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Provision of social services
in EU countries: Reform of
the national framework for
the provision of social
services in Spain

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Reform of the national framework for the provision of social services in Spain

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Abstract

The report shows that European Union countries have a different legal framework for social services with either a comprehensive national social services law or use target-group specific laws. There is no link between the existence of either a comprehensive or target-group specific social services laws and the comprehensiveness of the social service offer. In fact, there is quite an overlap in the package of social services but differences concern family services, and a few countries define housing as a right and thus place an obligation on authorities to help people realise this right.

In many countries, different levels of government share responsibility for the design and provision of social services, and tax revenues are likewise distributed. There exist large differences in the contribution of the central government and regional and local governments to social expenditure. In Spain, with the exception of the Regímenes Forales (Basque Country and Navarra), the Autonomous Communities have less taxation autonomy than sub-national governments in countries such as Austria, Belgium and Germany do.

There are differences in investment in social services: in Spain, about 3% of the workforce works in (public or private) social services activities. This compares to more than 8% of the workforce in Nordic countries and more than 6% in countries like France, Germany, Belgium or the Netherlands. Social expenditures on in-kind benefits are below 2% in Italy, Portugal, Spain and other countries, while they are more than three times as high in Denmark, Finland and Sweden. Spending more on services does not necessarily imply spending less in cash transfers. Indeed, once old-age pensions are excluded, it appears that countries that spend more on services as a share of their GDP also spend more in cash transfers, though there are some notable exceptions such as Sweden and Belgium.

Whether social services are completely determined at the national level or whether sub-national governments also play a role, vertical and horizontal coordination mechanisms are important to foster agreement on policy goals across government levels and related systems (such as health, education, social services and social insurance), to ensure a minimum equality in access and quality and to continue improving through mutual learning. For example, the existence of sector-specific conferences that bring together the relevant sub-national authorities and representatives from central government ministries, and that often have sizeable secretariat to prepare meetings, can strengthen vertical and horizontal cooperation at the same time.

A further feature that can simultaneously improve service quality and coordination is service integration through co-location of related local services such as health, social and employment services. Data availability across units and well documented databases are also key in the success of horizontal and vertical integration of activities. Moving towards more and better integration of information systems appears as a necessary condition to improve horizontal and vertical integration of social services and coordination with other areas (including those who frequently ask information about the socio-economic condition of families for purposes that are out of the scope of social services).

Résumé

Le rapport montre que différents pays de l'Union Européenne ont un cadre juridique différent pour les services sociaux, avec soit une loi nationale globale sur les services sociaux, soit des lois spécifiques pour certains groupes. Il n'y a pas de lien entre l'existence d'une loi globale et l'exhaustivité de l'offre de services sociaux. En fait, l'ensemble des services sociaux dans les différents pays ont des larges parties en commun, avec quelques différences concernant les services aux familles et pour le logement, que quelques pays considèrent un droit et imposent donc aux autorités l'obligation d'aider les personnes à réaliser ce droit.

Dans de nombreux pays, les différents niveaux de gouvernement se partagent la responsabilité de la conception et de la provision des services sociaux, et les recettes fiscales sont distribuées de la même manière. Il existe de grandes différences dans la contribution du gouvernement central et des gouvernements régionaux et locaux aux dépenses sociales. En Espagne, à l'exception des *Regímenes Forales* (Pays basque et Navarre), les communautés autonomes ont moins d'autonomie fiscale que les gouvernements régionaux de pays comme l'Autriche, la Belgique et l'Allemagne.

Il existe des différences dans l'investissement dans les services sociaux : en Espagne, environ 3 % de la force de travail travaille dans des activités de services sociaux (publics ou privés). En comparaison, cette proportion atteint plus de 8 % dans les pays nordiques et plus de 6 % dans des pays comme la France, l'Allemagne, la Belgique ou les Pays-Bas. Les dépenses sociales en prestations en nature sont inférieures à 2% en Italie, au Portugal, en Espagne et dans d'autres pays, alors qu'elles sont plus de trois fois supérieures au Danemark, en Finlande et en Suède. Dépenser davantage en services n'implique pas nécessairement de dépenser moins en transferts en espèces. En effet, en excluant les pensions de vieillesse, il apparaît que les pays qui dépensent plus en services dépensent également plus en transferts en espèces, bien qu'il y ait quelques exceptions notables comme la Suède et la Belgique.

Que les services sociaux soient entièrement déterminés au niveau national ou que les gouvernements infranationaux jouent également un rôle, les mécanismes de coordination verticale et horizontale sont importants pour favoriser un accord sur les objectifs politiques entre les différents niveaux de gouvernement et les systèmes connexes (tels que la santé, l'éducation, les services sociaux et la sécurité sociale), pour garantir un niveau d'égalité minimal dans l'accès et la qualité des prestations et pour continuer à s'améliorer grâce à l'apprentissage mutuel. Par exemple, l'existence de conférences sectorielles réunissant les autorités sub-nationales compétentes et les représentants des ministères du gouvernement central, et disposant souvent d'un secrétariat avec les moyens nécessaires pour préparer les réunions, peut renforcer la coopération verticale et horizontale.

Une autre caractéristique qui peut améliorer la qualité des services et leur coordination est l'intégration par le biais du regroupement de services locaux connexes tels que les services de santé, sociaux et d'emploi. La mise à disposition des données entre les unités et les bases de données bien documentées sont également des éléments clés du succès de l'intégration horizontale et verticale des activités. L'évolution vers une plus grande et meilleure intégration des systèmes d'information apparaît comme une condition nécessaire à l'amélioration de l'intégration horizontale et verticale des services sociaux et de la coordination avec d'autres domaines (y compris ceux qui demandent fréquemment des informations sur la condition socio-économique des familles à des fins qui ne relèvent pas des services sociaux).

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Abbreviations and acronyms

BI: Business Intelligence

AC: Autonomous Communities (*Comunidades Autónomas*)

AG: Advisory Group

DG-REFORM: Directorate-General for Structural Reform Support (European Commission)

IT: Information Technologies

MDSA2030: Spanish Ministry of Social Rights and 2030 Agenda (*Ministerio de Derechos Sociales y Agenda 2030*)

SEPE: Public Employment Service (Servicio Público de Empleo Estatal)

SIUSS: Sistema de Información de Usuarios de los Servicios Sociales

Introduction

1. This report aims to provide a summary of how social services are organised in a number of relevant EU or OECD countries and to provide concrete examples of recent practices that are relevant for Spain. As such, it is not intended as a comprehensive overview of social services across the selected EU countries, which would necessitate an in-depth analysis of the individual countries comparable to the one carried out for Spain. The conclusions of the report on the provision of social services in Spain provide a specific framework to the analysis of the provision of social services in other EU countries. They also serve to orient the selection of good examples and to organise the contents of this report in a way that is as relevant as possible for actual challenges identified for Spain. The main findings of the report on the situation of social services in Spain can be summarised as follows:
 - Across the Spanish regions, there is a high demand of for social services which is often met by inadequate human resources in terms of staff ratios and type of professionals.
 - Information is fragmented in part because of the separation between primary and specialised social services and because of the separate reporting from third party providers, which makes creating integrated pathways as well as using information for decision-making challenging.
 - Vertical and horizontal coordination mechanisms remain limited in Spain
 - The provision of social services as outlined by the regional catalogues is very diverse with a great variety of services not always guaranteed in some regions. Eligibility and co-payment also vary greatly across the country, generating very different access levels across regions. There is also no provision for transferability of benefits and services across the regions.
 - With different levels of government, there is a fragmentation of competences and local authorities have an important responsibility, but there is a great deal of variation on the level of financing by regional and local governments.
2. This document is organised in one introduction (this section) and three parts: Part I is an overview of social services systems in selected EU countries. It will notably provide a general definition of what countries intend by 'social services', analyse the role and competences of the central government and sub-national governments and present key statistics on funding, expenditure and beneficiaries. Part 2 is devoted to the provision of social services and will focus on the type of rights (subjective, effective) and the type of services provided (balance between public services and cash transfers) and will analyse questions around eligibility conditions. Finally, Part III will examine governance issues; both in terms of the organisation of entities responsible of the delivery of services and in terms of (vertical and horizontal) coordination between institutions and transferability of rights.
3. The selection of the EU countries for the report was based on several criteria. A first set of countries were selected because like Spain, they are (quasi-)federal countries: Austria, Belgium and Germany. These countries can in particular provide insights into how other countries handle

governance challenges as regards social services. Similarly, while France is often perceived as a centralised country, its provision of social services is likewise decentralised and can therefore offer interesting examples. Denmark, Finland and Sweden, in turn, can offer perspectives on recent reforms of the social services delivery and of information systems. The different countries also cover the stylised liberal, conservative and social democratic welfare state type (Jensen, 2008^[1]). Aside from these seven comparison countries, the report likewise cites relevant examples from other OECD countries when these are particularly illuminating of a particular policy challenge or solution. Information was collected from several data sources: a literature review, a range of OECD and Eurostat databases, in-depth interviews and virtual study visits with Austria, Finland and Germany.

1 Overview of social services systems in selected EU countries

4. The present chapter aims to provide a practical overview of how social services, as understood in Spain, compare to social services as understood in a number of comparison countries in their scope, organisational and provision structure and financing. Even though some of the definitions mentioned below include social security benefits such as pension and unemployment benefits, in order to follow Spain's understanding of social services, the focus of the current report is, whenever possible, either on in-kind services (whatever their mode of financing, including social insurance) or on minimum income support or in-kind benefits intended to maintain basic needs that fall outside the scope of social insurance systems.
5. Due to their varied nature, presenting the scope and organisational structure of social services, even in a limited number of EU countries, is challenging. Unlike a vast literature concerning the categorisation of welfare states based in large part on monetary transfers that was launched by Esping-Andersen's (1990^[2]) seminal work, comparative analyses of social services regimes are relatively scarce. This lack was already noted by Alber (1995^[3]) and has not been eliminated since despite research advances. One of the difficulties that has hampered comparative research is that comparable statistics on services (and on individuals who may be in need of services) are much less available than statistics on transfer recipients and amounts.
6. The analysis is made all the more difficult by the fact that there is no comprehensive understanding of what 'social services' actually mean. Sirovátka and Greve (2014^[4]) enumerate different definitions that range from services and social security schemes addressing social risk or that have a preventative and socially cohesive role or as a sub-field of in-kind services of general interest. A report prepared by Munday (2003^[5]) for the Council of Europe proposes the definition of personal social services "designed to meet an individual user's needs" rather than benefits extended to categories of people. A European Commission report on Social Services of General Interest (2011^[6]) did not provide a general definition, but focused on four service categories that aside from long-term and child care also included social housing and employment services. The Social Protection Committee's Voluntary European Quality Framework for Social Services grants that EU documents do not have a common definition of social services. It proposes a two-category definition of social services consisting, on the one hand, of statutory and complementary social security schemes and on the other hand of other essential services provided directly to the persons who face personal challenges or crises or who need to (re-)integrate into society and particularly the labour market.

1.1. General definition and scope

7. This section examines what the concept of 'social services' means in different countries. It serves to show the main differences and similarities between the Spanish system and other countries, in particular in terms of service categories understood as part of social services and in terms of the division of responsibilities across different policy areas. Often, the analysis focuses on a limited

number of countries: Austria, Belgium, Denmark, Finland, France, Germany and Sweden (called here below the ‘comparison countries’). As mentioned in the introduction, the selection of these countries is justified by their characteristics (i.e. autonomy of regions in the provision of social services in Austria, Belgium and Germany), the existence of some degree of integration at national level (i.e. France), good integration between local and national level (i.e. Finland) and also the presence of examples of good practices and good sources of information. The different countries also cover the stylised liberal, conservative and social democratic welfare state type (Jensen, 2008^[1]). The analysis is based on relevant legislation and information on the actual provision of social services in the various countries. While the chapter includes references to national-level laws in Spain, a companion report *Providing Support for All: Modernising Social Services in Spain* (OECD, forthcoming) explores the highly decentralised Spanish social services system in more detail.

8. The existence of either a comprehensive ‘social services’ law or instead of separate laws by policy area provides a first hint of whether a country views ‘social services’ comprehensively or separately by target group. The Nordic countries (Denmark, Finland and Sweden) as well as France have general social services acts that cover a multitude of different services (Table 1.1). Belgium’s Organic Law on the Public Centres for Social Action lays out in a detailed manner how these centres are supposed to be organised, but also outlines their mission. Austria and Germany, in contrast, have different laws for different categories of services such as long-term care, family services etc. In Germany, these are united in different books of the Social Law Code. Other books of the Social Law Code for example deal with health insurance and unemployment benefits. Sector-specific laws often imply that different institutions are responsible for the governance and provision of the different social services¹ (see section 3.1). In Spain, in contrast, aside from the national-level Dependency Law, social services are generally regulated by Autonomous Communities’ laws. However, the Social Services Reference Catalogue, approved by the Territorial Council on Social Services and the System for Autonomy and Dependency Care on January 16th 2013, is meant to define the minimum services that should be available to all individuals across the entire Spanish territory.

Table 1.1. Most of the EU comparison countries do not have a comprehensive social services law

Selected national-level legal instruments on social services

	Laws
Austria	Persons in need of care (Federal – Länder) 1993 and Care Fund Law 2013 (<i>Long-term Care</i>) Federal Law about the Principles of Aid for Families and Educational Aid for Children and Youth 2013 (<i>Family services</i>) Child and Youth Support Law 2013 (<i>Child protective services</i>) Federal Disability Law 1990 (<i>Counselling, support and special aid for disabled persons</i>) Social Assistance Basic Law 2021
Belgium	Organic Law on Public Centres on Social Action 1976
Denmark	Consolidation Act on Social Services 2018
Finland	Social Welfare Act 1982 Social Assistance Act 1997
France	Social Assistance and Families Code 1956 (modified in 2012) Law on the equality of rights and opportunities for disabled persons 2005 Law on the Active Solidarity Revenue and Activation Policies 2008 (<i>Minimum income support</i>) Organic Law on the social debt and autonomy 2020 (<i>Dependency</i>)

¹ As we will see, the opposite is not necessarily true; i.e. having a general social services act does not guarantee good coordination mechanisms and a uniform provision of services across the country.

Germany	Social Law Code VIII – Child- and Youth Welfare 1990 (<i>Family and child protective services</i>) Social Law Code XI, Long-term care insurance 1995, and the three so-called ‘Long-term Care Strengthening Acts (Pflegestärkungsgesetze PSG I, II, III) 2015-2017 (<i>Long-term Care</i>) Social Law Code IX (<i>Rehabilitation and participation of people with disabilities</i>) Social Law Code XII (<i>Social assistance</i>) and Social Law Code II (<i>Social assistance for job seekers</i>)
Spain	Law 39/2006 for the Promotion of Personal Autonomy and Care for People in a Situation of Dependency
Sweden	Social Services Act 2001

Note: The year usually refers to the first year in which the respective law was enacted and does not list later amendments. An exception is the Danish Consolidation Act on Social Services. It was preceded by a Social Security Act that was split up into four Acts (including one on social services) in 1998 and by several other consolidation Acts since. Until 2000, the French Law was known as the Families and Social Assistance Code.

9. The general and sector-specific laws listed in Table 1.1 are not the only relevant ones regulating social services. In federal countries, regional laws or regulations usually complement the national level legislation, whether or not there is a comprehensive or sector-specific law. For example, given Belgium's principle that the level of government responsible for a given policy area has exclusive competence, social services other than assistance payments are exclusively regulated by the provinces. Also, the existence of a general social services law does not preclude that there may be additional laws that regulate certain service categories (such as residential care) or services aimed at helping certain target groups (such as for the elderly or disabled individuals) in more detail. For example, Finland and Sweden have the 2007 Child Welfare Act and the 1990 Care of Young Persons Act (FRA, 2015^[7]) in addition to their general laws.
10. Even general social security laws do not necessarily include a short comprehensive definition of social services, but instead usually define their purpose or objective. For example, Chapter 1 Section 1 of the Swedish Social Services Act simply states that “Public social services shall (...) promote people's – economic and social security – equality of living conditions and – active participation in the life of the community. (...) social services shall be aimed at liberating and developing the innate resources of individuals and groups”. The Act does not enumerate the services that are included in a single section, but instead enumerates different categories of services throughout the text of the law. Similarly, the Danish Social Services Act defines its purpose as “(...) (i) to offer counselling and support so as to prevent social problems, (ii) to offer a range of general services, which may also serve a preventive purpose; and (iii) to cater to needs resulting from a physical or mental impairment or special social problems”, while presenting the different categories of services throughout the Act. The 1976 Belgian Organic Law states that “The mission of the Public Centre for Social Aid is to assure that individuals and families receive the aid they are due (...). It does not only provide palliative or curative aid, but also preventive aid. This aid can be material, social, medical, medical-social or psychological.” The Centres (which exist in all communities) are also responsible for the care and education of any children that are placed under its care by law, their parents or any public entity. The French law lacks any overarching purpose statement but lists services and benefits in a detailed manner.
11. For countries that lack a general social services law, the comparison of what social services encompass in different EU countries and Spain cannot rely on a single legal instrument or other document. Instead, it is necessary to consider (a) what categories of services Spain offers and (b) what additional categories the laws that govern the same categories of services as the Spanish social services cover, and what they do not cover. The Spanish definition of social services relies on the 2013 Reference Catalogue on Social Services. Interestingly, the catalogue contains services that are not provided through either the primary or specialised social services systems in most parts of the country. For example, the reference catalogue mentions early childhood education outside of school hours for under-six year olds. But most social services catalogues of the Autonomous Regions do not list these services that are usually provided through the education or health system instead.

12. There is a large overlap in the service categories that Spain and other countries consider as social services:

- Services related to *information, orientation and assessment* exist across the comparison countries. They are not necessarily enumerated in the relevant laws in most cases, except, for instance in Sweden. These are often provided by the basic first point of contact of general or specialised social services systems in the respective countries. For example, in Belgium, citizens in need of assistance and information on available social services and benefits can turn to the Public Centres for Social Action. In Denmark, the contact point is likely to be the municipalities' Social Services Administration; and in Finland, a municipal service point.
- *Services to promote personal autonomy* such as home care likewise exist as part of social services in all of the comparison countries. Germany's Laws on the Strengthening of Care increased subsidies and in-kind support for at-home care, expanded its availability to people with mental or emotional disabilities and offered more subsidies of up to EUR 4 000 for home renovations related to care needs. Sweden's Social Services Act specifically mentions the social welfare committee's obligation to provide assistance and care to individual substance abusers; and a similar provision is contained in the Finnish Social Welfare Act. The Danish Consolidation Act on Social Services specifies that municipalities shall offer anonymous, outpatient treatment to drug misusers who do not have other social problems. The French Social Action and Family Code specifies that home care may be allocated in-kind or as a transfer payment. Elderly individuals who continue to have lost autonomy despite home-care services have the right to an in-kind personal autonomy allocation to help them with essential tasks. In Denmark, municipalities have to offer at least one annual home visit to persons aged 75 and above.
- *Family services* such as counselling and mediation exist in all the comparison countries. To allow contact between minors and parents or other family member they are in conflict with, Spain's catalogue foresees family meeting points. Other countries may choose other mechanisms, such as the designation of a court-appointed contact person who supervises visits with a non-residential parent either at that parents' home, the home of the residential parent or an outside location (Andersson and Arvidsson, 2008^[8]).
- The categories associated with the *protection of minors* are among the most uniform across the comparison countries and typically include risk assessments, foster and residential care and evaluation and accompaniment of foster and adoptive families.
- *Residential care* for different population groups such as the elderly, disabled, homeless individuals and violence or abuse victims likewise exist in all countries. Aside from institutional care, Finland also offers 'family care' as an option of receiving care in a home other than one's own.
- *Social inclusion programmes* are likewise frequently mentioned. The Swedish Social Services Act defines as one of the tasks for the Social Welfare Committees to help '(..), by means of activation measures and other ways, to facilitate good living conditions'. In Germany, individuals receiving social assistance (rather than benefits for jobseekers that can be tied to employment-related activation requirements) may be provided counselling and support to foster an active participation in social life and to help them overcome their situation. Some countries specifically consider the situation of immigrants. For example, France's Code on Social Action and Families obliges the regions to create programmes defining actions to integrate immigrants.
- *Judicial protection* in Spain includes guardianship for minors and adults as well as supervision of judicial measures over minors. In other countries, the categorization of services may be different, for example defining guardianship for minors as part of child protective services. In some countries, there may be further types of services related to judicial protection. For example, in Germany, youth administrations have to participate in any legal proceeding involving youth and provide

counselling to the concerned young person. Since the Danish Consolidation Act on Social Services details the forcible measures that may be taken to detain an individual in a residential facility, it also specifies that these individuals have a right to legal assistance.

- Most countries have some type of *minimum income* benefit, though their institutional set-up can differ. The 2001 Swedish Social Services Act guarantees individuals unable to provide for their needs assistance so that they have a 'reasonable standard of living', but may require that the individual participate in a skill-enhancing programme or work experience. Social assistance in Germany is provided under different conditions and by different entities depending on whether the person is judged to be able to work three hours or more per day or not. In France, the active solidarity revenue for households whose resources are below a set threshold may be complemented by personalised aid to return to work, which is governed by the labour rather than the social action code. If the circumstances warrant it, Finnish municipalities offer supplementary and preventive social assistance in addition to the Finnish National Social Insurance Institution's (Kela) basic social assistance. In Denmark, the guaranteed minimum income benefit is available for the needy, but low income as such is not a condition for becoming entitled to social cash benefits. Instead, a "social event", such as unemployment, sickness or disability, must have happened. Beyond additional aids for elderly and disabled individuals with insufficient resources, individuals in Belgium can receive an integration income, which may be combined with social activation programmes and requirements. The Austrian Social Assistance Basic Law likewise ties receipt of the benefits to a willingness to participate in efforts to overcome the situation of need.²
13. There is also a high degree of overlap in which parts of the welfare state are not considered as part of social services across the analysed EU countries. Most prominently, social insurance benefits such as unemployment, retirement and survivors benefits are usually regulated separately. Second, the education and health systems are separate. Employment services and active labour market policies are also separate from social services; however, in countries where social assistance is tied to social inclusion requirements, social services may provide some social activation programmes. For example in Belgium, the Public Centres for Social Welfare may employ social assistance recipients (Locquet et al., 2016^[9]). The Finnish Social Welfare Act also specifies that if a social welfare client needs rehabilitation services that are not provided by the social welfare authorities, the latter should provide information on where the client might find these services, including education, employment and health. It also calls for specific rehabilitation and other supportive measures promoting the placement of disabled people in employment.
 14. The biggest difference in the understanding of social services in Spain compared to other OECD countries is the non-inclusion of housing as a category of social services. In Sweden, 'reasonable' expenditures on housing are among the basic needs individuals are entitled to if they are not able to provide for themselves and participate in any required social inclusion measures; and a similar clause exists in Germany. In Finland, the Social Welfare Act enumerates housing service as part of the social services municipalities are responsible for organising. These housing services are a separate category apart from institutional care, and are defined as the provision of service housing and supported accommodation for persons who need help or support with organizing housing or their living conditions. Social services are only responsible for helping to address homelessness if there are related social needs and if the municipal housing service cannot solve the problem. Thanks in part to its housing first model, Finland is currently the only EU country in which homelessness is decreasing. Other differences are in the specific services provided, rather than the broad categories listed above. Section 2.1 on the types of services presents these differences in detail.

² Detailed policy descriptions by country are available in the OECD Benefits and wages [web page](#).

1.2. Roles and competences

15. This section examines the role and the competences of the central government and sub-national governments in regulating, funding and providing social services.
16. EU countries vary greatly in the levels of governments and the division of responsibilities. Finland, for instance, only had two levels of government (central and municipal) until 2020; and is a highly decentralized system. Austria, Denmark, Norway and Sweden have the central government, states/regions and municipalities. Sweden has a two-tier system of local government, recognised in the Constitution (Article 7). It is composed of 21 county councils and 290 municipalities with no hierarchical links between them. Likewise, Norway has a two tier subnational government with municipalities and counties with no hierarchical link and which carry equal rights and responsibilities. Similar to Spain, Belgium, France and Germany have three levels of subnational government: states/regions, an intermediate government (provinces in Belgium, départements in France, districts in Germany), as well as local entities. Belgium applies the principle of exclusive competences to three levels of government (federal state, communities and regions), whereby the only the institution invested in that domain can intervene and enact legislation. Each level of government holds legislative power and can promote decrees on their particular competences and there is no hierarchy. This means that no authority (for example, the federal state) has precedence over another, and no authority can impose requirements (including regulatory requirements) on another. In Germany, the three-tier system of subnational governments includes, below the Länder level, a local government level composed of 295 rural districts (Landkreise), which are themselves composed of municipalities, and 107 district-free cities (Kreisfreie Städte). In the legislative process, the Länder are empowered to enact legislation in areas in which the Federation does not assume legislative responsibility itself or which have not been assigned to the Federation. County and local governments, by and large, are responsible for policy implementation, whereas decision-making is the prime tasks of the federal government acting in close co-operation with Germany's Second Chamber, the Bundesrat, which constitutes the representative forum of the German Länder.
17. As in Spain, EU countries' constitutions often define responsibilities across levels of government. In Belgium, for instance, the federal or central state has the competences explicitly stated in the constitution as well as the residual competences which have not been attributed to other entities (article 128 § 1 for the linguistic communities) and clarified under the special law of 8 August 1980. At the same time, such responsibilities have been modified over time, with some countries moving towards stronger decentralisation of responsibilities for social services. In France, The Law "NOTRe" on the New Territorial Organisation of the Republic as of August 2015 clarified the distribution of competences across levels of government established by previous decentralisation reforms (1982-83 decentralisation laws, 2003-04 laws and 2010 territorial reform). In other (typically Nordic) countries, concerns over local variations and small municipal size have grown and have in some cases led to a gradual return of central control mechanisms on local social care provisions, the granting of more powers to regions/counties at the expense of municipalities and the merging of municipalities. Stronger central government steering, especially through national standards, guidelines and quality control schemes has also accompanied the tendency.
18. In Nordic countries, municipalities hold a wide self-government responsibility, including extensive delivery and funding responsibilities of centrally regulated public social services. This means that municipal councils have the overall responsibility for identifying and assessing the citizen's needs for a service or facility, the responsibility for ensuring that relevant services and facilities are available to citizens and the responsibility for funding the services and facilities. The Danish Constitution determines that municipalities are subject to state supervision: the 2007 local government reform merged municipalities, reducing their number from 271 into 98. It also gave

municipalities the responsibilities of financing, organising the supply and having authority in the area of social services. Norway has implemented several policies aimed at merging municipalities, reducing their number from 428 in 2015 to 356 in 2020.

