these principles, programs stress the development of various skills, self-esteem and modes of expression. Interventions provide tangible opportunities to engage in activities and programs in various fields of interest, such as sports, games, leisure activities (through social spaces), music and art classes; educational assistance (completing education, assistance in doing homework, or tutoring); and preparation for adulthood (for example preparation for employment and even employing youth or assisting them to find jobs) (Lerner and Lerner, 2005; Catalano and Berglund, 2004; Pittman, Johnson et al., 2003). The programs implemented according to the PYD approach also emphasize creating opportunities for social participation and contribution to the community. This contribution develops the youths' sense of worth and increases their sense of belonging and usefulness to the community (Kotter, 1999). PYD programs also strive to involve youths in decision-making processes in the services and programs designed for them (Lerner and Lerner, 2005; Reid and Tremblay, 1994; NCFY, 2006; Pittman, Johnson et al., 2003; NCFY 2007).

Studies have shown that programs containing more elements of positive development (PYD) yield more positive results for the youth. Principles common to programs that were evaluated as successful are: expanding the physical and emotional accessibility of the program and increasing its attractiveness, offering a variety of activities in various areas of life, a professional, high quality and permanent team of employees, providing the opportunity to form a meaningful relationship with an adult, empowering youth and regularly including them in the processes of planning, implementation and decision-making (Jekielek, et al., 2002; Yohalem, 2003; Perkins and Borden, 2003; Eccles and Templeton, 2004; Moore, Anderson and Zaff, 2002).

Another pivotal aspect is the need for a holistic, community-oriented approach which is reflected in cooperation among the services and joint responsibility for the youths' well-being. Because a youth at risk faces risk factors in many life

settings (home, school, peer group and he, himself), a holistic intervention approach implemented cooperatively with families, parents, siblings, teachers and any person who is significant for the teenager is required (Reid and Tremblay, 1994; Eccles and Templeton; Martin Halperin, 2006; McLellan, 2000; Moore, Anderson and Zaff, 2002). Data from Israel indicate that a large percentage of the youth who are disconnected from school or work settings, also exhibit risk behaviors, such as alcohol abuse, drug abuse, violence, social isolation, bad relationships with their parents, and involvement in crime. For example, 40% of the youth handled by the organizations assisting alienated youth are characterized by two or more risk factors (Kahan-Stravchinski et al., 1999).

This last aspect is perceived as particularly problematic in the Israeli service system. The structure of the system of educational, social and welfare services for children and youth in Israel is very complex. Katan et al. (2003) lists five different types of organizations that make up this system of services: government ministries (Social Affairs, Education, Health, Absorption, Defense, Public Security, Justice, Housing, Industry, Trade and Labor); government companies (the Israel Association of Community Centers); local authorities (municipalities, local councils, regional councils); NGOs (youth movements, Ashalim, Elem, Efshar, WIZO and so forth); business organizations and foundations that support different programs designed for youth. There are many organizations of each type and each focuses on different aspects of services for youth. The major government ministries that handle this population are the ministries of Social Affairs and Social Services, Education and Health⁵. The recent reports by the State Controller emphasized the multiplicity of organizations involved in providing services for youth at risk and criticized the lack of coordination among them at both the national and local authority level. (State Controller's report, 2001). Other analyses of the services for youth in

⁵ For a map of all the services in these ministries, in other government ministries, voluntary organizations, government companies, etc., that provide services to youth in Israel, see "The service system for youth in Israel and the policy guiding its operation" (Katan, et al., 2003).

Israel also point to the lack of clear definition of mutual responsibility of the different ministries and organizations. (Cohen-Navot et al, 2001). Each service addresses one particular major field (such as out-of-home care, treatment of drug addicts) and the lack of coordination among the services makes it difficult to address problems in different areas in a coordinated manner. This prevents provision of more holistic interventions, creates a lack of continuity in transitioning between the different services and even creates a sense of lack of services⁶.

The programs developed by Ashalim for youth were designed to address some of these problems by applying some of the operating principles in the spirit of PYD, primarily by expanding the accessibility and attractiveness of the program; basing the program on the youths' strengths; employing a well-trained professional staff; creating a significant adult-child relationship; and inter-organizational cooperation. Some of the programs offer a variety of activities (primarily settings for comprehensive care) while others focus more on a specific area (such as programs to impart life skills, and employment and entrepreneurship programs). Involving the youth in program-planning and decision-making, as well as in contribution to the community, are principles that are implemented on a relatively smaller scale. Thirty-four programs were aimed primarily at youth at the high end of the risk continuum and employ the following strategies:

- 1. Settings for comprehensive intervention for youth at risk:** Ashalim was a partner in developing a range of new models designed to overcome the lack of coordination in the service system and improve the continuity of care. One of these is Sahlav (emergency help for youth), which encompasses four treatment and intervention units (identification van, temporary shelter, an active day center and follow-up apartments in the community) that operate as one system. In addition, Ashalim developed a

Office of the Prime Minister.2006. *Prime Minister Report on Disadvantaged Children and Youth*. (Hebrew) ⁶

number of models of comprehensive centers for youth at risk, each offering a range of services and focusing on a specific population. These include: an assistance center for English-speaking youth who live in the streets, a daytime community setting for girls who are not integrated into school or work and are alienated from their families, and centers for the treatment and education of high-risk Arab youth. Another model is a municipal center that incorporates an even broader range of services for the entire youth population ranging from services for normative youth to alienated youth.

- 2. Programs offering support and consulting services:** A pivotal program is the Hafuch al Hafuch centers offering information, support and advice for youth on various subjects that are problematic for adolescent boys and girls. A program that was developed more recently offers support for girls with unwanted pregnancies. Program staff accompany the girls to pregnancy termination committee hearings. The program also develops assistance channels for the girls within hospitals.
- 3. Special educational facilities and alternative tracks for youth outside the regular education system⁷:** Two programs are designed to help dropout youth return to the formal education system. Similarly, Ashalim is a partner in developing five programs that constitute alternative education opportunities tailored to the needs of youth who have dropped out of the education system.
- 4. Programs for personal empowerment and developing life skills:** These programs utilize a range of means for assisting youth at risk and instilling personal empowerment: enhancing learning skills and scientific thinking, leadership development, volunteer and mentoring activities, involvement in socio-community service and developing community programs for youth, as well as promoting health and developing personal skills through sports and movies. Another program is designed to

⁷ Another level of educational programs for youth that deals with youth on the verge of dropping out of the education system, is described in the section dealing with psycho-educational interventions.

rehabilitate and integrate delinquent youth upon their release from imprisonment.

5. Employment and entrepreneurship programs for youth: The development of employment and entrepreneurship programs for youth at Ashalim was geared towards creating a system of employment opportunities and responses for youth at risk for dropping out and those who have already done so, in order to provide them with varied opportunities for normative integration into the job market as adults. These programs emphasize imparting the skills required to test and implement employment aspirations and help youths to integrate into the job market. They further promote business ventures combined with an educational setting for youth and training youth for business entrepreneurship.

6. Individually customized treatment programs in collaboration with the community and the family: Three programs deal with structuring individual programs for adolescent boys and girls, while enhancing the work with the families of youth at risk: a program to develop family group conferences to structure a treatment plan for delinquent youth was implemented as an alternative to the criminal process. Another program was designed to develop comprehensive and individually tailored community-based rehabilitation programs for youth who would otherwise have required out-of-home placement. These plans were developed in partnership with the youths, their families and the different service-providing organizations in the community.

Table 4 describes all the programs for youth and the number of children, parents and professionals who received input.

Table 4: The number of youth, parents and professionals who took part directly or indirectly in programs for youth, according to field of endeavor:

	Total	Comprehensive treatment facility	Provision of support, follow-up and advice	Unique educational settings and alternative tracks	Enhancing skills and personal empowerment	Employment	Customized treatment programs
Total programs	34	7	2	7	9	7	2
Number of youths	16,820	1,590	10,000	490	1,875	2,525	340
Number of parents	1,080	200		70	220	80	510
Number of professionals (number of programs)	27	7	1	6	6	5	2
up to 100							
101 – 300	2				1	1	
Over 300	1						1

Ashalim invested a total of \$25,000,000 in programs for youth, representing an average cost of approximately \$714,000 per program. Approximately one third of the funds were invested in comprehensive service centers for youth at risk, 18% were invested in programs to develop alternative educational opportunities a similar proportion was invested in employment and entrepreneurship programs (18%) and 15% was invested in support and advice programs.

The number of youth who were exposed to the programs is not consistent with the budgetary distribution: in the comprehensive treatment facilities, which provide intensive – and hence high-cost – treatment, only about 1,600 youths were treated during the period of Ashalim’s involvement. Some 3,000 youths participated in the entrepreneurship programs and alternative education opportunities and about 10,000 youths were exposed to the support and advice programs designed for a broad public (with emphasis on populations at risk). In

total, about 17,000 youths received input.. About 1,000 parents were exposed to the various interventions.

Most of the programs are designed for at-risk youth while there are some that cater to normative youth. Six programs serve only girls. Two programs are designated only for new immigrants, although new immigrants are integrated into the other programs to varying degrees (two community programs designed to create a service continuum for immigrant youth at risk are included in the sections relating to planning and adapting local service systems and comprehensive community programs). Arab youth participate in most of the programs, but two programs are designated solely for the Arab population.

Most of the programs were implemented at between one site and 20 sites.

The two ministries that were partners in the largest number of the programs were the Ministry of Education (18 programs) and the Ministry of Social Affairs and Social Services (13 programs). NGOs were partners in 19 programs. In total, the different partners funded 72% of the overall budget of the programs.

4.5 Interventions with special-needs children and their families

Ashalim began to address special needs children in 2000, based on survey findings (Naon et al, 1999) that revealed the percentage of children with special needs and the gaps between the extent of need and the available responses. Providing help to children with disabilities and their families is a major challenge faced by Israeli society. According to the survey, 8.7% of the children in Israel (about 206,000 children at the end of 2006) suffer from disabilities or health problems for which they require ongoing assistance. Twenty-nine percent of the children with disabilities have motor functioning problems, 36% have hearing, vision or speech disabilities, 64% suffer from behavioral, emotional or learning disabilities and 5% from mental retardation. Among the Arab population there is a higher rate of children with serious disabilities and a lower rate of children with behavioral problems and learning disabilities. This is attributed to barriers

to identifying these children, including a lower level of awareness among parents, a shortage of professionals in the relevant areas and a lack of testing measures adapted to the Arabic language. The survey also indicates that a disproportionate percentage of children with disabilities live in families that may be at risk due to their relatively weak socio-economic background:

- Children with disabilities live in families with a lower average income than the general population.
- 20% of the families of children with disabilities are families in which both parents are unemployed.
- Two thirds and more of the children with disabilities suffer from emotional and behavioral problems.

Israel offers a broad range of services for children with disabilities. The assistance is provided through the health system by a network of child development centers, by the education system through entitlement to special education or to support within the regular education setting, and by the social services, which operate rehabilitative centers, afternoon facilities for special needs children, consulting and other forms of assistance. A small number of children (about 1,500 children suffering from retardation and several hundred more children with other disabilities) are in special out-of-home facilities. A small percentage of the children with disabilities – those suffering from the most severe disabilities – receive disability allowances from the National Insurance Institute. In addition, a particularly broad range of voluntary organizations and parent associations provide services to children with disabilities and their families.

Notwithstanding the above, recent research indicates large gaps between the level of need among children with disabilities and their families, and the extent of services provided to them, as well as several shortcomings in the service system:

- Gaps between the actual needs and the services provided in all areas, primarily in the peripheral areas and among the Arab population.
- The limited extent and variety of services for children with relatively mild disabilities.

- A shortage of services for the afternoon hours for children with disabilities who are studying in the regular education system.
- A lack of coordination among the services in this complex system, which impairs the ability to provide comprehensive services and ensure continuity of care, thus placing an additional burden on the families.
- A lack of accessible information on the existing services for children with disabilities and their rights.
- Finally, the survey data (Naon et al., 1999) indicate that only a small percentage (12%) of the parents and families of children with disabilities receive emotional support in caring for their children or take part in support groups or other similar activities, while 80% report that they are in need of it.

The international literature and the data from Israel (Marom & Hodatov, 2007 ; Marom et al., 2002) indicate that children with disabilities and their families are more exposed to risk situations. The shortcomings of the services for all children with disabilities are even more pronounced for children with disabilities who are also “at risk.” These services are provided separately from services to children with disabilities and there is a mutual lack of knowledge (the caregivers of children with disabilities lack knowledge and skills in handling abuse and neglect while the providers in the services for children and youth at risk do not have the skills to address the implications of the children's disabilities.).

The professional approach adopted by Ashalim focuses intervention on a number of spheres – the child himself, his family, the community (including professional personnel and other children). The 28 programs that were developed address a range of the needs of the children and their families. The programs are designed to assist the families in raising a special needs child, and to help the children to live as full a life as possible, despite their disabilities. Additionally, the assumption is that in helping and assisting the families, professional personnel and other children who come into contact with special needs children will also contribute towards decreasing the risk of harm and abuse of these children. The programs are designed for a variety of disabilities and disorders (mental retardation, emotional and behavioral disorders,

disorders in the autism spectrum, learning disabilities, sensory disabilities, physical disabilities and various chronic diseases). However, many of the programs are designed for special needs children and their families, regardless of the specific disability.

