Date: March 26, 2023

To: Mr. Tomoya Obokata

Special Rapporteur on contemporary forms of slavery, including its causes and

consequence

Subject: **The State of Israel's Submission to Special Rapporteur on contemporary forms of slavery, including its causes and consequences**

The State of Israel is honored to submit information to the Special Rapporteur on **contemporary forms of slavery, including its causes and consequences**, for his report to be presented at the Human Rights Council in September 2023. Hereinafter is the State's information as provided by the relevant authorities, pursuant to the questions listed by the Special Rapporteur.

**General background**

In Israel, the phenomenon of dwelling in public places ("street-dwelling") is a relatively new and familiar phenomenon from the early 1990s. The number of street dwellers is estimated at about 0.03% of the general population. Israel's treatment policy is based on the linear approach, which includes programs with structured stages of treatment and responses and the transition between them until independent housing is reached. However,in recent years, there has also been a debate regarding the adoption of programs with "housing first" approach.

The Ministry of Welfare and Social Affairs uses the term street dwellers. According to the Social Work Regulations, street dwellers are (Social Work Regulations, 2010):

"A person (man or woman) over the age of 18, who lives on the street, in abandoned houses, public gardens and areas, construction sites, etc., who is physically/ mentally neglected, is usually separated or alienated from a supportive family. Street dwellers do not struggle to change their situation, are incapable of conducting a normative life, and have one or more of the following characteristics:

• History of housing instability and mobility throughout the country;

• Lacking personal certificates (identity card, immigrant certificate, etc.);

• Lacking fixed sources of living;

• Addiction to psychoactive drugs such as alcohol and drugs;

• History of violence and personal and family crises;

• History of physical or psychosocial disavility, with a background of psychiatric hospitalizations;

• Basic distrust in others and suspicion towards the authorities and establishment;

• Dysfunction in most areas of life and a sequence of failures and rejections.

The Social Work Regulations distinguish between street dwellers and homeless people in general, and only adopts the first category out of the ETHOS typology of FEANTSA (The European Typology of Homelessness and housing exclusion of the European Federation of National Organizations Working with the Homeless). The characteristics and needs of homeless people that follows the other three categories of the ETHOS typology cannot receive treatment in the Street Dwellers Unit since this group of people struggle to change their situation, and when their housing problem is solved, their problems are solved.

**Street Dwelling and Modern Slavery**

While Israel has not to this date encountered cases or significant patterns in which victims were street dwellers, it recognizes that street dwelling are significant sources of vulnerability, which must be taken into account in cases of exploitation and may increase vulnerability to trafficking. It should also be noted that all recognized trafficking victims in Israel are eligible to rehabilitation in state-funded shelters, which provide housing for the duration of the rehabilitation period, as well as other rehabilitative services including psychosocial counselling, medical services and assistance in finding employment.

**The main causes/drivers of street dwelling in Israel**

Street dwelling is usually the result of a socioeconomic-personality-related situation that indicates the inability of the individual to satisfy their own needs.

Street dwelling means severe and deep loneliness and distrust in the social and family system.

For the most part, street dwelling has several characteristics, the main of which are family disconnection, economic crises, addiction to psychoactive drugs and physical and/or mental underlying disability.

Explanations for the street dwelling phenomenon

Most explanations for the reasons that lead people to street dwelling are one of the following: structural explanations and personal explanations. These explanations are not contradictory but complementary, since personal characteristics, next to policies and structural limitations, work together and influence those who become street dwellers (Shaintuch, 2008; Abramovich, 2013):

1. Personal explanations – link the street dweller's condition to their characteristics, such as: psychosocial disability, drug and alcohol use, delinquency and problems of domestic violence, as well as to the decisions they made. The argument is that the person has become a street dweller due to a personal decision to leave their residential place and disconnect social relations with relatives, spouses and other significant people. Such decisions also weaken the ability to conduct an independent life.
2. Structural explanations – link the street dweller’s condition to reasons such as: poverty, housing prices, cost of living, difficulties in the labor market and welfare policy. According to this view, the street dwelling population is a specific population. The situation of the street dwelling people is not due to their actions or lack of motivation to change their situation (Sheintuch, 2008).

