

Beer-Sheva, Capital of the Negev: A Profile of Social Welfare Problems

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While there is a range of problems being evidenced by people coming to the municipality's social welfare agency for services, the majority of needs are child and family related. The large percentage of these reported problems (45%) indicates that the investment of resources must be targeted to this issue, if for no other reason than its long term implications for Israel.

Introduction

Seven Wells might be a small city of little importance somewhere in the southwest United States. In Israel, however, Seven Wells or Beer-Sheva¹ is a major population center and as old as Jewish history. The purpose of this article is to report the social problems of Beer-Sheva as identified from the case records of the municipality's social welfare agency workers.

The City: An Overview

Beer-Sheva is mentioned in the Bible as the place where Abraham worshipped and where Isaac and Jacob built altars.² Because of its proximity to water,³ Beer-Sheva has always been a gateway to the Negev, on one side bordered by cultivated country and on the other, by desert. Almost every ruling power of the Negev has had its administrative center in Beer-Sheva as a result of its being a major transportation junction and a gateway to the arid lands of the south. "Thus, the fate of the city throughout history has always been

bound up with and dependent on the Negev and everything occurring in it."⁴

According to an official census of 1922, the city's population amounted to approximately 2300 persons, mostly Moslems, about 250 Christians and less than 100 Jews who worked as agricultural laborers, policemen, and employees of the British in the area.⁵ Today, 111,200 people live in Beer-Sheva which houses about one-half of the entire Jewish population of the Negev⁶ and almost three percent of the population of Israel.

The social structure and nature of Beer-Sheva's population have been influenced by:

the waves of immigration that have reached Israel following the establishment of the State,

⁴ Y. Gradus, "Beer-Sheva, Capital of the Negev Desert—Function and Internal Structure," *Geo Journal*, 2.6, 1978, 521.

⁵ Z. Vilnai, "Beer-Sheva, City of Fathers and Sons," Ministry of Education and Culture and Beer-Sheva's Municipality, 1967; Gradus, *Ibid.*; and "Beer-Sheva: City of the Past and the Future," *Menorah*, Tel-Aviv, Spring/Summer, 1980, 51-60.

⁶ Other towns in the area are Dimona, with a population amounting to about 25,000, Ofaqim and Arad with some 10,000 people each, and Netivot and Yeruham with about 7,000 people in each location. According to Gradus (1978), Beer-Sheva's sphere of social, economic and political influence does not include Qiryat Gat, Sederot and Eilat, although as capital of the southern district, Beer-Sheva influences some administrative functions for these towns. Regarding the Bedouin, it is reported that about 55,000 reside in the Negev, with the majority located within the area between Beer-Sheva, Arad and Dimona.

¹ The term "beer" means "well" (as in water well) and "sheva" is a derivative of the word for "oath." It also means "seven" (*Menorah*, 1980).

² *Genesis* 26 and 46.

³ Beer-Sheva is in the center of the underground drainage basin of Nahal Beer-Sheva which flows down from the Hebron Mountains.

starting with the massive immigration of the early fifties to the Russian immigration of the early seventies . . . The growth rate of the city's population has been higher than that of the total population of Israel.⁷

Beer-Sheva's population characteristics are similar to those of development towns in Israel, i.e., the majority of residents are immigrants from North African and Middle Eastern countries and their Israeli-born children. These people are characterized by large families, a high birth rate and low levels of income as well as of education.⁸ Approximately two-thirds of the city's residents are of these origins as compared with about 50 percent for the nation. Beer-Sheva has a lower percentage of these people however, than the average development town, where the average is about 75 percent.⁹

*Social Service Provision*¹⁰

Social services and social assistance programs in Israel are (for the most part) government operated. They provide for:

- (a) financial assistance, in the form of regular or occasional relief;
- (b) supplementation of income by allocations for specific needs;
- (c) personal social services for families and/or children;
- (d) institutional care; and,
- (e) categorical services to the blind, the retarded and the aged.¹¹

Basically, the Israeli social welfare system may be viewed as having two major functions: 1) income support and, 2) direct social services and emergency

aid programs. With the enactment of the Income Guarantee Law (1980), all regular income support payments are handled by the National Insurance Institute. The other services are locally administered and financed by the municipalities along with allocations made by the national government through the Ministry of Labor and Social Affairs. While the Ministry has tried to standardize service and assistance eligibility, it is the social worker at the local community level who assesses clients' problems and decides whether or not the client is eligible to receive service benefits.¹² Under these circumstances, it is not difficult to see that social workers¹³ operate with often conflicting value orientations and demands of their clients, the profession, the local agency, and the Ministry.¹⁴

¹² F. Lazin, "Problems of Implementing Social Welfare Policy: Welfare and Education in Israel," *Social Sciences Review*, Vol. 56, No. 2, June 1982:292-310.