Even though some of the programs address several aspects of the needs of the children and their families, they can be divided into a number of types, according to the main area of activity:

- 1. Scholastic integration:** Five programs focus on the scholastic integration of children with disabilities and disorders. Most of the programs have a double objective: On the one hand, the programs are geared to give the children the opportunity to integrate into regular settings, by providing support and reinforcing their ability and that of their families to cope. On the other hand, the programs are geared towards modifying the attitudes of both the school professionals and the parents, as well as those of the special needs students themselves, to facilitate the relationships between the populations. Among these programs are those designed to integrate preschool children with disabilities into regular daycare facilities and to provide developmental services within the facility; programs to integrate children from special education schools and from regular education schools; a program that provides teachers with the tools for early identification of children with ADHD and training for parents and teachers in how to contend with their problems, and a program to advance their scholastic achievements and the emotional treatment of children with learning disabilities.
- 2. Integration into adult life and teaching social skills:** These programs provide the special needs children and youth with the life skills that will enable them to lead as normative a life as possible in the future. Three of the programs focus on preparing and guiding disabled youngsters through recruitment into the IDF or National Service, with emphasis on learning, employment and an independent life outside their parents' home. Three additional programs focus on teaching social skills and other skills, such as operating a computer.
- 3. Support and consulting services for the families:** There are two centers that focus on providing information and developing consultation and support services.

These centers provide information and consultation on the available services and how to approach them, the rights of children with disabilities and their families and on different disabilities, disorders and syndromes. In two additional programs, Ashalim built respite care models designed to ease the burden borne by the family raising a disabled child. Another program aims to develop mutual help networks among parents and provides support networks for families contending with ADHD. Ashalim is also involved in developing two centers for special needs children and their families, which are designed to provide interdisciplinary, family-focused services.

4. Identification, prevention and treatment of abuse: The emphasis of most programs in this group is on the identification, prevention and treatment of children with disabilities who are exposed to abuse. Programs in this area include a program for identifying children who have been harmed (distribution of a booklet on identifying children with disabilities at risk); preventing abuse, both by family members and service providers, through training for the caregivers and the youth with disabilities themselves; training special investigators (in cases of suspected criminal offenses) for people with mental disabilities and developing unique intervention methods for children with disabilities in the emergency centers. This group of programs also includes a program that combines the provision of information, consulting and short-term treatment on sexuality-related subjects as part of the preparation for independent living.

5. Early identification and treatment of disabilities: This area includes two programs for identifying disabilities among populations in which there is under-identification: the Arab population and the Ultra-Orthodox population. Guidance for the early identification and treatment of disabilities is also included in programs that integrate children with ADHD into regular scholastic facilities and in programs that integrate children with disabilities into regular daycare centers.

6. Advocacy and community activities: Two programs focus on advocacy and community activities: establishing local advocacy associations for children with disabilities at risk and establishing a system of community volunteerism to benefit families with special needs children.

Table 5 describes all the programs for special needs children and the number of children, parents and professionals who received input within their scope.

Table 5: The number of children, parents and professionals who took part directly or indirectly in programs for special needs children, according to field of endeavor:

	Total	Scholastic integration	Preparation for adult life	Support and consulting services for the family	Injury and abuse	Early identification and treatment	Advocacy and community activities
Total programs	28	5	6	7	6	2	2
Number of children	8,190	2,520	1,450	840	100	2,380	900
Number of parents	9,245	2,040	1,000	3,890	100	1,200	1,015
Number of professionals (number of programs) up to 100	18	3	4	5	4	1	1
101 – 300	3	1		1			1
301 – 500	4	1	2			1	

Ashalim and its partners invested a total of \$19,000,000 in programs for children with special needs. This represents an average cost of about \$670,000 per program. The programs that took up large shares of the budget are scholastic integration programs (37%), support and consulting services for the families (25%) and programs preparing youngsters for adult life (22%). About one tenth of the budget was invested in programs related to injury and abuse. Most of the programs operated at one site or at a number of sites (up to 20).

During the period of Ashalim's involvement in developing, implementing and funding the programs, a total of 8,200 children participated in, or were exposed to, the programs. Most of the children were involved in scholastic integration programs (about 2,500) and in programs for integration into adult life (about 1,500). About 2,400 children were exposed to programs for early identification and treatment of disabilities, which only account for 3% of the budget.

As indicated, work with the children's parents was also a focus. About 9,000 parents were exposed to the different programs, most of them to programs that offer support services for the family (about 4,000) and scholastic integration programs (about 2,000).

The Ministry of Social Affairs and Social Services was a partner in 20 programs, the Ministry of Education in 11 programs and the Ministry of Health in 6 programs. Foundations and nonprofit associations are partners in 16 programs and other public organizations are partners in 8 programs. In total, the different partners contributed approximately 66% of the overall budget of the programs.

4.6 Planning and coordination in local service systems

Creating a continuum of services and facilitating collaboration is one of the main challenges for the Israeli services for children and youth at risk. Ashalim employed a range of strategies to support the system in addressing this challenge. One of the main strategies is to develop new service models that fill the gaps in the service system. Many of the services that were developed included elements that were geared towards facilitating increased collaboration and continuity. Moreover, some of Ashalim's programs were designated, first and foremost, to support planning and coordination efforts in local service systems.

Five programs focused on supporting efforts for **collecting data and planning** for local service systems (three of them focused on a specific community or group of communities). This activity reached a peak in the Community 2000 program, which included a process for gathering information and systematic planning of services for children at risk known to the local social service bureaus. This process was led by the social services but emphasized cooperation with other services in the community. It is also worth noting that many of the comprehensive community initiatives (see below) also included a component of mapping needs and planning services.

Other programs focused on **developing coordination mechanisms** among services. Five programs focused on coordination of child protection services. These include a program designed to develop a system of community coordination in the realm of child protection; a program focused on defining the role of child protection workers and their inter-relationships with other services; a program to develop standards of communication among the social services, health and education systems; a program to upgrade the multidisciplinary treatment planning, and evaluation committees, which

determine treatment programs for children at risk and their families; a Protection and Diagnosis Center for coordinated and professional interdisciplinary assessment of children who are victims of abuse; and a program that provides support for children who have been victims of offenses.

Additional programs aim to create coordinated service responses in other areas: Reshet Bitachon (“Safety Net”) is a program that is designed to create a coordinated network of services for new immigrant youth at risk; the Beterem in the city – Safe Cities for Children program is designed to develop a network of local authorities to facilitate a safe environment for children, and the Health Promotion in a Municipal Setting program is designed to develop a coordinated system of municipal efforts to promote a healthy lifestyle among children.

As described in the previous chapter, programs for children with special needs also place special emphasis on coordination. The challenges Ashalim addressed in this area were to develop models that provide comprehensive service to special needs children and their families, promote collaborative ventures among the various ministries and the relevant service-providing organizations, and develop models of services able to cater to a small and scattered population, while preserving economic feasibility.

4.7 Comprehensive community initiatives

Comprehensive community programs are one of the ways to assist weak and disadvantaged communities. These are multi-year initiatives that focus on geographical areas (neighborhood, city, district), which are characterized by physical and economic deterioration, social marginalization and a lack of political empowerment. These programs usually allocate a sum of money to the community to develop services and interventions but at the same time they also strive to develop and strengthen community leadership, promote cooperation and pooling of resources, involve voluntary and business agencies in community development and create community infrastructures.

Over the past five years, efforts have been made to develop programs that would integrate the two main principles of comprehensive community initiatives: partnerships between the different service agencies in planning and operating the services, and increasing the residents' involvement and participation by creating partnerships between professionals and residents and developing civic organizations.

Ashalim has been a partner in developing, funding and implementing seven such programs. The programs differ in their target populations, in the extent to which they emphasize community development versus developing services, in the areas of knowledge and skills that they strive to impart and in the extent of Ashalim's involvement. These programs are: Kehila Ichpatit ("Caring Community"), whose goal is to assist children at risk and disadvantaged families by turning the school and the students' families into a "supportive community" geared to meet the various needs; the Achrayut Latotza'ot ("Responsibility for outcomes") program, which emphasizes setting quality of life goals in communities that are suited to the local needs, and measuring the program's success based on pre-defined indicators; the Noar Oleh Besikun (Misikun Lesikui) (Immigrant Youth-From Risk to Opportunity) program which was designed to develop a set of responses for immigrant youth to prevent the development of high risk situations; the Comprehensive Community Mobilization for Preschool Children and their Parents program in which assistance was given to the communities to assess the needs of the parents and preschool children, to plan responses for them and to gain experience in the planning and operation of these solutions, in full partnership with the parents of the children, members of the community and other community based organizations; the comprehensive program for Kavkazi immigrant preschool children and their families, whose goals are to promote literacy among the children, provide support and enrichment for the parents to help them raise their young children in Israeli society, and instill a culturally-sensitive approach among the professionals.

Two flagship programs are still being implemented. One is the Echad partnership, which was designed to assist preschool children (from birth to the age of 5) and their families in the Arab population in Israel. This program helps communities establish an infrastructure for activities and programs to promote the development and well-being of preschoolers and their parents and also supports the development of culturally

adapted programs. Mutav Yachdav (Better Together) is considered a strategic and professional process aimed at generating comprehensive change in the well-being of children and youth at risk in a defined geographical area (neighborhood / town). In this program, Ashalim strives to harness the knowledge and experience that were accumulated over the years to implement programs for different groups of children and youth at risk in each community, to create a more comprehensive service system. These programs will also be based on past experience and known successes. The program is currently being implemented in 6 communities, with the aim of expanding it to additional communities.

These programs are implemented mainly in communities with weaker populations, among them communities in the periphery, Arab communities and communities with large numbers of new immigrants. Each one of the programs was implemented in 3-6 communities. In total, 50,000 children live in these communities. In 6 of the programs, government ministries participated in the funding – the Ministry of Social Affairs and social services, the Ministry of Education and the Ministry of Immigrant Absorption. NGOs also participated in funding part of the programs. The overall budget for these programs is \$11,000,000 (an average of \$1,600,000 per program), of which 48% was provided by the partners.

4.8 Interventions with special populations

Ashalim operates among different population groups. There are programs that are specifically designated for population groups which require special attention. The three major groups are new immigrants, Arabs and the ultra-orthodox. Data relating to children and youth at risk or in risk situations indicate that poverty is more common among Arab families, new immigrant women and ultra-orthodox women. Risk situations, such as juvenile delinquency, violence, drug and alcohol abuse, are more common among Arabs, Bedouins and immigrants from Ethiopia than among the other population groups. There are particularly high dropout and alienation rates among new immigrants, Arabs and ultra-orthodox youth. Ethiopian immigrants' scholastic achievements are low compared to those of their peers from non-immigrant families⁸

⁸ See, for example, evaluation studies of the PACT project, select years: Myers-JDC-Brookdale Institute, Jerusalem.

(*Prime Minister Report on Disadvantaged Children and Youth*, 2006). Ultra-orthodox children are more susceptible to obesity, suffer more from infectious diseases and the preschool children tend to be more involved in accidents outside the home. Higher proportions of health-related needs were also found among preschool Arab children (Shoham-Vardi, 2003). Data relating to Arab youth indicate that emotional problems are more prevalent among them than among their Jewish counterparts (Ben Arie and Zionit, 2007; State Controller's Report, 2002).

The international literature indicates that populations with different cultures tend to under-utilize services, despite their greater needs. This can be explained by the shortcomings of the service systems in engaging these groups. Many of the services are not culturally adapted to the needs of these populations, and the services lack the knowledge and skills required to address the unique needs. Other services are not accessible because they are not available in places or at times that meet the population's needs. In addition, in some of the groups there is a stigma attached to utilizing the services, or a lack of awareness among the population regarding its importance (Sever, 2004; Shemesh, 2004; Sulimani, 2002; Cohen-Navot et al., 2001);

The concept of a culturally-sensitive approach assumes that the more a service takes into account the unique characteristics of the population to which it wishes to provide service (Pasick, D'Onofrio and Otero-Sadogal, 1996; Brown et al. 2002), the easier it will be to assist the population and meets its needs.

Ashalim employed three pivotal work strategies in developing services for these population groups: training professional personnel, making the services accessible and providing direct input to the population (parents and youth) when needed.

Table 6 presents the programs according to their target populations and operating strategy.

Table 6: Programs for special populations, by operating strategy and type of population

	Total	New immigrants	Arab population	Ultra- orthodox population
Total number of programs	31	13	15	3
Training of professional personnel	15	4	10	1
Accessibility of services	4	1	2	1
Direct input to the population				
Parents and families	6	3	2	1
Youth	6	5	1	

15 programs (of which 10 were implemented in the Arab population) dealt with **training professional personnel** in four major fields:

- Raising awareness for identifying needs among the target population – Three programs addressed this issue, two of them for identifying developmental problems and one for identifying sexual abuse.
- Enhancing knowledge and skills in areas in which there are many needs among the target population: This field includes primarily programs for educational staff (5 programs), which train them to enhance language skills and literacy among young children and their parents, and programs to train teachers to effectively respond to the needs of underachieving and at-risk students.
- Developing skills for communicating with the population and becoming familiar with the culture: Four programs trained personnel from family health centers, kindergarten teachers, school teachers and other professionals in establishing effective channels of communication between the families and the service providers. An additional program is the family group conferences. Though this program was not specifically designed for populations from different cultural groups, it is perceived as particularly suited for them because it emphasizes creating trust and communication between the families and the professionals, and the participation of the extended family and members of the community in designing care plans for children at risk and their families.