Box 1.1. Reform of competences in Finland

19. In Finland, given the small median size of the municipalities, population ageing and the challenge of ensuring sustainability in municipal finances, the government has embarked since 2020 on a broad reform of the regional government structure. The proposed reform would create a new administrative layer consisting of 22 counties and shift many responsibilities from municipalities to counties. These counties would be responsible for organizing and financing health and social services, as well as implementing a number of other tasks and services previously supplied either by the municipalities themselves or by the central government. The bills would enter into force in stages, with the first ones foreseen on 1 July 2021 and the last ones on 1 January 2023. At the national level, Finland wants to move away from weak central government steering. Under the planned reform, the central government would confirm the strategic objectives of social welfare every four years. A newly established advisory board under the Ministry of Social Affairs and Health would monitor and assess the fulfilment of social services duties and support the national guidance and direction of social welfare. Each county would draw up an annual investment plan subject to approval by the Ministry of Social Affairs. An approved investment plan would be a requirement for new investments and asset transfers in the county. Initially, the funding of the counties will principally be based on central government funding. The funding system for health and social services will be reformed and based on needs-based standardised criteria. The right of counties to levy taxes will be examined in a parliamentary process.

20. While responsibilities over different policies appear to be more clearly defined across the different levels of governments in Nordic countries, in other countries, different levels of government are in charge of different policy domains or different items within a policy domain. For some policy domains, cash benefits are the responsibility of the central government, while in-kind services are the competence of subnational governments. This is for instance the case for Austria in the area of long-term care. Similarly, Belgian and French central governments take most of the responsibility for allowances, typically including non-contributory in addition to social security-financed allowances. Nevertheless, in these two countries, there has been a trend for the central government to devolve more competencies to the sub-national governments. In Spain, the division of services being provided at the sub-national level and benefits at the national level is similar to Belgium and France. Regarding the last resort cash transfers, the situation in Spain is slightly more complex: until the establishment of the national minimum income benefit (*Ingreso Mínimo Vital*, IMV), both emergency and regular transfers were often only provided by Autonomous Communities, i.e. at the regional level; after the introduction of the IMV, autonomous minimum income schemes continue to exist alongside the national benefit.
21. In France, the responsibility of social solidarity and territorial cohesion including social welfare for families, the elderly and disabled and social insertion belongs to the departments (provinces). Departments are thus responsible for several key social benefits and services in the areas of: 1) integration, with the minimum income benefit which also acts as an in-work benefit (le *revenu de solidarité active* - RSA); 2) elderly care, with the long-term care allowance which can be used for home or institutional care (*allocation personnalisée d'autonomie* - APA) and a special allowance to help those unable to pay for the board and lodging in long-term care (*aide sociale à l'hébergement* - ASH); 3) support to the disabled, with a disability allowance (*prestation de*

compensation du handicap - PCH), and 4) family, where a special family allowances for those with low incomes. The departments are also responsible for residential and foster care for people with disabilities, foster care for children, support for parents and educational action for families. They are currently fully responsible for the management of RSA and the organisation of integration services while the central government only sets the minimum amount and the eligibility criteria of the RSA.

22. The central government in France remains responsible for those allowances financed via social security mechanisms. These include subsidies for childcare for children aged 0-6 (financed by the CNAF or Caisses d'allocation familiale); the main earnings replacement benefit for disabled adults (*Allocation Adulte Handicapé* - AAH); emergency help for the homeless, centres for asylum seekers and residences for migrants, as well as for an important share of residential care. In particular, the central government is responsible for reintegration centres for people with disabilities as well as treatment and prevention centres for addictions. The central government also sets the tariffs and manages the social and medical residences financed via the health insurance, such as special education and rehabilitation centres for children with disabilities and residential care for those with severe disabilities which (*Maison Accueil Spécialisée* – MAS).
23. In Belgium, policies for most social services except housing fall under the competence of the three linguistic communities (Flemish, French and German-speaking). Such competences are labelled personal help (*aide aux personnes*) and include family policies, social assistance, integration of migrants, disability policy, and policies towards the elderly, youth and social help for the social reintegration of prisoners (Article 5 II from the 1980 Law on institutional reforms). Whilst competences are exclusive, a large number of policy areas are shared. The federal state remains responsible for several allowances in the area of social services and the assessment of entitlements, as well as judicial protection for people with disabilities and functional rehabilitation. The federal state set minimum levels and eligibility criteria. It is also responsible for financing minimum pensions for the elderly, as well as all matters related to civil or penal code related to youth protection. Benefits under the competences of the central government include: 1) benefits for people with disability for those of working age, include the benefit to replace income lost due disability and partial work and 2) minimum income benefits (*revenu d'intégration*). The responsibility for the payment (for which a budget allocation has been transferred) and management of family allowances was transferred to the three linguistic communities. An important part of elderly care was initially under the responsibility of the central state. But the sixth reform initiated in 2014 transferred the responsibilities for institutional long-term care, day care and short-term care for the elderly, rehabilitation for long-term care and setting of prices for board and lodging in long-term care to the three communities. The responsibility for the allowance for the elderly (*association d'aide aux personnes âgées* - APA) was also transferred to the communities in 2021. Finally, the communities are also responsible for employment, training and technical aids for people with disabilities. The transfer of competences from the federal state to the three communities is accompanied by a budget transfer.
24. In Austria, regulation competencies in social services and minimum-income schemes are the responsibility of the Länder, while municipalities are responsible for administering the services. The federal government finances the so-called nursing care allowance while the Länder are responsible for passing laws governing long-term care and assuring its quality. The regions and federal level also cooperated in defining a minimum catalogue, although it has not been updated in a while. Some parental support programs are funded on a federal level through the central government (e.g. family allowance) and others are funded and administered by the Länder. In practice, services are delivered by the local youth welfare offices (organisation-units) in Austria's 98 political districts. All areas of disability policy which are not explicitly the responsibility of the federal government are the responsibility of the Lander. Unlike most cash benefits, there is no

individual legal right to the majority of social services. In 2010, the federal government concluded an agreement with the provinces in accordance with Art. 15a of the Act on the Federal Constitution with which greater harmonisation between the respective social welfare systems of the provinces was to be achieved. The means-tested minimum income, which was introduced in this way replaced the previous social assistance programme which was regulated differently by each province. With this agreement, nationwide uniform standards in important key areas of social assistance were established and to a great extent taken into account by the provinces in their legislation on the minimum income (e.g. minimum benefit levels, standards in relation to the realisation of assets, recourse claims etc.). A new round of negotiations between the federal government and the provinces to agree on a new regulatory framework did not succeed, and the minimum income legislation of the provinces is still used.

25. In Germany, responsibilities are widely divided by policy areas. In general, federal law often defines minimums, but the further elaboration depends on regional laws. For example, as regards child care, federal legislation guarantees access to developmentally appropriate early childhood education and care, while state legislation defines opening hours and staff ratios. Municipalities actually provide the childcare services. In the field of long-term care, the Federal Ministry of Health is responsible for the legislative process. The concrete supervision of the Act's implementation by the long-term care funds is the responsibility of the Länder and the Federal Insurance Office, which concerning this area is under the legal supervision of the Federal Ministry of Health. The Länder are responsible for providing efficient long-term care and for financing investment in the long-term care facilities, while the ongoing operating and nursing care costs are to be paid by the persons in need of long-term care or their financing institutions. The Federal government is responsible for legislation in terms of family policy and parental leave and is primarily responsible for the implementation of the family policy, the Länder, in turn, have more limited possibilities for the provision of complementary family policies. The German Federal Government offers families a wide range of state benefits: child and other family-related benefits, parental allowance plus aids to parents who want to work part-time soon after the birth of a child, and the tax-free allowance for single parents. In theory, it also has the legislative power in the field of public welfare if laws are necessary for the establishment of equivalent living conditions or the maintenance of legal or economic unity throughout Germany. It has therefore enacted several laws in the field of child protection. Yet, it has limited competencies in youth policy: the central government has enacted legislation on aid for children and youth, covering social and fiscal aspects of youth policy, while the Länder have competences in youth policy formulation and setting up of youth policy programmes. Within each state child and youth welfare services are organised by the Kreise which are responsible for implementing youth policies. Municipalities also have the responsibility for financial services such as social assistance and housing allowances (paid out by the local authorities but financed by the federal government).

1.3. Funding

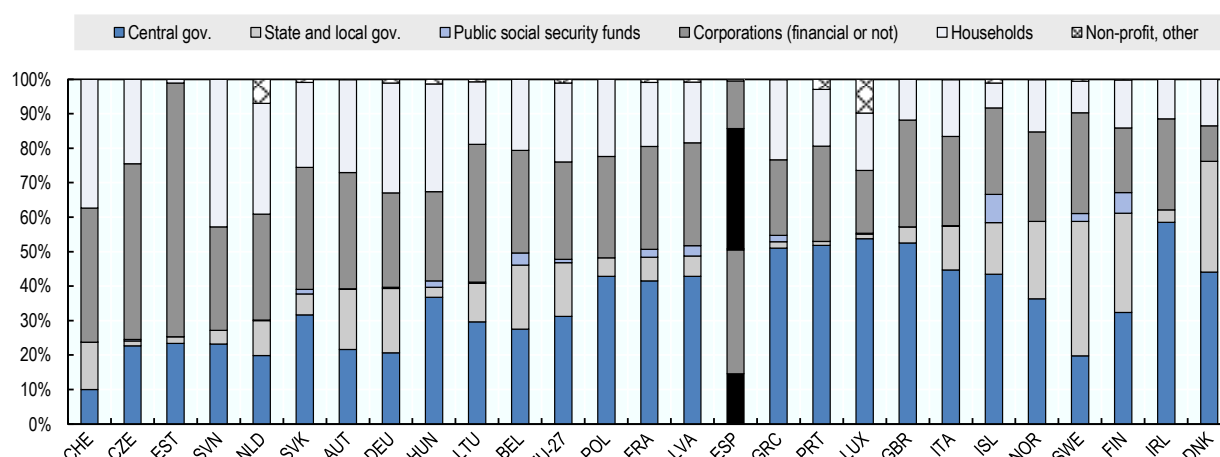
1.3.1. Sources of social expenditure budget

26. It is challenging to find comparable and detailed information about the sources and modalities used to fund social services in EU countries. Similar to Spain (OECD, 2021^[10]), other countries, and regions within countries, do not share a common methodological approach to register the origin and amount of funds allocated to social services. Nevertheless, the Eurostat's ESSPROS framework provides a common and well documented methodology to register amounts and sources of social expenditure *as a whole*. The caveat is that this database includes, in addition to the financing of social services, contributory social protection schemes like pension funds,

unemployment and health insurance. In spite of this, ESSPROS provides the most comparable source for social expenditure across EU countries, which allows to identify the source and type of resources contributing to finance social expenditure across countries.

Figure 1.1. Central and subnational governments provide a relevant contribution to finance social expenditure

Share of contribution to social expenditure, by source, 2018



Note: The chart refers to the whole social expenditure in each country. In addition to central, regional and local government contributions (mainly collected via taxes), the two main sources of funds for social expenditure are: *Corporations*, that mainly group social contributions paid by employers (i.e. fund for social expenditure going to contributory schemes) and *Households*, that mainly group social contributions paid by employees and self-employed (also mainly going to finance contributory schemes).

Source: Eurostat ESSPROS database.

27. In Europe, local or regional (subnational) governments finance a relevant part of the social expenditure. Figure 1.1 shows that central and subnational governments contribute, on average, 47% of the social expenditure.³ Other important sources of funding are financial and non-financial corporations (notably through employers' social contributions) and households (through different modalities of workers' social contributions). Central and regional governments do not contribute to social expenditure in the same proportion in all countries. In most countries, the central government contributes to social expenditure funding in a much higher proportion than regional and local governments do. In particular in the Czech Republic, Estonia, the United Kingdom, Greece, Portugal and Ireland, the ratio of regional/local contributions to central contributions is extremely low. The contribution of households and public and private corporations play a very important role in Switzerland, the Czech Republic, Estonia, Slovenia and the Netherlands.

³ Most of the funds associated to *Corporations* and *Households* (i.e. social contributions) are used to pay contributory benefits; *Public social security funds* can be used both to complete contributory funds and to pay non-contributory social protection benefits (e.g. unemployment assistance or a non-contributory pension); social services are mostly financed by central and local government budget (in some countries, the role of non-profit sources is also important). In some countries, like Denmark and Sweden, government funds can also finance a significant part of the unemployment insurance.

1.3.2. Funding and subnational governments

28. Different countries have very different ways of funding regional and local budgets. Local taxation does not have the same role and importance as source of funds for local services across countries, reflecting not only the existence of different social protection models but also different organizations in terms tax and spending autonomy of subnational governments. In Spain, the central state levies taxes and transfers funds to the majority of Autonomous Communities that belong to the common regime, which are free to set certain tax rates (such as on income and inheritance tax). Euskadi and Navarra, which are under the foral regime, levy almost all taxes and transfer part to the central state. In addition, there are inter-regional transfers based on need. In the following, there are some examples of tax raising and spending autonomy:⁴
- Austria's federal fiscal constitution is heavily centralised. Nevertheless, each Land or local government is responsible for its own budget. With the current Intergovernmental Fiscal Relations Act (covering the period 2017-2021), a first step towards strengthening tax autonomy at the subnational level was taken with the transfer of the so called "housing subsidy contribution" ("*Wohnbauförderungsbeitrag*") from the federal to the state government level. Starting with the 1st of January 2018, it became an exclusive state government tax ("*ausschließliche Landesabgabe*"). Due to the 2020-2024 plan, tax autonomy will be part of the negotiations for the new Fiscal Relations Act (covering the years 2022 ongoing). One of the priorities is to examine the strengthening of tax autonomy for Länder and municipalities.
 - In Belgium, since the Sixth State Reform, the tax autonomy of the provinces (Flemish, Walloon and Brussels-Capital Region) has been extended. As from the tax year 2015, the personal income tax (PIT) can be divided into a federal regional tax.
 - The Danish system is based on an overall calculation of the local government expenditure need and cover all the expenditure in the municipality. A yearly agreement between the Central Government and associations for municipalities and regions sets a budget defining expenditures and tax targets for the following year. Individual regions and municipalities nonetheless retain some flexibility. Within certain boundaries, municipalities can set municipal income and land tax rates; and their revenues stem from these taxes as well as a share of corporate income taxes, user fees and transfers from the central governments. An equalisation mechanism between municipalities accounts for differences in their demographic and social structures. Regions have no taxation autonomy. They are entirely funded by block grants and earmarked transfers from the central government (European Committee of the Regions, n.d.^[11]).
 - In France, the constitution guarantees the free administration of local governments. Their leaders decide and execute their budgets. They have the capacity to set the tax rates of various levies for local purposes. In addition, they benefit from central government's endowments and from national tax allocations to meet the economic competences assigned to them. Department tax revenue includes a property tax (on buildings), local taxes on companies (*Contribution Foncière des Entreprises* and *Contribution sur la Valeur Ajoutée des Entreprises*), a tax on network companies (IFER) and a tax on property transactions. Transfers from the central government have three purposes: compensation (stabilising local budgets) equalisation (reducing income disparities) and orientation (developing sectoral policies). Operating grants are dominant, the most important one by far being the general purpose operating grant (*Dotation Globale de Fonctionnement*). Another important part of the transfers come from the *Caisse nationale de solidarité pour l'autonomie* (CNSA) funds (DREES, 2020^[12]). The range of adaptable local taxes has been slightly reduced in

⁴ For more details about decentralised taxation consult the OECD database on tax and spending autonomy indicators <https://www.oecd.org/tax/federalism/fiscal-decentralisation-database/>.

recent years, with the progressive removal of the housing tax, in return for the allocation of national taxes, which cannot be modulated by local governments.

- Similarly, to Denmark, Finnish municipalities can set earned income and real estate tax rates within certain bounds. A calculation of the expenditure need is used to allocate state subsidies and expenditure needs are determined by sector. They do not cover all the local government expenditure, but only the areas that are mandatory for the municipalities. There are mechanisms of an inter-municipal equalisation of expenditure need, where subsidies for municipalities with lower tax income and high expenditure needs are financed by contributions from municipalities with higher tax income (European Committee of the Regions, n.d.^[13]). There exist special consideration for thinly populated areas and areas in the far north.
 - The German Constitution allocates several important taxes to the Federation, Länder and, to a lesser degree, the local authorities. In 2018, the Federation received 42.5% of the income tax, 50% of the corporation tax and around the half of VAT. The revenue accruing to the Länder was 42.5% of the income tax, 50% of the corporation tax and 47.2% of VAT. Regarding local governments, they received 15% of the income tax and about 3.2% of VAT. The Federation receives all of the revenue from the federal taxes. The majority of the excise duties (such as energy duty and tobacco duty) as well as the insurance tax are also federal. The Länder are entitled to receive all of the revenue from Länder taxes, including the inheritance tax and most types of transactions taxes (in particular, the real property transfer tax). Since 2006, the Länder have the power to determine the tax rate for the real property transfer tax. The local authorities receive the revenue from the trade tax, the real property tax as well as the local excise taxes. The municipalities can mostly determine the tax or assessment rates of the local taxes. However, the legislative competence is either at the federal level for the bigger local taxes (trade tax, real property tax) or at the Länder level for the smaller local taxes (e.g. dog tax, entertainment tax).
 - In Sweden, both counties and municipalities are free to set tax rates over their local taxes. As in other countries, an equalisation mechanism that takes into account the local needs and capacity to raise taxes and fees.
29. These different arrangements for the autonomy in raising taxes naturally has an impact on the sources of overall revenue of sub-national governments (Table 1.2) and at their share of consolidated government revenue (Figure 1.2). Together, a picture emerges whereby Spanish Autonomous Communities and municipalities are able to raise a share of total government revenue that is in the middle field of the comparison countries. The central government raises 72% of total general government revenue in Spain, compared to 63% in Germany and 90% in Austria. About half of their total revenues are from grants and subsidies (i.e. horizontal transfers), which is higher than in Germany, Finland, Sweden or the OECD on average, but smaller than in Belgium and Denmark.

Table 1.2. Subnational governments in Spain, Belgium and Denmark have a higher reliance on grants and subsidies than in the other comparison countries

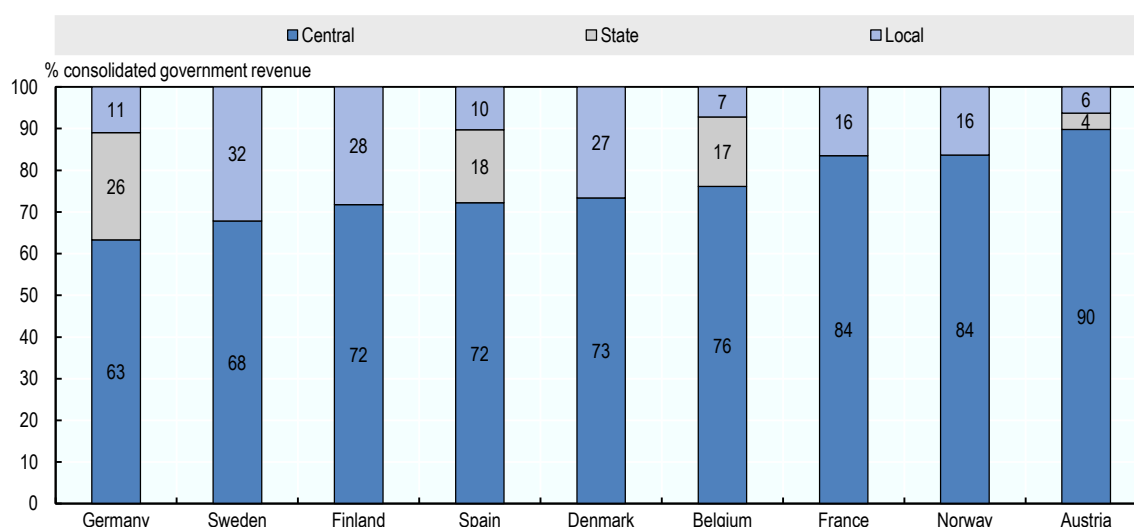
Sources of total revenue of subnational governments

Revenue by type	Spain	Belgium	Denmark	Finland	France	Germany	Sweden	OECD
Taxes	39.8%	26.1%	35.4%	46.2%	51.7%	56.9%	55.1%	44.6%
Grants and subsidies	51.0%	56.9%	59.4%	30.8%	31.7%	26.4%	32.8%	37.2%
Tariffs and fees	8.4%	8.7%	4.7%	20.6%	15.8%	11.5%	9.7%	14.9%
Property income	0.5%	1.8%	0.4%	2.3%	1.1%	1.3%	1.4%	2.0%
Social contributions	0.2%	6.5%	0.2%	0.0%	0.3%	4%	1.0%	1.4%

Note: Figures correspond to the aggregate revenue of subnational governments in each country and can hide large disparities in the funding structure within countries (i.e. between local or regional governments).
Source: OECD subnational government key data, 2018.

Figure 1.2. Spain's subnational governments generate intermediate shares of government revenues

Consolidated government revenue as percentage of total general government revenue, 2019



Note: The consolidated revenue of each level of government is defined as total revenue minus the intergovernmental transfer revenue of that government level.

Source: OECD (2021), *OECD Fiscal Decentralisation Database*, [link](#).

30. Comparable data on the sources of funding of the part of social services financed by subnational governments are not available. In France, about 50% of expenditures in social services come from the départements, 32% from social security (mainly health insurance), 11% from municipal sources and 7% from the central government. The main source of the departments' revenue for social services comes from taxation: 32% from direct taxation and 40% from indirect taxation.

1.4. Key statistics

31. This section presents an overview of country statistics related to the provision of social services. The statistics do not intend to offer a detailed vision of the situation in each country but to draw the attention, from a broad perspective, to the existence of different country realities. These are well illustrated by gaps in social services workforce, beneficiaries and amount and structure of social expenditure in European countries.⁵

1.4.1. Human resources and workload

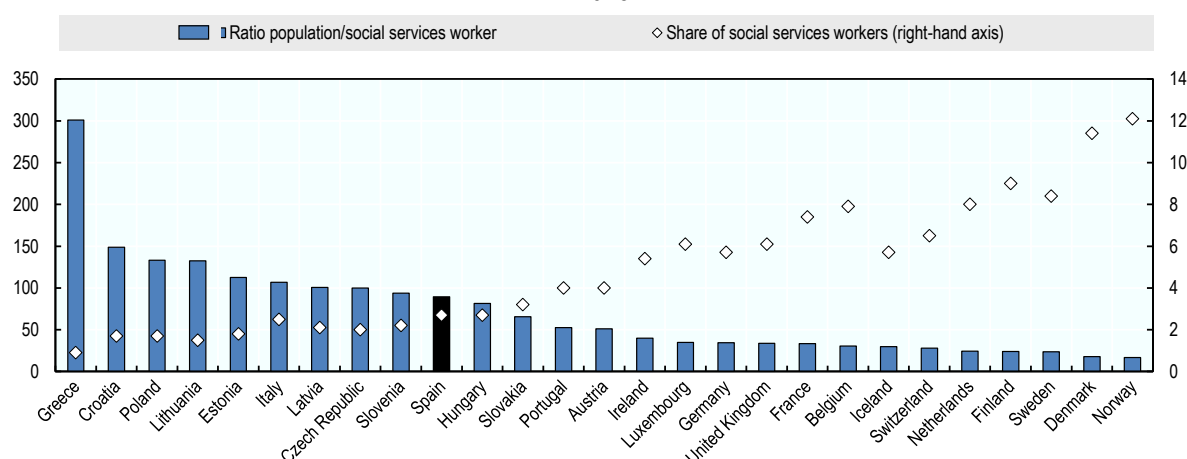
32. Human resources are a fundamental pillar in the provision of social services. Collecting comprehensive information about the number of users of social services would be an extremely

⁵ When possible, statistics on all European countries belonging to the OECD are shown. Given the limited scope of this report, other OECD or non-OECD European countries are not included.

complex enterprise. As we saw in the first report of this project (OECD, 2021^[10]), in Spain, social services providers are highly delocalised and there are not standardised information systems where information can be collected, harmonised and aggregated, even at regional level. Moreover, countries adopt different methodologies to ‘count’ users of social services and national figures (assuming they exist) would hence not be comparable. Figure 1.3 shows estimates of the number of professionals working in social services, according to a quite broad definition. Although these estimates are drawn from EU-LFS survey, and therefore cannot be interpreted as accurate statistics about professionals engaged in social services,⁶ they provide valuable information about the relative weight social services have in the workforce of different countries. Overall, there is a strong negative correlation between ratio social services workers to total workforce and the number of habitants per social services worker. The latter is very high in Greece (about 300), between 100 and 150 in Croatia, Poland, Lithuania, Italy and Latvia; in Nordic countries and Switzerland, there are less than 30 habitants per social worker. In countries like Denmark and Norway, more than 10% of the workforce are professionals involved in social services activities.