These approaches have implications for the policy in addressing the phenomenon of street dwelling. The personal explanation approach requires a greater investment in personal care, whether it is mental health services for persons with psychosocial disabilities or withdrawal from the use of prohibited substances. In contrast, the structural explanation approach requires structural solutions, such as increasing the availability and accessibility of affordable housing. As long as we believe that both explanations work together, the proposed solution should also include both levels, i.e., personal rehabilitation alongside occupational rehabilitation and housing-related response.

Further studies pointed to the impact of migration on street dwelling, since migrants had difficulty acclimatizing to the new society they had reached and had difficulty assimilating socially. For the most part, societies struggle accepting the other and are in no hurry to give them a chance to prove themselves, and therefore migrants will find themselves on the street much faster than any other group. This explains the fact that the street dwelling phenomenon was only recognized following the waves of immigration.

Dissolution of the family unit is another reason for street life, especially when it comes to people with low personal resilience and an inability to acclimatize and cope with crises.

Another notable factor contributing to the deterioration into the street, relates to persons with disabilities. People with physical or psychosocial disabilities may face challenges on finding their place in the labor market and find suitable housing, as well as to relying on friends, family, or the welfare system.

The combination of these factors might turn a person into a street dweller and put them in an aggravated situation of vulnerability.

Local studies have shown that there are also factors that can protect street dwellers while staying on the street, such as ability and survival skills, professional intervention of welfare workers, rehabilitation processes, personality-related variables, family ties and the ability to integrate into rehabilitation settings.

**Effective measures taken by the Government to prevent street dwellers or at-risk people from becoming street dwellers, including children**

In Israel, children are not defined as street dwellers.

The "**SHALAM**" **) Rehabilitation, Accompaniment and Prevention**) Administration Director is responsible for the care of street dwellers who have already reached the street, yet the Ministry of Welfare and Social Security provides care to those who are already at risk and provides them with rights and support in order for them to have the opportunity to gather strength and make changes in their lives.

Therefore, the field of street dwelling is undergoing a revolution in terms of building new therapeutic responses tailored to the needs of service applicants, as will be explained below.

Until three years ago, the street dwelling field operated under the "**SHAHA**" (**Personal and Social Services**) Administration, and most therapeutic settings focused on providing a long-term maintenance response without a focused rehabilitation horizon.

In recent years, the Ministry of Welfare and Social Security has been working on building tenders enabling the response of vocational rehabilitative hostels that put the street dweller in focus and treat him/her as a person with high rehabilitative potential.

The following is a summary of the existing responses and those that are being built

*Community responses – ambulatory:*

19 Municipal units nationwide, in the following cities:

**Tel Aviv-Jaffa, Jerusalem, Haifa, Be'er-Sheva**, **Rishon LeZion, Netanya, Lod, Petah Tikva, Bat Yam, Bnei Brak, Ashdod, Ashkelon, Hadera, Eilat, Ofakim, Beit Shemesh, Holon and Kiryat Gat.**

**The Unit's staff**: Social workers and auxiliary professionals according to the number of service recipients.

**Type of service:** Street patrols, location and persuasion activities, distribution of blankets, drinks and food, referral to shelters/institutions with accommodation, diagnosis and assistance in realizing rights, psychosocial treatment, assistance in submitting documents to medical committees, professional support during rehabilitation.

The ultimate goal of this service is to locate, rescue and protect street dwellers who are on the streets through Unit employees who are trained for this task. The Unit employees patrol the city twice a week, and on harsh winter days patrols are intensified. Patrols are sometimes conducted late at night or early in the morning. Street dwellers who refuse out-of-home treatment and insist on staying on the street, are given blankets and warm clothing.

