European Commission

Study on social services with particular focus on personal targeted social services for people in vulnerable situations

Final Report

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Study on social services with particular focus on personal targeted social services for people in vulnerable situations

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Acronyms/Glossary

Acronym/Term	Description
APA	Personalised Autonomy Allowance (France)
AT	Austria
AZW	Labour Market Care and Welfare (The Netherlands)
BE	Belgium
BG	Bulgaria
BIWAQ	Education, economy, work in the neighbourhood (Germany)
CASF	Code of Social Action and Families (France)
CBS	Central Statistical Office (The Netherlands)
CCSS	Commission for the accounts of the social security (France)
CNAF	National Family Fund (France)
CNOAS	National Council of the Order of Social Workers (Italy)
CORU	Health and Social Care Council (Ireland)
CY	Cyprus
CZ	Czechia
DE	Germany
DG EMPL	Directorate-General for Employment, Social Affairs and Inclusion
DK	Denmark
EAN	European Ageing Network
EASPD	European Association of Service Providers for Persons with Disabilities
EE	Estonia
EL	Greece
ELSTAT	Hellenic Statistical Authority (Greece)
EPA	Survey of the Working Population (Spain)
EPSCO	Employment, Social Policy, Health and Consumer Affairs Council
EPSR	European Pillar of Social Rights
EPSRAP	European Pillar of Social Rights Action Plan
EQLS	European Quality of Life Survey

Acronym/Term	Description
EQUASS	European Quality in Social Services
ES	Spain
ESF	European Social Fund
ESN	European Social Network
ESSPROS	European System of Integrated Social Protection Statistics
ETP	Centre for Sustainable Development (Slovakia)
EU	European Union
EU-LFS	European Union Labour Force Survey
EU-SILC	European Union Statistics on Income and Living Conditions
FI	Finland
FR	France
HR	Croatia
HU	Hungary
IAIA	International Association for Impact Assessment
IE	Ireland
ILO	International Labour Organisation
INPS	National Institute for Social Insurance (Italy)
IPSS	Private Institutions of Social Solidarity (Portugal)
IRIS	Irish Remote Interpreting Service (Ireland)
IRSSV	Social Protection Institute of the Republic of Slovenia (Slovenia)
ISCO	International Standard Classification of Occupations
ISG	Indicators' Subgroup
ISIC	International Standard Industrial Classification
IT	Italy
IT	Information Technology
KEEP	'Keeping Foster Parents Trained and Supported' – Danish foster care assistance programme
LFSS	Financial Law of Social Security (France)
LT	Lithuania

Acronym/Term	Description
LTC	Long-term care
LU	Luxembourg
LV	Latvia
MIS	Minimum Income Schemes
MLWSI	Ministry of Labour, Welfare and Social Insurance (Cyprus)
MQF	Malta Qualifications Framework
MS	Member State
MT	Malta
NACE	Nomenclature of Economic Activities
NAVET	National Agency for Vocational Education and Training (Bulgaria)
NEET	Not in employment, education or training
NESGI	Non-economic Services of General Interest, such as the police, justice and statutory social security schemes, are often not subject to specific European legislation or to internal market and competition rules.
NGO	Non-governmental Organisation
NL	Netherlands
NRRP	National Recovery and Resilience Plan 2021-2026 (Croatia)
NSI	National Statistical Institute
OECD	Organisation for Economic Cooperation and Development
OMC	Open Method of Coordination for Social Protection and Social Inclusion
ONDAM	National Health Insurance Expenditure Target
OPEKA	Organisation of Welfare Benefits and Social Solidarity (Greece)
OSKA	Estonian Labour and skills forecasting system
PbR	Payment-by-Results
PGB	Personal Budget (The Netherlands)
PIA	Poverty Impact Assessment (Ireland)
PL	Poland
POISE	EU Operational Programme for Social Inclusion and Employment
PT	Portugal
PTSS	Personal Targeted Social Services

Acronym/Term	Description
RDVD	Rendez-vous des droits, a French programme focusing on the assessment of rights
REVIS	Social Inclusion Income (Luxembourg)
RO	Romania
RRF	Recovery and Resilience Facility
RSA	Minimum Solidarity Income (France)
SE	Sweden
SGEI	Services of General Economic Interest are services provided for remuneration and subject to European internal market and competition rules. However, derogations to these rules can be authorised in order to ensure that the general interest is respected.
SGI	Services of General Interest are services provided by the state or the private sector that are classified as being of general interest by the public authorities.
SI	Slovenia
SIA	Social Impact Assessments (Ireland)
SIB	Social impact bonds
SIP	Social Investment Package
SIUSS	Unitary Information System of Social Services (Italy)
SK	Slovakia
SOC	Social outcome contracts
SOSTE	Finnish Federation for Social Affairs and Health
SPC	Social Protection Committee
SPOC	Single Point of Contact
SSA	Social Services Act
SSE	Social Services Europe
SSGI	Social Services of General Interest, built on the values of solidarity and equal access, respond to the needs of vulnerable individuals.
SSPM	Social Protection Performance Committee
SWS	Social Welfare Services
TFEU	Treaty on the Functioning of the European Union
UN	United Nations
UWV	Employee Insurance Agency (the Netherlands)
VAT	Value-added tax

Acronym/Term	Description
VEQF	Voluntary European Quality Framework for Social Services

Abstract

This report analyses the current situation in the area of social services across the EU Member States and strives to establish a common understanding of key terms and approaches in line with the European Commission's emphasis on integrity, quality and equality with a view to supporting the European Pillar of Social Rights (EPSR) and its Action Plan in delivering on their objectives. It aims to lay the foundations for a definition of social services that will support the European Commission in ensuring that social services can develop their full potential within the context of the European Pillar of Social Rights. The study also offers an overview of the take up of the Voluntary European Framework for Quality Social services and how social services can contribute towards the targets of the EPSR and its Action Plan, including suggestions for future developments.

Afin de soutenir la réalisation des objectifs du socle européen des droits sociaux et de son plan d'action, ce rapport analyse la situation actuelle des services sociaux dans les États membres, et s'efforce d'établir une compréhension commune des termes et approches clés, conformément au focus mis par la Commission sur l'intégrité, la qualité et l'égalité. Le projet visait à développer les fondations d'une définition des services sociaux, qui aiderait la Commission européenne à garantir que les services sociaux puissent développer tout leur potentiel dans le contexte du pilier européen des droits sociaux. L'étude offre également une vue d'ensemble sur l'adoption du cadre volontaire européen pour des services sociaux de qualité et sur la manière dont les services sociaux peuvent contribuer aux objectifs du RPEP et de son plan d'action, y compris des suggestions pour des développements futurs.

Dieser Bericht analysiert die aktuelle Situation im Bereich der Sozialdienstleistungen in den EU-Mitgliedstaaten und bemüht sich um ein gemeinsames Verständnis von Schlüsselbegriffen und Ansätzen im Einklang mit der Betonung der Europäischen Kommission auf Integrität, Qualität und Gleichheit, um die Europäische Säule sozialer Rechte (EPSR) und ihren Aktionsplan bei der Umsetzung ihrer Ziele zu unterstützen. Ziel der Studie ist es, die Grundlagen für eine Definition von Sozialdienstleistungen zu schaffen, die die Europäische Kommission dabei unterstützt, sicherzustellen, dass Sozialdienstleistungen ihr volles Potenzial im Kontext der Europäischen Säule sozialer Rechte entfalten können. Die Studie bietet auch einen Überblick über die Umsetzung des Freiwilligen Europäischen Rahmens für hochwertige Sozialdienstleistungen und darüber, wie Sozialdienstleistungen zur Erreichung der Ziele des EPSR und seines Aktionsplans beitragen können, einschließlich Vorschlägen für zukünftige Entwicklungen.

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Executive summary

The profile of social services has been steadily increasing with more and more of the people who live in the EU finding themselves in need of such support for the first time due to demographic changes, changes in family patterns, economic situations, or labour market transition among other factors. The COVID-19 pandemic has highlighted the special role these services fulfil towards persons in the most vulnerable situations and, in particular, the importance of ensuring the continuity of these services.

This moment of 'disruption' provides an opportunity to take stock of the types of social services within the EU Member States to further exploit synergies across the Union. Significant developments have already taken place: at the beginning of the European project the focus was very much on removing barriers within the internal market to foster the circulation of goods and people. However, with this advancement came the realisation that not all services can be left to the market alone. This realisation put social services into a greater spotlight throughout the years, culminating in 2007 in the recognition of their importance by the Treaty of Lisbon. This, in turn, provided the basis for further efforts to harmonise terminology and advance joint approaches at the European level including, for instance, the notion of quality in social services, the concept of personal targeted services and a better understanding of the typology of social services that are being delivered across the EU.

Nonetheless, while the developments chart significant progress over time in the definition of a joint approach to social services at EU level, it is important to stress that any new developments within the social services area need to respect the subsidiarity principle where EU Member States define these services in line with their traditions, customs, and societal realities.

To support the European Pillar of Social Rights and its Action Plan in delivering on their objectives, this project analysed the current situation in the area of social services, including personal targeted social services, across the Member States and strived to establish a common understanding of key terms and approaches in line with the European Commission's emphasis on integrity, quality, and equality. The aim of the project was to lay down the foundation upon which the Commission can build to ensure that social services can develop their full potential within the context of the European Pillar of Social Rights. The outcomes of this 'Study on social services with particular focus on personal targeted social services for people in vulnerable situations' are presented in this document.

More specifically, the objectives of the study were as follows:

- To describe the social services sector within the broader context of services of general interest.

- To take stock of how the social services sector evolved, including its different roles, user groups and providers.

- To categorise social services, based on their functions, objectives and user groups.

- To provide a typology of personal targeted social services and describe their specific role(s) towards achieving a positive social impact for people in vulnerable situations.

- To assess the extent of the implementation of the 2011 Voluntary European Quality Framework for Social Services, the effectiveness of its monitoring and possible suggestions for its revision.

- To define the role of personal targeted social services in the implementation of the European Pillar of Social Rights and how to monitor the access, quality and positive social impact.

Social services across the EU

There are different interpretations of the concept of social services at EU level given that each EU Member State can set up their own definition and scope within the context of their national environments. At the same time, there are common elements across the EU Member States when it comes to the purpose, organisation, users, actors involved, financing and monitoring of social services. These shared elements allow the building of a common analytical framework that may then be adapted to the specific context within which it needs to be interpreted.

In common parlance, 'social services' are understood as a range of services offered to the public, intended to provide support in addressing the wide range of social needs of a society, of certain groups within that society, and of individual persons in specific situations. One of the key features of social services is their interactive nature, which differentiates them from other types of social state benefits, such as benefits in kind or monetary transfers.

The availability, quality and organisation of social services vary significantly across the EU Member States. These elements are intrinsically connected to fundamental questions of values, culture, constitutional traditions, and economy. A key insight that can be derived from the above is that a particular definition of 'social services' is dependent on its context.

Notwithstanding that social services remain an EU Member State's competence, there has been a long-held understanding at European level that some Services of General Interest (SGI) need to be properly defined, organised, funded, and regulated, in relation to the application of relevant EU legislation (e.g., competition law and internal market law). This is in order to guarantee the right of each person to access fundamental goods and/or services, and build up solidarity and territorial cohesion, especially in the long-term.

There are no formal or binding definitions of social services at EU level but there is a degree of delimitation through Communications from the European Commission. In the context of European policymaking, it is important to highlight that from the perspective of the European Commission, definitions previously provided in the Communications look at social services in the context of their relationship to EU rules. They state that under EU law, social services do not constitute a legally distinct category of service within services of general interest, meaning that general rules of SGEIs are applicable. Therefore, if the objective is to assess the compatibility of state aid with EU law, the definition of 'social services' may be narrower, and more economy-oriented than when the objective is to assess the quality of 'social services' in the context of the implementation of the European Pillar of Social Rights. Similarly, the categorisation and the broader attempts to define social services by NGOs and international organisations do not match perfectly with the systems used by EU Member States or the diversity of these national systems.

The provision of social services across the EU Member States is uneven and unequally developed across the EU, with a great diversity in how these services are defined and categorised. Some Member States do not have an overarching definition of social services and differences can exist not only among but also within each of the EU Member State, particularly concerning the provision of personal social services.

Within the broad understanding of how social services can be defined at various levels, it is apparent that there is a range of conceptual distinctions or categorisations that can be made focusing on different aspects of the organisation, purpose, and impact of social services.

For the purposes of understanding this variety, the study considered the key distinctions relating to the context of functioning and monitoring of social services. This identified the broad elements of social services based on an empirical investigation of the reality on the ground across the EU Member States. The research looked beyond the competences of public authorities within the EU Member States to define and organise social services and it reflects the understanding that EU Member States must take into account relevant EU legislation when exercising this competence.

Rationale of social services

The concept and provision of social services is linked to the protection of universal human and social rights, democratic principles, religious and/or cultural values, socio-economic ambitions but also to fulfilling political objectives. Social services can be linked to the objective of protecting the fundamental human and social rights of each individual, guaranteeing a person's dignity and their capacity to participate in a democratic society. The rights-based approach appears to be most commonly relied upon throughout the European Union, whereby many EU Member States provide an implicit reference to this approach by listing social services which naturally feed into individuals' rights. For example, Latvia includes the notion of promoting the full implementation of individuals' social rights in its definition, and Czechia explicitly calls for the preservation of human dignity of individuals when providing social services.

Social services can also be conceptualised as serving an economic and political objective, for example as pre-conditions and 'buffers' of a healthy, sustainable and inclusive economy and to correct market failures. In Austria, the economic aspect of social services is recognised and it corresponds with the notion of social services being beneficial to EU Member States' economy, and in the Netherlands, the social welfare system focuses extensively on a wide range of social services, including that of social activation and employment.

A solidarity-based approach to social services emphasises the compassion of individuals towards one another, to promote each other's wellbeing and to assist people in need. Hungary makes use of the solidarity-based approach whereby NGOs and church organisations are found to be the main entities that assist groups such as vulnerable communities in disadvantaged locations and segregated communities. Portugal relies on Holy Houses of Mercy, which have been implicitly recognised for their social work by the Portuguese Constitution and qualify as Private Institutions of Social Solidarity.

Functions of social services

The function of social services in a society is intrinsically related to how one conceptualises their rationale or purpose. Therefore, the function of social services includes ensuring the minimum welfare conditions necessary for a life in dignity and the necessary conditions for participation in a democratic life; activating individuals to ensure greater labour market participation to enhance their job readiness and the resilience of the individual as well as the society and the economy at large; or enhancing the physical and mental wellbeing of individuals. EU Member States diverge in the lists or definitions they provide for these functions. Bulgaria, for example, refers to three key functions of social services: preventive, supporting, and restorative/rehabilitative, and in Poland, the Act on Social Assistance provides that social assistance is a state social policy institution, aiming to enable individuals and families to overcome difficult life situations which they are unable to overcome by using their own powers, resources and possibilities.

Recipients of social services

Social services can be provided to the public at large in the 'general interest', which often means, as in the case of Luxembourg and Ireland, that there is no official typology for all users of social services. Social services can also be provided towards specific target groups in society with particular needs and/or vulnerabilities, such as children, parents, the elderly, persons with special needs or disabilities, people in special problem situations (such as addiction, violence, homelessness, delinquency, etc.), people with support needs in the field of employment and education and people in situations of poverty, exclusion or marginalisation. EU Member States take a number of different approaches regarding grouping users of social services,

with some overarching similarities that are apparent across EU Member States. In Greece, for instance, national social care policies focus on family, children and youth, older people, people with special needs and vulnerable population groups and groups that are in a state of emergency, and in Portugal, social services are defined in detail by specific legislation, whereby they are categorised into four major intervention areas: 1) Childhood and Youth, 2) Adult Population and 3) Family and Community, and 4) a 'Closed Group' that includes other services not related to the previous three intervention areas.