Figure 1.3. In northern European countries, around 10% of the workforce is engaged in residential care or social work activities

Habitants per social services worker (left axis) and share of social services workers over total workforce (right axis), 2018



Note: Calculations based on EUROSTAT, Labour Force Survey, extraction for Residential care activities (NACE 87) + Social work activities (NACE88). Worker aged 15 and over.

Source: Social services workforce in Europe: state of play and challenges, Report June 2019.

33. One recurrent comment communicated to the OECD during the series of interviews with individuals responsible for social services in Spanish Autonomous Communities was the excessive workload and increasing stress experienced by professionals working in social services.⁷ Work

⁶ Several factors are behind the slight lack of accuracy. The main is that NACE 87 and 88 categories could be not enough to “detect” individuals working in social services in all countries because some of them might appear in other categories (e.g. 84.1 Administration of the state and the economic and social policy of the community or 97 Households as employers), but this is probably country-dependent and not well documented. Other minor factors are the fact that the identification of work activities can be based on a self-declared assertion and not on administrative records, and that figures are based on the main activity but it is possible that some people work in social services as a ‘second job’.

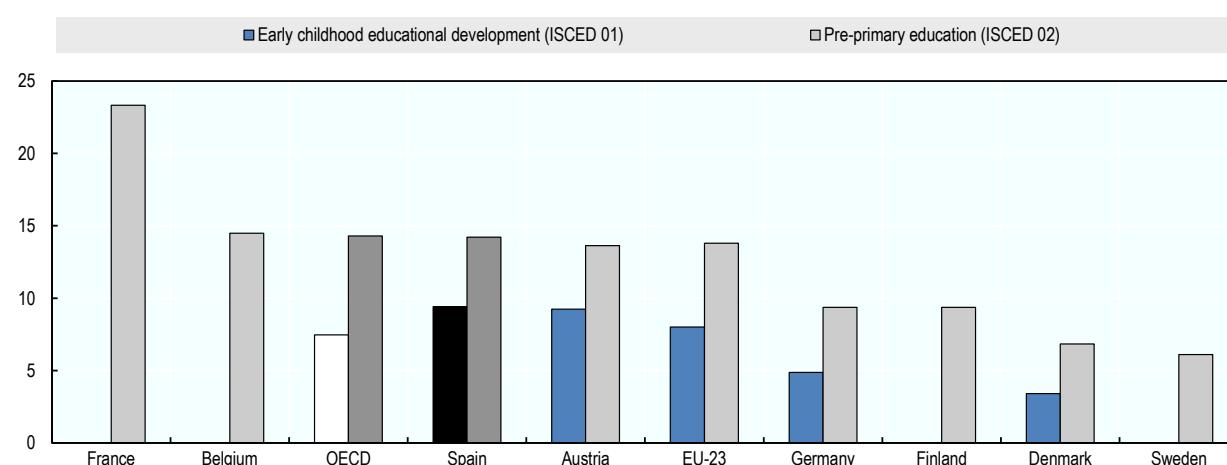
⁷ Most of these comments should be considered as informal communications that is not necessarily backed up by statistical evidence. However, they represent the feeling on a large share of professionals interviewed.

overload and work-related stress in general are well explored in public social services in other OECD countries (i.e. (Balloch, 1998^[14]); (Collings, 1996^[15]); (Lloyd, 2002^[16])). Another study compared the workload between social workers in four Nordic countries. It showed that in Finland, 61% of the social workers reported experiencing heavy workloads, while the corresponding figures for Norway, Sweden, and Denmark are 33, 36, and 42%, respectively (Blomberg, 2014^[17]). A further result indicated frequent job stress in all four countries, but that was most pronounced in Finland. In a word, it is well documented that social workers face increasingly heavy workloads which have adverse effects on social workers' job satisfaction, stress levels and burnout (Sinai-Glazer, 2020^[18]). The ultimate consequence of this situation is a drop in the quality of social services as a whole. The evidence about excessive workload among social workers in Nordic countries, combined with figures shown in Figure 1.3, suggest that workload and stress is probably higher in other European countries (like Spain).

34. The lack of human resources does not affect all areas of social services in the same way. For certain areas, more detailed information on the share of beneficiaries to social workers or other professionals are available. For example, in early childhood education and care, the ratio of children to teaching staff in Spain is similar to the OECD average (Figure 1.5). However, the ratios are more favourable in a few of the comparison countries (Germany and Nordic countries). All in all, these figures confirm the broad picture based on labour force surveys.

Figure 1.4. The children to teacher ratio in Spanish pre-schools are close to the OECD and EU averages, but remain higher than in some of the comparison countries

Average ratios of pupils to teaching staff based on full-time equivalents, 2018



Note: The figures should be interpreted with some caution because the indicator compares the teacher/student ratios in countries with "education-only" and "integrated education and day care" programmes. In some countries, the staff requirements in these two types of provision are very different. See OECD Education at a Glance 2020 Annex 3 for notes ([link](#)).

Source: (OECD, n.d.^[19]), "PF4.2 Quality of childcare and early education services", OECD Family Database, <https://www.oecd.org/els/soc/PF4-2-Quality-childcare-early-education-services.xlsx>, based on (OECD, 2020^[20]) OECD Education at a Glance.

1.4.2. Recipients of cash transfers

35. Minimum income benefits (MIB) exist in most European countries. They are a key element of support for households who have no or very low incomes from work or other sources, who do not have significant assets, and do not qualify for insurance-based benefits. In Spain, until the

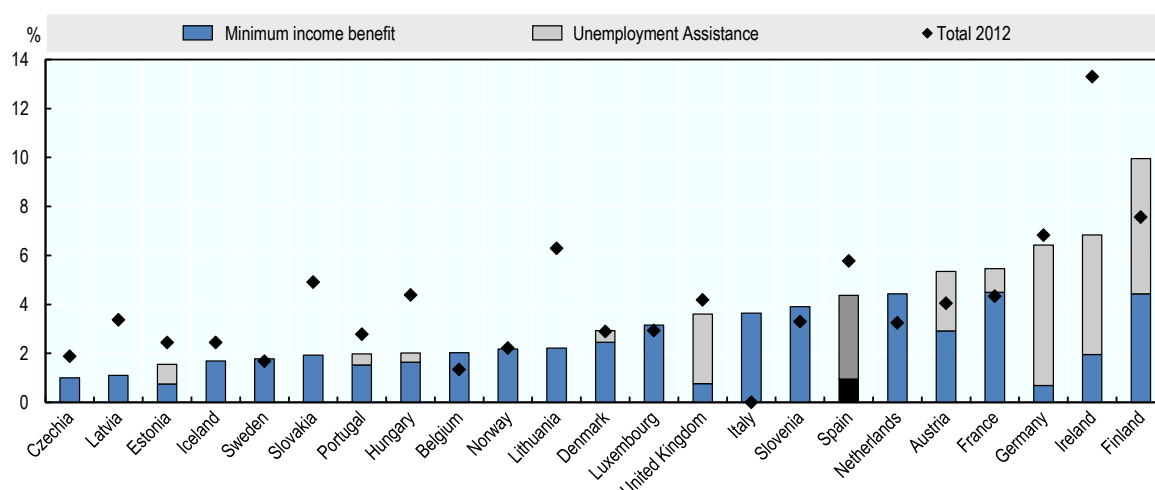
introduction of the *Ingreso Mínimo Vital* in 2020, MIBs were exclusively provided by the Autonomous Communities through the system of *Rentas Mínimas*, considered as part of the specialised social services. In other countries, MIB are provided, or at least regulated, at the national level and belong to the social protection network. In the policy debate, minimum-income cash benefits are occasionally characterised as income floors. At the same time, not all low-income individuals receive support, and many of those who receive MIB also need extra cash or in-kind support to live (e.g. heating allowances, housing allowances, transport vouchers, food stamps, etc.). Figure 1.5, Panel A, shows the number of recipients of MIBs and non-contributory assistance for the unemployed. In most countries, the number of recipients of MIBs and unemployment assistance in 2018 was similar or lower than in 2012. In 2012, after the financial crisis, there was still a large number of long-term unemployed; whereas in 2018, most European economies were creating jobs after several years of economic recovery. However, in some countries, the number of beneficiaries of MIBs and unemployment assistance slightly increased due to a weaker labour market recovery (France, Finland), to policy changes (Austria, 2012 reform) or to major reforms like the introduction of a MIB in Italy in 2018. Spain has a fairly low number of MIB recipients in 2018 compared with other EU countries.

36. Disability benefits, intended as earnings replacement benefits paid to individuals who are completely or partially unable to work, are part of social protection. Such benefits do not belong to the sphere of social services but social services for recipients of disability benefits do and the comparison of disability recipients across countries can provide a good indication of the target group. Indeed, a significant share of individuals who receive disability benefits need access to other services on top of the cash transfers: those who are able to work often benefit from targeted employment programmes, medical assessment, evaluation of long-term limits in access to ordinary social activities and other programmes. Those who are not able to work can benefit from assistance in their routine activities or more specialised care programmes, depending on the severity of their condition. Recipients of disability benefits are shown in Figure 1.5, Panel B and show that disability recipients are rather on the low side in Spain compared with other EU countries.

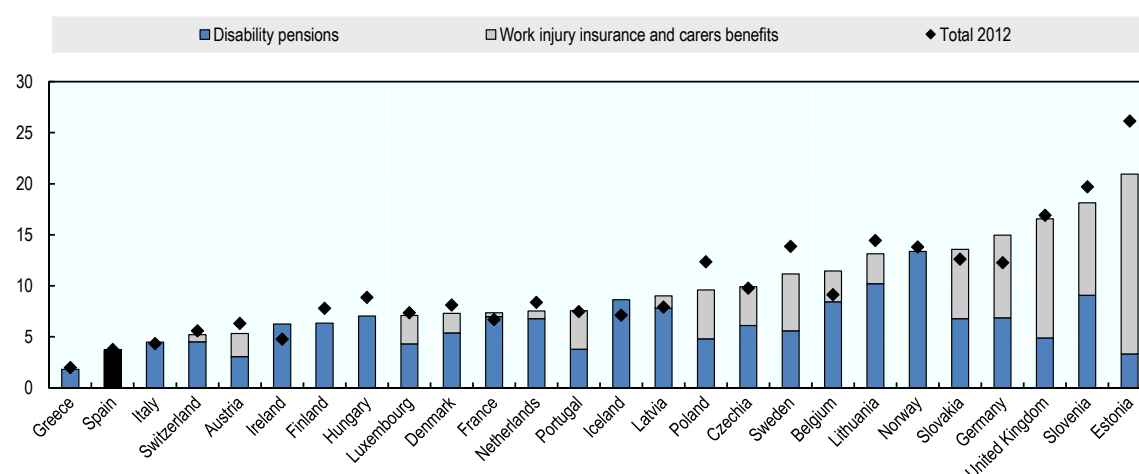
Figure 1.5. In most countries, the number of recipients of cash transfers decreased between 2012 and 2018

Benefits paid as % of the working-age population, annual averages 2012 and 2018

A. Minimum income benefits



B. Disability benefits



Note: Panel A. For comparability reasons, Greece, Poland and Switzerland were excluded. Panel B. The choice of working-age individuals as a denominator is justified by the fact that, in 2018, disability benefits are converted to retirement pensions at the retirement age (and therefore not included in the numerator) in most European countries. Italy figures correspond to 2012 and 2016.

Source: OECD Social benefit recipients database (www.oecd.org/fr/social/social-benefit-recipients-database.htm).

1.4.3. Long-term care recipients

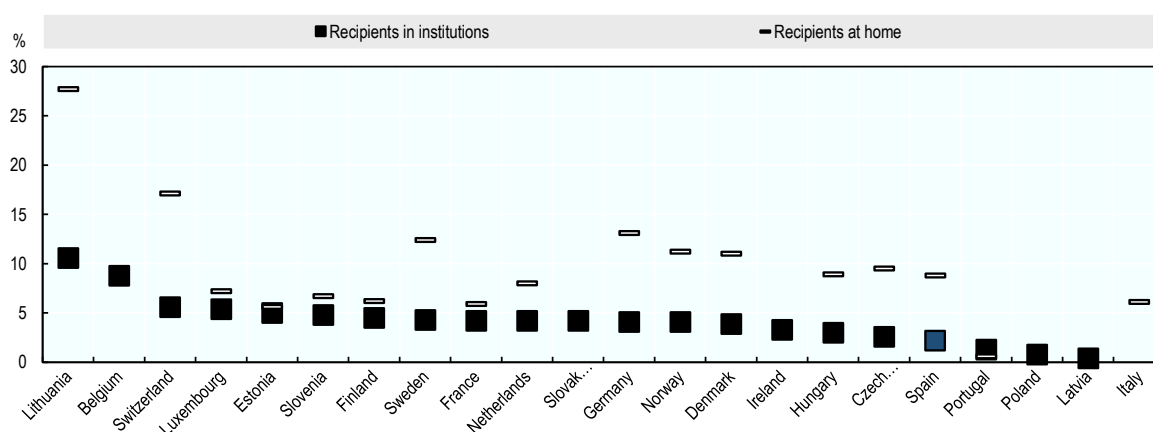
37. Long-term care includes different types of services that reflect the different needs of dependent elderly people. For instance, residential care is typically established for individuals who are no longer able to live or function on their own optimally or safely, and who may require a high level of medical care and supervision. Home care, instead, aims to promote functioning at home to enable

a person to live independently and includes typically personal care and in-home assistance services, and sometimes also home health care (WHO/OECD, forthcoming^[21]).

38. While home care (and community-based) services are becoming a key strand of long-term care provision in Europe, residential care still plays an important role in long-term care and will continue to do so in the future (Spasova, 2018^[22]) Figure 1.6 shows the share of people aged 65 and older who were long-term care recipients at home and in institutions in 2018 in European OECD countries. The shares vary considerably across countries from 0.4% in Latvia to 10.6% in Lithuania for residential care and from 0.6% in Portugal to 27.7% in Lithuania for home care. Spain has a lower share of long-term care recipients at home (8.8%) and especially in institutions (2.2%) than the average of European OECD countries (9.8 and 4.2%, respectively). Overall, countries with a higher share of long-term care recipients at home have also a higher share of recipients in institutions. The correlation of both shares is significantly positive (0.79), even excluding Lithuania (0.41), suggesting that home care and residential care do not substitute but rather complement each other.

Figure 1.6. Spain has a lower share of long-term care recipients at home and in institutions compared to the average of European OECD countries

Long-term care recipients at home and in institutions (other than hospitals) over 65 in 2018, % of total population aged 65+



Note: The percentages for the Netherlands, Slovak Republic and Slovenia are from 2017, and from 2014 for Belgium and recipients in institutions in Denmark. Recipients at home are missing for Belgium, Slovak Republic, Ireland, Poland and Latvia. Recipients in institutions are missing for Italy.

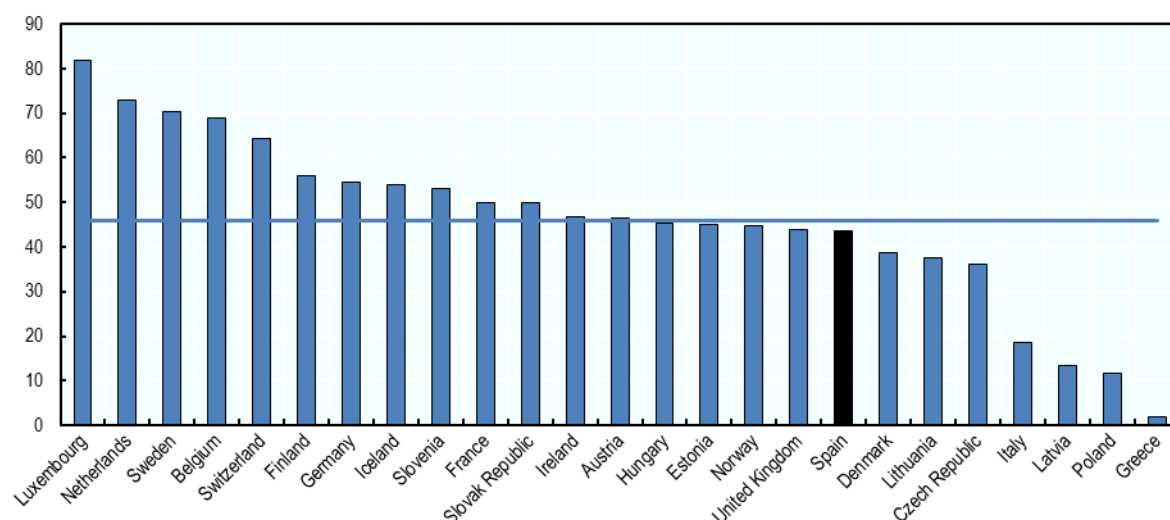
Source: OECD data on long-term care resources and utilisation (<https://stats.oecd.org/>).

39. The prevalence of home care and residential long-term care services in a given country depend on a variety of factors. They are related to its demand, such as the age composition and health status of the 65+ and the availability of informal carers, and to its supply, such as the development of formal home care and residential care services. Figure 1.7 shows the average number of beds in residential long-term care facilities per 1 000 individuals aged 65+ in European OECD countries in 2018. There is considerable heterogeneity across countries, with values as low as 1.8 and 11.6 beds per 1 000 people aged 65+ in Greece and Poland up to 72.8 in the Netherlands and 81.9 in Luxembourg. The average number of beds in Spain (43.7) is again slightly below the average of

European OECD countries (46.0), which could explain to some extent the lower share of long-term care recipients in institutions shown in Figure 1.6.

Figure 1.7. The number of beds in residential long-term care facilities is also somewhat below the average of European OECD countries

Average number of beds in residential long-term care facilities per 1 000 population aged 65 years old and over in 2018



Note: The horizontal discontinuous line shows the average of European OECD countries. The number of beds in Germany corresponds to 2017.
Source: OECD data on long-term care resources and utilisation (<https://stats.oecd.org/>).

40. In some European OECD countries including Spain, formal home care services and residential care settings for the elderly dependants remain underdeveloped (Spasova, 2018[22]). In these countries there is often a great reliance on informal care. For instance, in Spain three out of ten long-term care benefits in the System for Promotion of Personal Autonomy and Assistance for Persons in a Situation of Dependency were cash benefits for informal care in 2019, which continues to be the most widely used long-term care benefit (WHO/OECD, forthcoming_[21]).

1.4.4. Expenditure

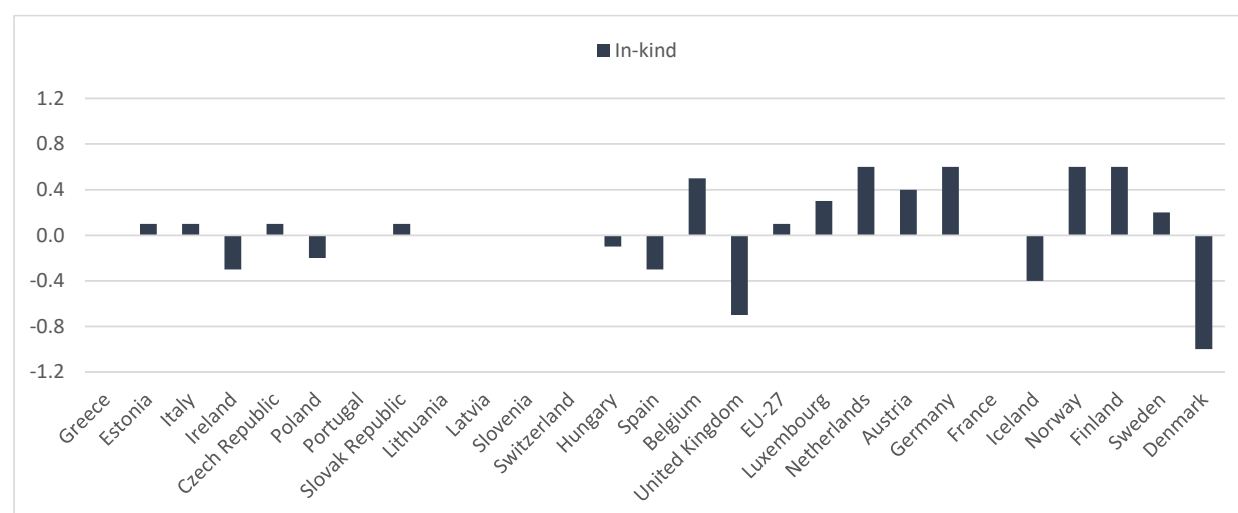
41. Social spending protects families and individuals from poverty, social exclusion and material deprivation and may contribute to social cohesion. Social expenditure comprises cash benefits, direct in-kind provision of goods and services, and tax breaks with social purposes. To be considered "social", programmes have to involve either redistribution of resources across households or compulsory participation. In 2019, social expenditure accounted for 20% of the GDP in OECD countries and slightly less than 25% of GDP in European-OECD countries.⁸ Although the largest share of social expenditure goes to health and old-age pensions, in-kind benefits play a very important role from a social perspective and account for 2.5% of GDP on average in European-OECD countries (see Section 2). Following the increase in the overall expenditure as a reaction to the 2008 crisis, the level of in-kind expenditure has increased further in many European countries since 2012 (see Figure 1.8). Expenditure in social services range from 0.3% of GDP in

⁸ OECD Social Expenditure database <https://www.oecd.org/social/expenditure.htm>.

Greece to 7.3% in Denmark. Expenditure in social services dropped strongly in Denmark and the United Kingdom; and to a lesser extent in Spain, Iceland, Ireland, Poland and Hungary. In general, southern and eastern European countries (Greece, Italy, Poland, the Czech Republic, Portugal, the Slovak Republic, but also Ireland and Estonia) spend less and Nordic countries spend more (see Figure 1.9).

Figure 1.8. On average, the expenditure in services in the EU has slightly increased

Change in social expenditure in in-kind benefits as % of GDP, 2012 - 2018



Note: EU-27 correspond to a non-weighted average of EU countries after the withdrawal of the United Kingdom. To proxy the expenditure in social services as much as possible, health care and sickness expenses are not included. Countries are sorted by level of expenditure in services. A very small amount of in-kind expenditure might refer to services not considered as social services (as defined in Section 1.1), but this not alter the overall picture.

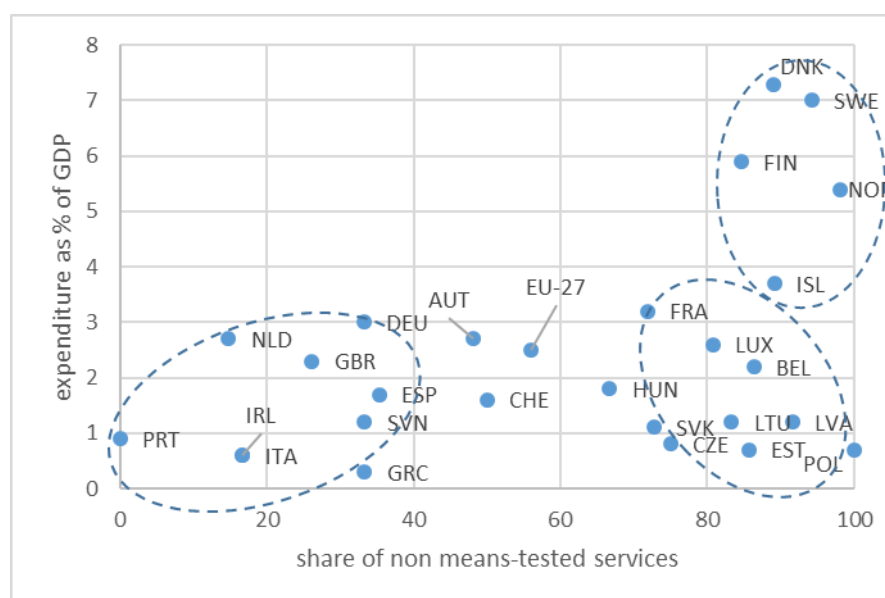
Source: Eurostat ESSPROS database.

42. Social benefits are usually targeted to specific population groups or types of risk, such as long-term care benefits, specific benefits for migrants, etc. Some non-contributory benefits (like minimum income benefits) are awarded to people in need according to a number of earnings, assets and other conditions. These benefits are also called 'means-tested benefits'. There are also benefits that are accessible to entire categories of the population without conditions. For example, in many countries, child allowances are awarded to all children, regardless the income or circumstances of their family. These benefits are also called 'universal benefits'. Figure 1.9 presents the level of social expenditure in services (in-kind-benefits) as percentage of the GDP against the share of these services that are universal or at least accessible to people without a means-test. Nordic countries are characterised by a higher expenditure and a broader access to services (about 90% of the expenditure goes to non means-tested services). Another group, composed by Baltic countries, France, Belgium, Luxembourg and several east-European countries also provide broad access to services, but with lower expenditure levels (about 2% of GDP, three times lower than in Nordic countries). A third group composed by southern European countries, the United Kingdom, Ireland and to a lesser extent Germany and Austria, are similar to the second

group in terms of expenditure but make more intensive use of means tests (and consequently provide a more restrained access to services).⁹

Figure 1.9. In Nordic countries, expenditure in social services is higher and services accessible to the whole population

In-kind social expenditure (vertical axis), ratio non means-tested to total in-kind expenditure (horizontal axis), 2018



Note: EU-27 correspond to a non-weighted average of EU countries after the withdrawal of the United Kingdom. A very small amount of in-kind expenditure might refer to services not considered as social services (as defined in Section 1.1), but this not change the overall picture.
Source: Eurostat ESSPROS database.