¹³ Generally, social workers in Israel receive their professional education through one of the following ways: 1) a university-based school of social work undergraduate program, three years in length, which awards either the B.A. or B.S.W. degree; 2) a non-degree program offered by the Training Institute of the Ministry of Labor and Social Affairs (graduates of this program, which is also three years in length, receive a certificate entitling them to the same professional recognition as graduates of the degree programs); 3) professional retraining programs offered by the university schools of social work and by the Training Institute of the Ministry to persons who have successfully completed a first university degree in a field other than social work (this is approximately a two-year program requiring concentrated studies in professional social work subjects, with emphasis on supervised field instruction). Advanced social work education (M.S.W.) is also provided by the schools of social work. (F. Loewenberg, "Social Work Education in Israel" in *Issues and Explorations in Social Work Education*, Shimon E. Spiro (ed.), Israeli Association of Schools of Social Work, 1978: 1-8).

¹⁴ E. Jaffe, "Problems of Loyalty in Social Work," *Social Security*, No. 12-13, March 1977: 174-179 (Hebrew).

⁷ Gradus, *op. cit.*, 527.

⁸ *Ibid.*, 527.

⁹ *Ibid.*

¹⁰ This overview does not include health, education and housing services provided by national and local agencies.

¹¹ J. Neipris, *Social Welfare and Social Services in Israel: Policies, Programs, and Current Issues*, Hebrew University, November, 1981.

The Study of Beer-Sheva

The following descriptive study is based on data derived from the 1982 case records of social workers employed by the municipality's social welfare agency. The agency's reporting form, used to collect client related information, consists of 29 problem categories which have been grouped in the following manner for analytic purposes:

- Child and Family (e.g., mother and/or father functioning difficulties, single parent family hardship, child day care, child problem behavior, foster care . . .)
- Physical and Mental Health (e.g., physical illness, handicapped, mentally retarded, mentally ill, blind, drug and/or alcohol abuse . . .)
- Elderly (e.g., lonely, ambulatory but needs homemaker type services, non-ambulatory and unable to care for self, "exhausted" . . .)
- Criminal Behavior (e.g., individual and/or family needs support resulting from conviction of criminal activity, prostitution . . .)
- Housing and Special Assistance¹⁵
- Work Related (e.g., person is laid off from place of employment or does not want to work . . .)
- Other (i.e., not specified by the social worker)

A total of 2,120 case records of individuals and families seeking direct services (e.g., intake assessment, referral and follow-up, counseling, etc.)¹⁶ were ana-

¹⁵ Special assistance includes the allocation of small sums of money not provided through other means to meet an individual's needs such as eye glasses, clothing, school books for children, etc.

¹⁶ This analysis does not include data regarding those persons receiving emergency financial aid from the municipality's social welfare agency. It should be noted, too, that multiple problems may be reported in each case record that the analysis results in a number of problems more than twice the number of case records.

lyzed. This figure represents about 6% of the city's "head of household" population and an annual social welfare agency service growth rate of 3.5%. Nearly half of the agency's service population are residents of Beer-Sheva's "Dalet" neighborhood including Dalet North, East and Central.

In terms of reported problems, those grouped as child and family related make up more than 45% of the total. Physical and mental health (25%) and elderly (10%) are the other major groupings. The individual problems most frequently cited are: 1) mother and/or father dysfunction, 27% (1377); 2) physical health, 7% (370); 3) child day-care, 6.5% (331); 4) child behavior difficulties, 5.9% (297); 5) handicapped, 5.4% (272); and 6) single-parent family hardship, 4.9% (246). It should be noted that the large number of mother and/or father "dysfunctional" cases may be the result of how social workers define and utilize this category to report problems. For example, a client not wanting to work or having a mental health problem may be labeled as "dysfunctional" and placed in this category rather than in one listed under work related or physical/mental health. Table one provides a breakdown of the reported social welfare problems.

Because the greatest number of problems are child and family related, further breakdown is warranted. Approximately 69% (1462) of the agency's case records are of families with children. Of this population, 10% (146) have eight or more children. This represents nearly 60% of the entire city's large family households. More than one-fifth (21.9%) of the agency's families with children have at least one child placed in an institution or foster care setting.

