



Community Expectations of 'Jewishness' in Service Delivery

Full Report for the Victorian Jewish Community

Jewish Care Victoria

In conjunction with

Professor Andrew Markus

Australian Centre for Jewish Civilisation

 **JewishCare**
My Community. My Choice.

Table of Contents

	Page
Acknowledgements	4
Executive Summary	5
Background	5
A Jewish Care Strategic Initiative	5
Evidence-Based Decision Making	5
Working in Partnership	5
A Consultative Survey Development Process	5
Research Methodology	5
Survey Participants	5
Survey Data Analysis	6
Key Findings	6
Overarching Themes	6
Specific Areas of Consensus	6
Specific Areas of Divergence	6
Key Learnings	7
Introduction	8
Objective of Survey	8
Modes for Accessing Survey	8
Survey Design	8
Participant Profile	9
Weighting of Survey Results	13
The Balance of Opinion within the Jewish Community	13
Areas of Consensus	14
Areas of Divergence	16
Explaining Variation in the Survey Results	16
Variability by Gender, Age, Financial Status, Donor Status, Likelihood of Service Use, Religious Identification	16
Strongly Correlated Survey Questions – Exploring Component 1	21
Analysis of ‘Traditional’ Respondent Data	24
Analysis of ‘Not Religious’ Respondent Data	24
Research to Practice - Key Learnings	26
Validating Current Practice	26
Responding to Divergence in Community Expectations	26

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Executive Summary

Background

A Jewish Care Strategic Initiative

Understanding the Victorian Jewish community is central to the capacity of Jewish Care to provide tailored aged care and community services. In 2012, Jewish Care embarked on a strategic piece of research to learn more about what the community expects in relation to the 'Jewishness' of its services. The research has become known as 'Community Expectations of Jewishness in Service Delivery'.

Evidence-Based Decision Making

The information gathered through the survey research project provides insight into how the community would like to see 'Jewishness' reflected in services. It forms an evidence base from which Jewish Care can make decisions about how to best position itself to meet the expectations of its diverse community.

Working in Partnership

Jewish Care recognises the value of forging links with academic and other institutions for the purpose of research. Building a tradition of partnership in research, Jewish Care joined with Professor Andrew Markus, Australian Centre for Jewish Civilisation at Monash University, to undertake the research into community expectations of 'Jewishness' in service delivery.

A Consultative Survey Development Process

The survey tool was developed through extensive consultation with key stakeholders. Intensive discussions within the Jewish Advisory Committee, the Jewish Care Quality Service Review Committee and the Jewish Care Board were matched with comprehensive external consultation. Over the course of three external focus group sessions, representatives from each of the Jewish Community Council of Victoria, Council of Orthodox Synagogues, Union for Progressive Judaism, Association of Principals of Jewish Schools of Australasia as well as donor, client and community representatives, worked to refine survey questions.

Research Methodology

Survey Participants

Employing a rigorous scientific research methodology, the survey was administered to *two sample populations*, reaching in excess of 14,000 prospective participants. The first sample was drawn from the Jewish Care database and the second was recruited from the community at large.

Jewish Care maximised the opportunity for the community at large to participate in the survey, advertising for participants through an array of different media including The Australian Jewish News and Hamodia newspapers as well as through community email networks. Surveys were also made accessible in both online and paper-based formats.

Participants from the two sample populations were statistically comparable and so data sets were combined, creating a single sample of 1305 participants.

Survey Data Analysis

Survey data analysis was extensive and the methodologies used ensured that each of the classified 'religious identifications' was awarded equitable representation.

Key Findings

Overarching Themes

- There was strong and widespread support for the maintenance of religious and cultural practices and observances within Jewish Care.
- Religious identification was a strong predictor of response to questions posed about observance of religious practices. For example, amongst those who identified as Ultra or Strictly Orthodox, there was close to unanimous support for observances of kosher dietary laws and Shabbat in communal and public areas within facilities, whereas less than one quarter of those identifying as not religious supported or strongly supported these observances.
- Opinion was divided on questions pertaining to individual choice (as distinct from communal practice); with questions related to end of life decisions, provision of requested non-kosher food and facilitation of group activities not in keeping with religious observance, polarising participants.

- Strong support for religious and cultural practice
- Religious identification was a strong predictor
- Opinion divided on matters relating to individual choice

Specific Areas of Consensus

- There was strong agreement amongst a vast majority of participants for religious and cultural observances; in particular the observance and commemoration of religious and cultural events and the observance of Shabbat and kosher dietary laws in communal and public areas within Jewish Care services and programs.
- There was very strong negative sentiment from a vast majority of participants towards the notion that Jewish Care should facilitate the celebration of non-Jewish occasions in communal areas for clients who request this.
- There was strong agreement amongst almost all survey participants for consultation with family and clients in the delivery of care.
- *Of the limited number of Jewish Care services listed for comment, there was strong agreement amongst almost all survey participants for provision of these services (e.g. respite services for adults with disability, mental health services).*

- Observance of Shabbat and kashrut
- Observance and commemoration of religious and cultural events
- Not to facilitate the celebration of non-Jewish occasions
- Consult with families in delivery of care
- Provision of services such as respite for adults with a disability and the Mental Health Program

Specific Areas of Divergence

Opinions of survey participants were divided about whether Jewish Care should:

- Advocate for life prolonging measures at end of life stage.
- Provide non-kosher food to residents and clients who request it.
- Facilitate group activities that are not necessarily in keeping with Jewish religious observance when requested.