Social services can also be provided in a personalised (individual and targeted) manner, where the service is determined by reference to the specific needs of the individual. The users of social services also play an important and active role in co-creating and further shaping the social service offer and its activities. In Sweden, all social services are subject to a personal needs assessment and not offered to groups of people on the basis of wider characteristics. Services are tailor-made to suit the needs of the beneficiary.

Actors involved

Social services can be provided to the public at large, specific target groups and individuals by actors that fall within the following four groupings:

1) Public sector actors such as the central or regional government and administration, various public authorities or agencies and municipalities. For example, in Germany there are two types of public sector actors responsible for social services. The first type consists of the social state institutions at federal, state (Länder) and local/municipality level. The second type of public sector actors are the social insurances as 'quasi social state institutions' with the responsibility for the administration of the social insurance system with units at federal, state and sometimes local level.

2) Private-commercial sector actors ('for-profit' sector) i.e., organisations that are allowed to charge for their services and make a profit. These actors are gaining importance across the EU Member States, especially in certain service areas such as childcare or care for the elderly. In Denmark, private for-profit actors provide about 60% of the housing services throughout the country.

3) Third sector actors ('non-profit' sector) i.e., organisations that may charge for their services but do not make a profit. Often these organisations become active in the field of social services when there is a market or service provision gap. In Czechia, the third sector organisations provide mainly preventive social services, which is a legacy of the post-communist years in the 1990s when NGOs were heavily supported.

4) Informal sector actors, which include family members, neighbours, friends, churches, charities and the civil society. In Italy, such informal primary networks including family, friends, colleagues, neighbours are seen as very advantageous since these are relationships based on reciprocity and affection that perform a protective function of supporting identity.

The right of the non-public sector actors to provide some or all social services may be assigned by law and authorised through service provider registries or certification. The non-public sector actors play na important role in contributing to and developing social economy.

Organisation of social services

Social services can be defined and regulated at national, regional or local level, in the form of legislation, administrative rules, and 'soft law' instruments. This can be achieved through a single framework, as part of a broader set of laws, or through several laws that define social services or specific aspects of social services. At EU level, the majority of social services may fall within the NACE codes 87 and 88 (residential care and non-residential social work) but this is not a necessary precondition. National definitions of social services include various elements, ranging from a catalogue or overview of social services offered to the population, to a broader and less detailed or definite framework for the types of services that should be provided. National definitions can also include the functions and users of social services.

The provision of social services may be organised in:

1) A centralised manner, where the provision is overseen top-down by the national authority in charge which provides specific instructions and guidelines to the actors at regional and local levels. For example, in Ireland, the planning, organisation and funding of the delivery of social services are undertaken centrally by Government departments (ministries) in accordance with their legal and policy domains and having regard to the Government's political and electoral-related commitments.

2) A decentralised manner, where the regional and local actors are free to set up the social service delivery as they deem appropriate for their territory without any input from the central government authority in charge. In many EU Member States (such as CZ, DK, FI, IT, NL, SK), the decentralisation of services was/is an important pillar of social reform, i.e., the state delegates the management of social services to the regions and/or municipalities, which in turn may outsource them to other, non-public, providers.

3) A mixed manner, where these two approaches are applied in parallel, be it because different social services fall under the competences of different governance levels or because it happens that the country is undergoing a reform in this area and provision is partly centralised or decentralised. Most social services in Belgium have been decentralised to the Flemish, French and German-speaking Communities whereas the social protection system, which indirectly finances some of the social services, as well as some basic social infrastructure, has remained largely federal.

Social services can be integrated systemically through comprehensive strategies or action plans prepared at a central level, through service integration, whereby social services are delivered jointly, either through one-stop-shops, case management, or through pro-active referrals or through an interdisciplinary needs assessment (whereby teams consisting of representatives of various services undertake jointly needs assessments with a view to adapt the measures and support services).

Social services can also be interrelated and integrated with other Services of General Interest, in particular regarding healthcare, judicial, education, training and employment services. In Czechia for instance, social services are provided in in-patient health care facilities to persons who no longer require inpatient care, but due to their state of health are unable to do without the help of another person. In Finland, the interface between the criminal sanctions' field and social services is clear, whereby the Imprisonment Act stresses the importance of a clearly exit-plan for prisoners and that social services have a key role in promoting social wellbeing and crime prevention of ex-prisoners.

Financing of social services

Partially corresponding to the variety in institutional organisation, there is a great diversity in funding arrangements for social services, whether they are provided free or for a fee. The sources of funding may be a combination of public actors – primarily the state – public grants, private funding, service fees (particularly

significant in Portugal), and other sources, such as funds from the EU or other international organisatinos.

The allocation of funding also differs between EU Member States. For instance, in the Netherlands, funding comes from one source and is allocated based on the type of service. In Slovenia the state and municipal budgets are used for different types of costs, while in Lithuania, funds are divided not only between different services but also between different target groups. Certain countries have more comprehensive and distinct financial models, such as Spain and Luxembourg.

Monitoring of social services

Monitoring and evaluation activities can be conducted at various levels by different actors, such as specialist agencies established by the state, national, regional or local governments, or even NGOs. The system can be centralised or decentralised. The frequency of monitoring and evaluation activities tends to be annual. For example, in Bulgaria, the Agency for the Quality of Social Services monitors social services at national level, which includes an analysis on the provision of access to social services, the implementation of quality standards and criteria for social services, and the efficiency of the invested resources. In Spain, the State Association of Social Service Directors and Managers uses the DEC Index to measure the development of social services in terms of regulatory development, coverage, and expenditure.

Measuring the social impact of social services

Given the challenges that policymakers and stakeholders face when it comes to developing and using valid indicators for measuring the impact of social services at national level, the study included case studies of specific projects, programmes, or interventions which have a documented positive impact. The primary objective of the case studies is to identify mechanisms enabling positive social impact and the indicators that have been used to measure these impacts. In line with established evaluation theories, findings suggest that monitoring the social impacts of social services is most meaningful when indicators are fully aligned with the change that the intervention has the possibility to affect, meaning that for an indicator to be efficient, it must relate directly to what is done within an intervention.

Notwithstanding the current lack of comprehensive impact monitoring frameworks, it should not be assumed that impact monitoring is not carried out. The analysis has resulted in a list of ten suggested categories for positive social impact through which related indicators have been identified. These include: a successful transition to new life phases, eliminated homelessness, emotional wellbeing, employment readiness, improved living conditions, improved or maintained independence, improved participation in education, improved quality of life, labour market integration, reduced poverty or risk of poverty.

Understanding the social services workforce in the EU

There are a number of common features of the social services workforce and similar patterns in the evolution of this sector across EU Member States. The large majority of the workforce is female, and most EU Member States require higher education, as well as further education or training for specialisation. Some professional workers are also required to complete practical training and some countries require employees to be registered and/or licenced.

The workforce in some EU Member States is also relatively small, for example, in Austria, Greece and Spain, and there is a strong reliance on volunteers. An exception in this sense is France, a country with a high share of social service workforce. In some cases, social

workers are exposed to a high risk of job turnover and burnout. A further challenge lies in the area of public funding of social services which can be affected by cost-cutting.

Impact of Covid-19 on the social services sector

Due to the Covid-19 pandemic, demand for social services increased all over Europe. Social workers often felt overwhelmed and their work-life balance and fundamental rights were put at risk. From the users' perspective many gaps in services became evident, especially, for individuals in rehabilitation, the homeless, persons with disabilities, the chronically ill, and young people with behavioural issues. However, there is now a greater awareness regarding the relevance and importance of social services and, in many instances, increased budgets for social services arising from additional financial resources and facilities provided at national and European level in response to Covid-19.

The pandemic has also affected key elements of what should be included in the notion of social services and it is clear that social services should be perceived as dynamic. The emergence of new users and needs during the pandemic meant that new forms of service had to be developed. This is true for the substance but also the procedure through which services were delivered, as provision moved from in-person face-to-face activities to digitalised formats. Some effects were widely shared between EU Member States, while others were specific to certain countries.

Take up of the Voluntary European Framework for Quality Social Services

Since its adoption in 2010, the VEQF offers a reference basis for setting up, monitoring and evaluating the quality of social services, as well as for facilitating the exchange of experience and good practices among the EU Member States. In the two years following its adoption, the Framework was transposed into various strategic papers and initiatives, but no further developments in measuring and comparing the quality of social services across the EU have been observed since then.

The analysis shows that the VEQF has been taken up and has had more impact in the EU Member States where no quality systems existed (or were less developed) at the time of its adoption as it contributed to setting up of such quality systems for social services – often supported through EU-funded projects. Countries which already had their own quality systems in place seem to be less likely to modify them in accordance with the VEQF.

The key challenges, however, remain the low awareness at national and sub-national levels and the lack of monitoring mechanisms that would allow international comparability of quality in social services, both requiring further targeted efforts by the Commission. Incorporating the VEQF agenda into various events and trainings, possibly backed by the examples of good practice from the EU Member States might raise attention and understanding among both decision-makers and experts in social services. The idea of applying the VEQF in the selected sectors of social services might be promoted to underline its flexibility and support its pilot take up. To gain relevant evidence and define European benchmarks, a more systematic approach to collecting national VEQF data should be developed.

European Pillar of Social Rights and social services

Social services play an important role in the implementation of selected key principles of the EPSR. This positive contribution is conditional upon several elements such as the provision of quality services, the availability of adequate funding and the effective implementation of the social services. The research findings also reveal that there is still considerable scope for strengthening the role that the EPSR and its associated key principles play in influencing the design and provision of social services.

The available information collected shows an absence in most EU Member States of national overarching EPSR-related coordination frameworks. Therefore, there   is an important need to develop, particularly at national level, such overarching EPSR-related coordination frameworks to better coordinate the formulation, implementation and monitoring of social services with a view to strengthening the contribution of social services to the achievement of EPSR and its associated key principles. This is particularly relevant in highly decentralised EU Member States where regions play a significant role in the social policy domain.

Recommendations

The objective of the study was to determine the need for a more commonly understood definition or description of social services at a European level that acknowledges and takes into account the diversity of systems and approaches in the EU Member States, as well as one that better reflects the developments within the social services sector since the last Commission Communications. Previous Communications tended to focus more on elements for which EU competence in this field is relevant. Therefore, EU definitions covered aspects of specific relevance to state aid, the internal market and public procurement, whereas the main elements of organising social services fall under the competence of the EU Member States.

In respect of the evidence provided, it is not possible to discern any particular approach to categorising and grouping social services that could be applicable to all EU Member States. EU Member States define, categorise and group social services in a number of different ways, based upon the respective national systems and contexts. This has significant implications with regard to developing an EU-wide approach to defining social services and setting up their monitoring. Generally, a broad distinction can be made across Europe between services universally provided and services aimed at social inclusion of persons experiencing social exclusion.A definition that reflects such division could allow undertaking a further comparative analysis of services aimed at the most vulnerable persons in society.

Therefore, the study concludes that an appropriate definition would be one that takes into account the diversity among the EU Member States and, at the same time, considers a broad approach to understanding social services at a European level.

Within Services of General Interest, social services can be defined as services provided to the public offering support and assistance in various life situations. Social services differ from other services of general interest as they are person-oriented, designed to respond to human vital needs, generally driven by the principle of solidarity and contributing to the protection of universal human and social rights, upholding democratic principles, religious and/or cultural values, and socio-economic objectives.

Social services can be provided universally to the public at large in the 'general interest' and to specific target groups in society with particular needs, vulnerabilities and/or in special situations in order to strengthen their social inclusion. Examples of services focused on strengthening social inclusion include:

> - *Activities with preventive function aimed at preventing or reducing the risk of social exclusion of persons in vulnerable situations due to financial, health or other problems.*
>
> - *Activities with reductive function aimed at reintegrating persons already experiencing social exclusion (for example: homeless persons, persons with addictions, ex/offeders).*
>
> *Social services may also be provided in a personalised (targeted) way, where the type of service offered is determined in a flexible way by the service provider.*
>
> *Social services are provided by public, private-commercial, third or informal sector organisations and actors, and are further shaped by their users and their needs.*

There is no common approach in the EU Member States to monitoring access, quality or the impact of social services. The challenges at national level are reflected in the lack of specific monitoring frameworks at EU level. Therefore, there is a need for an intensification of efforts in these areas at both the EU and at EU Member State level.

To this end, the study has developed recommendations on how the different aspects of the quality monitoring framework could be implemented, particularly drawing on the lessons learnt in the area of social impact of social services, the Voluntary European Framework for Quality of Social Services (VEQF) and also on how social services contribute to the implementation of the European Pillar of Social Rights (EPSR). The recommendations are grouped based on the governance level to which they are addressed. Selected recommendations are:

Recommendations for the EU level

- While an EU level framework for measuring social impact does not seem feasible, the European Commission should consider whether the identified positive social impacts and suggested linked indicators could be incorporated in existing tools and frameworks such as the VEQF.

- In order to facilitate further comparative analysis of social services at EU level, the Commission is encouraged to explore the possibility of distinguishing between services that are universally provided and services that aim towards promoting social inclusion of persons who are experiencing social exclusion. This would allow for further research and focus on services relevant for the most vulnerable in society, facilitating also knowledge and experience exchange through mutual learning, assessment and quality monitoring.

- The European Commission should encourage EU Member States to move beyond input and process indicators and consider using output indicators, and in particular circumstances intermediate indicators, to measure the impact of social services on social inclusion at national level, making use of existing tools and frameworks to ensure that efficient indicators are used.

- In order to better inform the quality of social services as well as their contribution to social inclusion, there is a need to have a good overview, including statistics, of all aspects of social services. To this end, it is advisable to collate data at EU level from national sources based on indicators informed by the analytical framework and including indicators covering the workforce involved in social services. Better

monitoring of social services can then further inform policymaking, particularly in the area of strengthening social inclusion.

Recommendations for the national level

- EU Member States should develop further the current monitoring systems to include outcome indicators for social services, ensuring that the desired positive impact and indicators for measurement are closely aligned with the delivered services. A key success factor for incorporating the VEQF agenda into national structures is to develop instruments and monitoring systems that fit the national system. As a starting point, EU Member States should consider setting up working groups. Where the local governments (municipalities) are responsible for social services, then their representatives should be part of the working group as the national monitoring system has to be linked to the monitoring systems used at local levels. One of the objectives of such working groups should be to develop key quality indicators to be used at national level.

- Authorities at EU Member State level should integrate the EPSR in the design and implementation of the national social policies and associated social services. Also, EU Member States should strive to improve the existing knowledge of EPSR and its associated key principles amongst relevant national stakeholders.

Résumé exécutif

Le profil des services sociaux n'a cessé d'augmenter, un nombre croissant de personnes vivant dans l'UE se trouvant pour la première fois dans le besoin de soutiens en raison de changements démographiques, de modifications des schémas familiaux, de situations économiques ou de la transition vers le marché du travail, entre autre. La pandémie du COVID-19 a mis en évidence le rôle particulier que ces services jouent auprès des personnes les plus vulnérables et, en particulier, l'importance d'assurer la continuité de ces services.

