



World
Jewish
Relief



Homecare report

worldjewishrelief.org

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01



Introduction

World Jewish Relief has been funding homecare services for older, mainly Jewish people in Eastern Europe for over 30 years. In the early years this was through grants to the American Jewish Joint Distribution Committee (JDC) only, who would distribute funds across its country offices and the Hesed network for clients ineligible for Claims Conference funds (Non-Nazi Victim clients).

JDC's budget for this client group, which World Jewish Relief continues to contribute to, is reducing year on year, leading to a tightening in eligibility criteria. As World Jewish Relief had already established direct funding relationships with many Heseds since the early 2010s, about five years ago we took the decision to start funding homecare directly for people who no longer met JDC's eligibility criteria, but were still in need of support.

Given that the Hesed network is heavily reliant on Claims Conference funding (for its Nazi Victim clients but also supporting the infrastructure, particularly, buildings, training and equipment) and this is estimated to conclude over the next five years as the last Nazi Victim clients pass away, Heseds will be faced with a fundamental challenge: **How can they continue to support their large client base and its growing needs with much reduced funds?** Russia's invasion of Ukraine has of course further compounded the situation. In short, the homecare system, enjoyed by older Jewish people since the 1990s, has reached crisis point.

Homecare services are inherently expensive and require a high level of management, yet we know they are hugely impactful and can extend both longevity and quality of life. Furthermore, given that institutional care is still widespread in most former-Soviet countries, the idea of not providing care at home for those in need is deeply unsettling. Although the landscape of social care is changing in Ukraine and the surrounding regions, it is a slow process. As such we committed to this piece of research to broaden our knowledge of the homecare sector and explore options to support partners to adapt to their new circumstances and this period of transition.

Research objectives

The purpose of the research was to help us better understand the homecare environment in Ukraine and the wider region, and to draw out recommendations for supporting our partners in the short and long term. It also looked at:

- How direct funding from World Jewish Relief to our partner organisations for homecare has been utilised to date
- What homecare support is available from other agencies/organisations, and State bodies
- Implications for a continued reduction in funding for homecare
- What (if any) solutions or alternatives can be considered in the short and long term to alleviate this situation

Methodology

This research was conducted using **a combined approach**: desk-based analysis of World Jewish Relief data on homecare over the past five years; desk-based research exploring homecare options in Ukraine, Moldova, Belarus, and Georgia; and field research.

For the field research we contracted an external market research company (Info Sapiens) based in Kyiv. They conducted in-depth interviews with individuals working in homecare providers in Ukraine, including JDC senior staff members (full list below). They also conducted 3 focus group discussions with Hesed staff - one with homecare workers and two with homecare coordinators. This methodology allowed for a detailed examination of individual perspectives, experiences and insights in both Ukrainian and Russian language. Anonymity was guaranteed to all participants of the research.

In-depth interviews involved individuals from the following organisations:

- Caritas
- Red Cross
- Right to Protection (R2P)
- HelpAge Ukraine
- Dnipro Territorial Centre
- JDC

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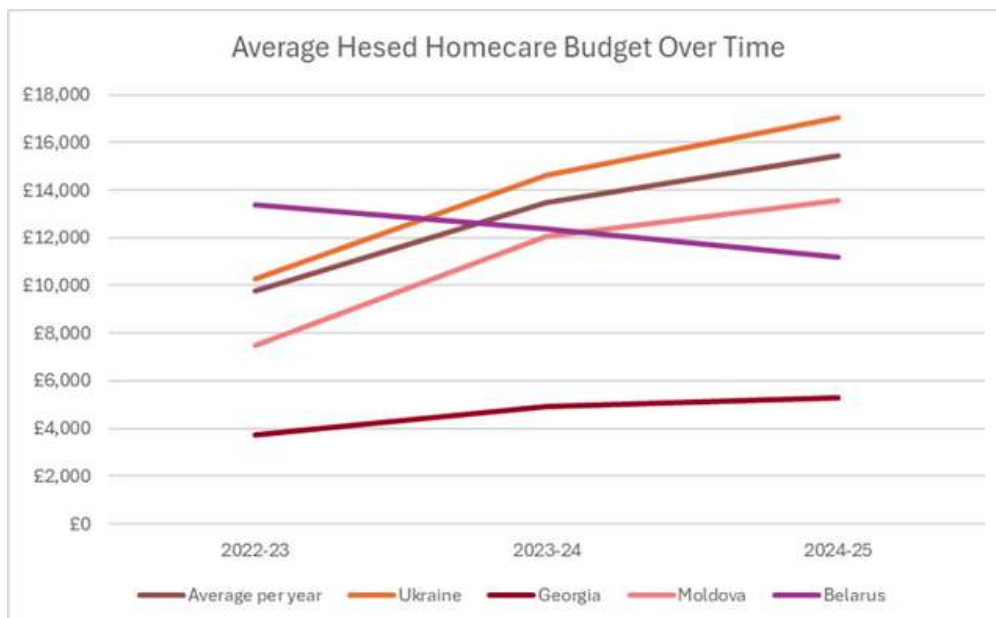
FINDINGS: DESK-RESEARCH

DESK-RESEARCH ON HOMECARE OPTIONS IN UKRAINE, MOLDOVA, BELARUS, AND GEORGIA

In terms of desk research on other countries' provision of homecare, it was difficult to find information about charitable homecare provision in Belarus and Georgia in particular, which points to an underdeveloped sector. This underpins the importance of the JDC system in those countries. In Ukraine, there are more providers, perhaps due to the influx of international aid organisations since the full-scale invasion. Options available are limited in availability, with strict eligibility. Private homecare options can be found in the countries we reviewed, but these are largely unregulated and expensive. More information on these findings can be found in the full report.