- Advocate for life prolonging measures
- Provide non-kosher food if requested
- Facilitate group activities not in keeping with Jewish religious observance

Key Learnings

In the main, survey findings reaffirm that **Jewish Care is delivering its services in a manner that is consistent with the expectations expressed by the community about how 'Jewishness' should be reflected in service delivery – validating financial investment in the 'Jewishness' of this service provider.**

To address survey findings of divergence in community opinion, Jewish Care has committed to:

1. **Continuing its practice of permitting residents/clients to bring their own food into facilities for consumption in 'private spaces'.** Consumption of such food in 'public spaces' would affect the kosher status of the facility and, as such, is not supported by Jewish Care or the community it serves.
2. **Embedding Advance Care Planning (ACP) as a process within residential and community aged care services.** As industry best practice, ACP empowers and enables residents/clients to customise future medical treatment and care (subject to laws applicable in Victoria).
3. **Continuing the practice of facilitating, where possible, activities that are not in keeping with Jewish religious observance, provided that these activities are carried out in a manner that is respectful.**
4. **Further development and ongoing review of lifestyle programs for both the celebration of Jewish religion and the celebration of Jewish culture.**

Introduction

Objective of Survey

The objective of the community expectations survey, as described in letters to potential participants, was:

'to provide an evidence base for understanding the community's expectations of how 'Jewishness' should be reflected in our in aged care, family, disability and community services. In simple terms, we need to know what our community sees as being essential for the delivery of a Jewish Service.' This will place us in a stronger position to meet the diverse needs of our clients.'

Modes for Accessing Survey

The survey was conducted from 17 May to 18 June 2012. There were three different modes for accessing the survey:

1. In response to a written invitation, mailed to a control group of 3000 randomly selected addressees from the Jewish Care database; households received a personalised letter explaining the objective of the survey and inviting them to participate using a provided password; the letter was mailed on 16 May 2012.
2. In response to an invitation in the Jewish Care My Connection newsletter, in which a letter was inserted explaining the survey and providing a link and access code to the online survey; the newsletter was mailed on 24 May 2012.
3. In response to an advertisement and publicity in The Australian Jewish News and emailed publicity distributed by a number of organisations and individuals.

In addition to the online version, individuals were able to request by telephone a print version of the survey, which was provided with a return addressed envelope.

Survey Design

The initial draft of the survey was prepared by Rabbi Meir Shlomo Kluwgant (General Manager of Jewish Care's Cultural and Spiritual Services), with input from the Jewish Care Executive, Jewish Advisory Committee, and the Board Quality and Service Review Committee, and was trialled at three focus group discussions held at Jewish Care's The Manders Villas (formerly known as Glen Eira Villas). Some 30 community members participated in the focus group discussions, which resulted in a number of changes and improvements to the wording of the survey.

The final version of the survey comprised 22 substantive questions (21 closed choice, one open-ended) and 11 demographic questions.

The first 17 questions provided six response options:

'Essential', 'very important', 'moderately important', 'neither important nor unimportant', 'moderately unimportant', and 'no significance'.

A six point scale was utilised because it was hypothesised that there would be a strong level of agreement with propositions being tested, hence a basis was provided to distinguish between the strongest and strong levels of agreement ('essential', 'very important').

Five additional questions provided five response options:

'Strongly agree', 'agree', 'neither agree nor disagree', 'disagree' and 'strongly disagree'.

The Research Now organisation programmed and administered the online version of the survey, coded responses to the one open ended question and provided the survey weightings. Ms Miriam Bass served as the consultant for the project, acting as liaison between the respective parties, ensuring that time lines were developed and met, and ensuring that there was adequate publicity, essential for the positive response to the call for participation.

Participant Profile

There were 1305 survey completions. Respondent categories were identified by password categories and mode of access to the survey. There were 237 (18%) completed surveys within the control group, 169 (13%) in response to the invitation to participate in the Jewish Care My Connection newsletter, and 886 (68%) in response to the open invitation to participate (see Table 1).

Table 1: Respondents by category

	Frequency	Percent
Control group	237	18.2%
Newsletter	169	13.0%
General community	886	67.9%
Other (hard copy entry, not assigned)	13	1.0%
Total	1305	100%

A large number of people accessed the survey but failed to complete it. Within the control group the completion rate was 93% (230/ 248), a markedly lower 66% (1048/ 1584) in response to surveys accessed by open invitation (see Table 2). Within the open category, respondents took an average of 7.5 minutes to complete the survey, a slightly longer average of 8 minutes within the control group.

46 print versions of the surveys were returned – 33 within the control group and 13 within the open category.