Developing professional leadership: Four programs in the Arab population were designed to develop professional welfare, education and health personnel to become

professional leaders at the community, regional and national levels, and to train professionals to plan and initiate programs for children and youth at risk.

2,000 professionals participated in these programs .

2. Four programs focused on **making the services more accessible** to various populations. This was done by adapting services to the customs and lifestyle (the Training and Treatment for Toddlers at Risk by Means of Telemedia program in the ultra-orthodox population), by providing physical accessibility to the services (a program that trained paraprofessional counselors from the Bedouin community to set up accessible daycare centers); and by making the content and language accessible (centers for alienated youth for the Arab population and the English speaking population). Also in this category is the mobile child-parent center, which was designed to respond to the needs of residents in small, remote communities, and was implemented in the north of Israel in order to cater to the Arab population in the region.

3. Twelve programs focused on **providing direct input** to families and youth as a response to their heightened needs:

- Direct input to the parents and families: The programs focused on three main fields: helping new immigrants to integrate into society (2 programs), assistance in understanding the parent's role in society and imparting skills to parents (5 programs), and support for the families because of their harsh living conditions (2 programs).

Direct input for youth: Six programs provide direct support to youth, most of them new immigrants, and some of them from the Arab population. These programs provide scholastic assistance and promote social integration.

A total of 2,500 parents were exposed to the programs, over half of them (56%) in the Arab population, 28% in the new immigrant population and the remainder (16%) among the ultra-orthodox population. About 6,300 youth received direct input, most of them in programs for new immigrants.

Ashalim and its partners invested approximately \$18,000,000 in the programs designed for special populations. Most of the budget was invested in direct input to families (29%) and to youth (26%); 14% of the budget was invested in making the

services more accessible to the populations. 31% of the budget was invested in training professional personnel.

Two thirds of the budget was devoted to programs for new immigrants, 25% was devoted to programs for Arabs and 8% to programs for the ultra-orthodox.

4.9 Activities aimed at enhancing and disseminating knowledge

By their very nature, all of Ashalim's activities are meant to enhance and disseminate applied professional knowledge. However, Ashalim undertook activities specifically tailored to these goals.

1. One of the strategies is disseminating knowledge to professional personnel and to the general public by encouraging the **writing, editing and publishing** of a large number of books, pamphlets, publications and manuals on a variety of issues, such as child abuse, group facilitation, and information for families at risk on raising infants. Ashalim also supported the preparation and distribution of the statistical yearbook, Children in Israel – the only annual document that provides comprehensive data on the status of children in Israel, in various areas. It also supported the operation of the children's rights vans that travel to day schools and residential facilities with the aim of increasing children's awareness of their rights. Ashalim also hosted and supported seminars that provided additional opportunities to disseminate professional knowledge to a large number of professionals and to promote a professional and public discussion of issues concerning children and youth at risk.

2. A second strategy is to **provide professional training**. As indicated, training was provided as part of many of the programs. In addition, Ashalim offered a wide variety of training programs for social, education and health professionals. Many of the programs focused on abuse and neglect: these included programs aimed at improving identification of abuse and neglect as well as developing new expertise among those treating victims of abuse. Another area of focus for many of the training programs is parenthood and early childhood. The establishment of the information center – Meyda – and support for the learning center at Beit Maya, constitute infrastructures that enable continued development and dissemination of knowledge and skills.

3. Two additional programs focus on social work students and impart the skills required for evaluating programs and the skills required for supervisors of social work students.

4. Another way to develop and disseminate professional information is to **develop ongoing professional forums for learning**. Four programs are designed to promote organizational learning and knowledge sharing among professionals: Establishing Electronic Information Communities – encouraging learning processes and sharing knowledge in welfare organizations; Professional Exchanges with the New York Federation – sharing knowledge among Israeli professionals and professionals in the New York agencies; Partnership Course for Senior Personnel on Behalf of Children and Youth at Risk – designed for senior officers in government ministries and aimed at promoting collaborative efforts among the different ministries and organizations involved in providing services to children and youth, and Amitei Ashalim – a program aimed at supporting the conceptualization and dissemination of the cumulative experience by professionals.

5. Implications for the Service System

A pivotal goal of Ashalim is to introduce significant changes in the policies, programs and interventions for children at risk. In this chapter we will examine the extent to which Ashalim has succeeded in introducing the models, approaches and professional practices it has adopted into the service system, and as the extent to which it was a partner in major policy initiatives and changes. The chapter will relate to the following dimensions:

1. The extent to which Ashalim's work introduced innovative principles, approaches and work methods into the service system.
2. The extent of dissemination and institutionalization of programs and models that were developed (following Ashalim's period of involvement).
3. The extent and the manner in which Ashalim was involved in pivotal policy processes.

5.1 Introducing innovative principles, approaches and work methods

A major field of Ashalim's activity, in all areas, is developing and introducing professional practices based on up-to-date approaches and principles:

Working with parents: Ashalim's activities constituted a central field for experimenting with new approaches to parents. The different programs contributed to the accumulation of experience in working with parents in general and with those who had never before been exposed to programs of this type in particular (such as unemployed fathers, or Bedouin mothers), and to developing innovative methods (such as the use of video filming). It is difficult to determine the extent to which these approaches were disseminated throughout the system. However, information on the services provided by the departments of social services throughout the country, indicate that between 2004 and 2006, additional resources made available to the community-based services were utilized at double the extent of work with parents of children at risk. (Dolev et al., 2008) The models and practices developed by Ashalim increased the range of intervention methods and enabled professionals to select interventions that were considered effective.

In the psycho-educational interventions, Ashalim fulfilled a unique role in targeting its activities at students at risk, who have especially complex needs. It thus positioned itself as an organization focused on developing and disseminating knowledge regarding effective work with the students and their parents. There is evidence that some of the major professional principles at the basis of the models developed by Ashalim are gaining increasing support among professionals and organizations in the education system. Principles such as teamwork, addressing the emotional and social needs of the students, expanding the role of the teachers, working with the parents of students at risk, cooperating with the community services, are now accepted by most educators and are an integral part of many programs and interventions that exist in schools. These principles were incorporated in the recommendations of the Special Knesset Committee on high school dropouts (2002) and gained extensive support. They were also endorsed by the Dovrat Committee's subcommittee on dropouts and alienated youth. A recent national survey shows that many of the teachers in the elementary schools and middle schools are aware of these professional principles,

and that they are being applied in some of the schools (Cohen-Navot et al, forthcoming).

Out of Home Care: Ashalim was a pioneer in developing models that established a continuum of services between the community and residential facilities and in providing opportunities for professionals to experience working with the parents of the children in residential and foster care. These programs were documented and they serve as a basis for instructing and training welfare workers in the residential settings and in the communities. Ashalim has only begun to address the issue of transition to adulthood by youth who have been in out-of-home care. It's work in this area has introduced an important issue that is now beginning to be addressed by the service system.

Youth: Ashalim developed a range of programs based on innovative approaches that emphasize the positive development of youth and are designed to provide youth with positive development tracks, with emphasis on developing life skills that will facilitate a more successful transition to adulthood. Ashalim was also a partner in developing a range of innovative models that provide responses to the needs of youth in all areas of their lives and address the needs of youth along the continuum of risk.

Special needs children and their families: Ashalim focused attention on abuse of special needs children and on the need to act in an integrated manner to stop and prevent such abuse by working with children with disabilities, other children, the families and professionals. Some of the programs that were developed provide a unique response to the needs of special needs children which did not exist beforehand, among which are the program, which enables children from birth to the age of 3 to stay in regular daycare centers in the community, while providing support by means of a special caregiver and developmental treatment at the daycare center. Another example is the provision of respite care within a hosting family (in contrast to respite care in institutional conditions) in the community, for children with disabilities from ultra-orthodox families.

5.2 The extent of the dissemination and institutionalization of programs and models that were developed

Most of Ashalim's programs were pilot programs and were implemented at a small number of sites. One of the indicators of Ashalim's influence in the service system is the extent to which these programs continued to operate after Ashalim has phased out and the extent to which they were disseminated to additional sites. Another important aspect of dissemination is the extent to which the programs and work methods were adopted by government ministries in the following ways: providing financial and professional support for continued development and dissemination; introducing the program into the range of programs endorsed by a particular ministry, thus making it possible to use government funds to implement the program at additional sites; recognizing a training program as a leading program for professional personnel.

Working with parents: Out of 14 programs in which Ashalim is no longer involved, 7 continue to operate fully, 5 are operating partially (i.e., some of the principles are still being applied) and 2 were discontinued. A major model that achieved relatively broad distribution was the Parent-Child Center that is operating in about 40 local authorities. This program was also introduced as part of the range of services that the Child and Youth Service of the Ministry of Social Affairs and Social Services enables the local social services departments to implement with funding it provides to the communities. For several years, the ministry provided financial support for distribution of the model. Currently, no special funding is provided for the program, and every local authority is entitled to implement the model and fund it from the budget provided by the Ministry. Because it is a relatively expensive and complex model, only a few authorities decided to implement it. In addition, the Ministry of Social Affairs and Social Services is developing similar models of centers designed for preschool children and adolescents and a mobile center (in partnership with Ashalim), designed to serve areas in which there are several small communities.

Three additional programs (2 programs for parents of preschool children and the family group conferences) have also been endorsed by the Ministry of Social Affairs and Social Services and communities can use their budgets to implement them. While these programs are not given special funding in any of the stages, local authorities

can operate them with the help of monies provided by the Ministry of Social Affairs and Social Services.

Another source of funding that will be made available to the communities for implementing programs is the National Program for Children and Youth (implementation of the recommendations of the Prime Minister's Committee for At Risk and Disadvantaged Children and Youth). These programs, along with 5 other programs for parents, are also included among the programs that communities will be able to implement using these funds.

Psycho-educational interventions: The main strategy adopted was to strengthen the activities by training educational teams. Thus, the implementation of the operating principles introduced by the programs is expected to continue, even after conclusion of Ashalim's involvement. A study of the continuity of the New Educational Environment program in some schools in which it was implemented (about two years after the end of Ashalim's involvement) indicates that in the schools in which the program was fully implemented the principles were followed even after the initial intervention period came to an end (Cohen-Navot and Levanda, 2003). This program was disseminated to a relatively large number of schools (about 100), however, it is not clear which of its components continue to exist today, several years after the end of the intervention.

Three leading programs: – MALEH (a program that creates a specially adjusted learning space for junior high school students at high risk), Mabatim (a program to increase the ability of kindergarten teachers to identify and work with children at risk) and Ma'agan (a supportive system in kindergartens to facilitate the early identification and referral of children for treatment) - were disseminated on a relatively large scale to several dozen settings each. Most of the other programs were not disseminated to additional educational frameworks. Ashalim is still involved in 12 programs. These programs represent the transition from models that are implemented within a single educational framework to interventions at the municipal level or among broader professional groups. This transition reflects an attempt to influence a significantly larger proportion of professionals in a more efficient way but it is not yet possible to assess the extent to which this goal is being achieved.

Different divisions in the Ministry of Education support the dissemination of major programs (Ma'agan, Mabatim, Merchav, Maleh) and they are also included among programs that communities can implement using funding from the National Program for Children and Youth at Risk (initiated in 2008).

Some of Ashalim's programs in this area were included in training curricula: The program to train educational guidance counselors was recognized by the Educational Psychological Service and is currently being integrated into the system – educational counselors will participate in the bi-annual residency program in their fourth year of work as part of their professional advancement track. The Israel Council for Higher Education recognized the educational concept that was developed in Ashalim's programs as an academic field, thus enabling academic institutions to offer study tracks focused on students at risk. Ashalim is also collaborating with two teacher-training institutes in formulating curricula in this area.

Interventions in out-of-home services: Two of the new models that were developed, which are aimed at ensuring the continuation of services between the residential school and the community, and emphasize working with parents (community residential facilities and day residential facilities) were relatively widely disseminated. Currently, there are 12 community residential facilities and 15 day residential facilities. About 5% of all children in out-of-home care are placed in day residential facilities. This model is particularly popular in Arab communities (which, traditionally, did not often place children in out-of-home settings). Five day residential facilities were established in Arab communities and they serve 150 children. These models are now exclusively funded by the budget provided by the Ministry of Social Affairs and Social Services to the local authorities. However, the number of facilities operating according to this model and the number of children enjoying them is still small. One of the reasons is the complexity of the models and the effort required to implement them. In addition, no new funds were made available for out-of-home services, thus implementing the models requires introducing change into existing facilities.

Ashalim had more limited success in disseminating models of foster care. However, Ashalim is part of a national effort to upgrading the foster care system, and introduce some of the principles that served as a basis for developing the model.

Five additional programs in the out-of-home system continue to operate at a limited scope, and some of the training programs for residential care staff continue to operate on an annual basis.