Ce moment de " perturbation " est l'occasion de faire le point sur les types de services sociaux dans les États membres de l'UE, afin de mieux exploiter les synergies dans l'Union. Des évolutions significatives ont déjà eu lieu : au début du projet européen, l'accent était mis sur la suppression des barrières au sein du marché intérieur afin de favoriser la circulation des biens et des personnes. Toutefois, cette évolution a conduit à la prise de conscience que tous les services ne peuvent être laissés au seul marché. Cette prise de conscience a mis les services sociaux sue le devant de la scène au fil des ans, pour aboutir en 2007 à la reconnaissance de leur importance par le traité de Lisbonne. Cette reconnaissance a, à son tour, servi de base à de nouveaux efforts pour harmoniser la terminologie et faire progresser les approches communes au niveau européen, y compris, par exemple, la notion de qualité des services sociaux, le concept de services personnels ciblés et une meilleure compréhension de la typologie des services sociaux fournis dans l'UE.

Néanmoins, si ces développements témoignent de progrès significatifs dans la définition d'une approche commune des services sociaux au niveau européen, il est important de souligner que tout nouveau développement dans le domaine des services sociaux doit respecter le principe de subsidiarité selon lequel les États membres de l'UE définissent ces services en fonction de leurs traditions, de leurs coutumes et de leurs réalités sociétales.

Afin de soutenir le socle européen des droits sociaux et son plan d'action dans la réalisation de leurs objectifs, ce projet a analysé la situation actuelle dans les États membres dans le domaine des services sociaux, y compris dans le domaine des services sociaux personnels ciblés, et s'est efforcé d'établir une compréhension commune des termes et approches clés, conformément au focus mis par la Commission européenne sur l'intégrité, la qualité et l'égalité. L'objectif du projet était de jeter les bases sur lesquelles la Commission peut s'appuyer pour garantir que les services sociaux puissent développer tout leur potentiel dans le contexte du socle européen des droits sociaux. Les résultats de cette "Étude sur les services sociaux, et particulièrement sur les services sociaux personnels ciblés pour les personnes en situation de vulnérabilité" sont présentés dans ce document.

Plus précisément, les objectifs de l'étude étaient les suivants :

- Décrire le secteur des services sociaux dans le contexte plus large des services d'intérêt général.

- Faire le point sur l'évolution du secteur des services sociaux, y compris ses différents rôles, groupes de benéficiaires et prestataires.

- Catégoriser les services sociaux, sur base de leurs fonctions, objectifs et groupes de bénéficiaires.

- Fournir une typologie des services sociaux personnels ciblés et décrire leur(s) rôle(s) spécifique(s) dans la réalisation d'un impact social positif pour les personnes en situation de vulnérabilité.

- Évaluer l'étendue de la mise en œuvre du Cadre européen volontaire de qualité pour les services sociaux de 2011, l'efficacité de son suivi et les suggestions possibles pour sa révision.

- Définir le rôle des services sociaux personnels ciblés dans la mise en œuvre du socle européen des droits sociaux et comment contrôler l'accès, la qualité et l'impact social positif.

Les services sociaux dans l'UE

Il existe différentes interprétations du concept de services sociaux au niveau de l'UE, étant donné que chaque État membre de l'UE peut établir sa propre définition et son propre champ d'application dans le contexte de son environnement national. Dans le même temps, il existe des éléments communs aux États membres de l'UE en ce qui concerne l'objectif, l'organisation, les bénéficiaires, les acteurs impliqués, le financement et le suivi des services sociaux. Ces éléments partagés permettent de construire un cadre analytique commun qui peut ensuite être adapté au contexte spécifique pour lequel il doit être interprété.

Dans le langage courant, les "services sociaux" sont compris comme une gamme de services offerts au public, destinés à fournir une aide pour répondre à un large éventail de besoins sociaux d'une société, de certains groupes au sein de cette société et de personnes individuelles dans des situations spécifiques. L'une des principales caractéristiques des services sociaux est leur nature interactive, qui les différencie d'autres types de prestations de l'État social, comme les prestations en nature ou les transferts monétaires.

La disponibilité, la qualité et l'organisation des services sociaux varient considérablement d'un État membre à l'autre. Ces éléments sont intrinsèquement liés à des questions fondamentales de valeurs, de culture, de traditions constitutionnelles et d'économie. L'une des principales conclusions que l'on peut tirer de ce qui précède est qu'une définition particulière des "services sociaux" dépend de son contexte.

Bien que les services sociaux restent de la compétence des États membres de l'UE, il est admis depuis longtemps au niveau européen que certains services d'intérêt économique général (SIEG) doivent être correctement définis, organisés, financés et réglementés, en relation avec l'application de la législation européenne pertinente (par exemple, le droit de la concurrence et le droit du marché intérieur). Ceci afin de garantir le droit de chaque personne à accéder aux biens et/ou services fondamentaux, et de construire la solidarité et la cohésion territoriale, surtout à long terme.

Il n'existe pas de définition formelle ou contraignante des services sociaux au niveau de l'UE, mais il y a un certain degré de délimitation à travers les communications de la Commission européenne. Dans le contexte de l'élaboration des politiques européennes, il est important de souligner que, du point de vue de la Commission européenne, les définitions fournies précédemment dans les communications examinent les services sociaux dans le contexte de leur relation avec les règles de l'UE. Elles indiquent qu'en vertu du droit communautaire, les services sociaux ne constituent pas une catégorie de services juridiquement distincte au sein des services d'intérêt général, ce qui signifie que les règles générales des SIEG sont applicables. Par conséquent, si l'objectif est d'évaluer la compatibilité des aides d'État avec le droit communautaire, la définition des "services sociaux" peut être plus étroite et plus axée sur l'économie que si l'objectif est d'évaluer la qualité des "services sociaux" dans le contexte de la mise en œuvre du socle européen des droits sociaux. De même, la catégorisation et les tentatives plus larges de définition des services sociaux par les ONGs et les organisations internationales ne correspondent pas

parfaitement aux systèmes utilisés par les États membres de l'UE ou à la diversité de ces systèmes nationaux.

La prestation de services sociaux dans les États membres de l'UE est développée de manière inégale dans l'UE, avec une grande diversité dans la manière dont ces services sont définis et catégorisés. Certains États membres ne disposent pas d'une définition globale des services sociaux et des différences peuvent exister non seulement entre les États membres de l'UE, mais aussi au sein de chacun d'entre eux, notamment en ce qui concerne la prestation de services sociaux personnels.

Dans compréhension générale de la manière dont les services sociaux peuvent être définis à différents niveaux, il apparait qu'il existe une série de distinctions conceptuelles ou de catégorisations qui peuvent être faites en se concentrant sur différents aspects de l'organisation, de l'objectif et de l'impact des services sociaux.

Afin de comprendre cette variété, l'étude a examiné les distinctions clés relatives au contexte de fonctionnement et de suivi des services sociaux. Elle a identifié les grands éléments composants les services sociaux, sur la base d'une enquête empirique sur la réalité du terrain dans les États membres de l'UE. La recherche,s'est portée au-delà des compétences des autorités publiques au sein des États membres de l'UE pour définir et organiser les services sociaux, et reflète la compréhension que les États membres de l'UE doivent prendre en compte la législation européenne pertinente lors de l'exercice de cette compétence.

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Raison d'être des services sociaux

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Le concept et la prestation de services sociaux sont liés à la protection des droits humains et sociaux universels, aux principes démocratiques, aux valeurs religieuses et/ou culturelles, aux ambitions socio-économiques mais aussi à la réalisation d'objectifs politiques. Les services sociaux peuvent être liés à l'objectif de protection des droits humains et sociaux fondamentaux de chaque individu, garantissant la dignité de la personne et sa capacité à participer à une société démocratique. L'approche fondée sur les droits semble être la plus répandue dans l'Union européenne, de nombreux États membres de l'UE y faisant implicitement référence en énumérant les services sociaux qui alimentent naturellement les droits des individus. Par exemple, la Lettonie inclut dans sa définition la notion de promotion de la pleine mise en œuvre des droits sociaux des individus, et la République Tchèque appelle explicitement à la préservation de la dignité humaine des individus lorsqu'elle fournit des services sociaux.

Les services sociaux peuvent également être conceptualisés comme servant un objectif économique et politique, par exemple en tant que conditions préalables et "mécanismes" d'une économie saine, durable et inclusive et pour corriger les défaillances du marché. En Autriche, l'aspect économique des services sociaux est reconnu et correspond à la notion de services sociaux bénéfiques à l'économie des États membres de l'UE, et aux Pays-Bas, le système de protection sociale se concentre largement sur un large éventail de services sociaux, dont celui de l'activation sociale et de l'emploi.

Une approche solidaire des services sociaux met l'accent sur la compassion des individus les uns envers les autres, afin de promouvoir le bien-être de chacun et d'aider les personnes dans le besoin. La Hongrie a recours à une approche solidaire dans laquelle les ONGs et les organisations religieuses sont les principales entités qui aident les groupes tels que les communautés vulnérables dans les lieux défavorisés et les communautés ségréguées. Le Portugal s'appuie sur les Maisons saintes de la miséricorde, qui ont été implicitement reconnues pour leur travail social par la Constitution portugaise, et sont qualifiées d'institutions privées de solidarité sociale.

Fonctions des services sociaux

La fonction des services sociaux dans une société est intrinsèquement liée à la façon dont on conceptualise leur raison d'être ou leur objectif. Par conséquent, la fonction des services sociaux consiste notamment à garantir les conditions minimales de bien-être nécessaires à une vie dans la dignité et les conditions nécessaires à la participation à une vie démocratique ; à inciter les individus à participer davantage au marché du travail afin d'améliorer leur aptitude à l'emploi et la résilience de l'individu ainsi que de la société et de l'économie en général ; ou à améliorer le bien-être physique et mental des individus. Les États membres de l'UE divergent dans les listes ou les définitions qu'ils fournissent pour ces fonctions. La Bulgarie, par exemple, fait référence à trois fonctions clés des services sociaux : la prévention, le soutien et la restauration/réhabilitation, et en Pologne, la loi sur l'assistance sociale prévoit que l'assistance sociale soit une institution de politique sociale de l'État, visant à permettre aux individus et aux familles de surmonter des situations de vie difficiles qu'ils ne sont pas en mesure de surmonter en utilisant leurs propres pouvoirs, ressources et possibilités.

Bénéficiaires des services sociaux

Les services sociaux peuvent être fournis au grand public dans "l'intérêt général", ce qui signifie souvent, comme dans le cas du Luxembourg et de l'Irlande, qu'il n'existe pas de typologie officielle pour tous les bénéficiaires des services sociaux. Les services sociaux peuvent également être fournis à des groupes cibles spécifiques de la société ayant des besoins et/ou des vulnérabilités particuliers, tels que les enfants, les parents, les personnes âgées, les personnes ayant des besoins spécifiques ou des handicaps, les personnes se trouvant dans des situations problématiques particulières (telles que la dépendance, la violence, le sans-abrisme, la délinquance, etc.), les personnes ayant des besoins de soutien dans le domaine de l'emploi et de l'éducation, et les personnes en situation de pauvreté, d'exclusion ou de marginalisation. Les États membres de l'UE adoptent un certain nombre d'approches différentes en ce qui concerne le regroupement des usagers des services sociaux, avec quelques similitudes globales qui sont apparentes entre les États membres de l'UE. En Grèce, par exemple, les politiques nationales d'aide sociale se concentrent sur la famille, les enfants et les jeunes, les personnes âgées, les personnes ayant des besoins spéciaux et les groupes de population vulnérables et les groupes dans une situation d'urgence. Au Portugal, les services sociaux sont définis en détail par une législation spécifique, qui les classe en quatre grands domaines d'intervention : 1) l'enfance et la jeunesse, 2) la population adulte et 3) la famille et la communauté, et 4) un "groupe fermé" qui comprend d'autres services non liés aux trois domaines d'intervention précédents.

Les services sociaux peuvent également être fournis de manière personnalisée (individuelle et ciblée), lorsque le service est déterminé en fonction des besoins spécifiques de l'individu. Les bénéficiaires des services sociaux jouent également un rôle important et actif dans la co-création et l'élaboration de l'offre de services sociaux et de ses activités. En Suède, tous les services sociaux sont soumis à une évaluation des besoins personnels et ne sont pas proposés à des groupes de personnes sur la base de caractéristiques plus larges. Les services sont conçus sur mesure pour répondre aux besoins du bénéficiaire.

Acteurs concernés

Les services sociaux peuvent être fournis au grand public, à des groupes cibles spécifiques et à des individus par des acteurs appartenant aux quatre groupes suivants :

1) Les acteurs du secteur public tels que le gouvernement et l'administration centrale ou régionale, les diverses autorités ou agences publiques et les municipalités. Par exemple, en Allemagne, il existe deux types d'acteurs du secteur public responsables des services sociaux. Le premier type est constitué des institutions de l'État social au niveau fédéral, de l'État (Länder) et des collectivités locales/municipalités. Le deuxième type d'acteurs du secteur public est constitué par les assurances sociales en tant que "quasi-institutions de l'État social" chargées de l'administration du système d'assurance sociale avec des unités au niveau fédéral, au niveau des États et parfois au niveau local.

2) Les acteurs du secteur privé-commercial (secteur "à but lucratif"), c'est-à-dire les organisations qui sont autorisées à facturer leurs services et à réaliser des bénéfices. Ces acteurs gagnent en importance dans les États membres de l'UE, notamment dans certains domaines de services tels que la garde d'enfants ou les soins aux personnes âgées. Au Danemark, les acteurs privés à but lucratif fournissent environ 60 % des services relatifs au logement dans tout le pays.

3) Les acteurs du troisième secteur (secteur "sans but lucratif"), c'est-à-dire les organisations qui peuvent facturer leurs services mais ne réalisent pas de bénéfices. Souvent, ces organisations deviennent actives dans le domaine des services sociaux lorsqu'il existe une lacune dans le marché ou dans la prestation de services. En République Tchèquee, les organisations du troisième secteur fournissent principalement des services sociaux préventifs, ce qui est un héritage des années post-communistes, dans les années 1990, lorsque les ONGs étaient fortement soutenues.

4) Les acteurs du secteur informel, qui comprennent les membres de la famille, les voisins, les amis, les églises, les organisations caritatives et la société civile. En Italie, les réseaux primaires informels tels que la famille, les amis, les collègues, les voisins sont considérés comme très avantageux car il s'agit de relations basées sur la réciprocité et l'affection qui remplissent une fonction de protection de l'identité.

Le droit des acteurs du secteur non public de fournir une partie ou la totalité des services sociaux peut être attribué par la loi et autorisé par le biais de registres ou de certifications de prestataires de services. Les acteurs du secteur non public jouent un rôle important dans la contribution et le développement de l'économie sociale.

Organisation des services sociaux

Les services sociaux peuvent être définis et réglementés au niveau national, régional ou local, sous forme de législation, de règles administratives et d'instruments non contraignants. Cela peut se faire par le biais d'un cadre unique, dans le cadre d'un ensemble plus large de lois, ou par le biais de plusieurs lois qui définissent les services sociaux ou des aspects spécifiques des services sociaux. Au niveau européen, la majorité des services sociaux peuvent relever des codes 87 et 88 de la NACE (soins résidentiels et travail social non résidentiel), mais ce n'est pas une condition préalable nécessaire. Les définitions nationales des services sociaux comprennent divers éléments, allant d'un catalogue ou d'une vue d'ensemble des services sociaux offerts à la population, à un cadre plus large et moins détaillé ou défini pour les types de services qui devraient être fournis. Les définitions nationales peuvent également inclure les fonctions et les bénéficiaires des services sociaux.