(Table 2 reports those problems precipitating the "out of home" placement of 500 children). One-sixth, 16.7%

JOURNAL OF JEWISH COMMUNAL SERVICE

TABLE 1
Beer-Sheva: Social Welfare Problems

| Group/Problem | % of Group Related Problems | % (number) of Total |
|---|--------------------------------|------------------------|
| 1. Child and family | | |
| Mother and/or Father Dysfunction | 59.8 | 27.2 (1377) |
| Child Day Care | 14.4 | 6.5 (331) |
| Child Behavior Difficulty | 12.9 | 5.9 (297) |
| Single Parent Family Hardship | 10.7 | 4.9 (246) |
| Foster Care/Orphaned | 2.2 | 1.0 (52) |
| | 100.0 | Sub Total: 45.5 (2303) |
| 2. Physical and Mental Health | | |
| Physical Health | 29.3 | 7.3 (370) |
| Handicapped | 21.5 | 5.4 (272) |
| Mentally Retarded | 16.6 | 4.1 (209) |
| Mentally Ill | 15.2 | 3.8 (192) |
| Blind | 9.3 | 2.3 (117) |
| Alcohol and/or Drug Related | 8.1 | 2.0 (102) |
| | 100.0 | Sub Total: 24.9 (1262) |
| 3. Elderly | | |
| Loneliness | 38.4 | 3.9 (199) |
| Exhaustion (needs rest or nursing home) | 31.3 | 3.2 (162) |
| Ambulatory (needs partial assistance for self-care) | 16.8 | 1.7 (87) |
| Other forms of support | 13.5 | 1.4 (70) |
| | 100.0 | Sub Total: 10.2 (518) |
| 4. Work Related | | 6.3 (320) |
| 5. Criminal Behavior | | 3.5 (176) |
| 6. Housing and Special Assistance | | 3.0 (152) |
| 7. Other | | 6.6 (335) |
| | | Totals: 100.0 (5066) |

(246), of the families with children are single-parent family "hardship" situations. Among the principle problems associated with single-parent families are: mother's inability to function effectively,

need for child day care, child behavior difficulties, and parent-child relations. In 49 instances, social workers identified the single parent household as a problem *per se*. Ten percent of the single

TABLE 2
Problems Associated with the Institutional/Foster Care Placement of Children

| Problem | % of Total Reported Problems (number of families) |
|--|--|
| <i>Institutionalized</i> (387 children) | |
| Dysfunctional Mother | 42.3 (85) |
| Mental Retardation | 25.4 (51) |
| Criminality/Prostitution (in the family) | 12.9 (26) |
| Alcohol and/or Drugs (in the family) | 9.9 (20) |
| Family Violence | 9.5 (19) |
| Total | 100.0 (201) |
| <i>Foster Care</i> (113 children) | |
| Dysfunctional Mother | 60.9 (42) |
| Criminality/Prostitution (in the family) | 17.4 (12) |
| Alcohol and/or Drugs (in the family) | 11.6 (8) |
| Family Violence | 10.1 (7) |
| Total: | 100.0 (69) |

parent families are headed by males. Finally, it is interesting to point out that Israel has received considerable recognition for its provision of child care services, yet 6.5% of the total reported social welfare problems in Beer-Sheva relate to parents' need for access to these services.

Conclusion

While there is a range of problems being evidenced by people coming to the municipality's social welfare agency for services, the greatest number of needs are child and family related. The large percentage of these reported problems (45%) indicates that the investment of resources must be targeted to this issue, if for no other reason than its long term implications for Israel. These problems must be ameliorated or, even better, prevented if they are not to develop into major crisis situations which are destructive to this country's children, the family unit as a whole, and Israel's social development. Also, it must be pointed out that responding to social problems on a crisis basis means a

greater financial responsibility in the long run.

The case record information reported in this article is based on the Beer-Sheva social welfare agency's data collection efforts. These efforts seem to exceed those being carried out elsewhere in the country. Additional information gathering and research, however, needs to be conducted in order to respond effectively and efficiently to Beer-Sheva's social problems. Such effort should be generated in a uniform way with social workers well advised of the problem and social definitions being utilized for analysis purposes.

This study might be viewed as an initial step toward analyzing the Negev's social problems. Other efforts of this type are needed for development towns, Bedouin settlement centers (e.g., Rahat and Tel Sheva), and kibbutzim and moshavim, if this region's social problems are to be fully understood and addressed in a planned and organized manner. This last point has special significance, considering David Ben-Gurion's assertion, "The future of Israel is in the Negev."