Interventions with youth: Ashalim is still involved in half of the 34 programs, including the major new models and it is not yet possible to assess the extent of their dissemination. Of the remaining programs, 4 were discontinued and 11 programs are currently implemented at the same sites by other organizations, most of them NGOs. Some receive a portion of their funding from government ministries. The Hafuch al Hafuch model (Youth Support and Information Centers) is implemented in 12 communities.

Some of the major models that were developed as a response to the interdisciplinary needs of youth (ADI: Empowerment, Concern, Friendship - Center for Teenage Girls, Meitar Interdisciplinary Day Center for Alienated Youth) are included among the programs that communities can implement with funding from the National Program. Additional programs that may be implemented through the National Program include some programs designed to support youth entrepreneurship and develop life skills. However, these programs are currently implemented at only a few sites.

One program – family group conferences for delinquent youth – was adopted and is supported by the government ministries that are involved in it (the Ministry of Social Affairs and Social Services, the Ministry of Justice, the Ministry of Public Security).

Interventions with special needs children and their families: Ashalim is still involved in approximately half of the programs. Twelve programs are currently operating under the auspices of other organizations. Eight of the programs were handed over to NGOs (four receive partial government support). Most of the programs are implemented at a limited number of sites.

Ashalim encountered difficulty in the dissemination of a program designed to impart practices to address the needs of children with ADHD. It thus published a manual in cooperation with Myers-JDC-Brookdale Institute designed to enable schools to implement the program independently, and supported a conference for school guidance counselors. A new attempt is now being made to introduce the program to the schools.

A new model that has become integrated into the system is the integration of children with disabilities into regular daycare centers. After an evaluation study indicated that the program was economically feasible (Mandler and Ben-Harosh, 2006), it is now receiving funding from the Ministry of Social Affairs and Social Services. It is also included among the programs that can be implemented with National Program funding.

Four additional programs are included among the programs endorsed by the National Program .

Comprehensive Community Initiatives: Ashalim was involved in seven comprehensive community initiatives. Two initiatives were discontinued during the initial pilot period because of difficulties in implementing the programs and enlisting the collaboration of municipal services. Four programs concluded the initial pilot period and even showed some achievements – especially in facilitating the collaboration among services, enhancing the resident’s involvement and developing programs that meet local needs. However, the programs were not introduced into additional sites and it is unclear to what extent the achievements were preserved. Two major initiatives (Echad for Arab preschoolers and Better Together) are still in the development phases.

Despite the problems in implementing many of these programs, even during the initial pilot period and despite the uncertainty regarding their potential success, the development of such models is supported both by the government and by professionals. These models also provide settings for experiencing processes of coordination and collaboration at the local level and experimenting with principles such as resident participation.

Planning and coordination in local service systems: Ashalim focused on developing a mechanism for coordinating services, inter-organizational treatment planning, and systematic planning processes for developing services. Two significant national reforms: Towards the Community – which allows communities to utilize resources previously allocated to out-of-home care to develop community-based services, and the upgrading of local inter-ministerial treatment planning and assessment committees – are based on one of these models, "Community 2000" (Dolev et al., 2007). The model also served as a basis for developing the principles of the new National Plan for Children and Youth at Risk.

There are concrete plans to expand two programs designed to promote better coordination in the child protection system. A program for developing municipal standards for coordination and sharing information concerning children in high risk situations is currently being expanded to additional sites as an extended pilot program. There are plans to develop several additional Centers for Protection and Assessment across the country on the basis of government funding.

In contrast, the model of Safety Net (Reshet Bitachon), which was intended to establish an information and treatment system coordinated in the local authorities for immigrant youth at risk, was not continued. One of the reasons was the lack of consent over the policy for sharing information among the different services and professionals involved in the program and the difficulty in the development and ongoing utilization of information technologies.

It is worth noting that a number of programs in this category are in their initial stages and it is not possible to assess the extent of their dissemination.

5.3 Ashalim's Involvement in major processes of change

As presented in the chapter 3 of this document, during the period of Ashalim's existence there were significant changes in the policies and practices of many of the services for children and youth at risk. Some of Ashalim's activities were designed to directly support several of these processes:

Improving and upgrading the residential care system: As indicated, the Israeli residential care system underwent significant changes. Ashalim played many roles in the process of this change. First, Ashalim was a major partner in planning the future image of the residential care system, by providing professional sponsorship and support for the work of two strategic planning committees: a committee for the strategic planning of the entire residential system and a committee for examining and reshaping the roles of the child care workers in residential settings. Taken together, the development of the innovative residential care models, initiating and supporting training programs and the involvement in upgrading the foster care system, amount to a significant contribution to this system as a whole.

Support for developing the national reform in social services for children designed to shift resources from out-of-home to community based care ("Towards the Community") Ashalim was a pivotal partner in developing and supporting the reform from its inception. Initially Ashalim was one of the partners in planning and implementing "Community 2000," a pilot project which constituted the basis for the reform and provided the first experience with the use of flexible funding and systematic planning processes at the local authority level. Ashalim also developed many of the models and intervention techniques that provided the basis for the new community-based services which were introduced. Finally, Ashalim supported the implementation of the reform by providing the professional training.

Enhancing the role of Family Health Centers in the service system for preschool children at risk and their parents: Ashalim was a partner in strategic planning and defining the roles of the public health services in promoting the health and welfare of preschool children and their families. Ashalim contributed to strengthening the role of the family health centers in the service system for children at risk, by encouraging them to initiate programs for parents and children at risk within the centers, encouraging their participation in multi-organizational community forums and steering committees, and highlighting their major role in identifying and preventing risk situations among children.

Introducing initiatives for children's participation in decisions concerning their lives: Ashalim was instrumental in initiating projects and supporting development of

processes aimed to introduce mechanisms of children's participation in decisions. Ashalim supported efforts to include children and youth and bring their voices into the process of implementing the CRC in partnership with the National Committee for Implementing the CRC in National Legislation (Rothlevi Committee). It is also a partner in developing children's participation in treatment planning and evaluation committees, and in an initiative to introduce children's participation into family court custody decisions.

6. Future Challenges and Directions

The previous chapters reviewed Ashalim's activity over the past decade and examined the extent to which Ashalim's models and ideas were incorporated into the Israeli service system. This section presents challenges and directions for the future. These directions are divided into three categories:

1. Positive experience and knowledge that can be implemented in activities in other areas
2. Directions for change and improvement that are based on research findings
3. Directions stemming from changes in the service system and policy towards children and youth at risk

6.1 Implementing Positive Experience in Additional Areas of Activity

Working with parents: Knowledge and experience in implementing interventions with parents as well as in forging relationships between parents and professionals were accumulated in many of the programs for parents, as well as in the programs for families of children with special needs. However, this knowledge has not been fully implemented in other areas. For example, in programs in the educational system as well as in programs for youth "at risk" only little emphasis was placed on the work with the parents. Research results indicate that although educational teams have changed their positions toward working with parents, it has been difficult for them to apply the practices that had been learned (Cohen-Navot, 2000, 2003). Lessons learned from working with parents can be utilized for work in these areas.

Employing the psycho-educational approach developed in educational settings in residential facilities and programs for youth at risk: The psycho- educational approach was developed by Ashalim for promoting weak students and students at risk. Because of the large educational gaps that exist among children in residential care, it is important to explore ways to implement the principles of the psycho-educational approach into residential facilities. In addition, a large number of studies of programs for alienated youth indicated that the professional staff and youth workers are still searching for appropriate interventions and approaches to support these youth in many areas – including education (Kahan-Strawczynski at al., 2002 ; Kahan-Strawczynski and Vazan-Sikron, 2005) . Here, too, it may be possible to adapt some of the strategies used to train educators in educational settings to the needs and circumstances of these populations.

Developing meaningful tracks for youth development: Ashalim has just began developing meaningful tracks for youth development, which would enhance their ability to integrate into society as adults. Continued development in this area is relevant to weak students in schools, alienated youth, youth completing residential care and youth with special needs. For example, an evaluation of the “Bridge to Life for Residential Facility and Foster Family Graduates Lacking Family Backing” (Benbenisti, 2007) indicates that the program provided adequate responses to the needs of out-of-home youth. The youths' families and foster families believed that the program provided meaningful support - especially emotional – as well as assistance in learning how to manage independently and how to prepare for military service or national service. However, there were also areas in which the participants considered the assistance to be less effective. These include integration into the labor market and education and financial support. It appears that programs that will combine employment initiatives with support, guidance and imparting life skills – are a promising direction.

6.2 Directions for Improvement Based on Research Findings

Improving programs based on the psycho- educational approach: Evaluations of programs focused on intervention with educational teams (For Example, Cohen-Navot, 2000, 2003) indicated that educational staff reported increased awareness to the needs of students at risk, deeper perception of their role in working with the students and reinforcement of teachers' interpersonal skills – with the students and with the parents. In at least one of the programs, the evaluation indicated that the teachers, for example, also employed practices based on the new principles: there was an increase in the percentage of teachers who had conversations with the students about a wide range of topics (not necessarily about school). In Addition, in many schools, increased and strengthened teamwork also served to reinforce the work with the students. For example, the evaluation of “Halil” - a program implemented in Arab schools - documented the implementation of effective mechanisms for formulation of work plans and following-up results by school staff (Daas, 2006); in some of the programs, stronger professional relationships with professionals outside the school were reported. Evaluation studies that accompanied the training programs in national-level academic settings also indicated that the program contributed significantly to changes in the approach of professionals as to how they perceived their roles in working with students at risk (Bar Shalom, 2006).

Another aspect of the programs in educational settings is that of working with the children's parents. Evaluation findings indicate that the educators' (teachers and pre-school teachers) awareness of the need to involve parents in the educational process rose, as did the extent of activities with the parents (Cohen-Navot 2000, 2003; Cohen-Navot and Lavenda, 2002 ; Gerber and Dolev, 2003 ; Lifshitz et al., 2005).

However, most of the evaluations indicated that despite the increase of awareness, some professionals found it difficult to apply the practices imparted during the training process in their day-to-day interactions with the students. In many cases, it seems that teachers still do not possess the skills required to translate the awareness of their students' needs and their knowledge about

modes of action into active, ongoing practices. This was especially salient in the area of working with parents, be it due to the lack of skills or to a shortage of personnel (in preschools) (For example Cohen-Navot and Lavenda, 2002 ; Gerber and Dolev, 2003).

Most evaluations of programs implemented according to the psycho-educational approach did not allow for conclusions concerning the impact on the students. One evaluation of the NEE program in Beer Sheva (Cohen-Navot, 2000), in which the study design enables to draw conclusions concerning outcomes, indicated positive results for students in several areas: improvement in the school experience and in relations with teachers, improvements in scholastic performance and matriculation exams, improvement in attendance and behavior at school and a decrease in dropping out of school.

Findings from studies around the world about the effectiveness of training programs for students are not unequivocal. While some of the studies indicate improvements in students' achievements and behavior due to the integration of teacher- training programs (Cohen, 2000; Gaziel, 2001; Olshtein and Hatab, 2000; NFIE, 1995; California State Dept. of Education, 1990; Harris, 1990; Marshall, 1990; Reimer, 2004), others present less encouraging results. Kennedy (1998), for example, conducted a meta-analysis of 93 studies and found that there was improvement in students' achievements in only 12 of them as the result of the training given to teachers. Reasons for the lack of success of teacher training programs include poor quality of programs (lack of content uniformity, not utilizing information about the most optimal modes of action) and integration problems (teachers' difficulties in finding the time to take part in the training, staff objections to procedural changes, absence of routine support) (Reimer, 2004; Sparks, 2002). It is important to note that time constraints – i.e. that proper implementation of such programs generally require and extended period of time, are a major, consistent and repeated problem in training

programs (Kedzior, 2004; Birman et al., 2001; Supovitz and Zief, 2000; Reimer, 2004).

The findings of studies on Ashalim's school projects also pointed to extensive variation in the extent of implementation and integration of the principles of the programs into the different settings. More limited integration – even while the programs were still implemented by Ashalim occurred in setting in which: educational teams found it difficult to engage in a group process, there was a lack of continuity in training and there were other organizational problems in the educational frameworks. Inadequate integration of the program led also to a low level of assimilation of its principles.

These research findings for within and outside of Israel pose two main challenges to the educational programs based on these principles: the first, to develop more effective ways to help teachers and other educational staff translate the awareness and knowledge into practices that they can implement on a daily, ongoing basis. The second is to find effective ways to further disseminate the approaches, knowledge and practices more broadly into the education system with its numerous professionals in many schools and other educational settings.

Continuing the development of effective methods of working with parents: Many of the evaluations of programs that focused on working with parents indicate that parents who participated in the programs felt they received a great deal of help, and expressed the feeling that the professionals understood them and were not judging them – an experience different from their previous encounters with professionals. For example, almost all of the mothers taking part in the “Families” program (Rivkin and Shmaia-Yadgar, Forthcoming) expressed a great deal of satisfaction, and reported they felt respected and understood by the staff. In particular, both parents and professionals expressed their appreciation for programs in which parents and children participated together. For example, among mothers receiving treatment at the child-parent centers (Rivkin, Forthcoming) over 90% were satisfied or very satisfied with the

treatment, compared to 65% of the mothers who received treatment in regular social services bureaus. Furthermore, 94% of the mothers reported that they had received help in their relationships with their children, 94% in their motherly feelings in general, and 84% in coping with their children's problems. Similar findings indicating that the mothers felt supported and that they were more able to cope also emerge from evaluations of programs for support and assistance to families of children with special needs (Avrahami, Marom and Schimmel, 2005 ; Mandler and Ben-Harosh, 2006).