La prestation de services sociaux peut être organisée :

1) Demanière centralisée, où la prestation est supervisée du sommet à la base par l'autorité nationale en charge, qui fournit des instructions et des lignes directrices spécifiques aux acteurs aux niveaux régional et local. Par exemple, en Irlande, la planification, l'organisation et le financement de la prestation de services sociaux sont assurés de manière centralisée par les départements gouvernementaux (ministères), conformément à leurs domaines juridiques et politiques, et compte tenu des engagements politiques et électoraux du gouvernement.

2) De manière décentralisée, où les acteurs régionaux et locaux sont libres de mettre en place la prestation de services sociaux dans le territoire comme ils le jugent approprié, sans aucune contribution de l'autorité gouvernementale centrale en charge. Dans de nombreux États membres de l'UE (tels que CZ, DK, FI, IT, NL, SK), la décentralisation des services était/est un pilier important de la réforme sociale, c'est-à-dire que l'État délègue la gestion des services sociaux aux régions et/ou aux municipalités, qui peuvent à leur tour les sous-traiter à d'autres prestataires non publics.

3) De manière mixte, où ces deux approches sont appliquées en parallèle, que ce soit parce que différents services sociaux relèvent des compétences de différents niveaux de gouvernance ou parce que le pays subit une réforme dans ce domaine et que la prestation est partiellement centralisée ou décentralisée. La plupart des services sociaux en Belgique ont été décentralisés vers les Communautés flamande, française et germanophone, tandis que le système de protection sociale, qui finance indirectement certains des services sociaux, ainsi que certaines infrastructures sociales de base, reste largement fédéral.

Les services sociaux peuvent être intégrés de manière systémique par le biais de stratégies globales ou de plans d'action préparés à un niveau central, par l'intégration des services, grâce à laquelle les services sociaux sont fournis conjointement, soit par le biais de guichets uniques, de la gestion de cas, soit par le biais d'orientations proactives ou d'une évaluation interdisciplinaire des besoins (par laquelle des équipes composées de représentants de divers services entreprennent conjointement des évaluations des besoins en vue d'adapter les mesures et les services de soutien).

Les services sociaux peuvent également être liés et intégrés à d'autres services d'intérêt général, notamment en ce qui concerne les soins de santé, les services judiciaires, l'éducation, la formation et l'emploi. En République tchèque, par exemple, les services sociaux sont fournis dans les établissements de soins de santé aux personnes qui n'ont plus besoin d'être hospitalisées, mais qui, en raison de leur état de santé, ne peuvent se passer de l'aide d'une autre personne. En Finlande, l'interface entre le domaine des sanctions pénales et les services sociaux est claire : la loi sur l'emprisonnement souligne l'importance d'un plan de sortie clair pour les détenus et le rôle clé des services sociaux dans la promotion du bien-être social et la prévention de la criminalité chez les anciens détenus.

Financement des services sociaux

Correspondant en partie à la variété dans l'organisation institutionnelle, il existe une grande diversité dans les modalités de financement des services sociaux, qu'ils soient fournis gratuitement ou contre rémunération. Les sources de financement peuvent être une combinaison d'acteurs publics - principalement l'État - de subventions publiques, de financements privés, de frais de service (particulièrement importants au Portugal) et d'autres sources, comme les fonds de l'UE ou d'autres organisations internationales.

L'allocation des fonds diffère également entre les États membres de l'UE. Par exemple, aux Pays-Bas, le financement provient d'une seule source et est alloué en fonction du type de service. En Slovénie, les budgets de l'État et des municipalités sont utilisés pour différents types de coûts, tandis qu'en Lituanie, les fonds sont répartis non seulement entre différents services mais aussi entre différents groupes cibles. Certains pays ont des modèles financiers plus complets et distincts, comme l'Espagne et le Luxembourg.

Suivi des services sociaux

Les activités de suivi et d'évaluation peuvent être menées à différents niveaux par différents acteurs, tels que des agences spécialisées établies par l'État, des gouvernements nationaux, régionaux ou locaux, ou même des ONGs. Le système peut être centralisé ou décentralisé. La fréquence des activités de suivi et d'évaluation tend à être annuelle. Par exemple, en Bulgarie, l'Agence pour la qualité des services sociaux surveille les services sociaux au niveau national, ce qui inclut une analyse de l'accès aux services sociaux, de la mise en œuvre de normes et de critères de qualité pour les services sociaux, et de l'efficacité des ressources investies. En Espagne, l'Association nationale des directeurs et gestionnaires de services sociaux utilise l'indice DEC pour mesurer le développement des services sociaux en termes de développement réglementaire, de couverture et de dépenses..

Mesurer l'impact social des services sociaux

Étant donné les défis auxquels les décideurs politiques et les parties prenantes sont confrontés lorsqu'il s'agit de développer et d'utiliser des indicateurs valides pour mesurer l'impact des services sociaux au niveau national, l'étude a inclus des études de cas de projets, programmes ou interventions spécifiques qui ont un impact positif documenté. L'objectif principal des études de cas est d'identifier les mécanismes permettant un impact social positif et les indicateurs qui ont été utilisés pour mesurer ces impacts. Conformément aux théories d'évaluation établies, les résultats suggèrent que le suivi des impacts sociaux des services sociaux est plus significatif lorsque les indicateurs sont pleinement alignés sur le changement que l'intervention a la possibilité d'influencer, ce qui signifie que pour qu'un indicateur soit efficace, il doit être directement lié à ce qui est fait dans le cadre d'une intervention.

Malgré l'absence actuelle de cadres de suivi d'impact complets, il ne faut pas en déduire que le suivi d'impact n'est pas effectué. L'analyse a abouti à une liste de dix catégories suggérées pour un impact social positif, à travers lesquelles des indicateurs connexes ont été identifiés. Ces catégories comprennent : une transition réussie vers de nouvelles phases de vie, l'élimination du sans-abrisme, le bien-être émotionnel, la préparation à l'emploi, l'amélioration des conditions de vie, l'amélioration ou le maintien de l'indépendance, l'amélioration de la participation à l'éducation, l'amélioration de la qualité de vie, l'intégration au marché du travail, la réduction de la pauvreté ou du risque de pauvreté.

Comprendre la main-d'œuvre des services sociaux dans l'UE

Il existe un certain nombre de caractéristiques communes à la main-d'œuvre des services sociaux et des schémas similaires dans l'évolution de ce secteur dans les États membres de l'UE. La grande majorité de la main-d'œuvre est féminine, et la plupart des États membres de l'UE exigent une formation supérieure, ainsi qu'une formation complémentaire ou une formation de spécialisation. Certains travailleurs professionnels sont également tenus de suivre une formation pratique et certains pays exigent que les employés soient enregistrés et/ou titulaires d'une licence.

Dans certains États membres de l'UE, la main-d'œuvre est relativement réduite, par exemple en Autriche, en Grèce et en Espagne, et le recours aux bénévoles est très important. Une exception en ce sens est la France, un pays où la part de la main-d'œuvre des services sociaux est élevée. Dans certains cas, les travailleurs sociaux sont exposés à un risque élevé de rotation des emplois et d'épuisement professionnel. Un autre défi réside dans le financement public des services sociaux, qui peut être affecté par la réduction des coûts.

Impact du Covid-19 sur le secteur des services sociaux

En raison de la pandémie du Covid-19, la demande de services sociaux a augmenté dans toute l'Europe. Les travailleurs sociaux se sont souvent sentis dépassés et l'équilibre entre leur vie professionnelle et leur vie privée ainsi que leurs droits fondamentaux ont été mis en danger. Du point de vue des usagers, de nombreuses lacunes dans les services sont devenues évidentes, en particulier pour les personnes en réinsertion, les sans-abri, les personnes handicapées, les malades chroniques et les jeunes présentant des troubles du comportement. Toutefois, on constate aujourd'hui une plus grande prise de conscience de la pertinence et de l'importance des services sociaux et, dans de nombreux cas, une augmentation des budgets consacrés aux services sociaux grâce aux ressources financières et aux facilités supplémentaires fournies aux niveaux national et européen en réponse au Covid-19.

La pandémie a également affecté les éléments clés de ce qui devrait être inclus dans la notion de services sociaux, et il est clair que les services sociaux doivent être perçus comme dynamiques. L'émergence de nouveaux bénéficiaires et de nouveaux besoins au cours de la pandémie a nécessité le développement de nouvelles formes de services. Cela est vrai pour la substance mais aussi pour la procédure par laquelle les services ont été fournis, puisque les prestations sont passées d'activités en face à face à des formats numériques. Certains effets ont été largement partagés entre les États membres de l'UE, tandis que d'autres étaient spécifiques à certains pays.

Adoption du Cadre européen volontaire pour des services sociaux de qualité (CEVQ)

Depuis son adoption en 2010, le CEVQ offre une base de référence pour la mise en place, le suivi et l'évaluation de la qualité des services sociaux, ainsi que pour faciliter l'échange d'expériences et de bonnes pratiques entre les États membres de l'UE. Au cours des deux années qui ont suivi son adoption, le cadre a été transposé dans divers documents et initiatives stratégiques, mais aucune évolution de la mesure et de la comparaison de la qualité des services sociaux dans l'UE n'a été observée depuis lors.

L'analyse montre que le CEVQa été adopté et a eu plus d'impact dans les États membres de l'UE où aucun système de qualité n'existait au moment de son adoption (ou dans les États members ou ce système était moins développé), car il a contribué à la mise en place de systèmes de qualité pour les services sociaux - souvent soutenus par des projets financés par l'UE. Les pays qui disposaient déjà de leurs propres systèmes de qualité semblent moins enclins à les modifier en fonction de la CEVQ.

Les principaux défis restent toutefois la faible sensibilisation aux niveaux national et sous-national, et l'absence de mécanismes de suivi qui permettraient de comparer la qualité des services sociaux au niveau international (ce qui nécessite des efforts ciblés de la part de la Commission). L'intégration de l'agenda du CEVQ dans divers événements et formations, éventuellement appuyée par des exemples de bonnes pratiques des États membres de l'UE, pourrait attirer l'attention et améliorer la compréhension des décideurs et des experts des services sociaux. L'idée d'appliquer le CEVQ dans les secteurs sélectionnés des services sociaux pourrait être promue afin de souligner sa flexibilité et de soutenir son adoption à travers des projets pilotes. Afin d'obtenir des preuves pertinentes et de définir des repères européens, une approche plus systématique de la collecte de données nationales sur les CEVQ devrait être développée.

Socle européen des droits sociaux et services sociaux (EPRS)

Les services sociaux jouent un rôle important dans la mise en œuvre de certains principes clés du EPRS. Cette contribution positive est conditionnée par plusieurs éléments tels que la prestation de services de qualité, la disponibilité d'un financement adéquat et la mise en œuvre efficace des services sociaux. Les résultats de la recherche révèlent également qu'il existe encore une marge considérable pour renforcer le rôle que le EPRS et ses principes clés jouent en influençant la conception et la prestation des services sociaux.

Les informations disponibles recueillies montrent l'absence, dans la plupart des États membres de l'UE, de cadres nationaux de coordination générale liés au EPRS. Il existe donc un besoin important de développer, en particulier au niveau national, de tels cadres de coordination liés au EPRS pour mieux coordonner la formulation, la mise en œuvre et le suivi des services sociaux en vue de renforcer la contribution des services sociaux à la réalisation du EPRS et de ses principes clés associés. Ceci est particulièrement pertinent

dans les États membres de l'UE fortement décentralisés où les régions jouent un rôle important dans le domaine de la politique sociale.

Recommandations

L'objectif de l'étude était de déterminer la nécessité d'une définition ou d'une description plus commune des services sociaux au niveau européen, qui reconnaisse et prenne en compte la diversité des systèmes et des approches dans les États membres de l'UE, et qui reflète au mieux les développements dans le secteur des services sociaux depuis les dernières communications de la Commission. Les communications précédentes avaient tendance à se concentrer davantage sur les éléments pour lesquels la compétence de l'UE dans ce domaine est pertinente. Ainsi, les définitions de l'UE couvraient les aspects concernant spécifiquement les aides d'État, le marché intérieur et les marchés publics, alors que les principaux éléments de l'organisation des services sociaux relèvent de la compétence des États membres de l'UE.

Au regard des éléments fournis, il n'est pas possible de discerner une approche particulière de la catégorisation et du regroupement des services sociaux qui pourrait être applicable à tous les États membres de l'UE. Les États membres de l'UE définissent, classent et regroupent les services sociaux de différentes manières, en fonction de leurs systèmes et contextes nationaux respectifs. Cela a des implications importantes en ce qui concerne l'élaboration d'une approche européenne commune définissant les services sociaux et mettant en place leur suivi. En général, une large distinction peut être faite à travers l'Europe entre les services universellement fournis et les services visant à l'inclusion sociale des personnes en situation d'exclusion sociale. Une définition qui reflète cette division pourrait permettre d'entreprendre une analyse comparative plus approfondie des services destinés aux personnes les plus vulnérables de la société.

Par conséquent, l'étude conclut qu'une définition appropriée serait celle qui prend en compte la diversité entre les États membres de l'UE et, en même temps, envisage une approche large pour comprendre les services sociaux au niveau européen.

Au sein des services d'intérêt général, les services sociaux peuvent être définis comme des services fournis au public offrant soutien et assistance pour répondre à différents besoins. Les services sociaux se distinguent des autres services d'intérêt général par le fait qu'ils sont axés sur la personne, qu'ils sont conçus pour répondre aux besoins vitaux de l'homme, qu'ils sont généralement animés par le principe de solidarité et qu'ils contribuent à la protection des droits humains et sociaux universels, qu'ils défendent des principes démocratiques, des valeurs religieuses et/ou culturelles, des ambitions socio-économiques, mais qu'ils visent également à atteindre des objectifs politiques.

Les services sociaux peuvent être fournis de manière universelle au grand public dans "l'intérêt général" et à des groupes cibles spécifiques de la société présentant des besoins particuliers, des vulnérabilités et/ou des situations spéciales, afin de lutter contre leur exclusion sociale et de soutenir leur inclusion sociale. Les services sociaux peuvent également être fournis de manière personnalisée (individuelle et ciblée), lorsque le service est déterminé en fonction des besoins spécifiques de la personne ou du ménage. Voici des exemples de services axés sur le renforcement de l'inclusion sociale tant du grand public que des groupes cibles spécifiques (tels que les personnes ayant des problèmes de santé, les jeunes, les sans-abri, les personnes surendettées, etc) :

- *Les activités ayant une fonction préventive, visant à aider les personnes défavorisées à s'intégrer dans la société et à réduire le risque d'exclusion sociale.*

> - *Les activités ayant une fonction réductrice visant à réintégrer les personnes déjà en situation d'exclusion sociale (par exemple, les sans-abri, les personnes souffrant de toxicomanie, les personnes incarcérées, etc.).*
>
> *Les services sociaux sont fournis par des organisations et des acteurs du secteur public, privé-commercial, du tiers secteur ou du secteur informel, et sont en outre façonnés par leurs bénéficiairess et leurs besoins.*

Il n'existe pas d'approche commune dans les États membres de l'UE pour contrôler l'accès, la qualité ou l'impact des services sociaux. Les difficultés rencontrées au niveau national se reflètent dans l'absence de cadres de suivi spécifiques au niveau de l'UE. Il est donc nécessaire d'intensifier les efforts dans ces domaines, tant au niveau de l'UE que des États membres.