DESK-BASED ANALYSIS OF WORLD JEWISH RELIEF DATA ON HOMECARE OVER THE PAST FIVE YEARS:

Our internal analysis showed that the proportion of Hesed project budgets from World Jewish Relief being spent on homecare has increased over time - from 11% to 37% of project budgets since 2020 - to meet the needs caused by changes in JDC criteria. Irrespective of budget changes, overall this has reduced the proportion of World Jewish Relief's funding going to support other programmes such as valuable active ageing activities. This has implications for clients but also for our fundraising and strategic direction, otherwise we risk spending all available funds on homecare.



FINDINGS: DESK-RESEARCH

OTHER FINDINGS INCLUDED:

- There have been notable increases over the past 3 years in the number of clients supported and the number of hours they receive. Today, homecare costs per person per year within our projects vary from **£1,650** in Sumy (Ukraine) to **£295** in Chisinau (Moldova), but on average is **£735**. This variance is largely driven by the number of hours provided to each person. Furthermore, over time the average **cost per hour has increased only from £2.39 to £2.67**, meaning that increases in homecare costs is largely attributable to increasing the number of clients and hours over the past three years (with an additional 29,670 hours over the last three years in total - an average 1.65 hour per week per client) and more clients (from 225 people in 2022 to 287 people in 2025 - 62 added in the last three years). Variation in hours per week provided ranged from 1.5 to 9, but on average they increased over the past three years from 4.5 to 6 hours per week.
- Another variation was whether homecare costs included items beyond salaries, such as for cleaning or hygiene items, case manager salaries, training, or even uniforms for staff. This ultimately affects the cost per-client.
- Analysis showed that 'World Jewish Relief' clients mainly benefit from shopping (96%), cleaning (89%) and cooking (64%) rather than personal care. This is likely because clients with higher physical care needs will still be eligible for JDC funded services.
- At the moment, eligibility criteria for receiving homecare funded by World Jewish Relief varies from partner to partner. Heseds use the JDC functionality testing which is how original assessments are made, but the needs among those who do not meet JDC criteria are higher than our projects can meet and likely to continue to grow in the next few years, meaning that additional decisions are made to determine who qualifies. Our non-Hesed partners appear to have less structured eligibility criteria, which could be a strength in offering flexibility but also leaves them open to other deciding factors. Developing more robust criteria for partners would help to create a more equitable system.

FIELD RESEARCH FINDINGS

VARIATIONS IN TYPE OF SUPPORT/SERVICE PROVIDED

Interviews with other organisations providing homecare revealed that in general they provide standard services such as household assistance, personal care, and the delivery of food and medicine. Additionally noted was the importance of homecare for people who are isolated and experiencing loneliness.

HelpAge Ukraine's 'home based care' is psycho-social visits, twice a month, without actual provision of personal care. "We do not provide cleaning or bathing services. Our work is centred on psychological support and reintegration into the community." Caritas and the Red Cross follow a classic care model with an individualised approach for each beneficiary, focusing primarily on personal care, grocery shopping, accompanying clients to medical facilities, and psychological support. Notably, Caritas also has introduced licensed medical centres, enabling the provision of medical care alongside social support.

JDC provides the full range of care including personal care, as do State homecare workers.

For Nazi Victim clients, care can be provided round the clock if needed, since they are fully funded by Claims Conference. JDC's homecare system typically allows for the client to be visited by the same worker for a long period of time. This allows a relationship to develop, whereas some other providers noted that clients may be visited by different homecare workers.

STAFFING AND BURNOUT

Staff shortages, high turnover and frequent burnout were cited by all organisations, and homecare workers, as a common challenge. This was mainly **due to low wages; military actions, and the demanding nature of the work**. There is also a high emotional and physical strain, particularly when providing personal care. Some cited psychological challenges in working with beneficiaries, such as accusations of theft or misconduct, and conflict with the client or family members. Also mentioned was bereavement when a client passes away and that homecare workers may not be given sufficient time to grieve before being assigned a new client.

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FIELD RESEARCH FINDINGS

LACK OF FUNDING

This is **the most significant challenge for all organisations**, particularly in the context of declining international aid and of course, for Heseds, the reducing budgets from JDC. Many programmes rely on international donors, while government funding is unstable and often reduced.

A common challenge faced by all organisations providing homecare is **financial instability**. None of the home-based care programmes have long-term operational guarantees and remain at risk of funding cuts. Many organisations rely on international donors or temporary grant programmes. While some government support is available, it is often insufficient and contingent on the overall economic and political situation in the country.