However, despite the parents' reports that they were helped, the changes that were observed in their actual parental functioning were more limited. The main program in which the study design enabled evaluation of outcomes was the evaluation of parent child centers, which included a comparison group of similar families that did not participate in the program (Rivkin, Forthcoming).

Improvement among the parents who participated in the program was found in three of the nine areas in which outcomes were measured: the percentage of children who are abused or suspected to be abused decreased from 29% to 20%; the percentage of children with problems in the emotional relationship with their fathers decreased from 91% to 70%; and the percentage of mothers who felt they were adequately fulfilling their roles as parents increased noticeably. In these areas, there was no improvement in the comparison group. Additional positive indications came from work with the fathers. In programs in which efforts were invested in relationships with fathers (Dror: Breaking the Cycle of Poverty, Brit Avot – A Covenant for Fathers Program, child-parent centers), there was a noticeable reduction in gaps between fathers and mothers in their response to treatment and in deriving benefit from it. For example, in the Dror program, fathers participated in 63% of the meetings, compared to only 18% of the meetings with social workers from the Social Services Bureau (Rivkin, Forthcoming). In general, however, the extent of interventions with fathers is still small.

Evaluations of the work with parents in community residential facilities and in day residential facilities (Ben-Rabi and Hasin, 2006) indicate that children in the programs

benefit from fuller parenting than children in regular residential facilities. Parents of children in community and day residential facilities visit their children more and undertake more parental responsibilities. In addition, the evaluation found and improvement in the children's relationship with their parents that was evident during visits (especially among parents whose situations were more difficult in this area to begin with) after three years of care. Success in bringing parents to the residential facilities to receive intervention was also evident.

Findings from studies on interventional programs with parents in other countries are also inconclusive: in a meta-analysis of studies (Lazer et al, 2001; Giblin, Sprenkle & Sheehan 1985; Cedar and Levant, 1990; Macleod and Nelson, 2000; Chaffin, Bonner & Hill,2001) , reported disappointing results: more than half the studies reported only a minor effect⁹ of intervention. A current study with more encouraging results was that of Lundahl, Nimer & Parsons (2006). They conducted a meta-analysis of 23 evaluations of parent programs aimed at preventing and decreasing child abuse and neglect, and found parental training for improving parental functioning to be effective in reducing the risk of physical / verbal abuse or child neglect.

Other studies examined the impact of different characteristics of the intervention on outcomes. A number of characteristics were found to be consistently effective across different programs, among them: the duration of the program and its level of intensity; conducting the intervention at the service agency, and not only through home visits; using a professional staff rather than paraprofessionals; allowing parents to receive social support and group instruction; intervention through child-parent meetings, as opposed to meetings that include the entire family.

A significant part of the resources invested by Ashalim in interventions for parents were indeed spent on relatively intensive programs, whose principles are consistent with the principles that have been proven to be more effective. Albeit, Ashalim's experience as well as the experience gained in programs in

⁹ Minor effect. Less than 0.20 SD. According to Cohen's classification (1977), a 0.2 effect is considered small, 0.5 moderate and 0.8 large.

other parts of the world, indicate that developing effective programs for parents still constitutes a major challenge. It is thus worthwhile to continue to develop and improve programs, emphasizing the intensity and duration of the intervention, while at the same time adjusting the expectations for anticipated changes to those that can be expected given the extent and nature of the intervention provided by each program.

Continuity of care: In the programs that emphasize developing a more holistic service provision system, and particularly in center based programs offering services in many areas, such as the Center for Protection and Diagnosis, support centers for children and families with special needs and youth centers, the recipients of services are very satisfied with the fact that the services are concentrated in one central place (Kahan-Stravchinski et al., 2002 ; Kahan-Strawczynski and Vazan-Sikron, 2005, 2008). However, a problematic aspect of such programs in different areas is the limited continuity of the intervention after the youth or families have completed the program and problems in achieving coordination between services.

- In the “House on Haim Street” program (which is part of the Sahlav project) it was found that a significant number of youth who had used the home’s services were not in touch with community based services after leaving the home (Kahan-Strawczynski and Vazan-Sikron, 2005);
- In centers for youth at risk (Kahan-Strawczynski and Vazan-Sikron, 2008) there were problems pooling resources from different services that hampered the provision of comprehensive responses.
- In the parent-child centers (Rivkin, Forthcoming), families were referred back to local Social Services Bureaus upon conclusion of treatment but these did not provide the necessary continuity of support in many of the cases. The intensity of the parents’ relationship with the Social Services Bureaus after the period of intervention at the centers was lower than anticipated, and care plans for continuing intervention were formulated for only one-third of the families completing treatment. In many cases, intervention in the centers continued beyond the maximum time determined by regulations.

- In the “Dror” program (Rivkin, Forthcoming), intervention continues for an average of three years, and here, too, the issue of concluding the intervention was found to be problematic. An attempt to address this issue was made by developing “Dror clubs” – support settings for families who had completed intensive intervention within the scope of the program.
- Evaluation of community and day residential facilities (Ben-Rabi and Hasin, 2006) indicated that these models did indeed contribute to the development of service continuity between the residential facility and the community. This was manifested by the fact that professional staffs at the residential facilities and at the local social services bureaus planned the treatments jointly. However, planning the children's transition back into the community was not successful. Most children who left the facilities did not have treatment plans for the transition and children who returned to the community did not integrate more successfully than did children from regular residential facilities.
- The evaluation of the Center for Protection and Diagnosis (Rivkin and Szabo-lael, Forthcoming) indicates that in three quarters of the cases referred to the center, there was a recommendation for continued treatment in the community, and in three quarters of the cases for which there was a recommendation, it was implemented. Similarly, more than two thirds of the children were in touch with a professional after leaving the center. Nonetheless, the intervention was not intensive, and interviews with professionals from the center and from the community indicated that there was still ambiguity concerning the responsibility for the continued treatment of the child and his family.

There is no doubt that mechanisms for addressing issues of continuity of care are still in initial stages of development and that more should be invested in designing and implementing such mechanisms.

Comprehensive community initiatives: A unique strategy for creating coordinated service systems that can provide continuity of care is the comprehensive community initiative. Despite its popularity, many studies in different countries indicate that this strategy is still in initial development stages.

Although there are studies that have pointed to certain achievements of these initiatives including: an increase in the amount of programs, an increase in the amount resources earmarked for the community, achievements in the area of social cohesion and community capability – there is almost no systematic evidence of the success of community initiatives on influencing the wellbeing of children and families. It is important to note, however, that the lack of evidence of success is mainly due to a lack of evaluations that examine the outcomes of such initiatives, and not necessarily because of the failure of the initiatives.

Alongside the achievements mentioned, there is also criticism about a number of aspects of the initiatives. Most of the critics doubt the feasibility of satisfactory implementation of the principle of comprehensiveness that is at the basis of these imitative and doubt the programs' ability to actually address such a broad range of problems in an appropriate ongoing manner. There is broad agreement that the needs of the community and the conditions that brought about the situation are intertwined, and should be regarded holistically. However, attempts at addressing a wide variety of domains simultaneously were found to be very hard to implement. Similarly, Kubish et al., (2002) found that although the initiatives they had evaluated enhanced activities aimed at providing responses to diverse areas of community needs (safety, housing, social services, employment, leadership, etc.), for the most part, there was no evidence that these activities resulted in synergies that would indicate that the combined influence of all the efforts was greater than the sum of each.

The different authors present a number of lessons about how to optimally implement the principles that are an inseparable part of the CCI's, with special emphasis on the need to devote efforts to developing practices and ethics in areas such as creating and preserving cooperative efforts, strengthening the ability of the residents to develop methods of working together with professionals efficiently, developing planning and integration of services, working together with governmental and funding agencies; about how to generate maximum clarity with

regard to the goals and operative methods of the initiative; and about the need to follow up the initiatives' developments and their implications.¹⁰

Similar findings were also obtained from evaluations of comprehensive community initiatives implemented with the support of Ashalim. None of the studies allowed for an examination of the impact of the initiatives on the outcomes for children and families. In some of the programs, it was found that coordinated and planned mechanisms had been developed, there had been an increase of cooperation among the different services, resident involvement had been strengthened and additional responses for the needs of children and families were implemented (For example, Korazim and Ben Rabi, 2003 ; Zaltsberg and Cohen-Navot, 2005 ; Dolev, 2005 ; Ben-Rabi et al., 2007) . However, the programs encountered difficulties in maintaining the continuity of the programs and the coordination mechanisms. Systematic methods of gathering information, planning and following up service allocation and developing responses were not developed and implemented. In some places, there were difficulties implementing the principles of the programs principles, even during the experimental phase, and they were discontinued. In places where the programs operated relatively successfully during the experimental phase, the extent of long-term continuity of the mechanisms that were developed could not be determined.

Because in Israel many CCI's are being implemented by different organizations, Ashalim's contribution may be in the development and documentation of structured methodologies for implementing such initiative successfully. These may include methodologies for: collecting information, planning, development of services and supervision of activities, coordination of treatment on the individual level and effective mechanisms for cooperation among services, organizations, citizens and residents. Effective ways of implementing and institutionalizing the underlying principles of these initiatives should continue to be sought.

¹⁰ For further review, see Ben-Rabi, D.; Hasin. T. 2005.

6.3 Challenges Stemming from Changes in the Service System and in Policies towards Children

Some of the future challenges facing Ashalim derive from changes in the service system and policies towards children and youth at risk:

1. **“Community-focused” policy**, The relatively new policy which places emphasis on preventing out-of home care, shortening the length of stay in out-of-home settings and on strengthening community based services poses a number of challenges:
 - **Adapting out-of-home settings to more “difficult” children:** Efforts to prevent out-of-home care have resulted in a situation in which only children with more severe problems are referred to residential facilities and foster care. Thus there is a need to develop responses within the out-of-home care system for children with more severe problems and needs and to train professionals and childcare staff in these settings accordingly.
 - **Adapting out-of-home settings to short-term treatment:** limiting the length of stay in out-of-home settings to 4 years (except in special cases) requires adaptation of the residential facilities to provide effective shorter-term interventions. This requires the development of focused treatment methods by defining goals for improvement over the limited duration of time, while simultaneously maintaining contact with families and communities of origin in order to facilitate the return of the children to their homes.
 - **Reinforcing cooperation between residential facilities and communities and developing effective methods of intervention for youth:** The emphasis on the process of returning children to their homes requires cooperation between the residential facilities and their communities of origin in order to improve the ability of parents to function as parents and in order to prepare them and the community services (primarily the educational and after-school services) to reabsorb the children into the community. Similarly, there is a much greater need to develop effective interventions for this population in the

community, including interventions for youth who are not at the high end of the risk continuum. Addressing the needs of these youth in the community is a relatively new area of activity in Ashalim.

- **Creating adequate frameworks for providing long term out of home care:** Despite the policy to prevent out-of-home care and reduce length of stay, some children will need long term out of home arrangements. These children will require a different kind of out-of-home care settings that will have "family like" characteristics, be able to integrate the children as much as possible into community activities and will place a greater emphasis on preparing for leaving the facility and transitioning into adulthood.
- **Transitioning into adulthood:** Ashalim has only begun to develop programs and activities for youth transitioning into adulthood. However, these activities are pioneering and if continued, may serve to lead the way for the service system to develop responses for the needs of youth who have aged out of care in particular, and those who have been in care of services for youth at risk more generally. Recently, an agreement was reached with the Ministry of Social Affairs and Social Services to continue supporting and developing these programs.
- **Developing residential facilities as providers of community based services:** Because of the emphasis on community based services and the decrease in the number of children in residential facilities, some of these settings seek to utilize the knowledge and expertise they have gained, as well as their physical facilities, to provide services to children and families in the communities in which they exist. Ashalim has begun to develop information and service centers in residential facilities, and it appears this is a promising direction.
- **Continued development of programs and methods for intervention with parents,** including intensive programs geared for parents with many problems. The challenge in this area is to develop interventions which will be intensive enough to provide effective responses to needs, yet applicable (from the standpoint of cost and complexity) to local services.

- **Foster care:** Work continues on the supervisory system for foster care, as well as recruiting and training new foster families, matching children with special needs to foster family characteristics (both short and long-term fostering), developing a system of connections between foster families and families of origin and community services, and children's passage into adulthood after leaving their foster families.
2. **Policy initiatives in the area of education:** Concern about the level of achievement within the school system, in general, and that of weak students and students at risk, in particular, was the focus of a series of commissions and reforms that were aimed to strengthen the school system: the Shoshani Report, followed by the Strauss Report, addressed the issue of reallocating resources according to the needs of students, which may enable more input for students at risk; the Dovrat Commission recommended reforms that included major structural changes in the school system, among them longer school hours, compulsory preschool education, raising teachers' salaries and increasing the authority of school principals. The reforms were partially implemented on a trial basis in a small number of schools, but were opposed both by professionals from the Ministry of Education and by teachers' labor organizations. Today, the "Yocha" (long school day) program is implemented in about 500 schools, so as to provide many more educational responses to students in schools with weaker socio-economic populations. In the "Ofek Hadash" (New Horizons) program, which started gradually in 2008, the length of teachers' work days will be increased in primary and junior high schools to allow them to provide individualized responses to students who need them. In addition, a number of policy initiatives from the last few years expand the authority of school principals to allocate the resources at their disposal. Under these conditions, major opportunities have been created for Ashalim to provide teachers with knowledge and skills will enable them to derive maximum benefit from the added resources.
3. **Implementation of the amendment to the Special Education Law ("The Integration Law"):** Implementing this policy raises needs in different areas,

among them, increasing the involvement of parents of children with special needs in the educational setting; training educational teams to work in integrated classes; and working with the students themselves – students with disabilities, as well as other students, to overcome stigmatization of disabled children and enhance their integrations into the regular schools. A program for system wide intervention for helping children with special needs integrate into regular schools is currently being developed by Ashalim.