À cette fin, l'étude a élaboré des recommandations sur la manière dont les différents aspects du cadre de suivi de la qualité pourraient être mis en œuvre, en s'inspirant notamment des enseignements tirés dans le domaine de l'impact social des services sociaux, du Cadre européen volontaire pour la qualité des services sociaux (CVEQ) et également de la manière dont les services sociaux contribuent à la mise en œuvre du socle européen des droits sociaux (EPSR). Les recommandations sont regroupées en fonction de leur niveau de gouvernance. Les recommandations sélectionnées sont les suivantes :

Recommandations pour le niveau européen

- Bien qu'un cadre de mesure de l'impact social au niveau de l'UE ne semble pas réalisable, la Commission européenne devrait examiner si les impacts sociaux positifs identifiés et les indicateurs associés suggérés pourraient être intégrés dans des outils et cadres existants tels que le CVEQ.

- Afin de faciliter une analyse comparative plus poussée des services sociaux au niveau de l'UE, la Commission est encouragée à explorer la possibilité de faire une distinction entre les services qui sont fournis de manière universelle et les services qui visent à promouvoir l'inclusion sociale des personnes en situation d'exclusion sociale. Cela permettrait d'approfondir la recherche et de se concentrer sur les services pertinents pour les plus vulnérables de la société, en facilitant également l'échange de connaissances et d'expériences par l'apprentissage mutuel, l'évaluation et le contrôle de la qualité.

- La Commission européenne devrait encourager les États membres de l'UE à aller au-delà des indicateurs d'entrée et de processus et à envisager d'utiliser des indicateurs de sortie, et en particulier des indicateurs intermédiaires de circonstances, pour mesurer l'impact des services sociaux sur l'inclusion sociale au niveau national, en utilisant les outils et cadres existants pour garantir l'utilisation d'indicateurs efficaces.

- Afin de mieux informer sur la qualité des services sociaux ainsi que sur leur contribution à l'inclusion sociale, il est nécessaire d'avoir une bonne vue d'ensemble, y compris des statistiques, de tous les aspects des services sociaux. À cette fin, il est conseillé de rassembler des données au niveau de l'UE à partir de sources nationales, sur la base d'indicateurs renseignés par le cadre analytique et comprenant des indicateurs couvrant la main-d'œuvre impliquée dans les services sociaux. Un meilleur suivi des services sociaux peut alors éclairer davantage l'élaboration des politiques, notamment dans le domaine du renforcement de l'inclusion sociale.

Recommandations pour le niveau national

- Les États membres de l'UE devraient développer davantage les systèmes de suivi actuels afin d'inclure des indicateurs de résultats pour les services sociaux, en veillant à ce que l'impact positif souhaité et les indicateurs de mesure soient étroitement alignés sur les services fournis. Un facteur clé de succès pour l'intégration de l'agenda du CVEQ dans les structures nationales est de développer des instruments et des systèmes de suivi adaptés au système national. Comme point de départ, les États membres de l'UE devraient envisager de créer des groupes de travail. Lorsque les gouvernements locaux (municipalités) sont responsables des services sociaux, leurs représentants devraient faire partie du groupe de travail car le système de suivi national doit être lié aux systèmes de suivi utilisés au niveau local. L'un des objectifs de ces groupes de travail devrait être de développer des indicateurs clés de qualité à utiliser au niveau national.

- Les autorités au niveau des États membres de l'UE devraient intégrer le EPSR dans la conception et la mise en œuvre des politiques sociales nationales et des services sociaux associés. En outre, les États membres de l'UE devraient s'efforcer d'améliorer la connaissance du EPSR et de ses principes clés par les parties prenantes nationales concernées.

Kurzfassung

Das Profil der Sozialdienste hat stetig zugenommen, da immer mehr Menschen, die in der EU leben, unter anderem aufgrund demografischer Veränderungen, veränderter Familienstrukturen, wirtschaftlicher Situationen oder des Übergangs auf den Arbeitsmarkt zum ersten Mal auf solche Unterstützung angewiesen sind. Die COVID-19-Pandemie hat deutlich gemacht, welche besondere Rolle diese Dienste für Menschen in besonders gefährdeten Situationen spielen und wie wichtig es ist, die Kontinuität dieser Dienste zu gewährleisten.

Dieser Moment der "Unterbrechung" bietet die Gelegenheit, eine Bestandsaufnahme der Arten von Sozialdienstleistungen in den EU-Mitgliedstaaten vorzunehmen, um die Synergien in der gesamten Union weiterzuentwickeln. Es haben bereits bedeutende Entwicklungen stattgefunden: Zu Beginn des europäischen Projekts lag der Schwerpunkt auf der Beseitigung von Hindernissen im Binnenmarkt, um den Verkehr von Waren und Personen zu fördern. Mit diesem Fortschritt kam jedoch die Einsicht, dass nicht alle Dienstleistungen dem Markt allein überlassen werden können. Diese Erkenntnis rückte die Sozialdienstleistungen im Laufe der Jahre immer mehr ins Rampenlicht und gipfelte 2007 in der Anerkennung ihrer Bedeutung durch den Vertrag von Lissabon. Dies wiederum bildete die Grundlage für weitere Bemühungen um die Harmonisierung der Terminologie und die Förderung gemeinsamer Ansätze auf europäischer Ebene, wie z. B. den Begriff der Qualität von Sozialdienstleistungen, das Konzept der personenbezogenen, zielgerichteten Dienstleistungen und ein besseres Verständnis der Typologie der Sozialdienstleistungen, die in der EU erbracht werden.

Auch wenn diese Entwicklungen im Laufe der Zeit einen bedeutenden Fortschritt bei der Definition eines gemeinsamen Ansatzes für Sozialdienstleistungen auf EU-Ebene darstellen, ist es wichtig zu betonen, dass alle neuen Entwicklungen im Bereich der Sozialdienstleistungen das Subsidiaritätsprinzip respektieren müssen, bei dem die EU-Mitgliedstaaten diese Dienstleistungen im Einklang mit ihren Traditionen, Gewohnheiten und gesellschaftlichen Realitäten definieren.

Um die Europäische Säule sozialer Rechte und ihren Aktionsplan bei der Verwirklichung ihrer Ziele zu unterstützen, wurde in diesem Projekt die aktuelle Situation im Bereich der Sozialdienstleistungen, einschließlich der personenbezogenen, zielgerichteten Sozialdienstleistungen, in den Mitgliedstaaten analysiert und ein gemeinsames Verständnis der Schlüsselbegriffe und -ansätze im Einklang mit der Betonung von Integrität, Qualität und Gleichheit durch die Europäische Kommission angestrebt. Ziel des Projekts war es, eine Grundlage zu schaffen, auf der die Kommission aufbauen kann, um sicherzustellen, dass die Sozialdienstleistungen ihr volles Potenzial im Rahmen der Europäischen Säule sozialer Rechte entfalten können. Die Ergebnisse dieser "Studie über Sozialdienstleistungen mit besonderem Schwerpunkt auf persönlichen, gezielten Sozialdienstleistungen für Menschen in prekären Situationen" werden in diesem Dokument vorgestellt.

Im Einzelnen wurden mit der Studie die folgenden Ziele verfolgt:

- Die Beschreibung des Sozialdienstleistungssektors im breiteren Kontext der Dienstleistungen im Interesse der Allgemeinheit.

- Eine Bestandsaufnahme der Entwicklung des Sozialdienstleistungssektors, einschließlich seiner verschiedenen Rollen, Nutzergruppen und Anbieter.

- Kategorisierung der Sozialdienstleistungen auf der Grundlage ihrer Funktionen, Ziele und Nutzergruppen.

- Erstellung einer Typologie personenbezogener, zielgerichteter Sozialdienstleistungen und Beschreibung ihrer spezifischen Rolle(n) im Hinblick auf die Erzielung einer positiven sozialen Wirkung für Menschen in prekären Situationen.

- Bewertung des Umsetzungsstands des Freiwilligen Europäischen Qualitätsrahmens für Sozialdienstleistungen 2011, der Wirksamkeit seiner Überwachung und möglicher Vorschläge für seine Überarbeitung.

- Definition der Rolle von persönlichen, zielgerichteten Sozialdienstleistungen bei der Umsetzung der Europäischen Säule sozialer Rechte und Überwachung des Zugangs, der Qualität und der positiven sozialen Auswirkungen.

Sozialdienstleistungen in der EU

Das Konzept der Sozialdienstleistungen wird auf EU-Ebene unterschiedlich interpretiert, da jeder EU-Mitgliedstaat seine eigene Definition und seinen eigenen Geltungsbereich im Rahmen seines nationalen Umfelds festlegen kann. Gleichzeitig gibt es in den EU-Mitgliedstaaten gemeinsame Elemente in Bezug auf Zweck, Organisation, Nutzer, beteiligte Akteure, Finanzierung und Überwachung von Sozialdienstleistungen. Diese gemeinsamen Elemente ermöglichen den Aufbau eines gemeinsamen analytischen Rahmens, der dann an den spezifischen Kontext, in dem er interpretiert werden muss, angepasst werden kann.

Im allgemeinen Sprachgebrauch versteht man unter "Sozialdienstleistungen" Dienstleistungen, die der Öffentlichkeit angeboten werden und die dazu dienen, ein breites Spektrum sozialer Bedürfnisse der Gesellschaft, bestimmter Gruppen innerhalb der Gesellschaft oder einzelner Personen in bestimmten Situationen zu erfüllen. Eines der wichtigsten Merkmale von Sozialdienstleistungen ist ihr interaktiver Charakter, der sie von anderen Arten sozialer staatlicher Leistungen, wie Sachleistungen oder Geldtransfers, unterscheidet.

Verfügbarkeit, Qualität und Organisation von Sozialdienstleistungen sind in den EU-Mitgliedstaaten sehr unterschiedlich. Diese Elemente sind untrennbar mit grundlegenden Fragen über Werte, Kultur, Verfassungstraditionen und Wirtschaft verbunden. Eine wichtige Erkenntnis, die sich aus den obigen Ausführungen ableiten lässt, ist, dass eine bestimmte Definition von "Sozialdienstleistungen" abhängig vom Kontext ist.

Ungeachtet der Tatsache, dass die Sozialdienstleistungen in der Zuständigkeit der EU-Mitgliedstaaten verbleiben, herrscht auf europäischer Ebene seit langem Einigkeit darüber, dass einige Dienstleistungen von allgemeinem wirtschaftlichem Interesse (DAWI) in Bezug auf die Anwendung der einschlägigen EU-Rechtsvorschriften (z. B. Wettbewerbsrecht und Binnenmarktrecht) ordnungsgemäß definiert, organisiert, finanziert und reguliert werden müssen. Dies ist notwendig, um das Recht jedes Einzelnen auf Zugang zu grundlegenden Gütern/Dienstleistungen zu gewährleisten und die Solidarität und den territorialen Kohäsion zu stärken, insbesondere auf lange Sicht.

Es gibt keine formellen oder verbindlichen Definitionen von Sozialdienstleistungen auf EU-Ebene, aber Europäischen Kommission hat durch Ihre Mitteilungen eine gewisse Abgrenzung geschaffen. Im Kontext der europäischen Politikgestaltung ist es wichtig zu betonen, dass aus Sicht der Europäischen Kommission die zuvor in den Mitteilungen enthaltenen Definitionen die Sozialdienstleistungen im Kontext ihrer Beziehung zu den EU-Vorschriften betrachten. Sie besagen, dass Sozialdienstleistungen nach EU-Recht keine rechtlich eigenständige Dienstleistungskategorie innerhalb der Dienstleistungen von allgemeinem Interesse darstellen. Aus diesem Grund gelten also die allgemeinen Regeln für Dienstleistungen von allgemeinem Interesse gelten. Wenn das Ziel darin besteht, die

Vereinbarkeit staatlicher Beihilfen mit dem EU-Recht zu bewerten, kann die Definition von "sozialen Dienstleistungen" daher enger und stärker wirtschaftsorientiert sein, als wenn das Ziel darin besteht, die Qualität von "sozialen Dienstleistungen" im Zusammenhang mit der Umsetzung der Europäischen Säule sozialer Rechte zu bewerten. Auch die Kategorisierung und die weiter gefassten Definitionsversuche von Nichtregierungsorganisation (NRO) und internationalen Organisationen passen nicht perfekt zu den von den EU-Mitgliedstaaten verwendeten Systemen oder der Vielfalt dieser nationalen Systeme.

Die Erbringung von Sozialdienstleistungen ist in den EU-Mitgliedstaaten uneinheitlich und ungleich entwickelt, wobei es große Unterschiede bei der Definition und Kategorisierung dieser Dienstleistungen gibt. In einigen Mitgliedstaaten gibt es keine übergreifende Definition von Sozialdienstleistungen, und Unterschiede können nicht nur zwischen, sondern auch innerhalb der einzelnen EU-Mitgliedstaaten bestehen, insbesondere bei der Erbringung persönlicher Sozialdienstleistungen.

Im Rahmen des breiten Verständnisses, wie Sozialdienstleistungen auf verschiedenen Ebenen definiert werden können, fällt auf, dass es eine Reihe von konzeptionellen Unterscheidungen oder Kategorisierungen gibt, die sich auf verschiedene Aspekte der Organisation, des Zwecks und der Auswirkungen von Sozialdienstleistungen konzentrieren.

Um diese Unterschiede zu verstehen, wurden in der Studie die wichtigsten Unterscheidungsmerkmale in Bezug auf die Funktionsweise und Überwachung von Sozialdienstleistungen untersucht. Auf der Grundlage einer empirischen Untersuchung der Realität vor Ort in den EU-Mitgliedstaaten wurden die wesentlichen Elemente der Sozialdienstleistungen ermittelt. Die Untersuchung ging über die Zuständigkeit der Behörden in den EU-Mitgliedstaaten für die Definition und Organisation von Sozialdienstleistungen hinaus und spiegelt das Verständnis wider, dass die EU-Mitgliedstaaten bei der Ausübung dieser Zuständigkeit die einschlägigen EU-Rechtsvorschriften berücksichtigen müssen.

Sinn und Zweck von Sozialdienstleistungen

Das Konzept und die Erbringung von Sozialdienstleistungen sind mit dem Schutz der universellen Menschen- und Sozialrechte, demokratischen Grundsätzen, religiösen und/oder kulturellen Werten, sozioökonomischen Bestrebungen, aber auch mit der Verwirklichung politischer Ziele verbunden. Sozialdienstleistungen können mit dem Ziel verknüpft werden, die grundlegenden Menschen- und Sozialrechte jedes Einzelnen zu schützen, die Würde des Menschen und seine Fähigkeit zur Teilnahme an einer demokratischen Gesellschaft zu gewährleisten. Der auf Rechten basierende Ansatz scheint in der gesamten Europäischen Union am weitesten verbreitet zu sein, wobei viele EU-Mitgliedstaaten implizit auf diesen Ansatz verweisen, indem sie Sozialdienstleistungen auflisten, die natürlich mit den Rechten des Einzelnen zusammenhängen. Lettland beispielsweise nimmt den Begriff der Förderung der vollständigen Verwirklichung der sozialen Rechte des Einzelnen in seine Definition auf, und Tschechien fordert ausdrücklich die Wahrung der Menschenwürde des Einzelnen bei der Erbringung von Sozialdienstleistungen.