Table 2: Survey completion rate

Mode	Open (Newsletter, General)		Control	
	n	Percent	n	Percent
Complete	1048	66.2%	230	92.7%
Incomplete	532	33.6%	17	16.9%
Screened	4	0.3%	1	0.4%
Total	1584	100%	248	100%
Survey duration	7.5 minutes		8.0 minutes	

The achieved respondent profile was matched against census (Australian Bureau of Statistics 2011) and Gen08 (Markus, Jacobs and Aronov, 2009) survey data.

Age and sex of respondents was matched against recently released Jewish population data in the 2011 census for Victoria. Comparison indicates a very close match for gender distribution (within two percentage points) (see Table 3).

Table 3: Gender distribution

	Census	Control	Newsletter	General Community	Total
Male	48.3%	53.0%	50.9%	43.3%	46.1%
Female	51.7%	47.0%	49.1%	56.7%	53.0%

Matching of age distribution indicates under representation of those aged 18-44 and consequent over-representation of those aged 55 and above (see Table 4). The census indicates that of the Victorian Jewish population aged 18 and over, 19.7% are aged 55-64, compared to 31% of survey completions within this age group; 10.8% of the Jewish population (18 and over) are aged 65-74, compared to 15.6% of survey completions. While this over-representation of those aged 55 and above is a potential problem, there were sufficient completions among those in the younger age categories to undertake further analysis of questions for this segment of the community, should it be required. While the age variable is not a focus for analysis in this report, preliminary indication for selected questions is provided in Table 7.

Table 4: Age distribution, 18 and over

	Census	Control	Newsletter	General Community	Total
18-24	9.5%	0.4%	3.6%	4.2%	3.4%
25-34	15.5%	2.5%	3.6%	13.3%	10.0%
35-44	16.4%	6.8%	5.3%	13.1%	10.8%
45-54	15.0%	16.9%	20.7%	16.8%	17.4%
55-64	19.7%	30.8%	34.3%	30.6%	31.0%
65-74	10.8%	20.3%	16.6%	14.0%	15.6%
75+	13.1%	21.9%	15.4%	7.2%	11.2%

The Gen08 survey, which was completed by some 3000 members of the Victorian Jewish community in 2008-09, provides data for benchmarking self-described financial status and religious identification. The 2012 Jewish Care survey employed the same wording as the Gen08 survey in its demographic questions.

Matching of financial status indicates a close match between the largest group, those who indicate that they are living 'reasonably comfortably' (44% Gen08, 43% Jewish Care survey). The top financial status categories, 'prosperous' and 'very comfortable', are under-represented in the Jewish Care survey (40.3%, 27.7%), while the lower categories, 'just getting along' and 'struggling to pay bills' are consequently over-represented (13.3%, 23.4%) (see Table 5).

The over-representation in the lower financial categories may be explained by the over-representation of the self-identified Ultra and Strictly Religious, a finding discussed below. Examination of respondent categories indicates that 13.3% of Gen08 respondents are 'just getting along' or 'struggling to pay bills', a slightly higher 18.5% within the Jewish Care control group, and a much higher 27% of respondents to the open version of the Jewish Care survey. A relatively high proportion (5.3%) declined to answer the Jewish Care question on financial status.

Table 5: Self-described financial status

	Gen08	Control	Newsletter	General Community	Total
Prosperous	7.0%	5.9%	4.1%	4.4%	4.6%
Very comfortable	33.3%	28.3%	25.4%	21.2%	23.1%
Reasonably comfortable	44.1%	40.5%	54.4%	42.0%	43.2%
Just getting along	12.2%	13.9%	8.9%	20.2%	17.7%
Struggling to pay bills	1.1%	4.6%	1.8%	6.8%	5.7%
Poor	0.6%	0%	0%	0.5%	0.4%
DK/ Decline	1.8%	6.8%	5.3%	4.9%	5.3%
Total	100%	100%	100%	100%	100%

With regard to religious identification, the Jewish Care control group closely matches the Gen08 distribution – with a slightly lower proportion of respondents who indicated that they were ‘not religious’ and a slightly larger proportion of respondents who indicated that they were ‘traditional’ (see Table 6). This difference may reflect the concerted effort to reach the not religious or secular segment of the community for the Gen08 survey, an undertaking which could not be repeated with the limited resources and short period of surveying for the Jewish Care survey.

In contrast with this matching, there is a marked divergence in the general community category (see Table 6). Gen08 indicated that 7.5% of the community identified as Ultra or Strictly Orthodox; this segment reached 28.5% in the open version of the Jewish Care survey, and the Modern Orthodox were also over-represented. With the Orthodox groups combined, the proportion was 25.1% for Gen08, 52.5% for the open version of the Jewish Care survey, an overrepresentation of the order of 100%, while the ‘traditional’ and ‘not religious’ identifications are under-represented. This skewing of the respondent profile may reflect the high motivation to complete the survey within Orthodox segments of the community, based on a perceived risk that Jewish Care was considering changes in its service provision which would result in a lessening of the priority accorded to Orthodox religious requirements.

In summary, a consideration of the achieved respondent profile indicates that the Jewish Care control group reasonably matches census and Gen08 data. Variation is most marked in the religious identification of those who completed the open version of the survey.