4. Implementation of the national program for children and youth at risk.

The implementation of this ambitious inter-ministerial program poses a challenge to the Ashalim as a whole. The goal of the program is to assist the service system make the transition from developing approaches and interventional methods to broadly disseminating them.

The national program attempts to address major barriers in the service system that are the result of the way in which funding was allocated and the priorities that were reflected in this allocation. However, the program does not provide sufficient funds to deal with some of the obstacles that are the result of the limited ability to impart the knowledge and skills required in order to implement the new approaches to large cadres of professionals across Israel. The experience gained by Ashalim is of great value in supporting the development and implementation of important elements of the new national program:

- **Changing the approach to leading community programs:** Ashalim has invested extensive efforts in developing and creating local multidisciplinary infrastructures that constituted the basis for the recommendations of the public committee on disadvantaged children and youth (Prime Minister Report on Disadvantaged Children and Youth, 2006). The national program will provide the community infrastructures and Ashalim will be able to move from the role of leading the process and establishing these infrastructures to that of facilitating and improving the inter-disciplinary work. There is great value in strengthening the ability of weak, inexperienced authorities to fully and

effectively implement the organizational infrastructures defined by the national program.

- **Developing training programs and frameworks:** aimed at providing skills and tools to professionals that need to implement innovative interventions. Establishing the Center for Knowledge and Learning (Meyda) is a fundamental step in Ashalim's ability to work effectively in this direction.
- **Continued development of new models:** Despite the many new models and programs that were developed over the past decades, by Ashalim and by other organizations, as was made evident throughout this document there remain areas in which development of effective models and programs is still required.
- **Emphasizing the quality of new models:** It is very important that models be developed with appropriate professional standards of quality, and even slightly higher than those that exist in the system in order to allow for differential investment of resources according to the complexity of the intervention and the range and extent of the needs of the population.
- **Changing the approach towards dissemination:** It seems that a growing proportion of the resources that will be made available for disseminating new models will be at the discretion of local authorities. This is already the case with a large proportion of the funding for child welfare services as well as the funds made available by the national program. This creates two major challenges:
 - Finding effective ways to disseminate the programs and helping a large number of authorities implement the programs successfully
 - Widespread dissemination of professional approaches and practices, a difficult challenge particularly in areas in which there is a need to reach a large number of professionals scattered throughout different facilities (such as in the school or the social service system)

It is possible that these challenges will require Ashalim to place greater emphasis on its work in developing methods of widespread dissemination while reinforcing the methods that are already in use. These include documenting models and professional practices, producing guides and manuals, hosting seminars, providing support and knowledge to communities, developing training programs that can be implemented through academic institutions, and working with professionals at the community level by key professionals that will be able to impart the knowledge and the skills to other professionals in the community.

7. Summary

In Israel, there are approximately 2,367,000 children¹¹ from birth to the age of 17, comprising about a third of the population. Based on an estimate compiled by the Myers-JDC-Brookdale institute, the Prime Minister's Committee – that submitted its recommendations in 2006- assesses that, approximately 15% of these children are at varying degrees of risk.

Over the past twenty years, Israel's social services have been actively addressing the challenges of responding to the needs of children and youth at risk. During this period, there have been significant changes in the way the needs of children and youth at risk are perceived by the public and the policymakers, and in the ways in which Israeli society and the service system for children respond to these needs. On the one hand, the establishment and development of Ashalim is an integral part of these developments and evidence of these changes. On the other hand, since its inception a decade ago, Ashalim has played a decisive role in bringing about some of the key processes of change. This document describes Ashalim's activity during its ten years of existence. It includes a review of the development of professional approaches worldwide, the changes in approaches and policies in the Israeli service system a review of Ashalim's activities during this period,

¹¹ As at the end of 2006

an analysis of the implications of this activity for the service system and future challenges.

Over the past decade, Ashalim developed a broad range of programs and initiated many activities in different areas. Through these programs and activities Ashalim sought to bring about changes in policies, in the service system and in intervention approaches for children and youth at risk. This was done in partnership with government ministries, most notably the Ministries of Social Affairs and Social Services, Education, Health and Immigrant Absorption, local authorities and NGOs and with various local government entities and NGOs.

The implications of Ashalim's activity are discernible in the development and integration of innovative professional practices, the dissemination and institutionalization of new models and programs and in Ashalim's involvement in key policy processes.

Introducing innovative principles, approaches and professional practices: A major field of Ashalim's activity, in all areas, is developing and introducing professional practices based on state-of-the-art approaches and principles – e.g. addressing the needs of children and youth holistically, emphasizing strengths rather than weaknesses, treating the child as part of the family and society, upholding the rights of the individual – particularly the right of children and parents to be involved in decisions affecting their lives – and fostering sensitivity to cultural diversity. Ashalim applied these approaches and principles in most of its activities.

Ashalim's efforts provided the opportunity to experiment with innovative professional practices and interventions in working with parents, for developing interventions for weak and high-risk students in educational settings; for developing innovative models of a continuum between residential facilities and communities, and for developing programs for youths, and special-needs children based on the concept of fostering positive skills and preparing them students for adult life.

The experience accumulated in these areas can serve as a basis for expanding programs and interventions in which these principles are applied as well as transferring knowledge to additional areas of intervention. Practices and interventions that were developed for parents of children at risk and parent of children with special needs can serve as a basis for the continued development of effective practices for working with parents in educational settings. Methods for working with weak and at-risk students, which were developed in educational settings, can also be applied to that end in residential facilities. The development of meaningful alternative frameworks for youth – aimed to prepare youth for a successful transition to adulthood, is in the early stages of development. However, such alternatives are also relevant for youths who are now – or are on the verge of becoming – alienated from school, for youth aging out of out-of-home care and for youths with special needs.

Involvement with the main processes of change in the service system for children at risk: As presented in the third chapter of this document, during the period of Ashalim's existence, The policies and services for children and youth "at risk" have undergone significant changes. Ashalim played a central role in many of these changes, such as improving and upgrading the residential facility system, supporting the Ministry of Social Affairs and Social Services' policy of shifting from out-of-home care to community based services, helping define and strengthen the role of public health services as a key partner in the system of services for children at risk and their parents and promoting children's involvement in decisions that pertain to them.

Dissemination and establishment of programs and models that were developed: Most of Ashalim's programs were developed on an experimental basis in a small number of communities or facilities. Many of the key models were disseminated to additional sites, though generally not nationally. Nonetheless, the fact that government ministries have clearly assumed responsibility for some of the programs in certain areas increases their chances for future dissemination. This governmental involvement is reflected in the introduction of programs to a range of services provided by the ministries (or by the National Program for Children and Youth at Risk), in

providing the financial and professional support required to continue to develop and disseminate these models, or in granting formal recognition to training programs.

Over the past few years, Ashalim has implemented a number of new strategies to increase the chances of disseminating and integrating programs and professional practices more broadly into the daily work of professionals. One of the strategies is to develop more varied methods of disseminating knowledge, such as producing manuals, designing curricula for academic institutions, holding professional conferences, supporting professional knowledge communities, supporting professional exchanges with service agencies in the United States, offering in-service training for professionals and fostering the explication of knowledge gleaned in the field. All these efforts are geared toward the very challenging task of disseminating knowledge to professionals who are scattered in different settings, such as the education and social systems.

A second pivotal strategy, which is currently being developed, entails working at the community level through interdisciplinary municipal training programs, and providing support for comprehensive community initiatives and planning and coordination efforts. The assumption is that these methods will enhance collaboration and coordination among the community's professional personnel (as well as between them, the civic organizations and the residents), help to better utilize the resources, and lead to a broader dissemination of the practices that were developed – especially in service systems comprising numerous professionals scattered throughout various settings.

This strategy is not easy to implement, and some of the community level initiatives did not continue to operate after the initial implementation period. Nonetheless, the main issues that these programs aim to address – creating a system of services that match the local needs, using resources more effectively and providing coordinated responses – are still major challenges to the services

for children and youth at risk in Israel. Thus, the continued development, documentation and dissemination of methodologies in areas such as systematic collection of information, service development and monitoring, planning individual treatment plans, and the creation of effective partnerships between services, civic organizations and residents, should be pursued.

As already indicated, there have been substantial recent changes in the service system and the policies towards children and youth at risk. Some of these changes pose major future challenges for Ashalim:

There is a need to develop new models and practices, such as adapting the out-of-home system to the policies aiming to decrease the utilization of out of home settings and shorten the length of stay. Another example is to develop methods for supporting children with special needs within the regular education system.

There is a need to adapt dissemination strategies to national policies, which invest more resources in children and youth at risk, while at the same time provide a much greater degree of autonomy to local authorities and schools in allocating these resources. Such changes have taken place in both the education system (a renewed allocation of resources with emphasis on providing greater input for students at risk at the discretion of the schools) and in the child welfare system (allowing the local authorities flexibility in utilizing the resources for community based services and implementing intervention programs).

Finally, the National Program for Children and Youth at Risk will both increase the extent of resources available for children and youth at risk and grant the local authorities flexible use of these resources.

These changes provide the opportunity for a broader implementation and dissemination of the programs and work methods developed by Ashalim. The implementation of the National Plan also enables Ashalim as a whole to play a leading role as a development organization by:

- ◆ Enhancing the abilities of weak, inexperienced authorities to utilize the organizational infrastructures of the national program to their fullest, by relying on and continuing to develop knowledge in the field of customized local service systems.
- ◆ Continuing to develop programs and activities designed to provide skills and impart practices to professionals.
- ◆ Continuing to develop new models to enable the allocation of a wide range of interventions according to the diverse and complex needs of different children and youth, with special attention to areas that are only just beginning to develop in Israel and abroad, such as working with fathers and the transition to adulthood for youth at risk.
- ◆ Changing the approach to the dissemination of programs and coping with the need for widespread dissemination in an environment in which most of the additional earmarked resources will be at the discretion of the local authorities.

Bibliography

Avrahami, T.; Marom, M.; and Schimmel, M. 2005. *Evaluation of the "Relief" Program: Host Family Respite Care in the Community for Children with Disabilities in Bene-Braq*. RR-456-05, Myers-JDC-Brookdale Institute, Jerusalem (Hebrew).

Azar, S.T.; Povilaitis, Y.; Lauretti, A.F.; and Pouquette, C.L. 1998. "The Current Status of Etiological Theories in Interfamilial Child Maltreatment". In: *Handbook of Child Abuse Research and Treatment*. Lutzker, J.R. (ed.), pp. 3-30, Wiley, New York.

Baker, A.; and Soden, L. 1998. *The Challenges of Parent Involvement Research*. ERIC Clearinghouse on Urban Education, New York.

Barr, R.D.; and Parrett, W.H. 2001. *Hope Fulfilled for At-risk and Violent Youth*. Allyn and Bacon, Boston.

Barr, R.D.; and Parrett, W.H. 1995. *Hope at Last for At-Risk Youth*. Allyn and Bacon, Boston.

Bar Shalom, Y. 2006. *The Tamara Program After Fours Years of Implementation in the Track for Special Education in the Arab Sector in the David Yelin College for Education*. Ashalim, Jerusalem. (Hebrew)

Belsky, J. 1984. "The Determinants of Parenting: A Process Model". *Child Development* 55: 83–96.

Benbenisti, R. 2007. *Bridge to Life for Residential Facility and Foster Family Graduates Lacking Family Backing*. Hebrew University, Jerusalem. (Hebrew)

Ben-Rabi, D.; and Hasin, T. 2006. *Community – Based and Day Residential Facilities: Intervention Strategies and the Status of the Children and Their Parents – Summery of Three Years of Study*. RR-477-06, Myers-JDC-Brookdale Institute, Jerusalem (Hebrew).

Ben-Rabi, D.; and Hasin, T. 2005. **Comprehensive Community Initiatives: What Can Be Learned from Experience in Israel and Elsewhere?** - Background Paper for Policy Discussions at Ashalim.

Ben Rabi, D.; Lavi, N.; and Amichai-Ben Yaakov, V. 2007. *An Evaluation of the "Better Together" Initiative. Interim Report #: Organization and Initial Implementation in Kiryat Malachi and Haifa.* Internal Report, Myers-JDC-Brookdale Institute, Jerusalem. (Hebrew)

Brown, S.; Garcia, A.; Kouzekanani, K.; and Hanis, C. 2002. **"Culturally Competent Diabetes Self-management Education for Mexican-Americans: The Starr County Border Health Initiative - Clinical Care/Education/Nutrition."** *Diabetes Care.*

California State Department of Education - Corporate Author. 1990. *Strategies for Teachers of At-risk Students.* Sacramento.