Sozialdienstleistungen können auch so konzipiert werden, dass sie einem wirtschaftlichen und politischen Ziel dienen, z. B. als Vorbedingung und "Schutzmechanismus" für eine gesunde, nachhaltige und integrative Wirtschaft und zur Korrektur von Marktversagen. In Österreich wird der wirtschaftliche Aspekt von Sozialdienstleistungen anerkannt und entspricht der Vorstellung, dass Sozialdienstleistungen für die Wirtschaft der EU-Mitgliedstaaten von Nutzen sind. In den Niederlanden konzentriert sich das Sozialhilfesystem weitgehend auf ein breites Spektrum von Sozialdienstleistungen, einschließlich sozialer Aktivierung und Beschäftigung.

Ein auf Solidarität basierender Ansatz für Sozialdienstleistungen betont das Mitgefühl der Menschen untereinander, um das Wohlergehen der anderen zu fördern und Menschen in Not zu unterstützen. Ungarn nutzt den solidarischen Ansatz, wobei NROs und kirchliche Organisationen die wichtigsten Einrichtungen sind, die Gruppen wie gefährdete Gemeinschaften in

benachteiligten Gebieten und ausgegrenzte Gemeinschaften unterstützen. Portugal stützt sich auf die Heiligen Häuser der Barmherzigkeit, deren soziale Arbeit von der portugiesischen Verfassung implizit anerkannt wird und die als private Einrichtungen der sozialen Solidarität gelten..

Aufgaben der Sozialdiensteleister

Die Aufgabe der Sozialdienste in einer Gesellschaft hängt untrennbar damit zusammen, wie man ihren Sinn oder Zweck konzipiert. Die Funktion von Sozialdienstleistungen umfasst daher die Sicherstellung der für ein menschenwürdiges Leben erforderlichen Mindestwohlfahrtsbedingungen und der notwendigen Voraussetzungen für die Teilhabe am demokratischen Leben, die Aktivierung des Einzelnen zur Gewährleistung einer Beteiligung am Arbeitsmarkt, um seine Beschäftigungsfähigkeit und die Widerstandsfähigkeit des Einzelnen wie auch der Gesellschaft und der Wirtschaft insgesamt zu verbessern, oder die Förderung des körperlichen und geistigen Wohlbefindens des Einzelnen. Die EU-Mitgliedstaaten unterscheiden sich in den Listen oder Definitionen, die sie für diese Funktionen bereitstellen. In Bulgarien beispielsweise werden drei Schlüsselfunktionen von Sozialdienstleistungen genannt: präventiv, unterstützend und wiederherstellend/rehabilitierend, und in Polen sieht das Sozialhilfegesetz vor, dass die Sozialhilfe eine staatliche sozialpolitische Einrichtung ist, die Einzelpersonen und Familien in die Lage versetzen soll, schwierige Lebenssituationen zu bewältigen, die sie aus eigener Kraft, mit eigenen Mitteln und Möglichkeiten nicht bewältigen können.

Empfänger von Sozialdienstleistungen

Sozialdienstleistungen können für die Gesellschaft im "allgemeinen Interesse" erbracht werden, was oft bedeutet, dass es, wie im Falle Luxemburgs und Irlands, keine offizielle Typologie für alle Nutzer von Sozialdienstleistungen gibt. Sozialdienstleistungen können auch für bestimmte Zielgruppen in der Gesellschaft mit besonderen Bedürfnissen und/oder Schwachstellen erbracht werden, z. B. für Kinder, Eltern, ältere Menschen, Menschen mit besonderen Bedürfnissen oder Behinderungen, Menschen in besonderen Problemsituationen (wie Sucht, Gewalt, Obdachlosigkeit, Kriminalität usw.), Menschen mit Unterstützungsbedarf in den Bereichen Beschäftigung und Bildung und Menschen in Armut, Ausgrenzung oder Marginalisierung. Die EU-Mitgliedstaaten verfolgen bei der Gruppierung der Nutzer von Sozialdienstleistungen eine Reihe unterschiedlicher Ansätze, wobei einige übergreifende Gemeinsamkeiten zwischen den EU-Mitgliedstaaten erkennbar sind. In Griechenland beispielsweise konzentriert sich die nationale Sozialfürsorgepolitik auf Familien, Kinder und Jugendliche, ältere Menschen, Menschen mit besonderen Bedürfnissen und gefährdete Bevölkerungsgruppen sowie Gruppen, die sich in einer Notlage befinden, und in Portugal werden die Sozialdienstleistungen durch spezifische Rechtsvorschriften detailliert definiert, wobei sie in vier große Interventionsbereiche eingeteilt werden: 1) Kinder und Jugendliche, 2) Erwachsene und 3) Familien und Gemeinschaft sowie 4) eine "geschlossene Gruppe", die andere Dienstleistungen umfasst, die nicht mit den drei vorgenannten Bereichen in Verbindung stehen.

Sozialdienstleistungen können auch personalisiert (individuell und zielgerichtet) erbracht werden, wobei sich die Dienstleistung nach den spezifischen Bedürfnissen des Einzelnen richtet. Auch die Nutzer von Sozialdienstleistungen spielen eine wichtige und aktive Rolle bei der Mitgestaltung und Weiterentwicklung des Angebots an Sozialdienstleistungen und ihrer Aktivitäten. In Schweden werden alle Sozialdienstleistungen einer persönlichen Bedarfsanalyse unterzogen und nicht für Gruppen von Menschen auf der Grundlage allgemeiner Merkmale angeboten. Die Dienstleistungen sind auf die Bedürfnisse des Leistungsempfängers zugeschnitten.

Beteiligte Akteure

Sozialdienstleistungen können für die breite Öffentlichkeit, bestimmte Zielgruppen und Einzelpersonen von Akteuren erbracht werden, die zu den folgenden vier Gruppen gehören:

1) Akteure des öffentlichen Sektors wie die Zentral- oder Regionalregierung und -verwaltung, verschiedene öffentliche Behörden und Gemeinden. In Deutschland gibt

es beispielsweise zwei Arten von Akteuren des öffentlichen Sektors, die für soziale Dienstleistungen zuständig sind. Der erste Typ besteht aus den sozialstaatlichen Einrichtungen auf Bundes-, Landes- und kommunaler Ebene. Die zweite Art von Akteuren des öffentlichen Sektors sind die Sozialversicherungen als "quasi-sozialstaatliche Einrichtungen" mit der Verantwortung für die Verwaltung des Sozialversicherungssystems mit Einheiten auf Bundes-, Landes- und manchmal kommunaler Ebene.

2) Privatwirtschaftliche Akteure ("for-profit"-Sektor), d. h. Organisationen, die für ihre Dienstleistungen Gebühren erheben und Gewinne erzielen dürfen. Diese Akteure gewinnen in allen EU-Mitgliedstaaten an Bedeutung, insbesondere in bestimmten Dienstleistungsbereichen wie der Kinderbetreuung oder der Altenpflege. In Dänemark erbringen private, gewinnorientierte Akteure landesweit etwa 60 % der Wohnungsdienstleistungen.

3) Akteure des dritten Sektors ("Non-Profit"-Sektor), d. h. Organisationen, die für ihre Dienstleistungen Gebühren erheben können, aber keinen Gewinn erzielen. Oft werden diese Organisationen im Bereich der sozialen Dienstleistungen aktiv, wenn eine Markt- oder Dienstleistungslücke besteht. In Tschechien bieten die Organisationen des dritten Sektors hauptsächlich präventive Sozialdienste an, was ein Erbe der postkommunistischen Zeit in den 1990er Jahren ist, als NROs stark unterstützt wurden.

4) Akteure des informellen Sektors, zu denen Familienmitglieder, Nachbarn, Freunde, Kirchen, Wohlfahrtsverbände und die Zivilgesellschaft gehören. In Italien werden solche informellen Primärnetzwerke wie Familie, Freunde, Kollegen und Nachbarn als sehr vorteilhaft angesehen, da es sich um Beziehungen handelt, die auf Gegenseitigkeit und Zuneigung beruhen und eine schützende und identitätsstiftende Funktion haben.

Das Recht der Akteure des nicht-öffentlichen Sektors, einige oder alle sozialen Dienstleistungen zu erbringen, kann per Gesetz zugewiesen und durch Dienstleisterregister oder Zertifizierungen genehmigt werden. Die Akteure des nicht-öffentlichen Sektors spielen eine wichtige Rolle für die Sozialwirtschaft und deren Entwicklung.

Organisation der sozialen Dienstleistungen

Sozialdienstleistungen können auf nationaler, regionaler oder lokaler Ebene in Form von Gesetzen, Verwaltungsvorschriften und "Soft Law"-Instrumenten definiert und geregelt werden. Dies kann durch einen einzigen Rahmen, als Teil eines umfassenderen Gesetzespakets oder durch mehrere Gesetze geschehen, die soziale Dienstleistungen oder bestimmte Aspekte von sozialen Dienstleistungen definieren. Auf EU-Ebene können die meisten Sozialdienstleistungen unter die NACE-Codes 87 und 88 (stationäre Pflege und ambulante Sozialarbeit) fallen, dies ist aber keine zwangsläufige Voraussetzung. Nationale Definitionen von Sozialdienstleistungen enthalten verschiedene Elemente, die von einen Überblick über die der Bevölkerung angebotenen Sozialdienstleistungen bis hin zu einem breiteren und weniger detaillierten oder definitiven Rahmen für die Arten von Dienstleistungen, die erbracht werden sollten, reichen. Nationale Definitionen können auch die Aufgaben und Nutzer von Sozialdienstleistungen umfassen.

Die Bereitstellung von Sozialdienstleistungen kann organisiert werden in:

1) Eine zentralisierte Vorgehensweise, bei der die Bereitstellung von oben nach unten von der zuständigen nationalen Behörde beaufsichtigt wird, die den Akteuren auf regionaler und lokaler Ebene spezifische Anweisungen und Leitlinien vorgibt. In Irland beispielsweise erfolgt die Planung, Organisation und Finanzierung der Erbringung von Sozialdienstleistungen zentral durch Regierungsstellen (Ministerien) in Übereinstimmung mit ihren rechtlichen und politischen Zuständigkeiten und unter Berücksichtigung der politischen und wahlbezogenen Verpflichtungen der Regierung.

2) Eine dezentralisierte Art und Weise, bei der die regionalen und lokalen Akteure frei sind, die Erbringung von Sozialdienstleistungen so zu gestalten, wie sie es für ihr Gebiet für angemessen halten, ohne dass die zuständige zentrale Regierungsbehörde einen Beitrag leistet. In vielen EU-Mitgliedstaaten (z. B. CZ, DK, FI, IT, NL, SK) war bzw. ist die Dezentralisierung von Dienstleistungen ein wichtiger Pfeiler der Sozialreform, d. h. der Staat überträgt die Verwaltung von Sozialdienstleistungen an die Regionen und/oder Kommunen, die diese wiederum an andere, nicht öffentliche Anbieter vergeben können.

3) Eine Mischform, bei der diese beiden Ansätze parallel angewandt werden, sei es, weil verschiedene Sozialdienstleistungen in die Zuständigkeit verschiedener Regierungsebenen fallen oder weil das Land in diesem Bereich eine Reform durchläuft und die Bereitstellung teilweise zentralisiert oder dezentralisiert ist. In Belgien wurden die meisten Sozialdienstleistungen dezentralisiert, an die Flämische, Französische und Deutschsprachige Gemeinschaft übertragen, während das Sozialschutzsystem, das einen Teil der Sozialdienstleistungen sowie einige grundlegende soziale Infrastrukturen indirekt finanziert, weitgehend föderal geblieben ist.

Sozialdienstleistungen können systemisch integriert werden durch umfassende Strategien oder Aktionspläne, die auf zentraler Ebene ausgearbeitet werden, durch Dienstleistungsintegration, bei der Sozialdienstleistungen gemeinsam erbracht werden, entweder durch One-Stop-Shops, Fallmanagement oder durch proaktive Überweisungen oder durch eine interdisziplinäre Bedarfsanalyse (bei der Teams aus Vertretern verschiedener Dienste gemeinsam Bedarfsanalysen durchführen, um die Maßnahmen und Unterstützungsdienste anzupassen).

Sozialdienstleistungen können auch mit anderen Dienstleistungen von allgemeinem Interesse verknüpft und integriert werden, insbesondere in den Bereichen Gesundheitsversorgung, Justiz, Bildung, Ausbildung und Beschäftigung. In Tschechien beispielsweise werden Sozialdienstleistungen in stationären Gesundheitseinrichtungen für Personen erbracht, die keine stationäre Pflege mehr benötigen, aber aufgrund ihres Gesundheitszustands nicht auf die Hilfe einer anderen Person verzichten können. In Finnland ist die Schnittstelle zwischen dem Bereich der strafrechtlichen Sanktionen und den Sozialdiensten eindeutig, wobei das Strafvollzugsgesetz die Bedeutung eines klaren Ausstiegsplans für Gefangene hervorhebt und den Sozialdiensten eine Schlüsselrolle bei der Förderung des sozialen Wohlergehens und der Verbrechensverhütung bei ehemaligen Gefangenen zukommt.

Finanzierung von Sozialdienstleistungen

Entsprechend der Vielfalt der institutionellen Organisation gibt es auch eine große Vielfalt an Finanzierungsregelungen für Sozialdienstleistungen, unabhängig davon, ob sie kostenlos oder kostenpflichtig angeboten werden. Bei den Finanzierungsquellen kann es sich um eine Kombination aus öffentlichen Akteuren - in erster Linie dem Staat -, öffentlichen Zuschüssen, privaten Mitteln, Dienstleistungsgebühren (besonders wichtig in Portugal) und anderen Quellen wie Mitteln der EU oder anderer internationaler Organisationen handeln.

Auch die Verteilung der Mittel ist in den einzelnen EU-Mitgliedstaaten unterschiedlich. In den Niederlanden beispielsweise stammt die Finanzierung aus einer einzigen Quelle und wird je nach Art der Dienstleistung zugewiesen. In Slowenien werden die staatlichen und kommunalen Haushalte für verschiedene Arten von Kosten verwendet, während in Litauen die Mittel nicht nur zwischen verschiedenen Dienstleistungen, sondern auch zwischen verschiedenen Zielgruppen aufgeteilt werden. Einige Länder haben umfassendere und differenziertere Finanzierungsmodelle, wie z. B. Spanien und Luxemburg.

Monitoring von Sozialdienstleistungen

Monitoring- und Evaluierungsmaßnahmen können auf verschiedenen Ebenen von unterschiedlichen Akteuren durchgeführt werden, wie z. B. von staatlichen, nationalen, regionalen oder lokalen Fachstellen oder auch von NROs. Das System kann zentralisiert oder dezentralisiert sein. Die Häufigkeit der Überwachungs- und Bewertungsaktivitäten ist in der Regel jährlich. In Bulgarien beispielsweise überwacht die Agentur für die Qualität von Sozialdienstleistungen die Sozialdienstleistungen auf nationaler Ebene, was eine Analyse des Zugangs zu Sozialdienstleistungen, der Umsetzung von Qualitätsstandards und -kriterien für Sozialdienstleistungen sowie der Effizienz der investierten Ressourcen umfasst. In Spanien verwendet der Staatliche Verband der Direktoren und Manager von Sozialdiensten den DEC-Index, um die Entwicklung der Sozialdienste in Bezug auf die Entwicklung der Rechtsvorschriften, die Abdeckung und die Ausgaben zu messen.