⁹ Although one could argue that the first group reflects well the Nordic model of social protection, similar positions in this chart do not necessarily suggest a similar design of social services. For example, Ireland and Italy are very close both in terms of expenditure in services and share of non means-tested ones, but have quite different models.

2 The provision of social services

43. The relatively similar service categories belonging to social services combined with differences in the social sector workforce, beneficiaries and expenditures already provide a picture of a relatively common understanding of what types of services are needed that is nonetheless coupled with heterogeneity in either the demand or supply of these services. This chapter dives further into the comparison of services, comparing the more specific services offered in the comparison countries in more detail and discussing differences in access conditions and in whether services are defined as individual rights or not. Particularly in the case of services that are not subjective rights, effective access to these services by individuals who would benefit from them may differ across the territory. However, as was seen for Spain in the first project report, quantifying these differences even within one country is difficult; let alone comparing such differences across countries.

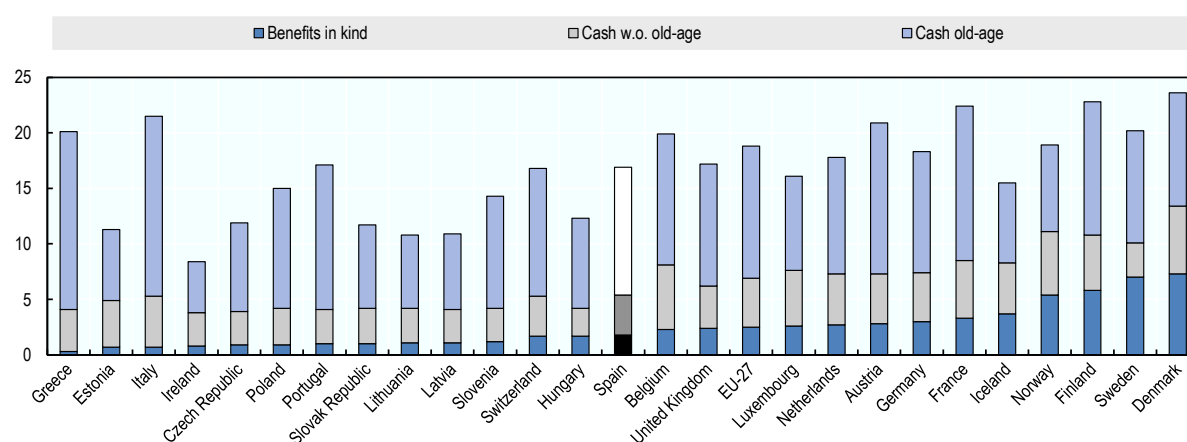
2.1. The distribution of in-kind and cash in social services

44. Social spending has been shown to protect families and children from poverty and to boost their social and labour market integration. Different forms of social spending may work in different ways. Spending on cash benefits (for example child benefits or maternity grants) focuses mainly on poverty reduction by redistributing incomes horizontally (in the example, between families with children and those without), or vertically (between different families with children). On the other hand, spending on benefits in kind such as childcare services) aims primarily at facilitating parental employment, which raises the household income, reduces the poverty risk and enhances social integration. In addition, in-kind benefits like child care and early education have also other long-term effects, such as improving children's future outcomes. Some studies (Bäckman, 2010^[23]) suggest that 'service-based' policies may be more effective poverty reducers than 'transfer-based' ones. This assumption is also supported by the comparative welfare state literature (Nygård, 2019^[24]), which shows that the 'service-based' strategy has become increasingly emphasised in policy making across Europe since the 1990s, not least by the European Union (for example in its Europe 2020 Agenda). However, 'transfer-based' and 'service-based' strategies are not mutually exclusive. While 'service-based' policies are widely used for preventing situations of social exclusion, facilitating employment and bringing concrete help to disable and dependent individuals, they are often coupled with different cash transfers that provide some modicum of income protection.
45. Countries in Europe have used a mix of 'transfer-based' and 'service-based' policies. Nordic countries, such as Sweden and Finland, have generally invested heavily in services, but also in transfers to families. By contrast, countries in the 'Continental regime', such as Austria, France and Germany, have traditionally used a 'transfer-based' strategy relying on relatively generous cash benefits and tax credits, whereas spending on services has been low. More recently, many continental have also started to invest in 'defamilising' services, which has made them somehow more similar to the Nordic ones, although child poverty levels have remained higher than in Nordic countries. In Anglo-Saxon countries, for instance the UK and Ireland, governments generally spend less on direct cash benefits to families, but more on tax subsidies for market-provided services. In Mediterranean countries, where the one breadwinner norm has also been strong, in-

kind benefits have been historically focused on elderly and family benefits have generally been modest and defamilising services almost non-existent with low levels of female employment and high poverty rates as a result. However, in some countries, such as Portugal and Spain, there was a shift towards defamilising family policies, including higher childcare provision and higher family benefits, in the 1990s and early-2000s (Ahrendt, 2015^[25]); (Guillén, 2010^[26]). By contrast, Eastern European countries share a legacy of broad coverage of public social services from the communist era, but with generosity levels well below those of Nordic and Continental countries (see Figure 2.1).

Figure 2.1. Nordic countries spend more in services

Social expenditure in cash and in-kind benefits as % of GDP, 2018



Note: EU-27 correspond to a non-weighted average of EU countries after the withdrawal of the United Kingdom. To proxy the expenditure in social services as much as possible, health care and sickness expenses are not included. Cash benefits are broken-down into cash benefits for old-age and survivors (i.e. old-age and survivors pensions) and other cash benefits (including notably family benefits, social assistance, housing benefits and disability benefits). Countries are sorted by level of expenditure in services. A very small amount of in-kind expenditure might refer to services not considered as social services.

Source: Eurostat ESSPROS database.

46. In Figure 2.1, cash benefits are broken-down into cash benefits for old-age and survivors (i.e. old-age and survivors pensions) and other cash benefits (including notably family benefits, social assistance, housing benefits and disability benefits). In Greece and Italy, and to a lesser extent in Portugal, Switzerland and Spain, old-age pensions represent a very large part of cash transfers. This situation, combined with low expenditure in services, suggests that the share of the budget allocated to income support other than old-age pensions, is also low. In other words, in these countries, social services have a low budget and cash transfers for families are not more generous than in countries who spend more in services.
47. On the whole, the importance of the 'service-based' strategy seems to have grown since the 1990s. The European Union, as an example, has emphasised investments that have an expected future return in terms of for example higher education, better life chances for children and higher employment.

2.2. Type of services

48. This section compares the details of service availability across the countries, looking at the type of services in detail. It is worth noting that the area of social services has been particularly reinforced, and in some cases, preceded by EU legislation in various areas. There exist a number of EU Directives that have enhanced and facilitated the convergence of national legislation in many aspects, such as the reception conditions and procedures of asylum seekers, combating sexual abuse and exploitation of children, action plan on unaccompanied minors, the EU gender equality law, among others. The European Pillar of Social Rights is also advancing national legislation in certain areas.

2.2.1. Family services

49. Families benefit from the full range of social services, but in addition may receive services targeted specifically at the needs of pregnant mothers and parents with young children. Riding et al. (2021^[27]) propose a categorisation of family services into those supporting the meeting of basic needs, family functioning support, parenting support, specialised services for specific or complex needs and health care. As health care services other are neither provided through the social services system nor mentioned in the reference catalogue in Spain, they are not discussed in this report.
50. A first category are aids meant to cover basic material needs. Section 2.3.1 treats minimum income benefits, but in addition, there can be family-specific programmes such as school meal programmes, transportation or food vouchers, providing food or other basic necessities directly and granting subsidised access to basic needs, such as housing. In Madrid, (expectant) parents may access subsidised housing, food and other basic material resources, but the access conditions are unclear. The same is true in about half of the OECD's capital cities, with targeting usually focused on low-income and vulnerable families.
51. A second category refers to family functioning services such as family counselling, referrals to other social agencies, respite care and in-home support. Given that unlike in other countries, the Spanish social services system itself provides family services, referrals are not strictly necessary, though families can of course be referred to further basic and specialised services. In Madrid as well as in most of the capitals of the comparison countries, these family functioning services are available to expectant families and families with pre-school and school-aged children; though their coverage may vary. In France, in-home support is lacking for pre-school and school-aged children families, as well as referrals and respite services for pre-school aged children. In Austria and Belgium, respite and in-home support services are not available.

Table 2.1. Family function and parenting support services are relatively comprehensive in Spain, but there is a gap in after-school services for younger children

Availability of different family-related services in the countries' respective capital, by age of children

	Expectant families	Spain	Austria	Belgium	Denmark	Finland	France	Germany	Sweden
Family functioning support	Family counselling services	✓	✓	✓	✓	✓	✓	✓	✓
	Referrals to social agencies	✓	✓	✓	✓	✓	✓	✓	✗
	In-home support	✓	✗	✗	✓	✓	✓	✓	✓
	Parental education	✓	✓	✓	✓	✓	✓	✓	✓
	Families with children 0-5	Spain	Austria	Belgium	Denmark	Finland	France	Germany	Sweden
Family functioning support	Family counselling services	✓	✓	✓	✓	✓	✓	✓	✓
	Referrals to social agencies	✓	✓	✓	✓	✓	✗	✓	✗

Parenting support	Respite services	✓	✗	✓	✓	✓	✗	✓	✓
	In-home support	✓	✗	✓	✓	✓	✗	✓	✓
	Subsidised or free culture/leisure activities	✗	✓	✗	✓	✓	✓	✓	✓
	Subsidised or free after-school activities	✗	✗	✗	✓	✓	✓	✓	N.A.
	Parental education	✓	✓	✓	✓	✓	✓	✓	✓
Families with school-age children		Spain	Austria	Belgium	Denmark	Finland	France	Germany	Sweden
Family functioning support	Family counselling services	✓	✓	✓	✓	✓	✓	✓	✓
	Referrals to social agencies	✓	✓	✓	✓	✓	✓	✓	✗
	Respite services	✓	✗	✗	✓	✓	✓	✓	✓
	In-home support	✓	✗	✗	✓	✓	✗	✓	✓
Parenting support	Subsidised or free culture/leisure activities	✓	✓	✗	✓	✓	✓	✓	✓
	Subsidised or free after-school activities	✓	✗	✗	✓	✓	✓	✓	✓
	Parental education	✓	✗	✗	✓	✓	✓	✓	✓

Source: 2019 OECD Questionnaire on Family Services Policy carried out for (Riding et al., 2021^[27]), *Looking beyond Covid-19: Strengthening family support services across the OECD*.

52. Parenting support services include free or subsidized culture and leisure activities and after-school activities as well as parental education. In many Spanish Autonomous Communities, parental education programmes are available, as are culture activities for school-aged children and after-school activities. However, it needs to be noted that out-of-school care and leisure activities are often provided through other systems than social services, including through the education system and parent associations. These services are likewise available in many of the other capitals (though for pre-school age children in Sweden, they do not count as after-school care because primary school starts at age six); though some of the services are not available in Belgium and Denmark.
53. Family services may be most impactful if they are coordinated and universal (Acquah and Thévenon, 2020^[28]). Universality can mean that services that may otherwise be perceived as stigmatised become the norm, and access for all including vulnerable groups hence improved. Coordination, in turn, can mean that families receive all the support they need, but requires good information exchange between different parts of the social services and other systems. These universal and coordinated services can also help meet the needs of more vulnerable families. Positive examples are Parenting Shops in Belgium and the All Children in Focus programme in Sweden where parents can turn for counselling, lectures, classes and home visits. Both programmes are characterised by having multi-disciplinary teams of social workers, psychologists, educators and others. Programmes such as these and others allow parents to learn more about the stages of child development and become more confident in their parenting abilities (Acquah and Thévenon, 2020^[28]). Programmes that focus on reducing tensions within families can also be helpful (Clarke and Younas, 2017^[29]).

2.2.2. Child protective services

54. Intimately related to family services are child protective services. While vulnerable children need support through a variety of policies including policies that strengthen their families and that allow them access to high-quality education and health care as well as meet their basic material needs, some children and teenagers who are for example at risk of maltreatment or whose socio-educational needs exceed the ordinary may need the additional services provided through the

child protection system. Many European countries have framework laws that define the rights of children. In Austria, Germany, Finland and Sweden, these are defined at the national level, while in Belgium and Spain, regional laws exist (FRA, 2015^[7]). While some child protective systems such as those in many continental European countries have a 'family service' orientation that relies heavily on parental support services, rather than a 'child protection' orientation with fewer preventative elements linked to family services, all have investigate components to identify and address situations where minors are at serious harm (OECD, 2019^[30]; Price-Robertson, Bromfield and Lamont, 2014^[31]).

55. A first important function of child protective services is to identify children or youth at risk and, if necessary, provide them and their families with the necessary support and counselling. In most countries, various professionals including teachers and doctors have reporting requirements to the relevant authority for child protection if they suspect that a minor is in danger. In the Nordic countries as well as for example Italy and Portugal, this reporting requirement also extends to any other person. The most common pathway into child protection can vary from country to country. In Sweden, it is general child welfare rather than child protection services. These may be provided through a specialised service within social services or even through a local school organisation. In Belgium, most children are identified and receive help through the health sector (Price-Robertson, Bromfield and Lamont, 2014^[31]).
56. If the risk has been confirmed, children and youth can either receive support within their home or be placed in residential care or a foster family. In some countries, most children who are in contact with child protection services receive in-home services rather than being taken out of their family. For example, an estimate for Finland places the percentage at 86% (Pösö, Skivenes and Hestbæk, 2014^[32]). In Denmark, the percentage receiving in-home services amounted to 52%; while in Spain in 2015, out of the 42 628 minors who received support from child protection services, 33 768 (or 79%) were in residential or foster family care (Kosher et al., 2018^[33]). However, different thresholds for intervention can be one factor that contributes to these different shares.

Table 2.2. The basic child protective services are similar across the comparison countries, but the reliance on particular services and the existence of more specialised services varies

Existence of a given child protective service

		Spain	Austria	Belgium	Denmark	Finland	France	Germany	Sweden
Services for youth at risk	Identification of children and youth at risk	✓	✓	✓	✓	✓	✓	✓	✓
	Educational, social and psychological support for children and youth at risk	✓	✓	✓	✓	✓	✓	✓	✓
	Whole-family institutional care					✓		✓ (single parents)	
	Out-of-home care in foster family	✓	✓	✓	✓	✓	✓	✓	✓
	Out-of-home residential care	✓	✓	✓	✓	✓	✓	✓	✓
	Mechanisms for youth in alternative care to issue complaints			✓	✓			✓	
	Interventions with juvenile offenders				✓ (under 15)				✓
	Financial and other support for care leavers		✓		✓	✓	✓	✓	
	Identification of suitable adoptive/foster families	✓	✓	✓	✓	✓	✓	✓	✓

		Spain	Austria	Belgium	Denmark	Finland	France	Germany	Sweden
Adoption and fostering	Renewed reviews of foster families at pre-determined intervals			✓			✓	✓	
	Pre-adoption preparation	✓	✓	✓	✓	✓		✓	✓
	Post-adoption support	✓	✓	✓		✓ (financial)			
Early attention for young children with disabilities or other risks for developmental delays		✓							
Universal support for youth	Counselling and mediation for youth at conflict with parents/legal guardians		✓				✓		
	Collective preventive action at the local level to reduce risks among youth			✓ (Wallonie)					

Note: The absence of a tick mark does not preclude that the relevant service exists. For example, it could be enumerated in regional but not national legislations, or it could be enumerated in laws other than the main law(s) regulating child protection and welfare.

Source: (FRA, 2015^[7]), *Mapping child protection systems in the EU*; (Pösö, Skivenes and Hestbæk, 2014^[32]), *Child protection systems within the Danish, Finnish and Norwegian welfare states – time for a child centric approach?* (Storø, Sjöblom and Höjer, 2019^[34]), *A comparison of state support for young people leaving care in Norway and Sweden: Differences within comparable welfare systems and legislative analysis*.

57. A further important task for the responsible authority is to vet and prepare prospective foster and adoptive families. In some countries including Belgium, France and Germany, foster families are also periodically reviewed – for example every five years in the French Community in Belgium and in France (FRA, 2015^[7]).
58. A few countries' child protection legislations explicitly mention further services. For example, the relevant Austrian law mandates the existence of a child and youth advocate who among other functions may help young people formulate and represent their interests in situations of adversarial mediation with their parents or legal guardians; and France likewise foresees such a counselling and mediation service. In the Walloon part of Belgium, a preventative council in each district is required to periodically carry out a social diagnostic and propose a three-year action plan to reduce conditions that are unfavourable to the development of young people. In Germany and Finland, there are options for institutional care for entire families, though in Germany, these are restricted to single-parent families. In some countries, child protection services are also in charge of intervening with juvenile offenders, in particular if they are below a given age threshold. Young adults who were recently in out-of-home care receive financial and potentially housing and psycho-social support in a number of the comparison countries, though the actual availability and extent of these services and benefits can vary even within the same country. In Spain, there are no national-level services and benefits for care-leavers, though for example the Catalan Espai Cabestany one-stop shop is one of the most comprehensive support programmes of its kind (Montero, 2016^[35]).

2.2.3. Services for victims of gender-based violence

59. Intimate partner violence or non-partner sexual violence affects around one in three women worldwide during their lifetime (OECD, 2020^[36]). According to a 2012 survey, women in Spain reported the lowest incidence of intimate partner violence among the surveyed European OECD countries (OECD, n.d.^[19]). But comparing actual levels of violence against women and intimate partner violence across countries based on survey data is fraught with difficulties, including because cultural norms can influence how willing individuals are to talk about experiences of

violence. This may contribute to the phenomenon that countries with higher gender equality also have higher levels of reported violence against women.

60. Different victims of intimate partner and gender-based violence have different needs for public service supports that can extend beyond social services. This can include support to gain further education or training or helping them gain a better foothold on the labour market, as well as social assistance or other transfer payments. Some women will need to be able to go to a women's shelter and others will require help to find permanent housing. They may need counselling services for themselves and their children, and assistance in civil and criminal legal proceedings. Perpetrators of intimate partner violence can also benefit from therapy. In some situations of mutual mild violence among partners in response to specific stressors, couple counselling may be appropriate and helpful (Karakurt et al., 2016^[37]). Ideally, these services should be integrated with a single point of access. The Council of Europe Convention on preventing and combating violence against women and domestic violence (the so-called Istanbul Convention) is an international legally binding Convention to tackle gender-based violence in Europe and ensuring the protection and support of female victims as well as of their children. Alongside requirements related to integrated policies, prevention measures and the prosecution of perpetrators, the Convention also calls for protection and support measures for victims. These include at a minimum general and specialist support services, assistance in complaints, shelters, helplines, rape crisis or sexual violence centres and the protection of child witnesses (Meurens et al., 2020^[38]).
61. A first important social service for victims of intimate partner violence is a helpline that can be reached at all times. This helpline can provide first-aid support and counselling and point the callers to further services. These helplines exist in Spain as well as in all the comparison countries. However, in some communities in Belgium and in France, they are not available at all times of the day and night. Counselling may come from different sources, including mental health providers as well as specific women's centres that provide non-residential support services. These women's centres exist in Spain as well as the comparison countries. In some countries, some women centres additionally or exclusively provide specialist support for women who are victims of forced marriage, female genital mutilations, 'honour-based' violence or trafficking; or who are (undocumented) migrants or are disabled. Women's Centres may be more frequently located in major cities, as is the case in for example Denmark. In France, the state-run Information Centres on the Rights of Women and Families offer counselling and advice through multiprofessional teams such including psychologists, social workers and lawyers. In addition, Spain and the comparison countries also have sexual violence referral centres. But in most countries, their prevalence is far below the target value suggested by the Istanbul Convention.
62. Shelters can allow victims of intimate partner violence to be safe from their aggressors, receive counselling and line up housing and other necessities so that they do not have to return to their prior home. Some of these shelters are open to women with their children, some also to male victims of intimate partner violence, and some specialise in the specific needs of migrant women. All of the analysed countries offer shelters. However, the number of available spots may not always be sufficient; different parts of the country may have different availabilities; and the shelters may not always meet the needs of all victims. The Council of Europe minimum's requirement is that there should be one family place (for one woman and one child) per 10 000 inhabitants. A 2019 report by *Women Against Violence Europe* NGO that used an amended version of this benchmark (relying on the number of beds rather than family places) estimated that the share of beds that were 'missing' ranged from 65% in Sweden to 13% in Austria (Belgium: 48%; Denmark 22%; Finland 63%; Germany 23%; Spain 42%) in 2018 (WAVE, 2019^[39]). Luxembourg, Malta, Slovenia and Northern Ireland are the only countries or territories meeting the minimum requirement. A few shelters offer additional services. For example in Vienna and Tyrol in Austria, there are special housing programmes women who exit the shelter can use.

Table 2.3. Countries offer similar services to victims of intimate partner violence

Availability of services related to intimate partner violence

	Spain	Austria	Belgium	Denmark	Finland	France	Germany	Sweden
<i>Services for victims</i>								
Helplines	✓	✓	(Limited hours in some regions)	✓	✓	(Limited hours)	✓	✓
Sexual violence referral centres	✓	✓	✓	✓	✓	✓	✓	✓
Shelters	✓	✓	✓	✓	✓	✓	✓	✓
Counselling	✓	✓	✓	✓	✓	✓	✓	✓
<i>Services for perpetrators</i>								
Therapy for perpetrators	✓	✓	✓	✓	~	✓	✓	✓

Note: The table indicates that the named service exists in the country, though coverage may be limited.

Source: (Meurens et al., 2020^[38]), *Tackling violence against women and domestic violence in Europe – The added value of the Istanbul Convention and remaining challenges*; (WAVE, 2019^[39]), *WAVE Country Report 2019*; (GREVIO, 2020^[40]; GREVIO, 2019^[41]; GREVIO, 2017^[42]; GREVIO, 2019^[43]) *GREVIO Baseline Evaluation Reports Austria, Belgium, Denmark, France*.

63. Most countries also offer interventions for the perpetrators of gender-based violence, though in some cases they are primarily court-ordered and may only exist in certain parts of the country. Examples include the 'Choose to stop' campaign in Stockholm and a rehabilitative programme intended to help perpetrators in Finland reduce their urge to be violent through better understanding their underlying motivations and managing their emotions through group and individual therapy (Meurens et al., 2020^[38]). In Austria, some programmes include both voluntary and mandatory participants and others only include court-ordered perpetrators. In Belgium, the programme of one NGO has now also been opened to female perpetrators. Long waiting lists for self-referred participants point to a lack of spots. Generally, limited funding is an issue that affects many services related to the support for victims of gender-based violence. Services are often funded by local, regional or state governments but provided by NGOs.

2.2.4. Long-term home-based and residential care

64. All countries in this report offer some sort of long-term home-based and residential care services (see Table 2.4). The costs for these two main modes of provision for long-term care are covered to a great extent by either a government program or through compulsory insurance (mainly social insurance), with residential care typically less well covered by government or compulsory insurance than home care (WHO/OECD, forthcoming^[21]). In all these countries, there is a trend towards prioritising home care (care provided in and around the elderly person's own home) over residential care (where the dependent person lives in a residential setting) (Spasova, 2018^[22]).
65. All countries in this report offer further some sort of day care and cash benefits, again with independence of whether long-term care services are financed through taxes (Spain and Sweden) or through compulsory long-term insurance (Austria and Germany). Among the cash benefits, a few countries offer specific benefits for informal caregivers in terms of time credit benefits (Belgium and Finland) or career interruption benefits (Belgium).
66. Some countries like Denmark offer other services such as reablement and rehabilitation services. Recovery of autonomy is commonly referred to as reablement or rehabilitation, in which care workers support frail elderly people in regaining some degree of physical or mental autonomy. Such policies usually target frail elderly people who live in the community, and there is increasing evidence of their cost-effectiveness and overall positive impact. The Danish Fredericia model of reablement, for example, can help reduce care costs significantly. In addition, in Denmark the municipal council shall offer at least one annual preventive home visit to elderly citizens.

Table 2.4. Countries have a similar scope of long-term care services, but there are differences in the existence of specific services**Availability of services related to long-term care**

		Spain ¹	Belgium ^{2,3}	Denmark ^{2,4,5}	Finland ^{2,3}	France ¹	Germany ¹	Sweden ¹
Home care		✓	✓	✓	✓	✓		✓
	Coordination centres of domiciliary care services		✓					•
Residential care		✓	✓	✓	✓	✓	✓	✓
	Residential nursing homes	•	✓	✓		✓		•
Day care		✓	✓	✓	✓	✓	✓	✓
	Day centres (paramedical care)	•	✓					•
Other selected services							•	•
	Night centres (paramedical care)	•	✓					•
	Social and physical / psychological health services including support for dementia			✓				•
	Sheltered housing with 24-hour assistance			•	✓			•
	Reablement and rehabilitation services			✓				•
Cash benefits		✓	✓	✓	✓	✓	✓	✓
	Incontinence allowance (for heavily dependants not in residential care)		✓			•		
	Career interruption benefits (for informal carers)		✓			•		
	Time Credit benefits (for informal carers)		✓			•		

Note: The table does not include LTC services from Social Health Insurance in France and Germany, from the National Health System in Spain from federal public health insurance in Belgium.