Cashmore, J.; and Paxman, M. 2006. "Wards Leaving Care: Follow-up Five Years Later". *Children Australia* 31(3):18-25.

Catalano, R.F.; Berglund, M.L.; Ryan, J.A.M.; Lonczak, H.S.; and Hawkins, J.D. 2004. "Positive Youth Development in The United States: Research Findings on Evaluations of Positive Youth Development Programs". *The ANNALS of the American Academy of Political and Social Science* 591(1):98-124.

Cedar, B.; and Levant, R.F. 1990. "A Meta-analysis of the Effects of Parent Effectiveness Training". *American Journal of Family Therapy* 18 (4):375-384.

Chaffin, M.; Bonner, B.L.; and Hill, R.F. 2001. "Family Preservation and Family Support Programs: Child Maltreatment Outcomes Across Client Risk Levels and Program Types". *Child Abuse and Neglect* 25:1269-1289.

Chen, M.; and Xitao, F. 2001. "Parental Involvement and Students' Academic Achievement: A Meta-analysis". *Educational Psychology Review* 13(1):1-22.

Chesner, S.; and Kirschheimer, I. 2008. *The IDUD Program For Children with ADHD.* Myers-JDC-Brookdale Institute, Jerusalem. (Hebrew)

Clare, M. 2006. "Personal Reflection on Needs and Services for Young People Leaving Care: From Local to International to National (1996-2005)". *Children Australia* 31(3):1051-1061

Cohen-Navot, M. 2000. "*The New Educational Environment*"- *Promoting Students Achievements through Change in the Educational Approach. Summary of an Evaluation Project in Israeli High Schools*. RR-348-00. Myers-JDC-Brookdale Institute, Jerusalem. (Hebrew)

Cohen-Navot, M. 2003. "In School Interventions to promote Children and Youth At-Risk". In: *Ashalim-Three Years Working program 2004-2006*, Jerusalem. (Unpublished report) (Hebrew)

Cohen-Navot, M. 2000. *Evaluation Project in Amal High Schools - "The New Educational Environment*. Myers-JDC-Brookdale Institute, Jerusalem. (Unpublished report) (Hebrew)

Cohen-Navot, M.; Ellenbogen-Frankovits, S. ; and Reinfeld, T. 2001. *School Drop-outs and School Disengagement*. RR-381-01. The Knesset Center for Research and Information and Myers-JDC-Brookdale Institute, Jerusalem. (Hebrew)

Cohen-Navot, M.; Konstantinov, V.; and Awadia, I. Forthcoming. *A Mapping of Strategies by Elementary and Junior High Schools to Advance Vulnerable Students*. Myers-JDC-Brookdale Institute, Jerusalem. (Hebrew)

Cohen-Navot, M.; and Lavenda, O. 2002. Starting Point: A Holistic Intervention in Junior High Schools. Interim Report on the Activities in 2001. Myers-JDC-Brookdale Institute, Jerusalem (Hebrew)

Cohen-Navot, M.; and Lavenda, O. 2003. *Sustainability of an Educational Intervention Program "The New Educational Environment": Institutionalization after Seven Years of Implementation in Beer Sheva High Schools*. RR-391-03. Myers-JDC-Brookdale Institute, Jerusalem. (Hebrew)

Coleman, J.S. 1988. "Social Capital in the Creation of Human Capital". *American Journal of Sociology* 94:S95-S120.

Courtney, M.; and Dworsky, A. 2006. "Early Outcomes for Young Adults Transitioning from Out-of-Home Care in the USA". *Child and Family Social Work* 11(3):209-219.

Daas, R. 2006. *The "Halil" Program – Individual Well-Being in Arab Society. The Development and Implementation of an Intervention Model to Advance the Arab Education System*. Myers-JDC-Brookdale Institute. Internal Report. (Hebrew).

Darling-Hammond, L. 1998. "Teacher Learning that Supports Student Learning". *Educational Leadership* 55:6-11.

Dolev, T.; Szabo-lael, R.; Schmid, H.; and Bar Nir, D. 2008. *"Towards the Community Policy: An Evaluation Study"*. Myers-JDC-Brookdale Institute and Hebrew University of Jerusalem, Jerusalem. (Hebrew)

Dolev, T. 2005. *Community Mobilization for Preschool Children and their Parents. Interim Report on the Findings of Stage I*. Myers-JDC-Brookdale Institute. (Unpublished report) (Hebrew)

Dolev, T. 2003. "Out of Home Facilities for Children And Youth At Risk In Israel – New Developments And Challenges For The Future" in: *Ashalim-Three Years Working program 2004-2006*. Ashalim, Jerusalem (Hebrew)

Dolev, T.; Ben-Rabi, D.; Szabo-lael, R.; and Tilkin, R. 2007. *"Community 2000" Pilot Book*. Myers-JDC-Brookdale Institute Jerusalem (Hebrew).

Dolev, T.; and Ben-Rabi, D. 2007. *Evaluation Proposal: "Better Together" – Comprehensive Neighborhood Intervention for Children and Youth at Risk*. Myers-JDC-Brookdale Institute Jerusalem (Hebrew).

Dolev, T.; Ben-Rabbi, D.; Szabo-Lael, R.; and Tilkin, R. 2007. *"Community 2000" Pilot Book*. Myers-JDC-Brookdale Institute Jerusalem (Hebrew).

Druian, G.; and Butler, J.A. 2001. *Effective Schooling Practices for At-risk Youth: What the Research Shows*. Retrieved from: <http://www.nwrel.org/scpd/sirs/1/topsyn1.html>

Eccles, J.S.; and Templeton, J. 2004. *Community Based Programs for Youth: Lessons Learned From General Development Research and from Experimental and Quasi Experimental Evaluations*. Prepared for Urban Seminar Series, Urban Health Initiatives, Harvard University.

Elias, M.J.; Zins, J.E.; Weissberg, R.P.; Frey, K.S.; Greenberg, M.T.; and Haynes, N.M. 1997. *Promoting Social and Emotional Learning: Guidelines for Educators*. Association for Supervision and Curriculum Development. VA.

Gandara, P.; and Bial, D. 2001. *Paving the Way to Postsecondary Education: K-12 Intervention Programs for Underrepresented Youth*. Report for the National Post-secondary Education Cooperative.

Gaziel, H. 2001. "Accelerated Schools Programs: Assessing their Effectiveness". *Review of Education* 47(1):7-29.

Gerber, R.; Dolev, T. 2003. *Maagan-Preschool Support System*. JDC-Brookdale Institute, Jerusalem (Hebrew).

Gershater-Molko, R.M.; Lutzker, J.R.; and Wesch, D. 2003. "Project Safe Care: Improving Health, Safety, and Parenting Skills in Families Reported for, and At-Risk for Child Maltreatment". *Journal of Family Violence* 18(6).

Giblin, P.; Sprenkle, D.H.; and Sheehan, R. 1985. "Enrichment Outcome Research: A Meta-analysis Of Premarital and Family Interventions". *Journal of Marital and Family Therapy* 11(3):257-271.

Harris, K.E. 1990. *Michigan Children At Risk Resource Manual*. State Department of Education, Detroit.

Hemo-Lotem, M. et al. 2008. *Safe Municipal Authorities for Children. Summary Report*. Ashalim, Jerusalem. (Hebrew).

Ho-Sui-Chu, E.; and Willms, D. 1996. "Effects of Parental Involvement on Eighth-Grade Achievement". *Sociology of Education* 69(2):126-141.

Jekielek, S.; Moore, K.A.; Hair, E.C.; and Scarupa, H.J. 2002. "Mentoring: A Promising Strategy for Youth Development". Available at:
<http://www.childtrends.org/Files/MentoringBrief2002.pdf>

Jordan, W.J.; Lara, J.; and McPartland, J.M. 1996. "Exploring the Causes of Early Dropout Among Race-ethnic and Gender Groups". *Youth and Society* 28:62-94.

Israel Knesset. 2002. *Knesset Special Committee Report of School Drop Outs*. 2002. (Hebrew)

Kahan-Strawczynski, P.; Elenbogen-Frankovitz, S.; Levy, S.; and Konstantinov, V. Forthcoming. *Immigrant Youth From Risk to Opportunity*. Myers-JDC-Brookdale Institute, Jerusalem. (Hebrew)

Kahan-Strawczynski, P.; and Vazan-Sikron, L. Forthcoming. *Main Findings and Insights from the Evaluation Report on Three Youth at-risk centers: Meytar, Ironoar & Muntada el Shabab*. Myers-JDC-Brookdale Institute, Jerusalem. (Hebrew)

Kahan-Strawczynski, P.; and Vazan-Sikron, L. Forthcoming. *"ADI" – Evaluation Report*. Myers-JDC-Brookdale Institute, Jerusalem (Hebrew).

Kahan-Strawczynski, P.; and Vazan-Sikron, L. 2005. *The "House on Haim Street"-Sachlav Haifa*. RR- 435-05. Myers-JDC-Brookdale Institute, Jerusalem. (Hebrew)

Kahan-Strawczynski, P.; Vazan-Sikron, L.; Zaslavsky, T. ; Geffen, S. ; and Ronel, N. 2002. *An Evaluation Of Information and Counseling Drop-In Centers For Youth "Hafuch Al Hafuch": Second Research Report*. RR-388-02. Myers-JDC-Brookdale Institute, Jerusalem. (Hebrew)

Katan, Y.; Harel, N.; and Hemilton, A. 2003. *Youth Services System in Israel and its Activity Policy-Research Findings Summary*. The Interdisciplinary Center for Children and Youth Studies, The Bob Shapell School of Social Work, Tel Aviv University. (Hebrew)

Kedzior, M. 2004. *Teacher Professional Development*. Educational Policy Brief. Education Research and Development Center, University of Delaware.

Kennedy, M. 1998. *Form and Substance in In-service Teacher Education*. Research Monograph No. 13. University of Wisconsin, National Institute for Science Education. Madison, Wisconsin.

Korazim, J.; and Ben Rabi, D. 2003. The Kadima Program. Internal Report. JDC-Brookdale Institute, Jerusalem. (Unpublished report) (Hebrew)

Kotter, J.P. 1999. "On What Leaders Really Do". pp. 51-75. **Harvard Business Review Book**.

Kubisch, A.C.; Auspos, P.; Brown, P.; Chaskin, R.J.; Fulbright-Anderson, K.; and Hamilton, R. 2002. *Voices in the Field II: Reflections on Comprehensive Community Change*. The Aspen Institute, Roundtable on Comprehensive Community Initiatives for Children and Families.

Lauver, S.; Little, P.M.D.; and Weiss, H. 2004. "Moving Beyond the Barriers: Attracting and Sustaining Youth Participation in Out-of-School Time Programs". *Harvard Family Research Project (HFRP)*.

Available at: <http://www.gse.harvard.edu/hfrp/projects/afterschool/resources/issuebrief6.html>

Lazer, J.I.; Goodson, B.D.; Bernstein, L.; and Price, C. 2001. *National Evaluation of Family Support Programs, Volume A: The Meta Analysis*. Abt Associations Inc, Cambridge.

Leitner-Sorek, Y.; Ellenbogen-Frankovits, S.; Haimoff, Ayali, R.; and Zaslavsky, T. 2004. *"Safety Net": A Strategic Plan for the Care of Ethiopian Immigrant Youth at Risk. Summary Report of findings from an Evaluation*. (Unpublished report.) JDC-Brookdale Institute, Jerusalem. (Hebrew)

Leitner-Sorek, Y.; Rivkin, D. 2006. **The Active Nurturing Playground (ANP): A project to Identify and Prevent Potential Learning Disabilities among Preschoolers in the Ultra-Orthodox Community.** Myers-JDC-Brookdale Institute, Jerusalem (Unpublished report)

Lerner, R.; and Lerner, J. 2005. "Positive Youth Development, Participation in Community Youth Development Programs and Community Contributions of Fifth Grade Adolescents: Findings From the First Wave of the 4-H Study of Positive Youth Development". *The Journal of Early Adolescence* 25(1):17-71.

Lifshitz, C.; Nijam, F.; Margolin, T. 2005. *Evaluation of the "Echad" Project: "Brit Avot" Fathers Groups, First Cycle 2004-2005.* Internal report. Myers-JDC-Brookdale Institute, Jerusalem. (Hebrew)

Lifshitz, C.; Nijam, F.; Margolin, T. 2005. *Evaluation of the "Echad" Project: "Atlatat" Mabatim training program for preschool teachers, Second Cycle 2004-2005.* Internal report. Myers-JDC-Brookdale Institute, Jerusalem. (Hebrew)

Lifshitz, C.; Margolin, T.; and Nijam, F. 2005. *Evaluation of the "Echad" Project: Professional Leadership Development in the Community.* Internal report. Myers-JDC-Brookdale Institute, Jerusalem. (Hebrew)

Lifshitz, C.; Margolin, T.; and Nijam, F. 2005. *Evaluation of the "Echad" Project: "Parents as Partners" in the Bedouin community first Cycle.* Internal report.. Myers-JDC-Brookdale Institute, Jerusalem. (Hebrew)

Lifshitz, C.; Margolin, T.; and Nijam, F. 2005. *Evaluation of the "Echad" Project: "Nurses Initiative" Second Cycle.* Internal report. Myers-JDC-Brookdale Institute, Jerusalem. (Hebrew)

Lundahl, B.W.; Nimer, J.; and Parsons, B. 2006. "A Meta-analysis of Parent Training Programs". *Research on Social Work Practice* 16:251-262.