Messung der sozialen Auswirkungen von Sozialdienstleistungen

In Anbetracht der Herausforderungen, denen sich politische Entscheidungsträger und Stakeholder gegenübersehen, wenn es darum geht, gültige Indikatoren für die Messung der Auswirkungen von Sozialdienstleistungen auf nationaler Ebene zu entwickeln und zu verwenden, umfasste die Studie Fallstudien zu spezifischen Projekten, Programmen oder Interventionen, die nachweislich positive Auswirkungen haben. Das Hauptziel der Fallstudien besteht darin, die Mechanismen zu ermitteln, die positive soziale Auswirkungen ermöglichen, sowie die Indikatoren, die zur Messung dieser Auswirkungen verwendet wurden. In Übereinstimmung mit etablierten Evaluierungstheorien deuten die Ergebnisse darauf hin, dass die Überwachung der sozialen Auswirkungen von Sozialdienstleistungen am aussagekräftigsten ist, wenn die Indikatoren vollständig auf die Veränderungen abgestimmt sind, die die Intervention bewirken kann. Das bedeutet, dass ein Indikator nur dann effizient ist, wenn er sich direkt auf die Maßnahmen innerhalb einer Intervention bezieht.

Ungeachtet des derzeitigen Mangels an umfassenden Rahmenwerken für die Wirkungsbeobachtung sollte nicht davon ausgegangen werden, dass diese nicht durchgeführt wird. Die Analyse hat zu einer Liste von zehn vorgeschlagenen Kategorien für positive soziale Auswirkungen geführt, für die entsprechende Indikatoren ermittelt wurden. Dazu gehören: erfolgreicher Übergang in neue Lebensphasen, Beseitigung von Obdachlosigkeit, emotionales Wohlbefinden, Beschäftigungsbereitschaft, verbesserte Lebensbedingungen, verbesserte oder erhaltene Unabhängigkeit, verbesserte Bildungsbeteiligung, verbesserte Lebensqualität, Integration in den Arbeitsmarkt, verringerte Armut oder Armutsgefährdung.

Die Arbeitskräfte im Sozialdienstleistungssektor in der EU verstehen

Es gibt eine Reihe gemeinsamer Merkmale der Arbeitskräfte im Bereich der Sozialdienstleistungen und ähnliche Muster in der Entwicklung dieses Sektors in den EU-Mitgliedstaaten. Die große Mehrheit der Arbeitskräfte ist weiblich, und die meisten EU-Mitgliedstaaten verlangen eine Hochschulausbildung sowie eine Weiterbildung oder Spezialisierung. Einige Fachkräfte müssen auch eine praktische Ausbildung absolvieren, und einige Länder verlangen, dass die Beschäftigten registriert und/oder zugelassen sind.

In einigen EU-Mitgliedstaaten ist die Zahl der Arbeitskräfte ebenfalls relativ gering, z. B. in Österreich, Griechenland und Spanien, und es gibt eine starke Abhängigkeit von Freiwilligen. Eine Ausnahme bildet Frankreich, ein Land mit einem hohen Anteil an

Beschäftigten im Sozialdienstleistungssektor. In einigen Fällen sind die Sozialarbeiter einem hohen Risiko von Fluktuation und Burnout ausgesetzt. Eine weitere Herausforderung liegt im Bereich der öffentlichen Finanzierung von Sozialdienstleistungen, die von Kosteneinsparungen betroffen sein kann.

Auswirkungen von Covid-19 auf den Sozialdienstleistungssektor

Infolge der Covid-19-Pandemie stieg die Nachfrage nach sozialen Dienstleistungen in ganz Europa. Die Sozialarbeiter fühlten sich oft überfordert, und ihr Work-Live-Balance sowie ihre Grundrechte waren gefährdet. Aus der Sicht der Nutzer wurden viele Lücken in den Dienstleistungen deutlich, insbesondere für Rehabilitanden, Obdachlose, Menschen mit Behinderungen, chronisch Kranke und verhaltensauffällige junge Menschen. Inzwischen ist jedoch das Bewusstsein für die Bedeutung und Wichtigkeit von Sozialdiensten gestiegen, und in vielen Fällen wurden die Budgets für Sozialdienste aufgestockt, da als Reaktion auf Covid-19 auf nationaler und europäischer Ebene zusätzliche finanzielle Mittel und Einrichtungen bereitgestellt wurden.

Die Pandemie hat sich auch auf Schlüsselelemente dessen ausgewirkt, was unter dem Begriff Sozialdienstleistungen zu verstehen ist, und es ist klar, dass Sozialdienstleistungen als dynamisch angesehen werden sollten. Das Auftreten neuer Nutzer und Bedürfnisse während der Pandemie bedeutete, dass neue Formen von Dienstleistungen entwickelt werden mussten. Dies gilt sowohl für den Inhalt als auch für das Verfahren, mit dem die Dienstleistungen erbracht wurden. Die Erbringung der Dienstleistungen hat sich von persönlichen Aktivitäten auf digitalisierte Formate verlagert. Einige Auswirkungen waren in den EU-Mitgliedstaaten weit verbreitet, andere wiederum waren spezifisch für bestimmte Länder.

Übernahme des Freiwilligen Europäischen Qualitätsrahmen für Sozialdienstleistungen (VEQF)

Seit seiner Verabschiedung im Jahr 2010 bietet der VEQF eine Referenzgrundlage für die Einrichtung, Überwachung und Bewertung der Qualität von Sozialdienstleistungen sowie für die Erleichterung des Austauschs von Erfahrungen und bewährten Verfahren zwischen den EU-Mitgliedstaaten. In den zwei Jahren nach seiner Verabschiedung wurde der Rahmen in verschiedenen Strategiepapieren und Initiativen umgesetzt, aber seitdem sind keine weiteren Entwicklungen bei der Messung und dem Vergleich der Qualität von Sozialdienstleistungen in der EU zu beobachten.

Die Analyse zeigt, dass der VEQF in den EU-Mitgliedstaaten, in denen zum Zeitpunkt seiner Verabschiedung keine Qualitätssysteme existierten (oder weniger entwickelt waren), stärker aufgegriffen wurde und mehr Wirkung zeigte, da er zur Einrichtung solcher Qualitätssysteme für Sozialdienstleistungen beitrug - oft unterstützt durch EU-finanzierte Projekte. Länder, die bereits über eigene Qualitätssysteme verfügten, scheinen weniger geneigt zu sein, diese in Übereinstimmung mit dem VEQF zu ändern.

Die größten Herausforderungen sind jedoch nach wie vor der geringe Bekanntheitsgrad auf nationaler und subnationaler Ebene und das Fehlen von Überwachungsmechanismen, die eine internationale Vergleichbarkeit der Qualität von Sozialdienstleistungen ermöglichen würden; beides erfordert weitere gezielte Anstrengungen der Kommission. Die Einbeziehung der VEQF-Agenda in verschiedene Veranstaltungen und Schulungen, möglicherweise unterstützt durch Beispiele bewährter Praktiken aus den EU-Mitgliedstaaten, könnte die Aufmerksamkeit und das Verständnis sowohl bei Entscheidungsträgern als auch bei Experten für soziale Dienstleistungen erhöhen. Die Idee,

den VEQF in ausgewählten Sektoren der sozialen Dienstleistungen anzuwenden, könnte gefördert werden, um seine Flexibilität zu unterstreichen und seine Einführung in Pilotprojekten zu unterstützen. Um relevante Erkenntnisse zu gewinnen und europäische Benchmarks zu definieren, sollte ein systematischerer Ansatz zur Erhebung nationaler VEQF-Daten entwickelt werden..

Europäische Säule sozialer Rechte und Sozialdienstleistungen (EPSR)

Die Sozialdienste spielen eine wichtige Rolle bei der Umsetzung ausgewählter Schlüsselprinzipien der EPSR. Dieser positive Beitrag hängt von mehreren Faktoren ab, wie z. B. der Bereitstellung qualitativ hochwertiger Dienstleistungen, der Verfügbarkeit angemessener Finanzmittel und der wirksamen Umsetzung der sozialen Dienstleistungen. Die Forschungsergebnisse zeigen auch, dass es noch viel Spielraum für eine Stärkung der Rolle gibt, die die EPSR und die mit ihr verbundenen Schlüsselprinzipien bei der Beeinflussung der Gestaltung und Bereitstellung von Sozialdienstleistungen spielen.

Die gesammelten Informationen zeigen, dass es in den meisten EU-Mitgliedstaaten keine übergreifenden nationalen EPSR-bezogenen Koordinierungsrahmen gibt. Es besteht daher ein großer Bedarf, insbesondere auf nationaler Ebene, solche übergreifenden EPSR-bezogenen Koordinierungsrahmen zu entwickeln, um die Formulierung, Umsetzung und Überwachung von Sozialdienstleistungen besser zu koordinieren und so den Beitrag der Sozialdienstleistungen zur Verwirklichung der EPSR und der damit verbundenen Schlüsselprinzipien zu stärken. Dies ist besonders in stark dezentralisierten EU-Mitgliedstaaten von Bedeutung, in denen die Regionen eine wichtige Rolle im Bereich der Sozialpolitik spielen.

Empfehlungen

Ziel der Studie war es, den Bedarf an einer allgemeineren Definition oder Beschreibung von Sozialdienstleistungen auf europäischer Ebene zu ermitteln, die die Vielfalt der Systeme und Ansätze in den EU-Mitgliedstaaten anerkennt und berücksichtigt und die Entwicklungen im Bereich der Sozialdienstleistungen seit den letzten Mitteilungen der Kommission besser widerspiegelt. Frühere Mitteilungen konzentrierten sich eher auf Elemente, für die die EU-Zuständigkeit in diesem Bereich relevant ist. Daher deckten die EU-Definitionen Aspekte ab, die speziell für staatliche Beihilfen, den Binnenmarkt und das öffentliche Auftragswesen relevant sind, während die wichtigsten Elemente der Organisation von Sozialdienstleistungen in die Zuständigkeit der EU-Mitgliedstaaten fallen.

Anhand der vorgelegten Belege ist es nicht möglich, einen bestimmten Ansatz für die Kategorisierung und Gruppierung von Sozialdienstleistungen zu erkennen, der für alle EU-Mitgliedstaaten gelten könnte. Die EU-Mitgliedstaaten definieren, kategorisieren und gruppieren Sozialdienstleistungen auf unterschiedliche Weise, die auf den jeweiligen nationalen Systemen und Kontexten basieren. Dies hat erhebliche Auswirkungen auf die Entwicklung eines EU-weiten Konzepts für die Definition von Sozialdienstleistungen und die Einrichtung einer entsprechenden Überwachung. Generell kann in ganz Europa eine grobe Unterscheidung getroffen werden zwischen Dienstleistungen, die allgemein angeboten werden, und solchen, die auf die soziale Eingliederung von Personen abzielen, die von sozialer Ausgrenzung betroffen sind. Eine Definition, die eine solche Unterteilung widerspiegelt, könnte eine weitere vergleichende Analyse von Dienstleistungen ermöglichen, die auf die schwächsten Personen in der Gesellschaft abzielen.

Die Studie kommt daher zu dem Schluss, dass eine Definition angemessen wäre, die der Vielfalt der EU-Mitgliedstaaten Rechnung trägt und gleichzeitig einen umfassenden Ansatz für das Verständnis von Sozialdienstleistungen auf europäischer Ebene berücksichtigt.

Innerhalb der Dienstleistungen von allgemeinem Interesse können Sozialdienstleistungen als Dienstleistungen für die Öffentlichkeit definiert werden, die Unterstützung und Hilfe bei der Bewältigung verschiedener Bedürfnisse bieten. Sozialdienstleistungen unterscheiden sich von anderen Dienstleistungen von allgemeinem Interesse dadurch, dass sie personenorientiert sind, auf die lebenswichtigen Bedürfnisse der Menschen ausgerichtet sind, im Allgemeinen vom Grundsatz der Solidarität geleitet werden und zum Schutz der universellen Menschen- und Sozialrechte, zur Wahrung demokratischer Grundsätze, religiöser und/oder kultureller Werte, sozioökonomischer Ambitionen, aber auch zur Erfüllung politischer Ziele beitragen.

Sozialdienstleistungen können allgemein für die breite Öffentlichkeit im "allgemeinen Interesse" und für bestimmte Zielgruppen in der Gesellschaft mit besonderen Bedürfnissen, Schwachstellen und/oder in besonderen Situationen erbracht werden, um ihre soziale Ausgrenzung zu bekämpfen und ihre soziale Eingliederung zu unterstützen. Sozialdienstleistungen können auch personalisiert (individuell und zielgerichtet) erbracht werden, wobei sich die Dienstleistung nach den spezifischen Bedürfnissen der einzelnen Person oder des Haushalts richtet. Beispiele für Dienstleistungen, die auf die Stärkung der sozialen Eingliederung sowohl der allgemeinen Öffentlichkeit als auch der spezifischen Zielgruppen (wie Personen mit gesundheitlichen Problemen, junge Menschen, Obdachlose , Überschuldte usw.) ausgerichtet sind, umfassen:

- *Aktivitäten mit präventiver Funktion, um benachteiligte Personen bei der Integration in die Gesellschaft zu unterstützen und das Risiko der sozialen Ausgrenzung zu verringern.*

- *Aktivitäten mit reduktiver Funktion, die auf die Wiedereingliederung von Personen abzielen, die bereits von sozialer Ausgrenzung betroffen sind (z. B. Obdachlose, Menschen mit Suchtproblemen, inhaftierte Personen usw.).*

Sozialdienstleistungen werden von Organisationen und Akteuren des öffentlichen, privatgewerblichen, dritten oder informellen Sektors erbracht und richten sich nach ihren Nutzern und deren Bedürfnissen.

In den EU-Mitgliedstaaten gibt es keinen gemeinsamen Ansatz für die Überwachung des Zugangs, der Qualität oder der Auswirkungen von Sozialdienstleistungen. Die Herausforderungen auf nationaler Ebene spiegeln sich im Mangel an spezifischen Überwachungsrahmen auf EU-Ebene wider. Daher müssen die Bemühungen in diesen Bereichen sowohl auf EU-Ebene als auch auf der Ebene der EU-Mitgliedstaaten intensiviert werden.

Zu diesem Zweck wurden in der Studie Empfehlungen entwickelt, wie die verschiedenen Aspekte des Qualitätsüberwachungsrahmens umgesetzt werden könnten, wobei insbesondere die Erfahrungen im Bereich der sozialen Auswirkungen von Sozialdienstleistungen, des Freiwilligen Europäischen Rahmens für die Qualität von Sozialdienstleistungen (VEQF) und auch des Beitrags der Sozialdienstleistungen zur Umsetzung der Europäischen Säule sozialer Rechte (EPSR) berücksichtigt wurden. Die Empfehlungen sind nach der Verwaltungsebene, an die sie gerichtet sind, gruppiert. Ausgewählte Empfehlungen sind:

Empfehlungen für die EU-Ebene

- Auch wenn ein Rahmen auf EU-Ebene zur Messung der sozialen Auswirkungen nicht machbar erscheint, sollte die Europäische Kommission prüfen, ob die ermittelten positiven sozialen Auswirkungen und die vorgeschlagenen damit verbundenen Indikatoren in bestehende Instrumente und Rahmen wie den VEQF aufgenommen werden könnten.