Source: ¹ WHO/OECD forthcoming report on "Pricing long-term care for older persons", ² EC (2011) "Study on social services of general interest", ³ OECD (2020) "LTC: Description of schemes and benefits - July 2019", ⁴ OECD (2020) "Who Cares? Attracting and Retaining Care Workers for the Elderly", ⁵ WHO Regional Office for Europe (2019) "Denmark: Country case study on the integrated delivery of long-term care".

2.2.5. Disability and rehabilitative services

67. All countries in this report support the employment of people with disabilities, but they differ in the schemes, services, and policies they have in place to achieve this (see Table 2.5). For instance, most countries have implemented workplace accommodation policies. In Spain these are mandatory for firms (which might disincentivise the hiring of workers with disabilities). Instead in Austria, Belgium, Denmark, and Finland either subsidies or specific funds exist to accommodate workers with disabilities in their jobs. Most countries (Spain, Belgium, Denmark, Finland, and Sweden) have wage subsidies to incentivise the labour demand of workers with disabilities and half of the countries (Spain, Austria, France, and Germany) have an employment quota for people with disabilities working in large firms. Virtually all countries offer work training, and employment orientation and advice to facilitate the access to the labour market among people with disabilities. In contrast, only one country, Denmark, has a specific law to protect persons with disabilities against discrimination (namely, the Danish Act on Prohibition against differential treatment on the labour market). Denmark offers also "preferential access" to workers with disabilities where public employers have the obligation to give preferential access to a vacant position to a person with disabilities who has difficulty in finding employment. Sweden also offers special support to people

with disabilities who want to start a business. And Belgium (Flanders) has a specific allowance for supplementary travel expenses, e.g. if special transport is needed.

68. All countries in this report offer day care and some type of long-term institutional care for people with disabilities. While there is a general trend in decreasing long-term institutional care and closing long-term institutional care homes for people with disabilities, this service is still offered in a few countries (Belgium, Denmark and Finland). Most countries also have more “traditional” residential care services for people with disabilities (Spain, Austria, Denmark, Finland, and France). Other more particular long-term institutional care services such as group housing and service housing are available in a smaller number of countries.

Table 2.5. There are large differences across countries in respite care and employment support for people with disabilities, but not in the existence of day and long-term institutional care

Availability of employment support, day care, long-term institutional care, and respite care for people with disabilities

		Spain	Austria	Belgium (Flanders)	Denmark	Finland	France	Germany	Sweden
Employment support	<i>Employment orientation, advice, and additional support</i>	✗	✓	✓	✓	✓	✓	✓	✓
	<i>Work training</i>	✓	✓	✗	✓	✓	✓	✓	✓
	<i>Wage subsidies</i>	✓	✗	✓	✓	✓	✗	✗	✓
	<i>Workplace accommodation</i>	✓	✓	✓	✓	✓	✗	✗	✗
	<i>Sheltered employment</i>	✓	✗	✓	✓	✓	✓	✓	✓
	<i>Employment quota for people with disabilities</i>	✓	✓	✗	✗	✗	✓	✓	✗
	<i>Antidiscrimination policies</i>	✗	✗	✗	✓	✗	✗	✗	✗
Day care		✓	✓	✓	✓	✓	✓	✓	✓
Long-term institutional care	<i>Institutional care</i>			✓	✓	✓			
	<i>Residential care</i>	✓	✓		✓	✓	✓		
	<i>Group housing</i>	✓					✓		✓
	<i>Service housing</i>						✓	✓	✓
	<i>Other specially adapted housing</i>							✓	✓
Respite care		✗	✗	✓	✓	✗	✗	✓	✓

Note: The absence of a tick mark does not preclude that the relevant service exists. For example, it could be enumerated in regional but not national legislations, or it could be enumerated in laws other than the main law(s) regulating social services and services for people with disabilities.

Source: European Association of Service Providers for Persons with Disabilities (EASPD). [Eight Country Fact Sheets](#). For each country, the information is drawn from the corresponding Fact Sheet.

2.3. Access and Eligibility

2.3.1. Similarities and differences in rights

69. While the categories of social services in the comparison countries offer are remarkably similar, one important way in which they can differ is whether individuals who need them are entitled to the services, or whether they may be able to access them only if for example the relevant budget has not yet been exhausted.

70. In contrast to Spain, there are fewer subjective rights in elderly care and more in other areas of social services, including childcare. Denmark, Finland and Sweden have a right to childcare since the 1990s and in Germany since 2013, subjective right to day care was extended to children under the age of three. Belgium has a subjective right to minimum income and so does Austria for residents (as well as refugees), similarly in Finland and Sweden there is a subjective right to social assistance and in Denmark for benefits related to active social policy and for France with respect to the RSA (MISSOC, 2021^[44]).
71. While in Spain there is no right to housing in the national nor regional social services legislation,¹⁰ some countries in Europe do include such right. In Sweden there is a right to housing under Chapter 4, Article 1 (paragraph 1) of the Social Services Act (2001), any individual who is unable to provide for his needs or to obtain provision from them in any other way, is entitled to assistance from the social welfare committee (which is part of the municipal administration) towards livelihood and for living in general. In Finland, housing services are provided for persons who, for special reasons, need help and support with organizing housing or their living conditions. Young people (18-21 years) who have been taken into custody and to whom after-care is provided are practically the only group of people in Finland who have a subjective right to housing (Watch, 2021^[45]); but the country has a successful 'housing first' strategy. In France, the law of 5 March 2007 establishing an enforceable right to housing enables those in sub-standard housing or on a long-term waiting list for social housing to assert their right to housing. Germany, on the other hand, only has a few regions with an enshrined right to housing.
72. In Nordic countries, the many social rights of the citizen are defined in ordinary legislation and, where they are individual rights, they are enforceable before administrative courts (often without necessitating legal representation). At the same time, some services are entitled to a subjective right while others depend on sufficient funds at the municipal level. In Finland, there are subjective rights for the following services: emergency help (urgent social needs, subsistence allowance to secure the minimum necessities of life), disability services (personal assistance, transportation, accommodation, home alteration, day activities), family services and child protective services (day care, child maintenance allowance, after-care benefits for children and young people receiving child welfare services, housing for families and youth receiving child welfare services) (Council of Europe, 2000^[46]). Municipalities are obliged to earmark sufficient funds for such services in all situations. A major part of social and health services are nevertheless allocation bound. This means that the individual has the right to a service within the limits of the appropriation the municipality affords. However, in Finland as well as elsewhere, the standardisation of needs assessments in the case of needs-based services can represent a challenge in creating equal access conditions. In Sweden, social services are theoretically individual rights, but are conditional on needs not being met 'in other ways'. Rauch (2008^[47]) argues that this condition, along with a lack of specification on the volume and content of care, led to a decline in the coverage of old-age services between 1980 and 2000. In contrast, Danish legislation was more specific and did not include clauses by which municipalities could exclude certain groups (such as the economically better-off) from receiving services.
73. The French Social Assistance and Families Code stipulates that social help is compulsory and needs to be granted as long as the conditions of access are met. All French residents are entitled to such social services stipulated by the law. Foreigners might be entitled only to child cash allowances, long-term care (in case of uninterrupted residency in the previous 15 years before age 70) and social help for inclusion or a residential services. At the same time, the specific conditions for access are determined by the departments and means-testing (income rules) tend to apply and

¹⁰ This does not mean that housing benefits do not exist in Spain, just that they do not fall under the 'social services' umbrella.

vary across departments. The departmental council is obliged to publish the rules of access (Article L. 121-3).

2.3.2. *Inequalities in access*

74. It can be very difficult to know what the access conditions to even only the main social services in European countries are across their respective national territories. In some cases, services are universal and available for the whole population. In other cases, eligibility is restricted according to national, regional or local rules. Finally, some services are not available in the whole territory; and others are available 'on the books' but obtaining actual access may be difficult. The variety and complexity of different situations make systematic comprehensive multi-country comparisons virtually impossible.
75. In France, there are large disparities in access to social services and expenditures. Only one-third of departments have a number of beneficiaries per 100 000 comprised between plus and minus 10% of the median values of 64. Disparities in access occur particularly for long-term care and minimum income schemes (RSA), while differences in expenditures are marked for child protective and disability services. Part of the differences are attributed to socio-demographic differences but a part appears to be linked to different policy choices across the country (DREES, 2020^[12]). For instance, the rules for minimum income schemes are the same across the country but income levels will vary across departments. For long-term care, a recent analysis however shows that only 38% of the variation in access to the care allowance (APA) can be explained by differences in the degree of autonomy/dependency across the departments (Brunel, Latourelle and Roy, 2019^[48]).
76. The next sections focus on access to benefits available at national level and for which eligibility rules are well documented: minimum income benefits as a core component of the social safety net; income support for families; early childhood education and care, housing benefits (rent allowances) and long-term care services.

Minimum income benefits

77. Social protection systems in European countries have different designs and evolved from a broad variety of historical institutions. A very large majority of them¹¹ provide income support, under the form of a number of cash benefits, to most needy families. Social benefit packages are articulated around a core cash benefits (called here Minimum Income benefit or MIB); other cash transfers depend on the presence or children (income support for families) and education and care needs for young children (that can be either cash or in-kind). Another important component of the safety net are benefits that help families to pay living place expenses (social housing, rent allowances and other housing benefits).
78. This section summarizes the eligibility conditions to MIB existing in 2018 in Spain and ten other European countries.¹² The comparison considers seven types of legal requirements: the minimum age required to claim the benefit, registration with the public employment service (PES), participation in activation programmes proposed by the PES, documented active job search, compatibility with work, other conditions on the claimant and conditions on household members other than the claimant (see Table 2.6). In all countries, MIB are subject to means-tests, which are presented in Table 2.7. Means-tests are compared according to four aspects: the amount of

¹¹ Until recent years, the only exception was Italy, where no minimum income scheme existed before 2018, and, to a lesser extent, Spain, where no minimum income benefit existed provided at national level before the introduction of the Ingreso Mínimo Vital in 2020.

¹² Selected according to their relevance for Spain.

earnings that is disregarded, the benefit reduction rate with regard to earned income, whether assets are/or other benefits are included in the means-test. The number of parameters included in these comparisons is large. These details are nonetheless important because access to MIB is a key aspect of social protection (it often opens or closes access to other cash and in-kind benefits) and because differences in one single dimension can translate in significant access differences at the end of the day (e.g. whether claimants are required to prove active job search or not, of the amount of work earnings disregarded in the calculation of the eligibility threshold).

79. The amount of the MIB is determined at the national level in all countries except in Austria and Spain (at the regional level) and Switzerland (at the local level). Some countries establish a minimum age for MIB claimants. In Belgium, Germany, Portugal and Poland, the minimum age is 18 years or less. Only Spain and France do not provide MIB to claimants under 26 years-old. Most countries also ask claimants to be registered as unemployed, to participate in activation programmes and to look for a job. It is also interesting to note that some countries (Italy, Finland, Portugal, Sweden and Switzerland) also apply behavioural conditions to the claimant's partner or other adults living in their household.

Table 2.6. Behavioural requirements to access minimum income benefits

	Program name	Legal behavioural requirements							Benefit levels
		Min Age	PES registry. ⁽²⁾	Activation	Active job search ⁽²⁾	Work ⁽²⁾	Other conditions	Conditions on other than the benefit claimant	
Austria ⁽⁵⁾	<i>Bedarfsorientierte Mindestsicherung</i>	n.a.	Yes	Yes	Yes	Yes	No	No	Regional
Belgium	<i>Revenu de Moyens d'Existence et d'integration, Allocation Familiale Garantie (AFG) for children under 18(25) without entitlement to any other family benefit</i>	18	...	At discretion of Public Centre for Social Assistance (PCSA)	At discretion of Public Centre for Social Assistance (PCSA)	At discretion of Public Centre for Social Assistance (PCSA)	No	...	National
Finland	<i>Toimeentulotuki</i>	n.a.	Yes	Yes	Yes	No	No	Behavioural requirements may be applied also to other adults in the household	National
France	<i>Social assistance (Revenu Solidarité Active (RSA))</i>	26 (or less if lone parent)	Yes	Yes	Yes	No	No	No	National
Germany ⁽⁷⁾	<i>Grundsicherung für Arbeitssuchende / Arbeitslosengeld II (ALGII; "Hartz IV")</i>	15	Yes	Yes	Yes	No	No	No	National
Germany ⁽⁷⁾	<i>Sozialhilfe / Sozialgeld</i>	15	No	No	No	No	Unable to work more than 3	No	National

							hours/week		
Ireland ⁽⁹⁾	<i>Jobseeker's Allowance</i>	n.a.	Yes	Yes	Yes	No	No	No	National
Italy	<i>Reddito di Inclusione (REI)</i>	n.a.	Yes	Yes	Yes	No	No	Job-search and work-availability obligations extend also to other adult household members unless they are in particular and certifiable circumstances (e.g. carers, disabled, in full-time education)	National
Poland	<i>Zasiłek okresowy</i>	18	Yes	Yes	Yes	Yes	No	...	National
Portugal	<i>Rendimento social de inserção</i>	18 with exceptions	Yes	Yes	Yes	No	The Insertion Programme must be established no later than 60 days after granting the benefit.	Family members must comply with Insertion Program, otherwise family loses that person's part of the benefit entitlement	National
Spain (Madrid)	<i>Renta Mínima de Inserción</i>	26	Yes	Yes	Yes	No	No	No	Regional
Sweden	<i>Ekonomiskt bistånd</i>	n.a.	Yes	Yes	Yes	No	No	Each family member has to be active in supporting themselves	National
Switzerland (Zurich)	<i>Aide sociale / Sozialhilfe / Assistenza sociale</i>	...	Yes	Yes	Yes	No	Requirement to make use of all other private and/or public entitlements as a primary source of support	Partner and parents of the claimant are required to support the claimant as needed if possible	Cantonal with national guidelines

Note: (1) "n.a." equals not applicable, "..." equals no information available. (2) Conditions for healthy working-age individuals. (5) Austria, refers to the city of Vienna. (7) Germany: As of 1st January 2005, unemployment assistance and social assistance for persons who are able to work were combined into one benefit, the basic jobseeker's allowance (unemployment benefit II). The benefit is available for persons who are able to work and whose income is not sufficient to secure their own and their family's livelihood. Persons beyond working age or who are not able to work are eligible to social assistance (Sozialhilfe/Sozialgeld), which is based on the same basic amounts as unemployment benefit II. (9) Ireland: For those who are unable to work and are not entitled to any other benefit, another social assistance benefit, Basic Supplementary Welfare Allowance is available. In practice, this is only claimed by asylum seekers, disabled people not entitled to any other benefit and those waiting for another benefit claim to be processed.

Source: OECD Tax-benefits models. <http://www.oecd.org/els/soc/benefits-and-wages.htm>

80. In all countries, access to MIB is reserved to families or individuals with low income.¹³ However, large differences exist in the way countries define the means-test applied to determine who is

¹³ Means-test is applied on top of other eligibility conditions. The only exception to this could be the "universal income" experiment done in Finland in 2017 – 2018 where 560 Euros/month were paid to the participants regardless their income or economic condition. Although the universal income experiment was on-going in 2018, the number of recipients was very low (about 2000) and is not included in the table.

eligible to MIB. For example, earnings from work below a certain threshold are disregarded from the means-test in many countries. For example, in Belgium up to EUR 310 per month are not counted, in Germany the first EUR 100, etc.). But in some countries like Austria, Spain (Madrid), Portugal or Italy, the whole earnings are considered in the means-test. As a general rule, earnings reduce the amount of the benefit. But the way in which this reduction is calculated (benefit withdrawal) differ between countries: in most countries, the benefit withdrawal equals 100% of earnings considered in the calculation. In contrast, in France, the reduction equals 0% in first three months of new employment; and in Portugal, it equals 50% during the first 12 months of work. Financial assets are in general included in the means-test.

Table 2.7. Minimum income benefits are means-tested, but with quite different rules

	Program name	Earnings disregards	Benefit withdrawal rate with regard to earned income	Assets included in means test?	Other benefits included in the means test
Austria ⁽⁶⁾	<i>Bedarfsorientierte Mindestsicherung</i>	No	100%	Yes	All other benefits except family benefits and the family supplement to UI and UA
Belgium	<i>Revenu de Moyens d'Existence et d'integration, Allocation Familiale Garantie (AFG) for children under 18(25) without entitlement to any other family benefit</i>	Minimax: EUR 310 (250) net monthly (8%/6% of AW) with children (without children) AFG: EUR 4226.93 net per quarter (9% of AW)	Minimax: 100% AFG: Benefit fully withdrawn if income exceeds threshold	Yes	All except family benefits
Finland	<i>Toimeentulotuki</i>	20% of net earnings up to EUR 150 per family per month (4% of AW)	80% below earnings disregards, 100% thereafter	Yes	All other benefits except for (child) disability allowance, pensioner's care allowance, maternity grant, benefits paid when on activation measures
France	Social assistance (<i>Revenu Solidarité Active (RSA)</i>)	Benefit not reduced for first three months of new employment	0% in first three months of new employment (see earnings disregard) Generally those in work receive the <i>prime d'activité</i> rather than RSA, see employment-related provisions sheet	Yes	Unemployment, housing and most family benefits
Germany ⁽⁷⁾	<i>Grundsicherung für Arbeitssuchende / Arbeitslosengeld II (ALGII; "Hartz IV")</i>	EUR 100/month (2% of AW)	80% up to EUR 1000/month (24% of AW) Then 90% up to EUR 1200/month (29% of AW), EUR1500/month (36% of AW if children) 100% thereafter	Yes	Other benefits are counted towards the unemployment benefit II if they serve the same purpose (secure the recipients' livelihood), i.e. the payment of unemployment benefit II (incl. the housing benefit specific to unemployment benefit II recipients)

	Program name	Earnings disregards	Benefit withdrawal rate with regard to earned income	Assets included in means test?	Other benefits included in the means test
					is subordinate
Germany ⁽⁷⁾	<i>Sozialhilfe / Sozialgeld</i>	30% of income earned, max. EUR 208/month (5% of AW) working less than 3 hours/week (otherwise classified as able-to-work and eligible to unemployment benefit II)	Benefit fully withdrawn if able to work more than 3 hours/week	Yes	All other benefits serving the same purpose (secure the recipients' livelihood) are counted towards social assistance, which is a benefit of 'last resort'
Ireland ⁽⁹⁾	<i>Jobseeker's Allowance</i>	EUR 20 per day up to 3 days per week (maximum 7% of AW).	60%	Yes	No
Italy	<i>Reddito di Inclusione (REI)</i>	No	100%	Yes	All other means-tested benefits
Poland	<i>Zasiłek okresowy</i>	Earnings fully disregarded for first 2 months after job entry (if signed social contract)	100% For those entering work, 0% for first 2 months (see column [16])	Yes	All other benefits (except family 500+ benefit)
Portugal	<i>Rendimento social de inserção</i>	No	80%, reduced to 50% during the first 12 months of work	Yes	Unemployment benefit
Spain (Madrid)	<i>Renta Mínima de Inserción</i>	No	100%	Yes	Unemployment insurance and assistance benefits
Sweden	<i>Ekonomiskt bistånd</i>	No	100% for first six months, then 75%	Yes	Unemployment insurance and assistance benefits, housing benefit, family and lone parent benefits
Switzerland (Zurich)	<i>Aide sociale / Sozialhilfe / Assistenza sociale</i>	CHF 400/month (5% of AW) (CHF 850/month per household, 12% of AW)	100%	Yes	Unemployment insurance and family benefits

Note: (1) "n.a." equals not applicable, "..." equals no information available. (2) Conditions for healthy working-age individuals. (5) Austria, refers to the city of Vienna. (7) Germany: As of 1st January 2005, unemployment assistance and social assistance for persons who are able to work were combined into one benefit, the basic jobseeker's allowance (unemployment benefit II). The benefit is available for persons who are able to work and whose income is not sufficient to secure their own and their family's livelihood. Persons beyond working age or who are not able to work are eligible to social assistance (Sozialhilfe/Sozialgeld), which is based on the same basic amounts as unemployment benefit II. (9) Ireland: For those who are unable to work and are not entitled to any other benefit, another social assistance benefit, Basic Supplementary Welfare Allowance is available. In practice, this is only claimed by asylum seekers, disabled people not entitled to any other benefit and those waiting for another benefit claim to be processed.

Source: OECD Tax-benefits models. <http://www.oecd.org/els/soc/benefits-and-wages.htm>

Income support for families and lone parents

81. One of the most important components of social safety nets are benefits provided to families with children. In fact, the core benefit (MIB) does not always include extra support such as school-year start bonuses, additional support for the disabled, multiple child allowances, etc. For instance, many countries operate universal or means-tested child or family benefits. Hence, comparing support across countries requires a detailed look at income support targeted on families with

children that is provided independently or on top of MIB. Table 2.8 shows available national benefits for families in Spain and ten other European countries. The number of programmes is large and it would be very long to analyse the variety of approaches, targets and policy tools used. However, some common elements can be highlighted:

- With the exception of Spain, countries use different programmes to target different situations. The most common situations specifically targeted are single parents, numerous families and to a lesser extent birth, adoption and school bonuses.
- The main family benefit is universal in all countries but Italy, Poland, Portugal and Spain.
- Many countries provide family benefits under the form of tax credits.¹⁴
- The age limit to be eligible to the general benefit is around 18 years. However, most countries extend this age if children are students. This is not the case of Spain.

Table 2.8. Benefits for children and lone parents are provided through many different programmes

	Program name	Type of benefit	Age limits for children (*)	Other conditions for receipt of benefit
Austria	Family allowance (<i>Familienbeihilfe</i>)	Universal	19 (24)	No
	Children's tax credit (<i>Kinderabsetzbetrag</i>)	Universal	19 (24)	Recipient of family allowance
	School Bonus (<i>Schulstartgeld</i>)	Universal	6 to 15	No
	Sole earner's and sole parent's tax credit for families with children (<i>Alleinerzieherabsetzbetrag</i>)	Universal	18 (24)	Recipient of family allowance
Belgium	Family benefit (<i>Allocation familiale</i>)	Universal	17 (24)	No
	Lone parent supplement to family benefit	Targeted	17 (24)	Lone parent
	Lone parent child care benefit (<i>Complément de garde d'enfant</i>)	Universal	...	Long-term unemployed lone parent taking up at least half-time work on a permanent contract
Finland	Family benefit (<i>lapsilisä</i>)	Universal	16	No
	Lone parent supplement to family benefit (<i>lapsilisä</i>)	Universal	16	Lone parent
	Maintenance allowance (<i>Elatustuki</i>)	Universal	17	No
France	General family benefit (<i>Allocations Familiales (AF)</i>)	Universal	19	At least 2 children
	Young child benefit (<i>Prestation d'accueil du jeune enfant (PAJE)</i>)	Targeted	2	No
	Large family allowance (<i>Complément Familial (CF)</i>)	Targeted	3 to 20	At least 3 children
	School allowance (<i>Allocation Rentrée Scolaire (ARS)</i>)	Targeted	6 to 18	No
	Lone parent benefit (<i>Allocation Soutien Familiale (ASF)</i>)	Universal	19	Lone parent
Germany	Child tax credit (<i>Kindergeld</i>)	Universal	18 (25)	No

¹⁴ Paradigmatic examples of this are the Child Tax Credit in the United Kingdom and the *Quotient Familial* in France, not included in the table. In Spain a wide variety of tax deductions exist directly or indirectly linked to family support. However, their amount is quite low and many are means-tested or have other eligibility requirements, pointing to a very limited number of potential beneficiaries.

	Program name	Type of benefit	Age limits for children (*)	Other conditions for receipt of benefit
	Supplementary child allowance (<i>Kinderzuschlag</i>)	Targeted	18 (25)	In receipt of child tax credit; family income above minimum and below maximum threshold
	Education and participation package (<i>Bildungspaket</i>)	Targeted	18 (25)	Family must be recipient of unemployment benefit II, social assistance in case of old-age or partial reduction in earning capacity, supplementary child allowance or housing allowance; Child must attend a general school or vocational training school
	Tax allowance for children (<i>Kinderfreibetrag</i>)	Universal	18 (25)	If the value of the child tax credit is less than the relief calculated applying the child tax allowance, the taxpayer obtains the tax allowance instead of the tax credit
	Tax allowance for lone parents (<i>Entlastungsbetrag für Alleinerziehende</i>)	Universal	18 (25)	Entitlement to the tax allowance or tax credit for children
	Lone parent supplement to unemployment benefit II (<i>Grundsicherung für Arbeitssuchende</i>)	Targeted	18 (25)	Family receives unemployment benefit II
	Alimony advance for lone parents (<i>Unterhaltsvorschuss</i>)	Universal	17	Other parent does not regularly pay child alimony; To receive child alimony benefits for children between age 12 and 17, the child cannot receive SGB II benefits anymore (e.g. unemployment benefit II) or the parent must earn at least EUR 600 per month
Ireland ⁽¹⁾	<i>Child benefit</i>	Universal	15 (17)	No
	<i>One-parent family payment (OPF)</i>	Targeted	Youngest child must be under 7	Earnings must be below EUR 425 per week (47% of AW)
	<i>Jobseeker's Transitional Payment</i>	Targeted	Youngest child must be under 14	Lone parent Must meet with PES to identify and access supports to prepare for full-time employment
	<i>Single Person Child Carer Credit</i>	Wastable tax credit	...	No
	Preferential income tax schedule for lone parents	Wider first tax bracket	...	No
Italy	Child benefit (<i>Assegno al nucleo Familiare</i>)	Targeted	17 (20)	At least 70% of parents' earnings must derive from employed work or unemployment or old-age pensions for previous employees). Amounts reduced in proportion of days not worked during the year
	Allowance for large families (<i>Assegno per famiglie numerose</i>)	Targeted	17 (20)	At least 3 children
	Nativity allowance (<i>bonus bebé</i>)	Targeted	3	No
	Child tax credit	Targeted wastable tax credit	17 (20)	No
	Large family child tax credit	Targeted wastable tax credit	17 (20)	At least 4 children

	Program name	Type of benefit	Age limits for children (*)	Other conditions for receipt of benefit
Poland	Family benefit (<i>zasiłek rodzinny</i>)	Targeted	17 (20)	No
	Child tax credit	Targeted non-wastable tax credit	...	No
	Supplement to family benefit (<i>zasiłek rodzinny</i>) for lone parents	Targeted	17 (20)	Lone parent
	Additional basic tax credit for lone parents	Wastable tax credit	...	Lone parent
Portugal	Family benefit (<i>Abono de família para crianças e jovens</i>)	Targeted	15 (24)	No
	Additional family benefit (<i>Abono de família para crianças e jovens</i>) for school-age children	Targeted	6 to 16	No
	Additional family benefit (<i>Abono de família para crianças e jovens</i>) for lone parents	Targeted	15 (24)	Lone parent
Spain	Family allowance (<i>Prestación por hijo a cargo no contributivo</i>)	Targeted	17	No
Sweden	Family benefit (<i>Barnbidrag</i>)	Universal	15 (19)	No
	Alimony advance payment (<i>Underhållsstöd</i>)	Universal	15 (19)	Absent parent does not pay alimony
Switzerland (Zurich)	Family benefit (<i>Allocation familiales / Familienzulagen</i>)	Universal	15 (25)	Parents must be working or receiving unemployment benefit
	Child tax allowance	Universal	18 (no limit)	No

Note: Information as of June 2018. n.a. indicates “not applicable”. (*) Ages are up to and including (in parentheses if student). (1) In Ireland, only the child increment and not the parent benefit rate is shown as the maximum benefit for the one-parent family payment and Jobseeker's Transitional Payment.