Table 6: Religious identification

	Gen08	Control	Newsletter	General Community
Ultra/ Strictly Orthodox	7.5%	8.2%	3.6%	28.5%
Modern Orthodox	17.6%	17.2%	20.0%	24.0%
Conservative	2.9%	3.0%	6.1%	2.7%
Traditional	36.3%	40.3%	38.8%	23.1%
Progressive	14.0%	13.7%	13.3%	17.6%
Not religious	21.7%	17.6%	18.2%	7.7%
Total	100%	100%	100%	100%

Weighting of Survey Results

To accurately reflect the community, survey results were weighted using the proportions for religious identification obtained by Gen08 (described as Weight 1 in the SPSS data file). A second set of weights was prepared using the proportions for religious identification obtained in the Jewish Care survey control group (described as Weight 2 in the SPSS data file). As there was found to be little difference in results between the two weighting variables, this report employs Weight 1. The final section of the report presents findings for key questions by major religious identifications; given that this analysis explores attitudes by religious identification, there has been no need to weight data for this part of the report.

The Balance of Opinion within the Jewish Community

The key finding of the Jewish Care survey is the high level of support for maintenance of traditional practices within Jewish Care.

Using a six point scale, when there is a lack of strongly held views, or there is a large measure of uncertainty or lack of adequate knowledge, the typical result is a clustering of responses at the mid-point. Thus a six point scale would typically yield responses in the range 25:50:25 or 20:60:20.

When views are strongly held there is a skewed response, with either a polarisation at the extremes, or a clustering of responses at one end of the scale. The clustering of responses pattern is evidenced in the Jewish Care survey. One question yielded a distribution of 97:3:0; a

question that produced greater variation still indicated a clustering, with a skewed 62:29:9 distribution. Further, there was a marked preference for the strongest level of response. Thus for questions providing response options, the extreme point on the scale (point 6, 'essential') was selected by a higher proportion than the next point (point 5, 'very important') in response to 14 of the 16 questions.

The key variable differentiating responses, as discussed below, is the respondent's religious identification. The highest level of agreement was obtained by questions of a general nature, on which Orthodox and non-Orthodox respondents could agree. On questions specifying an Orthodox approach, the level of agreement is lower, or opinion is divided, as such questions divide Orthodox and other religious identifications.

Areas of Consensus

The highest level of agreement was obtained in response to questions about consultation with family and clients in the delivery of care. Thus a combined 96% of respondents indicated that it was either 'essential' (70%) or 'very important' (26%) to offer clients and residents 'the opportunity to involve their family members in decisions relating to their care'. 86% indicated that it was either 'essential' (51%) or 'very important' (35%) to involve clients and residents 'in decisions related to the delivery of Jewish Care's services'. The three questions on consultation recorded an average score of 90% indicating 'essential' or 'very important'.

The second highest level of agreement was reached in response to questions about the provision of specified services reliant on community funding. Of the limited number of Jewish Care services listed for comment, respite services for adults with a disability were rated as 'essential' (64%) or 'very important' (31%) by a combined 95% of respondents; mental health programs were rated at this highest level by a combined 87% and family relationship counselling and financial aid were rated at the level by a combined 77%-78% of respondents. The average score at the highest levels was 84% for the four questions. Counselling for families of Holocaust survivors, posed in a different context, was seen as 'essential' (29%) or 'very important' (38%) by a combined 67% of respondents.

The third highest level of agreement was obtained in response to questions about staff training. Questions were posed with reference to four areas. Training to understand 'Jewish traditions and values' was rated first, as seen as 'essential' (54%) or 'very important' (29%) by a combined 83% of respondents. The other three areas were ranked at the highest levels by 72%-76% of respondents, with knowledge concerning the 'history of the Holocaust' marginally ahead of training to understand the Melbourne Jewish community and Jewish religious observances. The distribution of responses averaged 76% at the highest levels, close to 20% in the mid-range ('moderately important'), with only 5% choosing one of the remaining three options, 'neither important nor unimportant', 'moderately unimportant' or of 'no significance' – a distribution of 76:20:5.

The fourth highest level of agreement, marginally lower than the third, was obtained in response to questions related to Jewish religious and cultural observances; the rank order combining 'essential' and 'very important' was

firstly for celebration and commemoration of Jewish religious and cultural events (72%-73%), followed by observance of kosher dietary laws (62%, with 29% indicating 'moderately important' or neutral, 9% indicating 'moderately unimportant' or 'of no importance'), and religious observation of Shabbat in communal and public areas (58%, with 34% in the mid-range and 8% negative). The average distribution for these questions was 66:28:6.

When questions were asked in reverse, requiring respondents to contemplate variation from Jewish religious and cultural practices, there was evidence of **very strong negative sentiment towards the idea that Jewish Care should facilitate the celebration of non-Jewish religious occasions in communal areas for those residents and clients who request it**. 75% disagreed, 14% indicated a mid-range response, and 11% agreed.

The one open-ended question asked respondents to 'indicate the main reason that you would choose a Jewish aged and community care service provider ahead of a non-Jewish service provider'.