VARIATIONS IN ELIGIBILITY

Unsurprisingly, the research found that **there is no unified criteria assessing eligibility for homecare across the different organisations**. However, in general terms, support is provided to those with limited mobility who are unable to care for themselves. Level of care depends on funding available, and in JDC's case, the client's status (NV/NNV) and family support.

Having children is also part of the State's eligibility assessment which cuts many vulnerable people off. The client's mobility is of particular importance.

JDC employs a structured needs assessment system, categorising clients based on a strict funding scale. As mentioned above, since funding from World Jewish Relief is targeting those who are not eligible for JDC homecare, eligibility has been assessed differently and at times, on a more ad-hoc basis. This leads to risk of the most vulnerable not receiving the level of service needed, or people who need less support getting more hours than they need.

The State territorial centre (Ukraine) uses a functionality questionnaire but the final decision about allocation of care is based on an interdisciplinary team, and is at risk of clients providing misleading information (their living situation is assessed and only a verbal confirmation is required regarding their family support arrangements). As such, the validity of eligibility criteria is called into question. Again, resources within the State system are limited meaning they cannot cover the full scale of need, though clients have the option of paying for additional hours if they have the means to do so.

FIELD RESEARCH FINDINGS

ADMINISTRATIVE BARRIERS

It was noted that most homecare providers lack medical certification which limits the level of care (i.e. when it comes to what we would call 'nursing' care or end of life) which creates a significant gap in the care system. Furthermore, bureaucracy and unclear distribution of responsibilities between the state and NGOs in particular create obstacles to efficient service provision (Ukraine).

REDUCTION OF SERVICES IS CATASTROPHIC

Across the board, reduction in services - suddenly or planned, caused by a change in eligibility criteria or funding cut, for example, were described as severe, extremely severe, or catastrophic.

Some respondents found this topic extremely

difficult to discuss. It caused rapid physical decline, increased hospitalisations, and death in some cases, with one respondent noting that "around 80% of former clients passed away within a year after the homecare service was terminated".

Typically, no alternative measures were offered by individuals or organisations, leaving people entirely without support.

It was also noted that reducing services can lead to a loss of qualified, experienced homecare workers.

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Around 80% of former clients passed away within a year after the homecare service was terminated

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CONCLUSIONS AND RECOMMENDATIONS

The research identified a multitude of issues and challenges in providing adequate levels of homecare for vulnerable individuals by professional carers. Addressing these on a national level will require a multi-sectoral approach with full collaboration of relevant Government ministries, such as addressing the lack of medical certification of homecare providers, bureaucracy in the system, funding challenges, and the development and regulation of residential care options.

For our Jewish client group, there are other factors that may be beyond their (and our) sphere of influence in planning for a future with restricted funding.

Although we know JDC/Hesed's homecare workers receive a high level of training and professional support, and often develop close working relationships with clients, unfortunately the system is unsustainable and ultimately requires complex reform due to ongoing funding cuts.

In line with our strategic programme priorities, and the capacity of our team and partners, we have identified the following recommendations to proactively tackle the situation at hand:

Issue	Recommendation
Lack of funding	<ul style="list-style-type: none"> • Our partners must expand networks and interact with other organisations (charitable and government) to attract support for their work, including local businesses and other international partners engaged in homecare provision. • Partners should diversify their income through introducing hybrid financing for homecare - for example, enabling clients (or their relatives) who can pay partially or fully for homecare hours to offset costs for those who cannot afford this. Hesed Yehuda in Moldova, with our support, has recently started trialling this approach and we will monitor its success closely, which will enable them to generate additional income to increase their organisational sustainability. <p>Introducing these mechanisms for Heseds will be critical to their ability to maintain some form of homecare service.</p>

Demand for Homecare Services is Increasing	<ul style="list-style-type: none"> • Activities aimed at preventing ill-health and mobility decline should be prioritised in order to prevent or delay the need for homecare services, such as engaging in physical activity, maintaining health, and promoting an active lifestyle. • A housing and living conditions assessment should be considered in reducing need for homecare (i.e. promoting independence using mobility aids, home adaptations, and focusing on falls risk reduction).
Ensuring Consistency and Efficiency of Homecare Assessments and Provision	<ul style="list-style-type: none"> • Assessment processes should be reviewed to reduce variations in criteria and eligibility for support: standardising criteria on eligibility to ensure resources are spent as efficiently as possible. These criteria need to be communicated clearly to clients and any changes in service be communicated well in advance. . • Digital solutions should be invested in to increase efficiency, including use of smartphones for video communication with clients, and devices to monitor clients' conditions when homecare workers are not there, as well as online training opportunities for homecare workers • Trained volunteers should be engaged more systematically to lighten the demand on paid homecare, such as accompanying clients for a walk, collecting shopping or medicines, to free up time for essential personal care or more complex tasks.
High Staff Turnover and Burnout	<ul style="list-style-type: none"> • More support is needed for both professional and family carers to reduce burnout, conflict between relatives, and to better equip staff with training and supervision. This should include respite care and psychological support, especially for carers of people with dementia or physical mobility issues.

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