Source: OECD Tax-benefits models. <http://www.oecd.org/els/soc/benefits-and-wages.htm>

Early childhood education and care

82. In early childhood education and care, services can be guaranteed from a young age. In Denmark, Germany, Finland and Sweden, parents can access a guaranteed spot in day care usually from the age that parental leave ends (Table 2.9). In Spain as well as France and all communities in Belgium, this guarantee sets in around age three. While the provision is guaranteed in the last year before primary school in all the comparison countries, this is not the case in about a quarter of EU countries (European Commission, EACEA and Eurydice, 2019^[49]). Interestingly, some countries with an early guaranteed spot, such as Sweden, guarantee comparatively few hours. Parents can usually request more hours, though they may have to pay for them.

Table 2.9. The range in guaranteed access age and hours for early childhood education and care is quite large

Enrolment rates and selected characteristics of ECEC systems

	Enrolment rate 0-2	Share in private institutions in ISCED-01	Age from which service is guaranteed	Age from which unconditional free access starts	Guaranteed hours
Spain	38	49	3	3	25
Austria	22	65	5	5	20
Belgium	46		2.5 (Flemish and French), 3 (German)	2.5 (Flemish and French)	23
Denmark	56	14	0.5	0.5	35
Finland	33	23	0.8	6	20
France			3	3	24
Germany	38	73	1	[Regulated at regional level]	
Sweden	47	20	1	3	15
OECD	34	54			

Source: (OECD, 2020^[20]), *Education at a Glance* and (European Commission, EACEA and Eurydice, 2019^[49]), *Key Data on Early Childhood Education and Care in Europe – 2019 Edition*.

83. Effective access may differ from guarantees. In particular, even when day care spots are not guaranteed, there may be sufficient public and private options; and when there are guarantees, there can still be local shortages and wait lists may exist. For under-three years, the demand for spots in early childhood care exceeds the supply in most Autonomous Communities in Spain as well as in Austria, Belgium, many parts of France and Germany. In Germany, parents of one to three year olds who are not able to find a local day care spot are able to sue their municipality, provided the local child and youth administration has confirmed that no option can be provided. Nevertheless, there continues to be an important gap in the number of toddlers in day care and the number of parents who indicate that they need outside care for their young children (Geis-Thöne, 2020^[50]). There are also important inter- and intra-regional differences in the ratio of carers and children (Bertelsmann Stiftung, 2021^[51]). In contrast, in Scandinavian countries, supply and demand tend to be balanced.
84. For under-three year olds, the provision is usually associated with fees. Fees in public day care centres in Spain, like in France and Austria, fall into a medium cost category for the average fees; while they are low in Denmark and Finland and very low in Sweden. In Germany, fees are regulated at the local level and average fees are hence not known. Fees in private day cares in Spain are not regulated. In many countries, fees are linked to parental income adjusted by family size, though a few countries such as the Netherlands (which for example also offers fees reductions for children judged at higher risk of educational advantage linked to parental education and country of birth) and Slovenia (which also takes into account property) take into account additional factors.

Housing benefits

85. In many developed countries, housing affordability has become a focal point of discussions about housing policy as rental costs/house prices have increased relative to household incomes and the affordability situation and housing conditions have deteriorated. Access to affordable housing is at the heart of poverty, labour market and social inclusion issues. Recently, housing affordability has been deteriorating particularly among low-income owners and private renters. In 2018, almost 38% of households at risk of poverty spent more than 40% of their disposable income on housing,

compared to 10.2% of the general population in the EU. Furthermore, over the last decade, homelessness rates have increased in a number of EU countries due to reasons including rising housing costs and inadequate policies.

86. Housing benefits, and in particular rent allowances, are often provided as a top-up of minimum income benefits, sometimes paid independently of them. They help families to access to higher standard living conditions, to escape to geographical segregation and minimise the risk of social exclusion for their children. Most European provide support to families who struggle to afford housing costs (Table 2.10). Only Italy and Switzerland do not offer national housing benefits. In Italy, cash transfers depend on availability of funds: since there was no financing available for the fund in 2017 and 2018, no benefits were paid. In Spain, the State Housing Plan 2018 – 2021 was created to enhance social inclusion through urban development and enhance access to housing for most needy. It includes a nation programme of rent allowances (that did not exist in Spain, as such, in the past). The *Programa de ayudas al alquiler de vivienda*, and to a lesser extent the *Programa de ayudas al alquiler para jóvenes*, benefited several tens of thousands families in 2019 and 2020. These programmes are financed by the central government but provided and administrated by autonomous communities.

Table 2.10. Many European OECD countries offer housing benefits

Housing benefits and related support

	Programme name	Description of the benefit	Related support through other benefits
Austria ⁽¹⁾	<i>Allgemeine Wohnbeihilfe</i>	Varies across regions; housing benefit in Vienna is the difference between the "countable housing expenditure" (<i>anrechenbarer Wohnungsaufwand</i>) and the "reasonable housing expenditure" (<i>zumutbarer Wohnungsaufwand</i>).	Social assistance rates include 25% of housing support (<i>Mindestsicherung-Mietbeihilfe</i>).
Finland	<i>Yleinen asumistuki</i>	80% of (limited) rent above a "deductible amount"; available to families, couples and single people of limited means	Rent supplement for social assistance recipients; housing allowance schemes for pensioners and students
France	<i>Aide personnalisée au logement (APL), allocation de logement à caractère familial (ALF), allocation de logement de caractère social (ALS)</i>	Benefit amount equals actual rent up to a maximum amount minus a personal contribution that depends on the rent, income and family size.	No
Germany ⁽²⁾	<i>Wohngeld</i>	Benefit amount equals 1.15 times difference between eligible rent and a proportion of income that varies by income and eligible housing costs	Housing benefit for recipients of unemployment benefit II (<i>Kosten der Unterkunft</i>)
Ireland	Rent Supplement as part of social assistance (supplementary welfare allowance scheme)	Rent or mortgage interest supplements are normally calculated to ensure that a person, after the payment of rent or mortgage interest (up to a limit), has an income equal to the rate of SWA appropriate to their family circumstances less a weekly minimum contribution payable from their own resources. The weekly minimum contribution is €30 for a single adult household and €40 for couples.	...
Italy (Lazio region)	Rent subsidies are conditional on the availability of funds. In 2018 the Government did not allocate resources.		

Poland	<i>Dodatki mieszkaniowe</i>	Benefit based on the difference between what is considered a reasonable payment for a family and actual housing costs. Housing costs cannot exceed a maximum amount, calculated based on the size of the family and the size of the flat. Families are expected to contribute 15% of their housing costs for single person households, 12% for 2-4 person households and 10% for households with 5 or more persons.	For social assistance recipients: Housing and heating allowance at discretion of Social assistance centres
Portugal	<i>Subsidio de lar - Subsidio de renda</i>	Rent subsidies for tenants whose economic situation has experienced severe and sudden deterioration in terms of household income, namely due to unemployment or death of family earner.	n.a.
Spain	<i>Programa de ayudas al alquiler de vivienda</i>	Rent allowance targeted on low income families or individuals. The allowance is given to those who rent their permanent residence, it is means-tested (indexed on IPREM and family size) and with a cap on the rent paid (600 or 900 €/month). The maximum amount of the benefit is 40% of the monthly rent (50% for over 65). Also, some regions (including Madrid) have housing benefit schemes. The tax code has a tax credit for housing expenses on a national level.	No
Sweden	<i>Bostadsbidrag för barnfamiljer med flera</i>	Total housing costs are divided in brackets. 100% of the first bracket is covered, followed by 50-90% of the next bracket up to a maximum. The benefit amount is reduced by 20% (33%) of income above a threshold for families with (without) children. Subsidy rates and income thresholds depend on family type.	Rent fully covered for social assistance recipients
Switzerland	No general housing benefit	No general scheme. Some cantons provide housing benefit to low-income households, elderly or families with children.	Housing assistance for social assistance recipients

Note: Information as of June 2018. n.a. indicates “not applicable”. (1) In Austria, Benefit as granted by the city of Vienna. The maximum amount is based on the standard assumption of a 70 square metre dwelling. The actual maximum may vary with dwelling size. (2) in Germany, Housing costs calculated with regard to the city of Berlin.

Source: For Spain, Ministry of Transport, Mobility and Urban Agenda. OECD Tax-benefits models. <http://www.oecd.org/els/soc/benefits-and-wages.htm>

Long-term care benefits

87. The level of assessed dependency typically determines the types and generosity of benefits and services to which an individual is eligible. Table 2.11 shows the different tools that the comparison countries use for assessing the need of an individual to access long-term care benefits. Assessment normally includes limitations on performing (instrumental) activities of daily living (IADL and ADL), such as walking, bathing and managing one’s home, as well as behavioural and cognitive abilities. Individuals are then classified into a limited number of mutually exclusive categories that capture their severity level. These categories determine the degree of access to government-subsidised care either at home or in an institution. The responsibility of conducting need assessment may vary depending on the type of care needed. The entity conducting the assessment may be, for instance, a multidisciplinary team of local or state authorities (Spain and France), the Medical Service of the German health care insurance providers (*Medizinischer Dienst der Krankenversicherung*) or a general practitioner (Sweden).
88. Besides needs, eligibility for long-term care is often also based on other criteria such as age, residency, income and wealth, or household situation. One exception is Denmark, where eligibility for long-term care is based entirely on a needs assessment. But for instance in France, eligibility to long-term care benefits is restricted to those aged 60+. No such age criterion exists in Spain, Austria, Denmark, Germany or Sweden, see references in Table 2.11 and (Ranci et al., 2019) In Finland, entitlement is restricted to residents in a given municipality. Similarly, in Spain, entitlement

is based on a residency in given region (during at least two out of the previous five years preceding the application for long-term care benefits). In Sweden and Spain out-of-pocket costs for certain long-term care services including home care depend on the beneficiary's income, but in Sweden they can further vary with housing costs and other costs, and in some Spanish regions they can also depend on the beneficiary's wealth (OECD, 2021^[10]).

89. Publicly supported home and residential care benefits are typically subject to means-testing, but the exact form of means-testing varies widely between countries. For home care benefits, most of the countries covered in this report (Vienna in Austria, Flanders in Belgium, Finland, France and Sweden) apply only income-testing and only two (Germany and Spain) apply both income- and asset-testing. Residential care benefits are also subject to income-testing only in a slight majority of these countries (Vienna in Austria, Finland, Germany and Sweden) and to both income- and asset-testing in the rest of the countries (Flanders in Belgium, France, and Spain) (Cravo Oliveira, 2020^[52]).
90. User contributions to the cost of residential care tend to be higher for older people with higher incomes and/or with greater net wealth. In some countries user contributions are set as a share of the dependant's income, while in others they are set as a proportion of the total cost of care (this proportion varies with the dependant's income). Safety nets for residential care are usually effective and the public social protection system covers the entire costs if the care recipient has not the means for making the required out-of-pocket contribution. Moreover, there is typically a minimum guaranteed allowance to make sure the recipient is left with a minimum amount of income after paying for user contributions to the total cost of care. This amount is set at about 45€ per month in Austria (Vienna, for "Pflegegeld"), at about 100-110 € per month in Spain, Finland and Germany and at a much higher level of around 500€ in Sweden. In France, the value of the minimum guaranteed allowance is the highest of either 10% of income or 104 € per month (for more details, see Table 3.2. in (Cravo Oliveira, 2020^[52])).

Table 2.11. Countries implement similar tools for assessing the needs for long-term care

Criteria for needs assessment to determine eligibility for long-term care benefits

Country	Individual needs assessments
Spain ¹	Eligibility depends on an assessment of the degree of dependency, evaluated on the basis of the Scale of Dependency. The scale measures limitations with various (I)ADLs. Each single activity receives a specific weight and a coefficient indicating the required level of support and supervision. The final assessment is expressed as a numerical score, from 0 to 100. Individuals with a score below 25 are not entitled to any service or financial benefits from the SAAD. There are three degrees of dependency: Degree I (Moderate Dependency, 25-49 points), Degree II (Severe Dependency, 50-74 points), and Degree III (High dependency, 75-100 points). Responsibility for assessing the degree of dependency and benefit entitlement lies with the regions (Acs).
Austria ^{2,3}	The assessment of care needs is based on a medical doctor or nurse's examination following standardised procedures that cover medical, personal, and household requirements. A list defined by law ("Bundespflegegeldgesetz") provides guiding values related to the daily time required for specific services and assistance (various (I)ADLs are considered). For the two highest benefit levels 5 to 7 of the cash for care program ("Pflegegeld"), in addition to the time budgets, qualitative criteria are also taken into account. It is possible for a trusted third party to be present during the medical examination, if desired by the person applying for "Pflegegeld". The medical examination and classification (as well as the payment of the long-term care allowance) are carried out by social insurance institutions, specifically the pension and accident insurances.
Belgium ⁴	The assessment is benefit-specific. For instance, the <i>allowance for the assistance of the elderly</i> (a cash benefit paid by the federal government) has five payment levels that correspond to respectively five levels of dependency that are assessed using the 'autonomy scale', which scores the user from 0-18 points, and is carried out by a medical doctor who assesses both ADL and IADL needs. The 'Katz scale' is used to determine entitlement to the incontinence allowance which is paid by the federal public health insurance. The scoring, from A to C, is performed by a nurse or a doctor, and assesses ADL needs. The 'autonomy scale' and 'Katz scale' are also used to determine eligibility to the <i>allowance for the chronically ill</i> (a yearly non-means-tested fixed compensation for the costs of care paid by the federal public health insurance). It is conditional both on having high out-of-pocket care costs, and on being dependent on others. Dependency is measured in three

	<p>categories. Several situations can qualify a person for the first category, including being prescribed physiotherapy for at least six months for a serious illness, and having been in hospital for at least 120 days. A score of at least 12 on the 'Autonomy scale' is sufficient to qualify for the second category, while a score of B or C on the Katz scale is necessary to qualify for the third category.</p> <p>Several scales are also used to determine eligibility to the <i>Flemish care insurance benefit</i> (a flat-rate allowance to cover the non-medical costs of informal care and formal home care, as well as the costs of residential care, for inhabitants of Flanders and Brussels). It is granted to very dependent persons, as indicated by a score of at least 35 on the 'BEL scale', or 15 on the 'Autonomy scale' used for the Allowance for the assistance of the elderly, or a score of B or C on the 'Katz scale' used by the NIHDI for home nursing care. For persons in residential care, dependency is automatically assumed. The Flanders-specific scale, the 'BEL scale', is carried out by a general practitioner, the scale, ranging from 0-75, is used to score ADL, IADL and social needs.</p>
Denmark ⁵	Needs assessment for long-term care is multidimensional in nature and generally captures a wide range of aspects related to an older person's situation and well-being. These include an assessment of functional impairments (using the Barthel index), of general welfare and social and family context, material and home conditions and an overview of needs for medication, rehabilitative support and referrals to health providers. There is no standardized national needs assessment process since each municipality follows its own protocols. Local Government Denmark has published a set of common terms for standardizing the categories of care services and care needs among all municipalities. The Common Language system describes four levels of functional ability, ensuring that beneficiaries receive equal treatment (at least in terms of time allocation) regardless of the municipality in which they reside and the care professional carrying out the assessment (48).
Finland ⁶	Long-term care services are granted on the basis of an individual needs assessment carried out by the municipalities. The needs of an elderly person are evaluated by an assessment system. Legislation requires the use of some kind of assessment system and the RAI system is the most popular one. The RAI assessment of service needs investigates the following aspects of a dependant in a comprehensive way: physical functioning, psychological functioning, social functioning, feeling of well-being, resources, and life situation. It is carried out in a multidisciplinary way and the dependant and their family member(s) are encouraged to participate in the service need assessment.
France ¹	APA eligibility is defined by the national dependency score (GIR) based on 10 variables of physical and mental activity and seven variables of domestic and social activities of living. Eligibility is restricted to persons with a mid-dependency or higher corresponding to the first four levels of GIR. Assessment is made by departmental teams. For home-based services, the allocation amount is calculated by multidisciplinary teams of local authorities based on GIR score and the "care plan" that they define. APA amount in nursing homes is calculated according to the average GIR score (GMP) of the facility and the value or price of the GIR point fixed by the local council (<i>Conseil départemental</i>).
Germany ¹	Individuals have to take a needs-based, uniform assessment test, which assigns them to one out of five potential "care stages" (<i>Pflegegrade</i>) ranging from 1 – "little impairment of independence" to 5 – "hardship". The stages define the amount of benefits the individual receives. The assessment is based on six elements: 1. Mobility, 2. Behaviour and psychological issues 3. Cognitive and communication skills 4. Self-care 5. Coping and dealing independently with illness and treatment-related demands and stresses, 6. Planning day-to-day living and maintaining social contact. For people in the statutory LTCI, this assessment is carried out by the Medical Service of the German SHI providers (<i>Medizinischer Dienst der Krankenversicherung</i>). For people in the private LTCI, it is carried out by its counterpart, called MEDICPROOF.
Sweden ¹	Need for care is assessed either by a general practitioner or by an evaluator in order to determine the extent of support required and whether the care can be provided in the recipient's own home or not.

Note: APA: *Allocation personnalisée d'autonomie* ("Personal autonomy allowance").

Source: ¹ (WHO/OECD, forthcoming^[21]), ²Ranci *et al.*, 2019, ³OECD Social Protection For LTC Questionnaire Austria, ⁴OECD Social Protection For LTC Questionnaire Belgium, ⁵(WHO, 2019, [link](#)), ⁶(Kalliomaa-Puha and Kangas, 2018 [link](#))

91. Differences in criteria for accessing long-term care benefits explain to some extent the existing differences between (and within) countries in the prevalence of certain services. For instance, analyses of the Austrian and German long-term care systems reveal important regional differences in the prevalence of home-based versus institutional care, in the (out-of-pocket) costs and in accessibility. For example, in Germany, the range of the 2019 average monthly co-pays for long-term residential care went from EUR 1 385 in Mecklenburg-Western Pomerania to 2 488 in North Rhine Westphalia, for a national average of 1 958. Among the factors for regional differences are differences in the regulations of carers per residents as well as wage differences. However, differences within the states can be just as high as between states (Haun, 2020^[53]). In Austria, the 2015 daily expenditures per resident in a care home ranged from EUR 74 in Tyrol to EUR 238 in Vienna (Agenda Austria, 2018^[54]).
92. Relatedly, important trade-offs exist between extension of coverage and adequate generosity in cash-for-care (CfC) programmes. Ranci *et al.* (2019^[55]) focus on six European countries (including

Austria, Germany, France, and Spain) and find that CfC programmes aimed at providing adequate protection to those most dependent had to strictly limit the eligibility, whereas programmes aimed at providing extensive coverage basically fail to protect people with highly debilitating forms of disability. Among the earlier four countries, Austria has the most inclusive and most generous cash-based programmes, not only is the coverage rate in the overall population relatively high (5.2%), but benefits are also more generous for the different dependency levels. Germany appears more selective (the coverage rate is 3.2%) but benefits are progressive with the dependency level and therefore relatively generous for beneficiaries with a high dependency. Spain follows the German pattern but the amount of benefit is the lowest of the considered countries, as is the coverage rate (0.8%). Ranci *et al.* (2019) argue this to be the “legacy of a historically residual LTC system, typical of Mediterranean countries”, even though alternative in-kind benefits are not considered in their study.

3 Governance

3.1. Services delivery and management

93. This section discusses the way in which the different countries organise social service delivery on a practical level. It describes whether countries favour direct provision or working with profit or non-profit providers. It also outlines what instruments public administrations use to control expenditures and supervise social services providers; and how different regions benchmark their services against each other.

3.1.1. Organisation of services across levels of government

94. As was already seen in sections 1.2 and 1.3, OECD countries differ in their assignment of the responsible government level for providing and funding social services.
95. A key issue in the effectiveness of decentralisation is linked to the way responsibilities are assigned across levels of government. In this respect, countries share similar challenges, including unclear assignment of responsibilities and resources and capabilities bottlenecks. A lack of clarity in the division of powers for concurrent/shared responsibilities contributes to government failures or inefficiency and inequity in public service provision. Clarity in the division of spending powers is critical for tax assignment and the design of inter-governmental transfers to ensure consistency of revenue means with expenditure needs and other national objectives. Political jurisdiction and taxing (revenue) and benefit (spending) areas should overlap (OECD, 2019^[56]). In several OECD countries described above, including Spain, responsibilities for social services are shared among several levels of government and ambiguities in the assignment of responsibilities still remain.
96. Examples of good practice to clarify roles and responsibilities can be helpful for Spain. The Danish 2007 decentralisation reform reassigned the tasks among levels of government, merged municipalities and reduced the number of intermediate governments (counties). One of the aims of the structural reform was to reduce the degree of shared assignments and reduce incentives for cost shifting between government levels. Similarly, it is important for central and regional governments to retain some responsibility for financing and setting national minimum standards to ensure equitable provision. Network co-ordination (including horizontal intermunicipal co-ordination) should be encouraged and rewarded by higher order governments as in Finland (OECD, 2019^[56]). The French law NOTRe (New Territorial Organisation of the Republic) from 2015 also clarified the responsibilities allocated to each level of subnational government through the removal of the general clause of competence for the regions and the departments, deemed to generate overlapping of responsibilities and duplication of spending. Departments will focus more on social solidarity and territorial cohesion, in particular, the support rural municipalities. Finally, the law NOTRe restructured the inter-municipal landscape (increase of the minimum population threshold, which will reduce the number of groupings) and made it mandatory for municipalities to transfer new functions to inter-municipal bodies. Therefore, inter-municipal co-operation bodies should become the main players at local level.

97. The involvement of multiple layers of government and of both public and private actors in the regulation, financing and provision of social services generates management and reporting challenges. Higher levels of government that set overall standards and may provide earmarked funds have an inherent interest in understanding whether lower levels of government provide the services they are supposed to at the required quality and speed. And if private actors also provide partially and fully publicly funded services, the level of government that has entered into a contract or consortium with them also has an interest in ascertaining what types of services were provided to whom. In addition to being necessary for reasons of accountability, this information provision is also necessary in order to be able to have statistics on key aspects such as user numbers and compositions and waiting times at the local, regional and national level.
98. There is no consensus on what the 'ideal' amount of central or regional government control over the social service provision should be. Even within the same country, there can be shifts over time. For example, in Finland, during the 1980s, the central government established a coordinated planning system and gave local authorities detailed instructions in order to create universal services. But following a 1993 reform, the government cut funding but also regulation and instead issued non-binding guidelines (Burau and Kroger, 2004^[57]). The new reform described in Box 1.1 will lead to a swinging back of the pendulum towards more central government reform. However, across several countries including Denmark and Germany in recent decades, the amount of regulation and oversight tends to have increased; and block grants and cost reimbursements are frequently replaced by performance contracts and voucher systems (Henriksen, Smith and Zimmer, 2012^[58]).
99. OECD country experience shows that there is no single optimal design for decentralisation and multi-level governance. According to health economist Tor Iversen (speaking about long-term care, but the point applies more broadly to social services), decentralised tax financing (and provision) can promote a greater awareness of local needs and cost awareness, but likely entails larger differences in service quality and access due to different regional income levels and different political priorities. Centralised funding in combination with detailed regulations of access and quality entails smaller regional differences, but may lead to less adaptability to local circumstances and cost awareness (Österreichische Sozialversicherung, 2019^[59]).
100. In several countries, fiscal decentralisation has led to increased subnational responsibilities in the area of spending, while at the same time subnational governments have become more dependent on higher levels of governments for their resources. There is therefore a misalignment between spending responsibilities and revenues that is at odds with the Council of Europe's 1985 *European Charter of Local Government* principle of commensurability or adequacy of financial resources with responsibilities. In the early 2010s, in only seven countries (including Sweden) did local government revenues equal or exceed local expenditures (Finžgar and Oplotnik, 2013^[60]). Beyond the fiscal capacity issues, reviews repeatedly report the lack of adequate capacities – in terms of staff, skills, expertise, scale – to address complex issues such as strategic planning, procurement, infrastructure investment, performance monitoring, etc.
101. Countries often use equalisation mechanisms in order to address different regional and local needs and different fiscal capacities. Some countries, such as France and Spain, focus more on revenue equalisation; though Spanish Autonomous Communities do adjust their contribution to municipal expenditures on social services by factors such as population size and remoteness. In Denmark, grants from the central government to municipalities to pay for social needs are computed based on an index of social criteria that have been identified by a regression model (Eichhorst, 2007^[61]). In Germany, different states apply different weighting scales to population sizes of municipalities, under the assumption that certain public services benefit from economies of scale while for others congestion can set in.