The consistent finding is that the top-of-mind response relates to the Jewish and familiar '*Heimish*' environment that is expected from a Jewish provider; it is expected that there will be 'a Jewish place for Jewish people', one that is culturally sensitive to Jewish needs, that maintains celebration of festivals, holidays, and Jewish lifestyle, a place where residents can 'feel at home', be with like-minded people in an institution which fosters a sense of community and belonging. A majority of over 60% of first responses touched on these themes.

This high-level response contrasts with the 6% who made their first reference to 'religious observance/ Jewish observance/ religious laws/ beliefs'; these issues were more prominent in the second response, where they ranked second and were noted by 8.3% of respondents: very few (2.4%) respondents first specified observance of kosher dietary laws.

Some respondents provided more than one response to the question. With first, second and third responses combined, 17% of respondents made reference to the importance of religious observance and 7% specified maintenance of kosher dietary laws.

Open-ended responses are difficult to interpret, and these finding should not be taken to indicate, for example, that kosher dietary laws are not important for 93% of respondents. Indeed, we know that this is not the case from the specific question on kosher provision in the survey. The finding merely indicates that in the context of such an open-ended question, kosher provision is not a top-of-mind issue when respondents are asked to consider 'the main reason you would choose a Jewish aged and community care service provider'.

An additional finding is that the issue of 'quality of service provided/ high standard of care/ caring environment' was mentioned by very few respondents; chosen by 1.5% as a first response, only 2% with the top three responses aggregated.

Areas of Divergence

In response to the proposition that **non-kosher food** should be provided to residents and clients who request it, half (51%) of the respondents disagreed, 13% indicated a mid-range response, and 36% agreed.

A stand-alone question concerning advocacy of 'life prolonging measures at end-of-life stages as required by Jewish religious law' produced a polarising result, dividing respondents along a five point scale: 39% 'strongly agreed' or 'agreed', 21% indicated a mid-range response ('neither agree nor disagree'), while 40% 'disagreed' or 'strongly disagreed' – a 39:21:40 result.

Two other questions divided respondents almost equally. When asked if Jewish Care should facilitate group activities at the request of residents and clients which are not in keeping with Jewish religious observance, 40% agreed, 20% were in the middle and 40% disagreed; when asked if Jewish Care should 'facilitate the celebration of non-Jewish religious occasions in staff areas for staff members who request it', 39% agreed, 21% were in the middle and 39% disagreed.

Explaining Variation in the Survey Results

Variability by Gender, Age, Financial Status, Donor Status, Likelihood of Service Use, Religious Identification

This section of this report seeks to explain variation in the pattern of response by considering responses to five selected questions by six variables: gender, age, financial status, donor status, likelihood of using Jewish Care, and religious identification.

The findings (see Table 7) indicate little variation by gender, age and donor status – the maximal range respectively averages 5, 5 and 7 percentage points. When responses are considered by likelihood of using Jewish Care over the next five years, the difference between those indicating 'yes' and 'possibly' is an average 6 percentage points, with three response options ('yes', 'possibly' and 'no') an average of 12 percentage points.

The remaining two variables yield a larger measure of variation; by **financial status** variation averages 20 points; by **religious identification** there is a different magnitude, an average of 75 percentage points.

**Table 7: Percentages of survey participants (by six variables) who responded
*Essential or very important; **strongly agree or agree to selected questions**

	Sex		Age				Financial Status			
	Male	Female	35-44	45-54	55-64	65-74	Prosperous	Very Conf.	Reasonably Conf.	Just Getting Along
Q3 Observance of kosher dietary laws in communal and public areas within Jewish Care facilities*	59	64	62	60	61	60	56	62	63	73
Q2 Observance of Shabbat in communal and public areas within Jewish Care facilities*	51	62	59	60	56	56	55	49	58	68
Q18 Jewish Care should advocate life prolonging measures at end-of-life stages as required by Jewish religious law**	43	35	37	44	36	36	22	26	41	54
Q20 Provide non-kosher food to residents and clients who want it**	37	35	35	33	38	38	37	45	35	28
Q19 Facilitate group activities at the request of residents and clients which are not in keeping with Jewish religious observance**	40	40	39	38	44	41	48	50	38	35
N (unweighted)	560	689	141	227	404	203	61	336	544	189

	Donor		Likely to Use Jewish Care			Religious Identification				
	Yes	No	Yes	Possibly	No	Ultra/ Strictly Orthodox	Modern Orthodox	Traditional	Progressive	Not Religious
Q3 Observance of kosher dietary laws in communal and public areas within Jewish Care facilities*	62	54	68	61	56	100	91	72	41	22
Q2 Observance of Shabbat in communal and public areas within Jewish Care facilities*	57	55	63	58	50	99	84	60	52	25
Q18 Jewish Care should advocate life prolonging measures at end-of-life stages as required by Jewish religious law**	39	33	45	38	30	98	66	37	18	13
Q20 Provide non-kosher food to residents and clients who want it**	35	44	34	35	44	3	9	24	60	71
Q19 Facilitate group activities at the request of residents and clients which are not in keeping with Jewish religious observance**	38	51	36	44	45	7	13	34	53	75
N (unweighted)	941	203	265	446	345	276	279	345	204	150

Further analysis indicates that the relatively large variation by financial status may in large part reflect differences of religious identification within the financial status categories (see Table 8). Thus, those who identify as Progressive or not religious make up 40% of the 'prosperous' category and 47% of the 'very comfortable', but make up only 27% of those who indicate that they are 'just getting along'. By contrast, those who identify as Orthodox make up 26% of the 'prosperous', 19% of the 'very comfortable', and a higher 34% of those 'just getting along'.