**Out-of-home responses:**

**Eight roofs/ shelters –including 231 beds –** asetting that provides an emergency, protection and maintenance response to street dwellers located on the street or who arrive on their own. The setting is an alternative to staying on the street and is intended to provide a roof for the night where the street dweller will receive a meal, a shower and clothing.

The Ministry is preparing to launch a tender to operate district responses, thus in addition to some of the existing ones, in order to increase the number of beds and enable a 24/7 beneficial and rehabilitative response, which will replace the old model that operated from the evening until the next day.

**An emergency receipt of 75 quotas (the setting has been expanded from 50 quotas to 75 quotas)-**this setting is considered the largest inpatient unit in the country and provides first-class professional care. This is a setting that enables an emergency response, withdrawal, stabilization of medical and psychosocial care, and a full package of responses. The setting takes care of realizing rights and coordinates a treatment plan for the future.

**A Home for Life – 106 beds** - this is a setting adapted to the population of street dwellers who are not rehabilitable and unable to conduct an independent lifestyle. It is intended for street dwellers who need help but cannot gather enough strength for change and the change in them is seen gradually and to a certain limit, and therefore the response needed here is maintenance-related. The setting is long-term and enables assistance and guidance for integration into the community, psychological support and accompaniment, guidance and assistance in managing the household and enrichment and leisure programs.

The setting provides assisted living in a wrapping and supportive setting for the population up to old age. But at the same time, we have seen that the population of street dwellers has generally aged in the country and there has been a need to build a response that will enable the treatment for street dwellers who have reached old age.

**Recently, the Ministry has been working on developing this response through building a new tender that will be combined with quotas for older persons, to allow street dwellers who have become accustomed to the setting for years, to continue staying therein, while the setting has the ability and training to provide that older person with the right care.**

**Hostels: 180 beds –** this is a setting that enables personal and occupational rehabilitation, including provision of social and occupational skills, including integration into work settings and support for the purpose of perseverance and learning for normal work values. The stay in the settings includes intensive individual, group and community therapeutic intervention.

The goal is a change in life habits, preparation for transition to independent living and personal, family, social and occupational rehabilitation.

These settings are accompanied by research currently developing a measurement tool that will enable the measurement and monitoring of the response provided in hostels for the purpose of control, adjustment and change if necessary.

**A 30-quota transitional setting –** a setting designed for street dwellers facing severe physical complexity alongside all other characteristics. So far, there has been no setting providing such response in the country. The outbreak of the COVID-19 Pandemic and the fact that street dwellers in the country are becoming sicker and older, has forced adjusting the responses accordingly. A temporary setting was geared to provide this response, and a designated tender is underway, to enable the establishment of a setting that will provide a solution for the population of complex and sick street dwellers. The setting also provides services of rehabilitation and stabilization using suboxone/ methadone, and also provides a solution for people who are isolated and sick due to the coronavirus.

**A satellite apartment (a setting that is in the final tender stages - 40 quotas)**

This setting, located in the community, is intended for street dwellers who have undergone a process of treatment in dormitory settings and/or have been in shelter for several months, and still need special support, reinforcement and guidance in their daily functioning.

Unlike a shelter, the purpose of this setting is to provide street dwellers who are currently unable to become independent, with a homely, inclusive and supportive setting.

**A new and pioneering solution for street dwellers who are foreigners** **that cannot be expelled** - (in the building stages - 32 quotas)

This is a new project built in collaboration between different ministries, the National Insurance Institute and Tel Aviv-Jaffa Municipality. These are four apartments that will provide response to 32 patients. The target population is foreigners that cannot be expelled, who found themselves in the streets and need a therapeutic, along with housing-related, response. This is a pioneering project designed to handle foreigners who went through many difficulties until they arrived in the country, and among other things underwent torture and severe hardships.