102. To improve inter-governmental fiscal mechanisms, Belgium undertook the Sixth Reform of the State modified the Special Finance Act in order to further reinforce regional tax autonomy. Starting in 2014, with a transition mechanism for a period of ten years, regions are able to raise additional percentages on the individual income tax ("regionalisation" of the PIT) and gain additional powers on tax bases and exonerations. New transfers are being introduced to fund the new responsibilities. The reform also introduces a revision of the equalisation mechanism, called "national solidarity" (OECD, 2017^[62]).
103. In Finland, the 2015 amendment of the Municipal Act reinforced the macro-steering of the local finance system, ensuring in particular the matching between revenue and expenses. An objective was set for local governments' deficits and a spending limit was imposed on central government measures affecting local finances. This reform should be supplemented by an amendment to the Local Government Finance Act tightening fiscal rules for individual municipalities and joint municipal authorities. Local governments will need to offset any deficit within a period of four years, with no leeway to postpone this offsetting (OECD, 2017^[62]).
104. A 2007 administrative reform in Denmark reduced the number of municipalities from 275 to 98. The municipalities are responsible for social services, but the central state regulates them much more closely than previously, including through setting quality standards and carrying out evaluations (Henriksen, Smith and Zimmer, 2012^[58]).

3.1.2. Role of non –public actors and mechanism of accountability

105. The allocation of social services provision between government agencies, private and non-for-profit third sector organisations has undergone historical shifts. Wollman (2018^[63]) traces this historical development for a number of European countries including Germany and Sweden. Until the 1970s, countries with a social-democratic welfare model, such as Sweden, tended to favour direct provision of personal social services by local authorities while countries with a conservative/corporatist welfare model, such as Germany, third-sector organisations tended to be the main providers, though their cooperation with local authorities was very tight. During the 1980s, Sweden continued to rely on municipal administrations but introduced quasi-market mechanisms such as splitting purchasers and providers; while German social services became more open to for-profit private providers. Since the mid-2000s, privatisation and liberalisation mostly continued in some Eastern and Southern European countries. In other countries including Germany and Greece, third sector organisations including new self-help associations appear to have gained ground, partially as a result of austerity measures. There may also be some re-municipalisation of services, though this may concern utilities more than social services.
106. The choice between public or private provision differs across countries and often by social service category:
 - Non-profit providers have traditionally played an important role in Austrian social services. In the 'social welfare' sector, in the mid-2010s, non-profits generated nearly 90% of gross value added, while in the field of residential homes, they only generated half of that share. Government entities finance about 80% of the income in social welfare, usually either through subsidies or service contracts (Pennerstorfer and Zierer, 2018^[64]).
 - Belgium has a long tradition of a strong third sector. According to some measurements in the late 1990s, Belgium had the third largest third sector across twenty-two comparison countries (Salamon et al., 1999^[65]) cited in (Hustinx, Verschuere and De Corte, 2014^[66]). A large majority of these third-sector organisations provide services, often social services. In the Flemish community, non-profit organisations that receive public subsidies dominate in many and public entities in some service areas, while for-profit entities are largely limited to early childhood

education and elderly care, though even there their role is limited. In Flanders, the majority of these third sector organisations rely mostly on public resources and perceive themselves to have low to some level of autonomy from government. A further quarter have mixed funding and autonomy, while one fifth have substantial private funding, have a mix of paid staff and volunteers and high autonomy from government. The latter category is often found among organisations that distribute material goods, such as food banks (Hustinx, Verschuere and De Corte, 2014^[66]).

- In Denmark, the non-profit sector plays a more important role in providing social services than in other Nordic but a less important role than across the EU on average. In 2004, non-profits employed 13% of the workers in the sector, compared to 20% France, 25% in Germany and 4% in Sweden (Henriksen, Smith and Zimmer, 2012^[58]), citing (Sivesind, 2008^[67]) and (Henrik Sivesind and Selle, 2009^[68]). The more important role compared to for example Sweden is partially due to a longer tradition of self-governing non-profit organizations. Dating as far back as the 1933 Social Assistance Act, government policy foresaw a role for non-profit organisations to provide social services under contract with the national or local governments. Their role however shrank over time, with a low point following the 1976 social reform that assigned full administration and provision responsibilities to the municipalities. In the mid-2000s, non-profit organisations played a particularly important role in alcohol and drug abuse treatment as well as services for victims of gender-based violence, while their role in providing institutional care for the elderly or disabled individuals was much less pronounced. Many organisations are not involved in service provision and consequently only about one in ten have a contract with municipalities. In elderly care, individuals are free to choose between public and private providers, leading to gains for private for-profit providers. In child care, municipalities often set regulations and rules on user charges, leading to similar conditions between public and not-for profit institutions and a limited role for private for-profit companies.
- In France, some areas such as childcare largely continue to have public provision while others such as home services for the elderly rely more on non-public providers. In social care services, about one third of employees work through public, private or non-profit service provider organisations, while the remainder are directly employed by individuals, with support from allowances or tax breaks. Among the provider organisations, one in ten are public bodies, three in ten private enterprises and the remainder non-profit associations. Six in ten childcare institutions are public and three in ten run by voluntary associations (Marcou, 2016^[69]).
- Finnish social service provision, which used to be dominated by public entities, has likewise become more open private and non-profit providers. One indication is that the share of social service professionals who were working in the public sector declined from 88 to 67% between 1990 and 2013. For-profit providers have become more dominant in elderly care, rising to for example more than a third of publicly funded services in residential care by 2013 (Anttonen and Karsio, 2017^[70]).
- As previously mentioned, in Germany, non-profit providers have played an important role in the provision of social services, but since the 1990s, they have had to contend with more competition from for-profit providers. Traditionally, non-profit umbrella organisations and government entities negotiated quality terms and reimbursement rates. Since the liberalisation of the role of for-profit providers, children and youth services and early childcare and education continue to be predominantly provided by not-for-profit organisations, with an even growing role for the non-profit compared to the public sector as regards childcare facilities. In contrast, in elderly care, for-profit companies are increasingly providing at-home services while non-profit providers remain dominant in institutional care. Potential home and institutional care providers that fulfill the formal requirement have to be granted a contract by the care insurance, meaning that these latter have little control over the number of providers in a given area. In some of the German states, regional care laws explicitly state that private is preferred to public provision. Non-obligatory services as

debt counselling is almost exclusively the domain of non-profits (Henriksen, Smith and Zimmer, 2012^[58]).

- In Sweden, the public sector remains dominant in the provision of social services. In terms of employment, in 2013, slightly less than three quarters of paid employees in social services worked in the public sector, compared to one quarter in the for-profit and 3% in the non-profit sector. The share of for-profit employees grew by more than ten percentage points over the 2007 to 2013 period, in an environment where the absolute number of public and non-profit employees in the sector remained largely stable (Sivesind, 2017^[71]). A lot of this growth occurred in services for the elderly and disabled. In an environment where there was no prior existence of a strong non-profit sector, these organisations have found it difficult to take a foothold.
107. EU law sets few limits on the provision of public service. In particular, Protocol 26 on services of general interest lays out that local authorities can decide whether they establish a given public service. If the service is economic, however, they are only allowed to do so if there is a market failure. They can decide to provide the service in question directly or through outside providers. When dealing with outside providers, they have to respect tender regulations and rules on state-aid. Some services also have to be open to competition (Marçou, 2016^[72]).
 108. Countries use different market mechanisms to outsource services. Some countries allow users to select their service providers. This is for example the case in elderly care in Denmark since 2013, where municipalities authorise providers and pay public and private providers the same amount for a given service. In Austria and Germany, the universal care allowance and social care insurance also provides cash benefits that individuals can use to pay private providers. Others use competitive tendering, such as Finland (Leibetseder et al., 2017^[73]). Yet others combine competitive with instruments such as reserved tendering and negotiations, service concessions or in-house service contracts in order to secure a minimum share of non-profit as opposed to for-profit providers (Sivesind, 2017^[71]). The literature on contracting out of public services suggest that there is an optimal number of bidders, with too few and too many bidders respectively raising costs (Torfing, Sørensen and Brogaard, 2017^[74]). In particular in rural areas, the situation of ‘too few’ bidders for social services may be more common. Therefore, considering these options of keeping non-profit providers in business or considering contracting from other authorities may be beneficial in the long run.
 109. One challenge in the external contracting of social services is that the associated transaction costs tend to be high. Compared to other public services, measuring the fulfilment of service contracts is more difficult in human-related services because they are harder to quantify (Petersen, Houlberg and Christensen, 2015^[75]). Providing an on-the-paper same service to different clients can take a vastly varying amount of time; and they may require different additional resources. Even within direct provision, concerns for accountability and uniformity of services are thought to reduce the discretion of social services professionals and de-emphasise the importance of their professional judgement (Lawrence and Lyons, 2013^[76]). These difficulties can clash with the principles of new public management that rely on performance results and ongoing evaluation and in which “contractual relations and accountability demands increasingly replace traditional welfare partnerships based on trust and mutual agreement” (Hustinx, Verschuere and De Corte, 2014^[66]). Some argue that a more ‘trust-based’ approach in particular with non-profit providers that does not force them to behave like for-profit providers to win bids can allow room for trying out higher-priced but innovative services (Anttonen and Karsio, 2017^[70]).
 110. Once public funds are used to pay for private social services providers, accountability measures have to be put in place. Compared to direct provision, hierarchical control measures such as direct supervision, audits and codes for civil servants are not as applicable. In Sweden, contracting is competitive and the contracts are usually relatively specific; and municipalities remain accountable

for providing good-quality service even when contracting them out. In an analysis of the accountability mechanisms used for nursing homes, municipalities described that they used inspections and announced and (less frequently) unannounced visits, demanded regular reports and followed up complaints from residents and their relatives as well on incident reports. A couple of larger municipalities collected data on different quality aspects and used thematic evaluations to compare different nursing homes. The municipalities also tried to maintain regular informal contacts in order to foster an atmosphere of trust and a good working relationship. Since media have access to the obligatory incident report, they also have an accountability function. Formal sanctions such as fines or terminations of contract, in contrast, were rarely employed (Blomqvist and Winblad, 2020^[77]). German care institutions are subject to different quality management tools consisting of indicators, unannounced audits and public representation. In 2019, a new questionnaire was developed to measure quality across fifteen indicators, but due to the Covid-19 pandemic, it has not yet been implemented.

3.1.3. Digitalisation of services and information

111. Most countries show an increasing interest in the digitalisation of their welfare sector (Eurofound, 2020^[78]). Sweden and Denmark highlight the role of digitalisation as a vector for integration of different welfare pillars. Denmark's strategy (2016-2020) searches "digital welfare solutions", whereas Sweden's strategy targets healthcare and social services. Other countries show interest in a more targeted approach to digitalisation. For example, Belgium and France emphasize the facilitation of access and integration of data and Austria, Belgium and Germany focus on the digitalization of long-term care.
112. Digitalisation in the social care and protection raises the issue of the type of technology needed and the type of service targeted. Eurofound (2020) defines three broad categories of service targeted. Social care administration encompasses the digitalization of improved case management, with a broader overview to inform individualized planning at the service provider's case, including cross-sector co-ordination. It enables a more integrated assessment of users' needs by determining the eligibility for services and cash transfers. In home care and support aims at supporting logistical aspects through digital records and web-based access for support service workers, allowing services to be provided to people in their homes with the support of specialist advice available through video links. Lastly, digitalization of cash transfers includes more cooperation between government and private pension providers.
113. Based on this categorization of technology types, different countries have developed different digitalisation strategies aimed at facilitating service integration and delivery. In Finland, the platform Virtu.fr is used to facilitate access to sparsely populated areas in the Lapland region by enabling both online and video consultations for people with disabilities, child welfare services (for example, for legal consultation and psychosocial assistance for children and families), early support, counselling and special teaching and language development services (Eurofound, 2020^[78]). Virtu.fr combines different technologies, such as telepresence for consultations and other forms of co-working and information transfer forms for relaying confidential information; and allows communication between professionals and between professionals and users. Similarly, Sweden's itACiH aims at improving support for home care, including on-line equipment, touch pads for nurses and overview and planning at the clinic (OECD, 2016^[79]). In Denmark, web-care records and video-links are used to facilitate integration between the municipal and regional levels of government as well as reducing transportation time for elderly patients who suffer from ulcers (Eurofound, 2020^[78]). Previously, the high number of elderly patients who got ulcers had to transport themselves to the regionally funded hospitals, where doctors instructed the nurses on how to provide the repetitive care they needed. Now, municipally funded nurses attend to the

patients in their homes and use video-links to communicate with doctors. Doctors only need to accompany the nurses if necessary.

114. An issue that has been highlighted concerning digitalisation is that the lack of digital technology access or skills could pose a problem to individuals wanting to use online systems (European Commission, 2017^[80]). Moreover, municipal staff or social workers may not have the necessary training to use the digitalised information systems. Finland aims at tackling this issue by, firstly, providing libraries and social centers where computers and trained staff assist individuals with online systems.
115. Another area that facilitates services integration is data-sharing between different pillars and actors of the welfare systems. In almost all EU Member States, reforms to improve the integration of employment services have been promoted and have highlighted that data sharing and interoperability platforms play a crucial role (Red de Inclusión Social, 2019^[81]). Ideally, cooperation agreements between different agencies should allow associated institutions to access each other's files in an easy manner, implying a harmonization of their IT systems. One positive example are the German Jobcentres, which use systems that can output comparable and compatible data, allowing for a shared monitoring system by the Federal Ministry of Labour and Social Affairs. Another positive example is the modification of the IT systems of the Austrian social welfare agencies and federal employment services that allows a once-monthly data synchronization and the use of an online portal for direct access to the data from the social security system, the public employment services and the population and property registries; allowing social workers to easily access necessary information.
116. The EU highlights the benefits of having a unified information system (for example in the 2013 Social Investment package), which requires all entities to "speak the same language" (European Commission, 2017^[80]). The EU Commission Peer review on Social Protection Information provides examples on how to overcome the potential issues that could emerge. Indeed, it is crucial that the information-sharing system comply with data-protection regulations, for which legal frameworks might need to be adapted. In 2016, the French law on the modernization of healthcare allows administrations to rely on certified external hosts for the implementation of programmes with health and social care personal data, such as the personalized medical record (Eurofound, 2020). It allows health care and social care staff to share information in the national system of health data (the SNDS database). Moreover, feedback-loops allow the development of a client oriented and need-based approach (European Commission, 2017^[80]). For example, Finland has incorporated such feedback loops at the municipal level where beneficiaries together with social workers discuss outcomes of the received assistance. This information then feeds into the development of new policy measures. The information is however not linked to the overall information system.
117. For the central government to be able to provide support, the right diagnosis of the different challenges needs to be in place. OECD Territorial Reviews highlight that monitoring and data collection are often lacking. An example of best practice comes from Norway, which has implemented KOSTRA, a comprehensive system in monitoring and disseminating information on government operations and performance. The KOSTRA system is considered a leading good practice in government transparency as it contains information on municipal accounts (revenues and expenditures) and on employment.

3.1.4. Benchmarking, evaluation and monitoring

118. Benchmarking – a management technique that aims at improving practices by peer-to-peer review - has been applied for some years in the public sector (Del Giorgio Solfa, 2017^[82]). Although benchmarking strategies are not very developed the area of social services, a number of initiatives

in close sectors can provide examples, which could be useful for developing benchmarking for social services.

119. The EU, in the aftermath of the global financial crisis, has committed to developing benchmarking in the healthcare sector as an element of the Pillar of Social Rights.¹⁵ The Commission has recommended using the Union Survey of Income and Living Conditions (EU-SILC), a survey that has been undertaken annually by Member States since 2005 to evaluate if citizens have had an individual need and if it was not met because of cost, distance, or waiting lists. Although this database presents some limitations, such as low sample sizes and few questions on unmet needs, it still constitutes a starting point for standardized approach. Also at the European level, some projects aim to develop benchmarking in elderly care. This initiative is particularly important given the fact a comprehensive database on quality and costs of care utilization of home care, including demographic, functional, psychological, and social information on home care clients, structure and process information on home care organizations, and information on staff did not exist.¹⁶ The project IBENC (Identifying best practices for care-dependent elderly by benchmarking costs and outcomes of community care) gathered researchers who established a method to identify and enable an in-depth interpretation of best performing practices in community care organisations for dependent elderly. They produced a novel benchmark method, accounting for both costs of care utilisation and quality of care. They also described characteristics of well performing organizations and their staff. The method for benchmarking practices on costs and quality of care at the meso and macro level aims to improve insights into the cost effectiveness of European health care delivery, and provides an objective method to identify best practices, which will be suitable for (inter)national cost of care.
120. At the national level, Nordic countries have developed strategies for benchmarking e-health and are in the process of doing the same for social care. Indeed, there is a general interest in measuring the effects and preferences regarding the use and re-use of eHealth to sample information and interact with health and social care services (OECD, 2017^[83]). In Finland, benchmarking is a practice in specialised medical care but also in primary care and elderly care (Nordic Healthcare Group, 2021^[84]). Further, during 2020, benchmarking services have been piloted in social care, as well. Benchmarking is not only a tool for specialised medical care but can be utilized across the sector by finding the right metrics and key development areas shared by the participating organisations. It is moving towards patient-recorded outcomes as well as quality and effectiveness.
121. In Public Employment Services (PES), benchmarking is used to assess the performance of different local offices in fostering labour integration of cash benefits recipients, although it is unevenly developed across the EU. In Denmark, benchmarking in the PES is part of a national regulatory and performance management framework established by the central government to steer national employment policy, despite municipal responsibility for the delivery of employment services. The main elements of the framework are legislation and regulations; financial incentives; national IT systems and tools; benchmarking and dialogue activities. The Ministry of Employment's benchmarking model uses 300 variables based on the micro data from Statistics Denmark (including about family, education, immigration, socioeconomic conditions, health, social measures and geographic measures). It estimates the expected benefit level for each local job centre based on the local and regional conditions and compares it with the actual benefit level. The difference between expected and actual benefit level is a measure of performance and it is

¹⁵ See <https://digital-strategy.ec.europa.eu/en/library/egovernment-benchmark-2020-egovernment-works-people>

¹⁶ See Seventh Framework Programme of the European Commission (2013). Identifying best practices for care-dependent elderly by Benchmarking Costs and outcomes of community care ([link](#)).

used to benchmark each local job centre. The main issue encountered with this model is its complexity, as some local offices have difficulty in understanding and implementing it.

122. The concept of 'benchlearning', in the sense of formalized internal learning exchanges with other regional or local offices, has also started its development, mostly within PESs, in a few countries. France and Austria stand out as two examples where benchmarking and benchlearning are well established. In Austria, benchlearning is part of annual performance management. It involves the provinces and as well as experts from each department in the central office. Comparisons are based on internal administrative and external data. The data are used to rank local offices and provincial organisations, to enhance transparency, and serves as the basis for agreements with provincial organizations for a three-year period. Austria also organises learning exchanges between PES local offices and/or regions. In France, the internet platform Innov'Action20 is used by managers and staff to discuss new ideas and disseminate good practice. In Denmark, the central office and the regions engage intensively with individual job centres and provide central information resources, for example, on evidence-based policies or Knowledge Centre with analytical papers, good practice examples, conference outcomes and reports from other EU countries. The lack of formalised structures is in part a reflection of decentralization in Denmark.
123. Continuous monitoring and evaluation of services, as well as measuring the effects of a new practice are key to improve their effectiveness and quality. However, measurement does not always take place due to a variety of reasons, and this also has an impact on quality. Personal social services are particularly sensitive to the interaction between the service provider and user. Practices may not be regularly monitored due to lack of capacity or to lack of appropriate tools to measure the inputs and outputs of an intervention. This makes it difficult to track the impact of the intervention over a longer timeframe.¹⁷ For example, in the context of the Dutch decentralisation and anti-poverty approach based on the *Social Community Teams against Poverty* (SCT), an assessment report found that there had not yet been large evidence-based evaluations; that "quantitative results may never be fully generalisable nor scientifically sound, since many variables as well as the specific local demographics and circumstances influence possible outcomes", and that while the absolute majority of municipalities planned on carrying out evaluations, many did not know how to do this (see Malgesini Rey (2016_[85])). Constructive criticism, such as valid feedback that may help to improve the service, identify bottlenecks and enhance performance and well-being results for service users. For example, in some cases, service providers may request users feedback through a tick box survey, which provides relevant information but cannot replace well-structured and systematic evaluation (Devanney, 2013_[86]). An example of an internationally comparable survey of user experience in the field of healthcare is the OECD's PaRIS International Survey of People Living with Chronic Conditions. The survey collects information about patient-reported experience and outcome measures, which practical aspects of care, such as accessibility, care co-ordination and provider-patient communication and self-assessed results of the care, respectively.
124. Despite the lack of evidence, in recent years several initiatives appeared in order to shape systematic procedures to evaluate interventions in the social area. In France, the region Auvergne Rhône-Alpes recently published an Evaluation Manual addressed to health and social services intervention managers. The manual describes the general evaluation process in seven steps and intends to help professionals, not to provide ready-to-use evaluation procedures. More broadly, the document is part of a structured effort to promote and install an evaluation culture among

¹⁷ As shown above, benchmarking, evaluation and monitoring culture is much more consolidated in the area of active labour market programmes than in social services, partly because objective outcomes are much easier to identify and partly because the effectiveness of active labour market policies drew massive attention from researchers and policy makers in the aftermath of the 2008 financial crisis. See for example Card (2010_[102]).

health and social services actors (IREPS ARA, n.d.^[87]). In Denmark, The National Board of Health and Welfare - part of the Ministry of Social Affairs and Senior Citizens – provides advice and implementation support to the entire area of social services. It is notably engaged in the dissemination of good practices and effective social work methods, advise regional and local authorities and handle the national audit function for supervision and coordination.

125. Another interesting example of evaluation, especially from Spain's perspective, is Germany, where the institutional setup for provision of social services has shaped evaluation structures and processes. The strong role of regions (Länder) and local authorities has translated into regional and local qualitative and quantitative differences in evaluation. Evaluation attempts by the federal government have produced uneven results. On the one hand, it has increased the case for a centralized evaluation, as the latter has offered the federal government the chance of ensuring the desired implementation of the reform legislation and of influencing activities at the state and local level. On the other, the states have been keen on defending their competences and preventing an indirect burrowing out of their autonomy through evaluation from above.
126. Also interesting for Spain, but for other reasons, are evaluation examples based on the combined use of administrative records (which in the so-called "register countries", like Denmark or Norway, contain relevant and up-to-date information about, virtually, the whole population) with ad-hoc surveys, designed for the evaluation. For example, Hijelmar et al. (2018^[88]) examine the relationship between ownership and quality of care in public and private for-profit and non-for-profit nursing homes. The analysis draws on original survey data and administrative registry data (quality inspection reports) for the full population of almost 1000 nursing homes in Denmark allowing the analysis of structural, process and outcomes quality. Beyond the main findings of the analysis, authors note and underline that results depend to some extent upon the method of data collection, which underlines the benefits of using multiple data sources.
127. Continuous monitoring activities very often rely on available statistics about the monitored topic. For this reason, data collection, harmonisation and integration across all the institutional levels involved in the provision of social services is a necessary condition to implement monitoring tools. For example, in Germany, for elder care, no regular public statistics existed at national level until the 1990s. Information on the care infrastructure was collected through occasional enquiries by welfare associations or municipalities. The introduction of the Long-Term Care Insurance scheme was accompanied by the creation of a new branch of statistics: the long-term care statistics (*Pflegestatistik*). This is a good example of a policy tool that incorporates, from its design, appropriate tools for monitoring (Wollmann, 2018^[89]).
128. In 2012, the European Council endorsed the main features of a new instrument, proposed by the Social Protection Committee (SPC), called the "Social Protection Performance Monitor" (SPPM) aimed at contributing to strengthening the monitoring of the social situation and the development of social protection policies in the EU. The SPPM is a statistical tool that makes use of the EU portfolio of social indicators, recognizing effectively the importance of the overarching portfolio as a summary set/first tier of indicators to be used for monitoring the major social trends in EU countries across the relevant social policy areas. Active involvement of national statistical offices and availability of timely and reliable social statistics in member countries are key for the success and development of this initiative.