Table 8: Survey Participants' financial status by religious identification (%)

	Ultra/ Strictly	Modern Orthodox Orthodox	(Ultra/ Strictly/ Modern Orthodox)	Traditional	Progressive	Not Religious	(Progressive & Not Religious)	Total
Prosperous	3	23	(26)	33	18	21	(40)	100
Very comfortable	4	15	(19)	33	17	30	(47)	100
Reasonably comfortable	8	18	(26)	36	15	20	(35)	100
Just getting along	13	21	(34)	38	11	16	(27)	100
Average	8	18	(26)	36	14	22	(36)	100

To further understand the pattern of response by religious identification, a factor analysis was conducted to direct attention to the questions that were most strongly correlated. This analysis (see Table 9) identified five components or grouping of responses, of which the most strongly correlated (by a large margin) were seven questions related to Orthodox religious requirements.

Four other components, with lower levels of correlation, were identified: four questions each relating to consultation with clients and their families, service provision, staff training and deviation from Orthodox practice.

The grouping of questions relating to Orthodox requirements are further analysed below.

Table 9: Pattern coefficients – correlations between survey questions

	Component 1 - Orthodox identification	Component 2 - Consultation	Component 3 - Services	Component. 4 - Staff Training	Component. 5 - Divergence from Orthodox practice
Q3 Observance of kosher dietary laws in communal and public areas within Jewish Care facilities	.890				
Q2 Observance of Shabbat in communal and public areas within Jewish Care facilities	.877				
Q4 Celebration and commemoration of Jewish religious events in communal and public areas within Jewish Care facilities	.806				
Q18 Jewish Care should advocate life prolonging measures at end-of-life stages as required by Jewish religious law	.614				
Q14 Jewish religious observances. (Before they begin working with clients and residents, how important is it that all staff members employed by Jewish Care are trained to understand...?)	.602				
Q20 Provide non-kosher food to residents and clients who want it	-.594				
Q19 Facilitate group activities at the request of residents and clients which are not in keeping with Jewish religious observance	-.562				
Q7 Involve them in decisions related to the delivery of Jewish Care's services		.874			
Q8 Involve families in decisions related to delivery of Jewish Care's services		.868			
Q6 Offer them the opportunity to involve their family members in decisions relating to their care		.733			
Q9 Provide counselling services to families of Holocaust survivors		.387			
Q11 How important is it for Jewish Care to provide the following services. Mental Health Program			.805		
Q10 Financial Aid			.710		
Q13 Respite Service for Adults with a disability			.701		
Q12 Family Relationship Counselling Services			.697		

	Component 1 - Orthodox identification	Component 2 - Consultation	Component 3 - Services	Component. 4 - Staff training	Component. 5 - Divergence from Orthodox Practice
Q16 Train staff to understand the history of the Holocaust				.844	
Q17 to understand the Melbourne Jewish community				.829	
Q 15 to understand Jewish traditions and values				.671	
Q 5 How important are the following practices ... celebration and commemoration of Jewish cultural events in communal and public areas of Jewish Care				.575	
Q14 ...to understand Jewish religious observances				.450	
Q22 Do you agree or disagree that in the future Jewish Care should... Facilitate the celebration of non-Jewish religious occasions (such as Christmas and Easter), in staff areas for staff members who request it					.826
Q21 Facilitate the celebration of non-Jewish religious occasions in communal areas, for residents and clients who request it.					.730
Q20 Provide non-kosher food to residents and clients who want it					.406
Q19 Facilitate group activities at the request of residents and clients which are not in keeping with Jewish religious observance.					.435

Strongly Correlated Survey Questions – Exploring Component 1

When responses to the seven questions are cross-tabulated by religious identification (see Table 10), the finding is that amongst those who identify as **Ultra or Strictly Orthodox, there is close to unanimity**: the response at the level of ‘essential’ or ‘very important’, ‘strongly agree’ or ‘agree’, only falls below 95% for one question, with 88% in ‘strong disagreement’ or ‘disagreement’ with the proposition that there should be facilitation of ‘group activities at the request of residents and clients which are not in keeping with Jewish religious observance’.

Amongst the Modern Orthodox, there is consistency above 80% at the highest level ('essential' or 'very important', 'strongly agree' or 'agree'), with two exceptions: 73% are in 'strong disagreement' or 'disagreement' with facilitation of group activities not in keeping with Jewish religious observance, and 66% 'strongly agree' or 'agree' that Jewish Care should advocate life prolonging measures at end-of-life stages.