Lutzker, J.R. 1994. "Project 12-Ways: Treating Child Abuse and Neglect From an Ecobehavioral Perspective". In: ***Parent Training: Foundations of Research and Practice***.

Dangel, R.F.; and Polster, R.A. (eds.), pp. 260-297. Guilford, New York.

MacLellan, T. 2000. ***State Youth Development Strategies to Improve Outcomes for At-Risk Youth***. NGA Center for Best Practices, U.S. Available from:

<http://www.NGA.org/center/divisions>

Macleod, J.; and Nelson, G. 2000. "Programs for the Promoting of Family Wellness and the Prevention of Child Maltreatment: A Meta-analytic Review". ***Child Abuse and Neglect*** 24(9):1127-1149.

Mandler, D.; Ben-Harosh, A. 2006. ***The "From Risk to Opportunity" Program – Inclusion of Children with Special Needs from Birth to Age Three in Day Care Centers in the Community: An Evaluation Study***. RR-469-06. Myers-JDC-Brookdale Institute, Jerusalem. (Hebrew)

Mapp, K.L. 2004. "Family Engagement". In: ***Helping Students Graduate: A Strategic Approach to Dropout Prevention***. Smink, J.; and Schargel F.P. Eye on Education, New York.

Marom, M. 2003. "Integrating Children with Special needs in Regular educational system". In: ***Ashalim-Three Years Working program 2004-2006***, Jerusalem

Marom, M.; Berman, E.; Ben-Noon, S.; AND Motssan, G. 2007. ***Integration as Partnership: Evaluation Study***. RR-482-07. Myers-JDC-Brookdale Institute, Jerusalem. (Hebrew)

Marom, M.; and Hodatov, B. 2007. "**Handicapped Children At Risk: A Review of the Literature**". In: **D. Horowitz, Y. Ben Yehuda, & M. Hovav (Eds.) *Abuse and Neglect of Children in Israel***. (pp. 826-857). Ashalim, Jerusalem. (Hebrew).

Marom, M. and Uziel, L. 2001. ***Children with Special Needs in Risk Situations: A Literature Review***. RR-371-01. JDC-Brookdale Institute Publication. (Hebrew).

Marom, M.; Uziel, L. and Naon, D.2002 . "Children with special needs in risk situations". *Social Security*, 63: 35-68. (Hebrew).

Marshall, P. 1990. *Building Partnerships Towards Dropout Prevention: A Case Study of the West Virginia University School Dropout Prevention Task Force*. Paper presented at the Rural Education Symposium of the American Council on Rural Special Education and the National Rural and Small Schools Consortium. Tucson, AZ

Martin, N.; and Halperin, S. 2006. "Whatever It Takes: How Twelve Communities Are Reconnecting Out-of-School Youth". *American Youth Policy Forum* Washington D.C.
Available at: <http://www.aypf.org/publications/WhateverItTakes/WITfull.pdf>

Mason, M.; Castrianno, L.M.; Kessler, C.; Holmstrand, L.; Huefner, J.; Payne, V.; Pecora, P.J.; Schmaltz, S.; and Stenslie, M. 2003. "A Comparison of Foster Care Outcomes Across Four Child Welfare Agencies". *Journal of Family Social Work* 7(2):55-72.

Moore, K.A.; and Zaff, J.F. 2002. "Building a Better Teenager: A Summary of "What Works" in Adolescent Development". *Child Trends*, Washington D.C.
Available at: www.childtrends.org/ResearchToResults/

Mor, F.; and Bar Shalom, Y. 2007. "The Psychosocial Approach: A Case Study in School Intervention and in Teacher Training". *The International Journal of Interdisciplinary Social Sciences* V.2.

Mor, F. 2006. *Seeing The Children. A Guidebook for Creating a Nurturing-Educational Environment for Students At-risk*. Jerusalem, Ashalim. (Hebrew).

Mor, F. 2003. *Studying Educational Intervention: The Case Study of a Psycho-educational Intervention With Underachieving Youth At Risk (PEI) In The Israeli Education System*.
Doctoral thesis: University of Sussex.

Mor, F.; and Lourie, I. 2006. *The Power of the School Counselor – School as a Nurturing-Educational Environment.*: Jerusalem, Ashalim. (Hebrew).

Morrison, D.M.; and Lee, J.M. 1999. "The Role of Parent Training with Abusive and Neglectful Parents". *Family Relations* 48(3); Research Library Core, pg. 313

Naon, D.; Morginstin, B.; Schimmel, M.; Rivlis, G. 2000. *Children with Special Needs: Services Needs and Coverage Evaluation*. RR-355-00. JDC-Brookdale Institute, Jerusalem . (Hebrew).

NCFY (National Clearinghouse on Families and Youth). 2007. *Team up with Youth! A Guide for Youth Service Professionals!* US Department of Health and Human Services. Administered for Children and Families, Families and Youth Service Bureau. Available at: <http://www.ncfy.com/publications/teamup/youthserviceprofessionals.htm>

NCFY (National Clearinghouse on Families and Youth). 2006. *Reconnecting Youth and Community. A Youth Development Approach*. US Department of Health and Human Services. Administered for Children and Families, Families and Youth Service Bureau. Available at: <http://www.ncfy.com/publications/reconnect/index.htm>

NFIE (National Foundation for the Improvement of Education) - Corporate Author. 1995. *Using Minds Well: Dropout Prevention Program*. Washington, DC.

Office of the Prime Minister. 2006. *Prime Minister Report on Disadvantaged Children and Youth*. (Hebrew)

Olstein, A.; Hatab, N. 2000. "Holistic Involvement Project in East Jerusalem". *Yedion* 21. Hebrew University of Jerusalem, School of Education. (Hebrew)

Park, J.M.; Metraux, S.; and Culhane, D.P. 2005. "Childhood Out-of-Home Placement and Dynamics of Public Shelter Utilization Among Young Homeless Adults". *Children and Youth Services Review* 27:533-546.

Pasick, R.J.; D'Onofrio, C.N.; and Otero-Sabogal, R. 1996. "Similarities and Differences Across Cultures: Questions to Inform a Third Generation for Health Promotion Research". *Health Education Quarterly* 23(Supplement): S142-161.

Pecora, P.J.; Kessler, R.C.; Williams, J.; O'Brien, K.; Downs, A.C.; English, D.; White, J.; Hiripi, E.; White, C. R.; Wiggings, T.; and Holmes, K.E. 2005. *Improving Family Foster Care: Findings from the Northwest Foster Care Alumni Study*. E.A: Casey Family Programs. Seattle. Available at <http://www.casey.org>

Perkins, D.F.; and Borden, L.M. 2003. "Key Elements of Community Youth Development Programs". In: *Community Youth Development Programs: Policies and Practices*. Villarruel, F.A.; Perkins, D.F.; Borden, L.M.; and Keith G.J. (Eds.). Sage Publication Inc.

Pittman, K.J.; Irby, M.; Tolman, J.; Yohalem, N.; and Ferber, T. 2003. "Preventing Problems, Promoting Development, Encouraging Engagement - Competing Priorities Or Inseparable Goals?" *The Forum for Youth Investment: Moving Ideas to Impact*. Available at: <http://www.forumfyi.org/Files/PPE.pdf>

Reid, I.; and Tremblay, M. 1994. "Impact and Benefits of Physical Activity and Recreation on Canadian Youth at Risk". *Canadian Parks/Recreation Association*. Faculty of Physical Education and Recreation. Available at: <http://www.lin.ca/resource/html/impact.htm>

Reimer, M. 2004. "Professional Development". In: *Helping Students Graduate: A Strategic Approach to Dropout Prevention*. Smink, J.; and Schargel, F.P. (Eds.). 187-198. Eye on Education, New York.

Rivkin, D.; and Leitner-Sorek, Y. Forthcoming. *Evaluation of the Comprehensive Early Childhood Program for Kavkazi Immigrants*. Myers-JDC-Brookdale Institute, Jerusalem. (Hebrew)

Rivkin, D. Forthcoming. *Evaluation of Child-Parent Centers*. Myers-JDC-Brookdale Institute, Jerusalem. (Hebrew)

Rivkin, D. Forthcoming. *Evaluation of the DROR Program*. Myers-JDC-Brookdale Institute, Jerusalem. (Hebrew)

Rivkin, D. Forthcoming. *Evaluation of the KEDEM Program*. Myers-JDC-Brookdale Institute, Jerusalem. (Hebrew)

Rivkin, D.; and Shmaia-Yadgar, S. Forthcoming. *Evaluation of the FAMILIES Program*. Myers-JDC-Brookdale Institute, Jerusalem. (Hebrew)

Rivkin, D.; and Shmaia-Yadgar, S. 2007. *Evaluation of the KEDEM Program: Family Group Conferences for Youth Offenders*. RR-491-07. Myers-JDC-Brookdale Institute, Jerusalem. (Hebrew).

Rivkin, D.; and Szabo-lael, R. Forthcoming. *Children and Youth Protection Center: Research Evaluation Report*. Myers-JDC-Brookdale Institute, Jerusalem.

Sammons, P.; Hillman, J.; and Mortimore, P. 1995. *Key Characteristics of Effective Schools: A Review of School Effectiveness*. ERIC Document Reproduction Service No. ED389926.

Schellenback, C. J. 1998. "Child Maltreatment: A Critical Review of Research on Treatment for Physically Abusive Parents. In: *Violence Against Children in the Family and the Community*. Trickett, P.K.; and Schellenback, C.J. (eds.). pp. 252-268, American Psychological Association Washington, DC.

Schiff, M.; and Benbenishty, R. 2006. "Functioning of Israeli Group-Homes Alumni: Exploring Gender Differences and In-care Correlates". *Children and Youth Services Review* 28(2):133-157

Sever, R. 2001. *A Conceptual Framework for the Examination of Multi-Cultural Issues*. Ministry of Education, Jerusalem. (Hebrew)

Shemesh, I. 2004. *The Challenge of Multiculturalism Challenge in Youth Promotion*. The Institute for Youth Promotion, Petah Tikva. (Hebrew)

Shoham-Vardi, A.; and Blemker, A. 2003. *The Health Status of Bedouin Children* (Hebrew)

Slavin, R.E.; and Madden, N.A. 1989. "Effective Classroom Programs for Students At Risk". In: *Effective Programs For Students At Risk*. Slavin, R.E.; Karweit N.L.; and Madden N.A. (Eds.). pp. 23-51. Allyn and Bacon, Boston.

State Comptroller Annual Report. 2001. *The State Comptroller and Ombudsman Annual and Special Reports*, Israel. (Hebrew)

Sparks, D. 2002. *Designing Powerful Professional Development for Teachers and Principals*. Available at: <http://www.nsdc.org/library/book/sparksbook.pdf>

Stein, M. 2006b. "Research Review: Young People Leaving Care". *Child and Family Social Work*, 11:276-279.

Stein, M. 2006a. "Young People Aging Out of Care: The Poverty of Theory. *Children and Youth Services Review* 28:422-434.

Sulimani, R. 2006. *An Educational Intervention Program for Promoting Students At Risk*. Ashalim, Jerusalem. (Hebrew)

Sulimani, R. 2002. *Studying Educational Intervention - The Case Study of the New Educational Environment (NEE) Programme in Israel*. University of Sussex, Sussex.

Supovitz, J.; and Zief, S. 2000. "Survey Reveals Barriers to Teacher Participation." *Journal of Staff Development* 21:25-28.

Waysman, M.; and Savaya, R. 2005. *Beit Lauren – The Center for Families Coping with Autism/PDD*. Ashalim ; National Insurance Institute, Jerusalem

Weare, K. 2000. *Promoting Mental, Emotional and Social Health: A Whole School Approach*. Routledge, London.

Webster-Stratton, C.; and Reid, M.J. 2004. "Strengthening Social and Emotional Competence in Young Children - The Foundation for Early School Readiness and Success: Incredible Years

Classroom Social Skills and Problem-Solving Curriculum". *Infants and Young Children* 17(2):96-113.

Weiner A.; and Weiner, Y. 1990. *Children in Human Custody*. Shoken, Jerusalem and Tel Aviv. (Hebrew)

Yohalem, N. 2003. "Adults Who Make a Difference: Identifying the Skills and Characteristics of Successful Youth Workers". In: *Community Youth Development Programs: Policies and Practices*. Villarruel, F.A.; Perkins, D.F.; Borden, L.M.; and Keith, G.J. (Eds.). Sage Publication Inc.

Zaltsberg, S.; and Cohen-Navot, M. 2005. "*Care Community*": *Description and Issues for Discussion*. Myers-JDC-Brookdale Institute Jerusalem (Internal Report). (Hebrew).

Zionit, Y.; Kimhi, M.; and Ben Arye, A. 2007. *Children in Israel: Statistical Annual*. The National Council for the Child. (Hebrew)