3.2. Coordination and cooperation mechanisms

129. The term 'integrated services' refer to a range of activities aimed at achieving efficient coordination between services and improved outcomes for users. There exist many forms of service integration. They depend on sectors, target groups, governance levels (local, regional and national), objectives

and, importantly, on the level of integration between various public bodies. Different approaches to service integration may cover case-management, plans to coordinate service delivery; one-stop shops that provide a number of services; partnership arrangements between organisations, etc. For its multi-faceted and multi-disciplinary nature, a broad number of approaches could be adopted to analyse integration and coordination mechanisms. Although the interdependencies between institutions are multiple and there is no strict division between them, we describe horizontal and vertical coordination mechanisms separately. *Vertical* coordination refers to integrating the hierarchy of governance and finance within multiple service settings, including supervision mechanisms may include earmarked transfers and reporting requirements; contractual arrangements; fiscal councils, standing commissions, intergovernmental consultations boards and platforms of dialogue. *Horizontal* integration brings together previously separated policy groups, services, professions and organisations across different sectors to serve users with multiple disadvantages and complex needs better. Horizontal coordination mechanisms may be relevant both at the central government level, between ministries with joint responsibility for social services and at the sub-national level, regional and local governments may for example seek horizontal coordination to align their service offers or to benchmark their service provision and quality.

130. This section presents concrete examples of coordination and collaboration, either at administrative level, to provide integrated services to users and to guarantee the portability.

3.2.1. Vertical coordination mechanisms between national and sub-national governments

131. Several tools can be used to strengthen coordination across levels of government to enhance investment outcomes. They include formal consultation processes or regular dialogues, national agencies or representatives working with subnational governments, co-financing arrangements/matching grants, or contracts between levels of government.
132. Intergovernmental fora have the potential to help clarify, co-ordinate, and develop reform options, joint provision or partnership arrangements for tax, expenditure, revenue sharing and transfers, public services delivery and regulatory policies. They hold the potential to improve the working of multi-order systems with relatively low transaction costs by reaching executive/legislative agreements. However, to ensure the durability and wider political acceptance of such compacts, especially those on issues of constitutional significance, such compacts must be subjected to ratification by concerned legislatures and also be open to review (OECD, 2019^[56]). Indeed, one of the challenges is that intergovernmental councils for dialogue are used mainly for consultation purposes and their decision-making authority remains limited.
133. Countries with well-developed co-ordination arrangements, such as intergovernmental committees and regular formal meetings, have a comparative advantage for the introduction and implementation of reforms. A number of OECD countries – in particular, federal countries and Nordic countries – have made progress toward better vertical co-ordination among levels of government. Denmark, Finland, Norway and Sweden have regular meetings of central and local governments (through their associations of local governments) to discuss policy and implementation issues. For example, in Sweden municipalities in charge of providing welfare systems are incentivized to cooperate (OECD, 2015^[90]). Subnational government associations are consulted on any legislative changes impacting subnational government and participate in the dialogue and negotiations with the central government. In Finland, the PARAS reform resorted to municipal upscaling to improve productivity and strengthening municipal services. Financial incentives accompanied municipal merging. In order to ensure a political consensus, the reform was conducted on a voluntary basis (OECD, 2017^[83]). A 2005 reform in Norway created a partnership model for local welfare offices that brought together the local social service

administration with the state-level employment and welfare administration; with either unitary or dual management. In the former case, there is one manager who usually comes from the employment or insurance administration, while in the latter, there is one manager from the municipality and one from the employment and welfare administration. The basis for the local partnership agreements was a framework agreement between the government and the organisation representing the municipalities and the Ministry of Local and Regional government (Fimerte and Laegreid, 2008^[91]).

134. The principle of subsidiarity between different levels of governance can improve the efficiency of outcomes. The German policy coordination mechanisms are based on a clear formal structure and are well-established. The country adopted an integrated or co-operative model of federalism where, depending on the policy area, the federal or länder governments have pre-eminence in legislation and policymaking. The länder governments, in collaboration with local governments, have the responsibility to implement these policies. Recognising the complexity of governance in a federal system, Germany has developed a dense intergovernmental network. The chancellor and the leaders of the 16 länder governments, Ministerpräsidenten, meet periodically (four times a year) to agree on major issues, such as tax sharing and fiscal equalisation, and the implementation of federal laws (OECD, 2019^[56]). Such conferences have also favoured a network of horizontal intergovernmental relations as the states coordinate their policies in their negotiations with the central government. In contrast, Spain attempted to have such Conferences of Presidents since 2004 but met infrequently until 2020 where a number of conferences were arranged to tackle the COVID-19 pandemic. The lack of periodic meetings has often been linked with a lack of normative regulation in this respect. Italy, for instance, established such framework first in 1983 and gave the Conference of Ministers in 1988 a legal rank. Nevertheless, even regular meetings cannot address the difficulty that in situations where unanimity is required, differing interests in different parts of the country can make it difficult to come to any decisions.
135. Contracts across the different levels of government can also improve the governance of public investment and of public finances. One example of good practice in this area is to set contractual arrangements between the central government and sub-national governments. An example of such arrangements are the State-Region Planning Contracts in France (Contrats de Plan État-Region or CPER), which serve as a key planning, governance and co-ordination instrument in regional development policy. Such contracts are set on a five-year basis, include a share of central government funding which constitutes 50% of the total amount, and are well articulated for the new contracts for 2021-2027 with the use of the EU structural funds. In Austria, service expansions or quality improvements are often set in motion through agreements between the federal and state level and financed in part through federal subsidies.

3.2.2. Horizontal coordination mechanisms across ministries/sub-national government entities

136. Horizontal co-ordination is essential to increase efficiency through economies of scale and to enhance synergies among policies of neighbouring (or otherwise linked) sub-national governments. Co-operation is necessary across regions, cities and local governments to invest and deliver services at the relevant scale. Cross-jurisdictional co-ordination can take a variety of forms, with the appropriate approach depending on the characteristics of the locality or region as well as the policy objectives and investment(s) being considered. Flexible co-ordination arrangements may be best suited to achieving policy goals or to making the most of particular investments. These include establishing joint authorities, co-ordinated investment strategies, polycentric co-operation in urban areas, rural-urban partnerships, trans-border co-operation and platforms for cross-jurisdictional dialogue and co-operation. The central government can

encourage voluntary horizontal co-operation with a transfer system or it can simply target matching grants to specific projects to ensure efficient scale of local public investments or service provision

137. The analysis of the Spanish system (OECD, 2021^[10]) shows that there are a lack of horizontal fora and that most policy coordination between regions happens with the involvement of the central government. Some researchers have pointed out that regions initially failed to realize the usefulness of horizontal cooperation to avoid undue centralization of sectoral policy making and to promote problem-solving and policy coordination (Aja and Colino, 2014^[92]). Similarly, horizontal cooperation at the local level is lacking. Most cooperation happens in a vertical manner with the regional government and the local government. Cataluña appears to be the exception where there is a Council of Local Representatives (Exposito, 2017^[93]).
138. Similarly, in Spain, while a multitude of agreements exist between the central government and regional governments, this is less so between the Spanish regions. In part, such agreements are more challenging because Article 145.2 of the Constitution prohibits the federation of the Autonomous Communities and that any agreements between them will require approval from Parliament (Cortes Generales) (Milone, 2012^[94]).
139. Germany has a long tradition of inter-länder co-ordination to achieve “uniform” (now “equivalent”) living conditions in areas of exclusive länder competency and to have länder inputs in European Union policymaking. These consultations take place through the Conferences of Lander Ministers, which are held regularly and also attended by federal ministers as observers. Some of the conferences, such as the conference of education ministers (Kultusministerkonferenz) play an important role in the setting of policies and have a sizeable secretariat to facilitate their work. There are regular meetings of officials and experts to learn from each other’s experiences. The Australian States established in 2006 the Council of the Australian Federation (COAF) for horizontal co-ordination among states, harmonisation of policies and influencing national policies.
140. Countries generally use incentives – either financial or non-financial – to enhance inter-municipal cooperation and networking, information sharing, and sometimes to help in the creation of joint authority entities. These incentives are frequently financial: special grants for inter-municipal co-operation, special tax regimes, additional funds for joint public investment proposals. In France, for instance, each grouping of communes constitutes a “public establishment for inter-municipal co-operation” (EPCI). To encourage municipalities to form an EPCI, the central government provides a basic grant plus an “inter-municipality grant” to preclude competition on tax rates among participating municipalities. EPCIs draw on budgetary contributions from member communes and/or their own tax revenues.¹⁸
141. Focusing on population needs or well-being may help different levels of government and region come to a common understanding about which outcomes are the most important and how separate and joint policy actions can affect these results. This can be a starting point to support alignment across government departments and different government levels for outcomes for which they share joint responsibility (Durand and Exton, 2019).

Service integration

142. Integrating social services for vulnerable populations has the potential to address the multiple underlying issues of vulnerable populations and to reduce the cost burden of delivering support and care, as multiple visits, duplication of services, and costly interventions are reduced (OECD, 2015^[95]). Several factors hinder the integration of services including complex governance

¹⁸ Although New Zealand is out of the geographical scope of this report, its Social Wellbeing Agency has done interesting work on integration of social services ([link](#)).

structures, financial input, organisation change and differences in skills and modes of working for professionals. Accessibility is also an important consideration for the efficiency of integrated services.

143. With respect to services for families and children, in Nordic countries, as local authorities provide most family welfare services, coordination of services across sectors at the sub-central government level is also well-established. In Finland, provision of integrated services is even legally enforced: the reformed Child Welfare Act (417/2007) legally obliges municipalities to provide services for children and adolescents in a co-ordinated manner and multi-agency setting. In a number of countries, family centres bring together a fully co-located range of services central in promoting the well-being of both the children and their parents. Such family centres exist in Belgium, France, Germany, and Nordic countries (OECD, 2015^[90]). Early intervention (in early childhood) is key to reduce disadvantage and countries have increasingly shifted the focus to prevention and early intervention of child and family services. Universal services have nonetheless proved to have shortcomings and some more targeted interventions are needed.
144. It is also interesting to mention the “universal family center” models, which coordinate, under a common umbrella, education, social and health services for children. In Sweden, the pioneer of this form of family support, municipal family centres offering a variety of services to families have been in place since the 1970s. These centres, which are free-of-charge, are open to all families and offer cross-sectional services, including educational support for children under six as well as health and social services for families. Similar “one-stop-shops” for families following the Nordic family centre model have also been introduced for instance in Belgium, Canada, the Czech Republic, France, Germany, Italy, the Netherlands, Poland and Slovenia in the past years, although these centres are not yet turned into a national service available nation-wide (OECD, 2015^[90]).
145. A number of countries have also made reforms to improve the integration of employment and social services for beneficiaries of minimum income scheme recipients. Crucial aspects of the process included addressing legal barriers and developing information technology (IT) infrastructure for data management. In Germany and Denmark, such reforms aimed to introduce new shared case management and included co-location of employment and social services. In Finland, a law was passed in 2015 that the multi-sector service centre for promotion of employability for people in a vulnerable position and/or with multiple problems (e.g. skills, health, income, social problems) focusing on overcoming the fragmentation of services and institutional responsibilities (European Commission, 2018^[96]). Their services include employment services, social and health services, rehabilitation and social insurance. And the staff comes from various backgrounds from the employment offices, municipality social welfare offices and the national social insurance institution. Clients are assigned from the local employment services or social agencies on the basis of an evaluation of their needs. In terms of funding, half of the costs are funded by the public employment services and the municipalities and the other half is provided by the national ministry of labour. Along these lines, the 2015 Recommendation of the Council on Integrated Mental Health, Skills and Work Policy suggests that different health, labour and education sector actors contribute in different ways to promote mental well-being, prevent mental health conditions and provide support individuals living with mental health conditions.
146. The use of inter-professional or multi-professional teams can be an avenue to improve service integration. In 2004 a new model of working practice between three public sectors, the local Police Department, Social Services and Psychiatry/Mental Health Services (PSP) was introduced in the municipality of Frederiksberg, Denmark. The aim of this cooperation was to enhance support to vulnerable citizens. Due to the success of the PSP cooperation in Frederiksberg, the PSP model was implemented by law in Denmark in 2009. In order to evaluate the model, a qualitative study based on structured interviews, focus group discussions and observations, was performed in four

selected by the Danish National Centre for Social Research. The evaluation concluded that the PSP cooperation draws attention to marginalized groups of citizens and helps to prevent social downfall and crime. Participants of the PSP cooperation further highlight positive changes in the cooperation between the involved sectors, which is thought to further improve the support to vulnerable citizens and thereby enhance both prevention and follow up of cases (Sestoft, 2014^[97]).

147. In many cases, it might be difficult to form an effective inter-professional team because of many barriers. Even though there may be the will to make it happen and structural issues such as protocols, guidelines, and co-located facilities may be in place, it seems that a certain aspect is often neglected: the human side of collaboration. An example of a multi-professional team that has not always been successful is the Health and Social Care Consortium in Sweden, which has joint care coordinators from the health and social care sectors. They are based in the same centre and implement joint care plans. Even though the structural elements are in place, it has been documented that the collaboration does not always run effectively due to lack of knowledge about one another or lack of mutual understanding (Lara Montero, 2016^[98]). Key factors to avoid this kind of situations is the definition of roles and responsibilities and the mutual understanding of them by each actor (including language and taxonomic differences that are often omitted). Lack of a clear leadership can also be the cause of horizontal coordination failure; it can lead to confusion and lack of guidance, which hampers the implementation of an intersectoral working arrangement. Moreover, the absence of a leader may lead to complications in the deployment of resources. Pooled budgets in combination with joint contracting of services might also be needed to encourage service integration.

3.2.3. Cooperation and transferability of rights

148. Whether or not the same entity provides social services to all target groups or only specific ones, whether or not there are basic and specialised social services and whether or not different eligibility or access conditions exist across the territory, there are numerous situations in which information exchange about a given client between different social service providers is necessary. These situations can for example occur when someone moves from one municipality to another, when they need to receive services from different providers at the same time or when they transition from one provider to another, such as when different organisations are responsible for in-home assistance and residential care and an elderly person leaves their home for a retirement home. For the exchange of information to happen smoothly, regulations that allow the exchange are necessary. Since this also relates to the question of how individuals whose eligibility to a given service has been established can transfer this eligibility to another part of the country, this section will discuss the transferability of rights first. And while selective information exchange can also happen via a phone call, e-mail or letter exchange, on a larger scale it would usually require both a digitalisation of user records and the possibility to exchange data across agencies (see 3.1.3).
149. Several countries regulate the transfer of established rights across municipalities and regions through their national-level law:
 - In some cases, the origin municipality remains responsible until the new municipality has had time to consider the claim. For example, in Denmark, when adults with impaired physical or mental function or with special social problems who receive subsidies to hire a care assistant (because the municipality does not provide the needed services on an in-kind basis) move elsewhere, the former residential municipality has to continue paying the subsidies until the new residential municipality has come to a decision (Consolidation Act on Social Services No. 102 of 29 January 2018, 96 b). The prior municipality can ask for a reimbursement from the new municipality for the time period between the move and the decision. Similarly, in Germany, the child and youth welfare code specifies that when there is a change in which locality is responsible for child protective

services and a child or family previously received these services, the original local youth administration remains responsible for providing the service or benefit until the newly responsible administration takes up its responsibility. In order to ensure a smooth transition, the original administration has to transfer the necessary data (German SGB VIII, 4.1, §86.c).

- In other cases, the person who would like to move can already apply for the relevant service from their origin community. For example, in Sweden, an impaired person who wishes to move to another municipality can apply for the services they need prior to their move. The receiving municipality must treat their application as if they were already a resident; and the current home municipality has to provide any information that is necessary to assess the application (Swedish Social Services Act SFS 2001:453, Chapter 2, Section 3). The procedure in Finland is similar (Finnish Social Welfare Act 1982, Section 16a (1378/2010)). Beyond the comparison countries chosen for this report, the United Kingdom's 2014 Care Act contains a detailed section on the Continuity of care and support when adult moves. Either the individual him- or herself or the original local authority inform the new authority the individual seeks to move to about their intention and based on the information provided by the origin authority, the second authority has to assess whether the individual is in need of care and if so prepare this care and support. When there are differences in the assessment of the needs between the origin and the new authority, the latter has to provide a written explanation. The act also deals with situations in which the assessment is not yet complete on the day of the move.
- In France, the transferability of for most social rights is guaranteed for those who change address, however, the person who moves is responsible of informing several independent services (national health care, tax authority, social services, employment services and eventually the old-age pension fund) about the change of address. The tax authority (*Service des Impôts*) has a national integrated system; the applicant only has to communicate the new address on-line and a new tax office will be assigned to him/her. For other services, the process is quite smooth if the person does not move to a different province (*Département*). If the new address is a new province, an official letter (or on-line application) should be sent to each service, which in turn will transfer the dossier to the respective administrative service in the new province. Rights to health care insurance, unemployment benefits, pension and family and minimum income allowances are maintained under the same conditions as before (but with a new ID number because a new dossier is created, except for health care ID). Only housing benefits are not transferable, after the move, the person has to contact the family allowances service (*Caisse Nationale d'Allocations Familiales*) and apply for housing benefits from scratch. In a word, the French system guarantees transferability of rights, but the fact that various services are not integrated and the necessity of creating new dossiers has a relative high costs in time and energy for those who move.

150. In Spain, minimum income benefits (RMI) and emergency cash support, as well as access to social services, can be transferable if the person moves within the region. But they are not transferable if the person moves to a different region and new applications should be done from scratch and under different conditions. This situation contrasts with the above examples that show how different countries have implemented solutions to guarantee, totally or partially the transferability of rights. These solutions have pros and cons, but at least allow beneficiaries of social services and income support to not to lose them in case of moving.

4 Conclusion

151. Social services are intended to provide people with social problems the help they need, but are also fulfilling preventative functions. The analysed countries either have a comprehensive national social services law or use target-group specific laws. Sector-specific laws often imply that different institutions are responsible for the governance and provision of different social service categories. There is no link between the existence of either a comprehensive or target-group specific social services laws and the comprehensiveness of the social service offer.
152. In many countries, different levels of government share responsibility for the design and provision of social services, and tax revenues are likewise distributed. National governments are often responsible for transfer payments, though there are exceptions like minimum income benefits in Austria and France. Municipalities are often responsible for the provision of most social services, while the national and/or regional level regulate the services. There exist large differences in the contribution of the central government and regional and local governments to social expenditure. The share of *total government* revenue raised by sub-national governments is in about the middle of the comparison countries in Spain, while the local revenue share alone is the highest. Spanish regional and local governments also account for a larger share of *social expenditures* than in other European countries. Competences and responsibilities in the provision of services necessarily imply more needs to finance these services. In Spain, with the exception of the Regímenes Forales (Basque Country and Navarra), the Autonomous Communities have less taxation autonomy than sub-national governments in countries such as Austria, Belgium and Germany do. Mechanisms of inter-municipal equalisation of expenditure, where subsidies for municipalities with lower tax income and high expenditure are financed by contributions from municipalities with higher tax income, are also interesting.
153. The lower investment of Spain and many other countries in social services compared to in particular the Nordic countries can be seen across a number of imperfect indicators. Human resources are key in for the quality of provided services. Spain has qualified and devoted professionals working in different areas of social services. But quantity matters: in Spain, about 3% of the workforce works in (public or private) social services activities. This compares to more than 8% of the workforce in Nordic countries and more than 6% in countries like France, Germany, Belgium or the Netherlands. Efficiency and optimisation have their limits and three professionals will never be able to deliver the same services than six or eight. Of course, this will have a direct impact on the budget the country wants to allocate to social services. Social expenditures on in-kind benefits are below 2% in Italy, Portugal, Spain and other countries, while they are more than three times as high in Denmark, Finland and Sweden. Spending more on services does not necessarily imply spending less in cash transfers. Indeed, once old-age pensions excluded, it appears that countries that spend more on services as a share of their GDP also spend more in cash transfers, though there are some notable exceptions such as Sweden and Belgium. Even in the Nordic countries that have significantly higher social worker shares and higher social expenditures, a third or more of these workers report high workloads. The fact that the social services system often serves as a de-facto 'last resort' when other systems have failed likely contributes to this overwork.

154. The overlap in the package of social services and cash transfers for families and individuals in need across the categories of information, personal autonomy, family, protection of minors, social inclusion and judicial protection is large across most countries, including Spain, but there are some differences in specific services. Social protection laws and social services catalogues establish a number social rights and services covering, from a statutory perspective, most population's needs in a vast majority of European countries. Some differences concern family services, where subsidised or free culture and leisure activities and after-school activities do not appear to be systematically available in Spain. These are however important, especially for children from lower socioeconomic backgrounds, as they have shown to foster non-cognitive or so-called "soft" skills, which have high economic returns over the long run (Heckman and Kautz, 2012^[99]). While Spain provides a wide range of services in the area of long-term care, there are still some shortcomings in terms of the generosity of the system, as well as less widespread provision of preventive or reablement services. With respect to disability services, institutional services are available in Spain but special housing options or respite care are not always available everywhere nationally. Finally, while Spain offers housing benefits, a few countries define housing as a right and thus place an obligation on authorities to help people realise this right.
155. Although from a pure statutory perspective most EU countries may look similar, effective access to services and income support can differ between countries for several reasons: benefits actually depend on budget constraints (*in fine*, amounts spent on social services and cash transfers provide a good proxy of the generosity of different systems), some services are not guaranteed in practice (for example because lack of human resources generates extremely long waiting lists), actual access to benefits can be more or less generous depending on eligibility rules and other. Hence, services and cash transfers can be available in social protection laws and regulations; but this is not enough to guarantee effective access to those who need them. The comparison of access in Denmark and Sweden suggests that social services laws that are less specific about the content of care in certain services and that give municipalities a ground for excluding more applicants can lead to lower effective access, in particular in municipalities that are struggling with their municipal financing. The effective access to benefits cannot be dissociated from larger budget, both for services and income support, as the example of Nordic countries show. In the European context, Spain combines a relatively low expenditure in social services (less than the EU average), a low share of expenditure devoted to "universal" or at least non-means-tested services while a large share social expenditure goes to old-age pensions. Actual access to several services and benefits in Spain is more restrictive than in many other countries (see Section 2.3). Nordic countries and Germany provide different examples of how the different entities need to cooperate to ensure a transfer of rights when a person moves location.
156. In social services as well as in other policy areas, there can be a trade-off between the benefits and costs of more or less centralised policy setting and funding. A centralised system that includes more oversight functions can lead to more uniformity in service access and quality, but at the possible expense of being able to flexibly adjust to local and individual needs. A decentralised system, in turn, might be able to adjust to those differing needs and be more cost-effective, but can lead to larger differences in service access and quality due to differing policy priorities and budget constraints. Several countries have increased the level of central policy setting and oversight in recent decades, while others are oscillating between more and less local control.
157. Ambiguities in the assignment of responsibilities and a disconnect between the responsibilities of sub-national governments and their fiscal resources can amplify weaknesses of the social services system. While countries are not ready to abandon multi-level governance of social services, there have nonetheless been efforts to reduce these ambiguities. A 2007 Danish reform reduced the degree of shared assignments of responsibility across government levels; and a 2015 French reform clarified the responsibilities allocated to each level of government. In order to address gaps

between local responsibilities and revenues, a 2014 reform in Belgium reinforced local tax autonomy and introduced new transfers in order to fund the regions' increased responsibilities.

158. While the analysed countries have different approaches to inclusion of third-party providers in the social services system, there has generally been an increase in the involvement of non-profit and particularly for-profit providers. Countries use different contract and accountability mechanisms to ensure that services are cost-effective and of sufficient quality. For example, Sweden uses competitive contracting with relatively detailed and specific contracts. The municipalities, which remain accountable for the services, use a combination of different methods to ensure that the provider delivers on what they promised. These include frequent informal interactions between public administrators and the service provider; announced and unannounced visits; inspections and (in the case of larger municipalities) evaluations of different providers. As a result of this intense collaboration and continuous monitoring, they very rarely have to employ sanctions such as fines and contract terminations.
159. Regardless of whether services are provided directly or through external providers, countries are aiming to use evaluations and monitoring at different government levels to improve service quality. In a relatively hands-off approach, the national level in France has provided guidance to local professionals on how they can implement evaluations themselves. In contrast, in Denmark, the National Board of Health and Welfare handles the national audit function for supervision and coordination. In Germany, the Länder have in the past pushed back against federal evaluation efforts; but when the long-term care insurance was introduced, it also created a requirement for long-term care statistics following national standards.
160. Whether social services are completely determined at the national level or whether sub-national governments also play a role, vertical and horizontal coordination mechanisms are important to foster agreement on policy goals across government levels and related systems (such as health, education, social services and social insurance), to ensure a minimum equality in access and quality and to continue improving through mutual learning. The report on the organisation of social services in Spain already outlined that mechanisms for horizontal coordination as well as transferability of users' rights were not well-developed. In this sense, Spain could benefit from the experience of other countries where there are well-established mechanisms for horizontal cooperation across municipalities or regional governments. Given the different institutional set-ups, there are no one-size-fits-all solutions for creating quality coordination that can be directly transposed from one country to another. Nonetheless, certain successful coordination mechanisms stand out. For example, the existence of sector-specific conferences that bring together the relevant state ministers and representatives from central government ministries, and that often have sizeable secretariat to prepare meetings, can strengthen vertical and horizontal cooperation at the same time.
161. A further feature that can simultaneously improve service quality and coordination is service integration through co-location of related local services such as health, social and employment services. In Norway, local welfare offices that bring together social services with social insurance can be managed jointly by national and local administrators, possibly improving information exchange and coordination over time. Data availability across units and well documented databases are also key in the success of horizontal and vertical integration of activities. Quick and transparent data access make the internal administrative burden lighter and improve the overall quality of collaborative work. Moving towards more and better integration of information systems appears as a necessary condition to improve horizontal and vertical integration of social services and coordination with other areas (including those who frequently ask information about the socio-economic condition of families for purposes that are out of the scope of social services).

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