These findings are in sharp contrast with the responses of those who identify as not religious. The strongest level of agreement is in the range 40%-50%, and only for two questions: celebration of Jewish religious events in public areas and training of staff to understand Jewish religious observances. With regard to questions concerning individual choice (end-of-life stages, provision of requested non-kosher food, requested group activities), the proportion who would negate individual choice is below 20%.

On these questions of individual choice, Progressive respondents are closely aligned with those who identify as not religious. On other questions a higher proportion of Progressive respondents indicate strong agreement, some 20 to 30 percentage points higher than the not religious, with a peak of 66%.

Among those who identify as Progressive, only one in five (21%) disagree with the provision of non-kosher food to residents on request and only 41% see observance of kosher dietary laws in communal areas as 'essential' or 'very important'. As with the non-religious, only a small minority (18%) agree with advocacy of life prolonging measures at end-of-life stages. Only half (52%) see observance of Shabbat in communal areas as 'essential' or 'very important', with the highest level of strong agreement (66%) for the celebration of Jewish religious events in communal areas. The same proportion see as 'essential' or 'very important' the training of staff to understand Jewish religious observances.

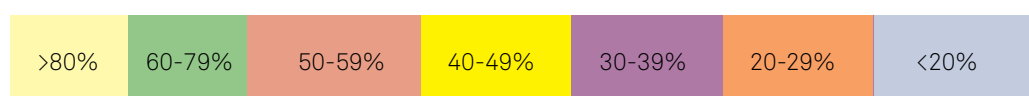
The largest segment within the Jewish community, close to 40% in the Gen08 survey, **identify as Traditional.** According to Gen08 findings, 75% of those who identify as traditional consider that 'being Jewish' is 'very important' in their lives; 80% observe Friday Shabbat with their families on most weeks; but only 10% attend synagogue every week and only an additional 15% at least once a month; only 5% only eat food certified as kosher, although an additional 60% indicate that they observe some kosher dietary laws.

Among the Traditional, an average above two-thirds (72%) either consider it to be 'essential' or 'very important' to observe kosher in communal areas, celebrate Jewish religious events, train staff to understand Jewish religious observances and observe Shabbat. A clear majority (58%) disagree with provision of non-kosher food at the request of residents, but only a minority (43%) are opposed to facilitating group activities requested by residents which are not in keeping with Jewish religious law and marginally above one-third (37%) strongly agree or agree with advocacy of life prolonging measures. As was found in the responses of those who identified as Progressive or not religious, the highest level of agreement is with celebration of Jewish religious events in communal areas and training of staff to understand Jewish religious observances.

Table 10: Percentages of survey participants responding * 'Essential' or 'very important'; ** 'strongly agree' or 'agree'; * 'strongly disagree' or 'disagree'; to selected Component 1 questions from each religious identification**

	Ultra/ Strictly Orthodox	Modern Orthodox	Traditional	Progressive	Not Religious
Q3 Observance of kosher dietary laws in communal and public areas within Jewish Care facilities*	100	91	72	41	22
Q2 Observance of Shabbat in communal and public areas within Jewish Care facilities*	99	84	60	52	25
Q4 Celebration and commemoration of Jewish religious events in communal and public areas within Jewish Care facilities*	99	93	79	66	40
Q18 Jewish Care should advocate life prolonging measures at end-of-life stages as required by Jewish religious law**	98	66	37	18	13
Q14 Jewish religious observances. (Before they begin working with clients and residents, how important is it that all staff members employed by Jewish Care are trained to understand...?)*	99	89	75	66	47
Q20 Provide non-kosher food to residents and clients who want it***	95	84	58	21	17
Q19 Facilitate group activities at the request of residents and clients which are not in keeping with Jewish religious observance***	88	73	43	16	9
N	276	279	315	204	150

KEY



A potential problem with this form of aggregating responses is that it may not give sufficient weight to the third level response ('moderately important') in questions with a six-point scale. To further understanding of the views of those identifying as traditional or not religious, the full spread of responses was considered for respondents identifying as traditional or not religious (see Table 11).

Analysis of 'Traditional' Respondent Data

As has been noted, of traditional respondents an average 72% indicated either 'essential' or 'very important' to the six-point response option questions selected for analysis. The majority of the remainder indicated 'moderately important', and less than 10% selected one of the remaining three options.

Responses were considered in three categories [1] 'essential or very important'; [2] 'moderately important'; [3] 'neither important/ nor unimportant', 'moderately unimportant', or 'of no importance'. The results (as per Table 11) obtained for the four Component 1 questions with a six point rating scale are:

73: 20: 9 60: 30: 9 79: 18: 4 75: 21: 5

In contrast, the three questions which have been characterised as pertaining to individual choice find a greater division in opinion.

Considering responses by three categories [1] 'strongly agree' or 'agree', [2] 'neither agree nor disagree', [3] 'disagree' or 'strongly disagree', the results (as per Table 11) obtained for the three Component 1 questions with a 5 point rating scale are:

37: 26: 36 58: 16: 23 43: 24: 34

This is clearly a different pattern of opinion, with a clear majority in support of Orthodox practice evident only when non-kosher food on request was considered. For the three questions, the proportion expressing disagreement with Orthodox practice is 36%, 23% and 34%.

Analysis of 'Not Religious' Respondent Data

For those who identify as not religious, the grouping of responses (as per Table 11) for the Component 1 questions posed with six response option are:

22: 34: 44 24: 30: 45 40: 29: 31 47: 31: 22

The third response option (neither important/ nor unimportant', 'moderately unimportant', or 'of no importance'), which among traditional respondents was selected by less than 10% of respondents, is found to be in the range 22%-45%, with an average of 36%.

Finally, the three questions pertaining to individual choice finds a strong majority in favour of choice: 67%, 72% and 76%.

Table 11: Percentages of traditional (first line) and not religious (second line) participants' responses for each rating category for Component 1 questions (most popular response highlighted)

	Essential	Very important	Moderately important	Neither important/unimportant	Moderately unimportant	Of no importance	Total
Q3 Observance of kosher dietary laws in communal and public areas within Jewish Care facilities*	41	32	20	5	2	2	100
	12	10	34	14	11	19	100
Q2 Observance of Shabbat in communal and public areas within Jewish Care facilities*	35	25	30	6	3	1	100
	9	15	30	18	8	19	100
Q4 Celebration and commemoration of Jewish religious events in communal and public areas within Jewish Care facilities*	42	37	18	2	1	1	100
	11	29	29	13	7	11	100
Q14 Jewish religious observances. (Before they begin working with clients and residents, how important is it that all staff members employed by Jewish Care are trained to understand...?)*	50	25	21	2	2	0	100
	18	29	31	6	12	4	100
		Strongly agree	Agree	Neither agree/disagree	Disagree	Strongly disagree	Total
Q18 Jewish Care should advocate life prolonging measures at end-of-life stages as required by Jewish religious law**		20	17	26	25	11	100
		3	10	20	26	41	100
Q20 Provide non-kosher food to residents and clients who want it**		5	18	18	33	25	100
		35	37	12	15	2	100
Q19 Facilitate group activities at the request of residents and clients which are not in keeping with Jewish religious observance**		8	26	24	28	15	100
		33	43	15	9	0	100

Research to Practice: Key Learnings

Validating Current Practice

Survey results indicate that, in the main, respondents expect Jewish Care to express its 'Jewishness' through religious and cultural observances. Comparison of survey findings and **Jewish Care practices affirms that, largely, Jewish Care delivers services in a manner that is consistent with the expectations expressed by the community about how 'Jewishness' should be reflected in service delivery – validating financial investment in the 'Jewishness' of this service provider.**

Responding to Divergence in Community Expectations

There are notable areas of divergence in community expectations. **In response to divergent community expectations, Jewish Care has made specific commitments.** The table below describes each area of divergence in community expectation and defines the Jewish Care response to managing divergent expectations (see Table 12).

Table 12: Key areas of divergence in community expectations and Jewish Care response to managing divergent expectations

Divergent Community Expectation	Jewish Care Response
<p>Opinion was divided in response to the proposition that non-kosher food should be provided to residents and clients who request it: 51% disagreed, 13% mid-range, 36% agreed.</p>	<p>Jewish Care is committed to continuing its practice of permitting residents/clients to bring their own food into facilities for consumption in ‘private spaces’. Consumption of such food in ‘public spaces’ would affect the kosher status of the facility and, as such, is not supported by Jewish Care or the community it serves (see paragraph four under sub-heading ‘Areas of Consensus’).</p>
<p>Opinion was polarised in response to a stand-alone question concerning advocacy of ‘life prolonging measures at end-of-life stages’: 39% strongly agreed or agreed, 21% mid-range, 40% disagreed or strongly disagreed.</p>	<p>Prior to survey administration, Jewish Care commenced implementation of Advance Care Planning (ACP). The organisation is committed to embedding ACP as a process within residential and community aged care services. As industry best practice, ACP empowers and enables residents/clients to customise future medical treatment and care (subject to laws applicable in Victoria).</p>
<p>Opinion was divided in response to a question about whether Jewish Care should ‘facilitate group activities at the request of residents and clients which are not in keeping with Jewish religious observance’: 40% agreed, 20% middle, 40% disagreed.</p> <p>Similarly, opinion was divided in response to a question about whether Jewish Care should ‘facilitate the celebration of non-Jewish religious occasions in staff areas for staff members who request it’: 39% agreed, 21% middle, 39% disagreed.</p>	<p>Jewish Care has always given due consideration to activity requests and, where possible, requested activities are facilitated. Jewish Care is committed to continuing the practice of facilitating, where possible, activities that are not in keeping with Jewish religious observance, provided that these activities are carried out in a manner that is respectful.</p>
<p>Religious identification was a strong predictor of response to questions posed about observance of Orthodox religious practice: Component 1 correlations – expectations strongly linked to religious identification.</p>	<p>Jewish Care has traditionally delivered lifestyle programs that reflect both Jewish religion and culture. Recognising that Orthodox religious practice is not equally valued by all community members, Jewish Care has committed to further development and ongoing review of lifestyle programs for both the celebration of Jewish religion and the celebration of Jewish culture.</p>



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