- Um eine weitere vergleichende Analyse der Sozialdienstleistungen auf EU-Ebene zu erleichtern, wird die Kommission aufgefordert, die Möglichkeit einer Unterscheidung zwischen Dienstleistungen, die universell angeboten werden, und Dienstleistungen, die auf die Förderung der sozialen Eingliederung von Personen abzielen, die von sozialer Ausgrenzung betroffen sind, zu prüfen. Dies würde weitere Forschung und eine Konzentration auf Dienstleistungen ermöglichen, die für die Schwächsten der Gesellschaft relevant sind, und auch den Wissens- und Erfahrungsaustausch durch gegenseitiges Lernen, Begutachtung und Qualitätsüberwachung erleichtern.

- Die Europäische Kommission sollte die EU-Mitgliedstaaten ermutigen, über Input- und Prozessindikatoren hinauszugehen und die Verwendung von Output-Indikatoren und insbesondere von Zwischenindikatoren in Erwägung zu ziehen, um die Auswirkungen von Sozialdienstleistungen auf die soziale Eingliederung auf nationaler Ebene zu messen, wobei bestehende Instrumente und Rahmen genutzt werden sollten, um sicherzustellen, dass effiziente Indikatoren verwendet werden.

- Um die Qualität der Sozialdienstleistungen und ihren Beitrag zur sozialen Eingliederung besser einschätzen zu können, ist ein guter Überblick, einschließlich Statistiken, über alle Aspekte der Sozialdienstleistungen erforderlich. Zu diesem Zweck ist es ratsam, auf EU-Ebene Daten aus nationalen Quellen zusammenzustellen, die auf Indikatoren beruhen, die sich auf den analytischen Rahmen stützen, und die auch Indikatoren für die im Bereich der Sozialdienstleistungen tätigen Arbeitskräfte umfassen. Eine bessere Überwachung der Sozialdienstleistungen kann dann als Grundlage für die politische Entscheidungsfindung dienen, insbesondere im Bereich der Stärkung der sozialen Eingliederung.

Empfehlungen für die nationale Ebene

- Die EU-Mitgliedstaaten sollten die derzeitigen Monitoringsysteme weiterentwickeln, um Ergebnisindikatoren für Sozialdienstleistungen einzubeziehen und sicherzustellen, dass die gewünschten positiven Auswirkungen und die Indikatoren für die Messung eng auf die erbrachten Dienstleistungen abgestimmt sind. Ein wesentlicher Erfolgsfaktor für die Einbeziehung der VEQF-Agenda in die nationalen Strukturen ist die Entwicklung von Instrumenten und Monitoringsystemen, die in das nationale System passen. Als Ausgangspunkt sollten die EU-Mitgliedstaaten die Einrichtung von Arbeitsgruppen in Betracht ziehen. Wenn die lokalen Regierungen (Kommunen) für soziale Dienstleistungen zuständig sind, sollten ihre Vertreter Teil der Arbeitsgruppe sein, da das nationale Überwachungssystem mit den auf lokaler Ebene verwendeten Überwachungssystemen verknüpft werden muss. Eines der Ziele solcher Arbeitsgruppen sollte die Entwicklung von Schlüsselindikatoren für die Qualität sein, die auf nationaler Ebene verwendet werden sollen.

Die Behörden auf der Ebene der EU-Mitgliedstaaten sollten den EPSR in die Gestaltung und Umsetzung der nationalen Sozialpolitik und der damit verbundenen sozialen Dienstleistungen integrieren. Außerdem sollten sich die EU-Mitgliedstaaten bemühen, das

vorhandene Wissen über den EPSR und die damit verbundenen Schlüsselprinzipien bei den relevanten nationalen Akteuren zu verbessern.

1. Introduction

This is the Final Report of the project 'Study on social services with particular focus on personal targeted social services for people in vulnerable situations' (contract number VC/2020/0175) commissioned by the European Commission's Directorate-General for Employment, Social Affairs and Inclusion (DG EMPL), which was conducted by a consortium consisting of VVA, Panteia, Oxford Research, Erudio and IKEI.

The general objectives of the project are the following:

- To describe the social services sector within the broader context of services of general interest. (Chapter 2)

- To take stock of how the social services sector evolved, including its different roles, user groups and providers. (Chapter 2)

- To categorise social services, based on their functions, objectives and user groups. (Chapter 2)

- To provide a typology of personal targeted social services and describe their specific role(s) towards achieving a positive social impact for people in vulnerable situations. (Chapter 3)

- To assess the extent of the implementation of the 2011 Voluntary European Quality Framework for Social Services, the effectiveness of its monitoring and possible suggestions for its revision. (Chapter 6)

- To define the role of personal targeted social services in the implementation of the European Pillar of Social Rights and how to monitor the access, quality and positive social impact. (Chapter 7)

The ultimate contribution of the project is towards:

a) providing a framework (a 'common language') in the area of social services and in particular personal targeted social services;

b) backing this up with practical evidence from the EU Member States; and

c) encouraging a 'paradigm shift' in political and stakeholder discussions around common needs and future action in the implementation of the European Pillar of Social Rights and the review of the Voluntary European Quality Framework.

To support the European Pillar of Social Rights and its Action Plan in delivering on their objectives, this project analyses the current situation in the area of social services across the EU Member States and strives to establish a common understanding of key terms and approaches in line with the Commission's emphasis on integrity, quality and equality. The aim of the project is to lay down in the following chapters the foundations upon which the European Commission can build in order to ensure that social services can develop their full potential within the context of the European Pillar of Social Rights.

A detailed account of the policy background is presented in Annex 1. Annex 2 outlines the methodology used in the project.

2. Social services across the EU

This Chapter aims to contribute towards defining and categorising social services in Europe, with the ultimate goal of contributing to an updated definition of social services that reflects the approaches and systems in the EU Member States and takes into account developments that have taken place in the sector. Furthermore, the study is investigating the organisation, delivery, financing and monitoring of social services together with the different ways the EU Member States group social services and how these approaches could contribute to the development of a monitoring system that allows the European Commission to collect and collate data, at EU level, on the national delivery of social services.

Currently, there are challenges with different interpretations when referring to social services at EU level given that each EU Member State can set up their own definition and scope to fit their national environments. The study, while confirming this, has also found through desk research and stakeholder interviews that there are common elements across the EU Member States when it comes to the purpose, organisation, users, actors involved, financing and monitoring of social services. These shared elements allow the building of a common analytical framework that may then be adapted to the specific context within which it needs to be interpreted.

The Chapter is organised into two main sections:

- Section 2.1 discusses how social services are currently defined and categorised at EU and EU Member State-level and what the challenges are when the various definitions are cross-analysed at EU-level.

- Section 2.2 outlines an analytical framework within which social services can be assessed in terms of the rationale behind social services, their function, user groups, actors involved in the provision of social services, organisation of social services, their financing and monitoring.

The Chapter concludes with an overview of the main findings and conclusions.

2.1. Defining social services in the EU

In common parlance, 'social services' are understood as a range of services offered to the public, intended to provide support in addressing the wide range of social needs of a society, of certain groups within that society, and of individuals in specific situations. One of the key features of social services is their interactive nature, which differentiates them from other types of social state benefits, such as benefits in kind or monetary transfers.

The availability, quality and organisation of social services vary significantly within societies, which is evident across the EU Member States. These elements are intrinsically connected to fundamental questions of values, culture, constitutional traditions, and economy. A key insight that can be derived from the above is that a particular definition of 'social services' is dependent on its context.

One of the key goals of this study is to gain a better understanding of how social services are defined, as well as of the differences in approach across the EU Member States. A number of differentiations between EU Member States add to the complexity of categorising or defining social services at the European level, including factors such as the breadth of

the sector, the nature of the organisation of these services and the historical, political and cultural contexts within EU Member States.

Notwithstanding that social services remain an EU Member State competence, there has been a long-held understanding at European level that some Services of General Interest need to be properly defined, organised, funded, and regulated, in relation to the application of relevant EU legislation (e.g., competition law and internal market law). This is in order to guarantee the right of each person to access fundamental goods and/or services, and build up solidarity and territorial cohesion, especially in the long-term.

This section provides a general contextual overview of the various approaches to defining social services.

2.1.1. Defining social services within the context of Services of General Interest at EU level

Services of General Interest (SGIs) are a broad category of market and non-market services which public authorities classify as being of general interest and subject to specific public service obligations. In some EU Member States, the term 'public services' is used to describe these services, although this can be a misleading term as in most cases the state is no longer the sole provider of these services. Public authorities choose to deliver the services through a variety of providers: public, private, NGOs or third sector, or a mixture (public/private partnerships). The EU, through Commission Communications,[1] broadly places SGIs into two categories:

- **Services of General Economic Interest (SGEI),** which are provided for remuneration, are subject to European internal market and competition rules. However, derogations to these rules can be authorised in order to ensure that the general interest is respected. Certain SGIs have a European dimension, specifically the large network industries (postal services, telecommunications, transport services and the supply of electricity and gas) and are regulated by specific European rules. In addition, European rules relating to public procurement, environmental protection and consumer protection may be applied to them.

- **Non-economic Services of General Interest (NESGI),** such as police, justice, and statutory social security schemes, are not subject to specific European legislation, nor to the internal market and competition rules.
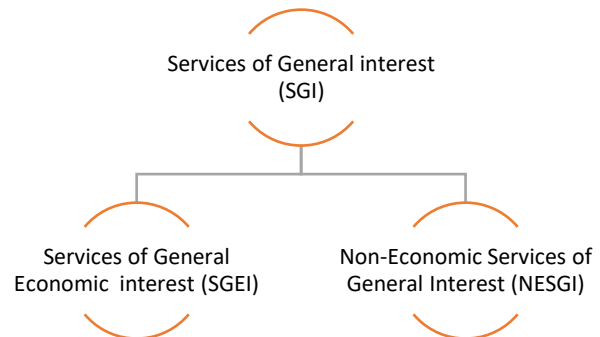
The important distinction between these two types of services is **that SGEIs are subject to EU competition and internal market rules and to the obligations flowing from these rules on the freedom to provide services and freedom of establishment,** i.e., the EU

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[1] See, for example, European Commission (2006). Communication from the Commission Implementing the Community Lisbon programme: Social services of general interest in the European Union. COM (2006) 177 final. Available at: https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2006:0177:FIN:EN:PDF and European Commission (2007). Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions Accompanying the Communication on "A single market for 21st century Europe" Services of general interest, including social services of general interest: a new European commitment. COM (2007) 725 final. Available at: https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2007:0725:FIN:EN:PDF.

Member States are obliged to ensure fair competition, enable companies from other Member States to apply, and not use public sector subsidies to distort the market.[2] The European conception of SGEIs is based on shared competences between the EU and the EU Member States according to the subsidiarity principle. Article 14 of the EU Treaty and the Treaty of Lisbon Protocol provide the legal basis for SGIs in the EU. These specify the shared values of the Union and in particular six values which must be applied to all SGEIs across the European Union: a high level of quality, safety and affordability, equal treatment, and the promotion of universal access and of user rights.

Whereas references to SGI, SGEI and NESGI can be found in EU primary and secondary law, **Social Services of General Interest (SSGI)** have only been defined in 'soft law' documents.[3] In practice, SSGIs differ from other services of general interest as they are person-oriented, designed to respond to vital human needs, generally driven by the principle of solidarity, and contribute to safeguarding fundamental rights, human dignity, and non-discrimination. Also, they aim to ensure the creation of equal opportunities for all and enable individuals to play a significant part in the economic and social life of society.[4]

The provision and funding of these services is a competence of EU Member States, and in many cases across Europe, this often takes place at regional or local level. Although falling within the competence of EU Member States, **social services of economic character fall under applicable EU legislation** (EU Treaties and relevant internal market and competition rules). The various levels of involvement (EU, national, regional, and local) create a complex legal, regulatory, and funding environment, and fragmented social services provision across the EU Member States as well as within each of them.[5]

The 2006 Commission Communication **'Implementing the Community Lisbon programme: Social services of general interest in the EU'** identified two main categories of social services: statutory and complementary social security schemes that cover the main risks of life; other essential services provided directly to the person that play a preventive and social cohesion role and consist of customised assistance to facilitate social inclusion and safeguard fundamental rights.[6]

This Communication demonstrates the special role of **social services as pillars of the European society and economy**, primarily as a result of their contribution to several essential values and objectives of the European Union, such as achieving a high level of employment and social protection, a high level of human health protection, equality between men and women, and economic, social and territorial cohesion.[7] The Communication also noted that health services will not be covered by the Communication but, in the future, they will be dealt with under a separate policy process.[8] However, when considering the interrelationships between the various types of SGIs, it should be noted that these categories also refer to elements of other SGIs (e.g., employment services, long-term care).

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[2] CESI, Providing high-quality public services in Europe based on the values of Protocol 26 TFEU., available at: https://www.cesi.org/wp-content/uploads/2012/10/121129_Brochure-Protocole26-2-EN_DEF.pdf

[3] Soft law refers to cooperation based on instruments that are not legally binding, or whose binding force is somewhat 'weaker' than that of traditional law, such as codes of conduct, guidelines, roadmaps, peer reviews. Source: OECD. Soft Law. Available at: https://www.oecd.org/gov/regulatory-policy/irc10.htm

[4]   For   more   information   see: https://ec.europa.eu/info/topics/single-market/services-general-interest_en#:~:text=Social%20services%20of%20general%20interest,employment%20services%20and%20social%20housing

[5] Eurodiaconia, (2021) The Future of Social Services: Report of the High-Level Group on Social Services , available at: https://www.eurodiaconia.org/wordpress/wp-content/uploads/2021/01/High-level-Group-report-FINAL.pdf

[6] Communication from the Commission, (2006) Implementing the Community Lisbon programme: Social services of general interest   in   the   European   Union   ,   available   at: https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2006:0177:FIN:EN:PDF

[7] Communication from the Commission, (2006) Implementing the Community Lisbon programme: Social services of general interest   in   the   European   Union   ,   available   at: https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2006:0177:FIN:EN:PDF

[8] *Ibid.*

The Communication acknowledges that **EU Member States are free to define what they mean by SGEI or, particularly, by SSGI**. The Communication also looks at the specific nature of social services in relation to their applicability to EU rules. It states that under the EU law, social services do not constitute a legally distinct category of service within services of general interest, meaning therefore that general rules of SGEIs are applicable.

In 2007, the Commission issued the **Communication on Services of general interest, including social services of general interest: a new European commitment[9]** constituting a reference framework for the governance of, and compliance with, the specificities of SGIs. Adding to the 2006 Communication, the 2007 Communication lists several specific aims for social services, such as responding to vital human needs, contributing to non-discrimination, and creating equal opportunities. The Commission also highlighted the principles of organisation which are common to these services such as solidarity, proximity, comprehensiveness, personalisation and an asymmetric relationship between user and provider. The Communication also acknowledges the difficulties experienced by public authorities and service providers active in the social field in understanding and applying the EU rules and launched a strategy to provide stakeholders with the necessary guidance and to clarify the applicable legal framework. The Commission identified the essential principles which may be applied to SGIs throughout the European Union. The EU retains shared responsibility which enables it to regulate and define the conditions for the operation of SGIs with a European dimension.

According to the Communication, the way in which SSGIs are provided is generally personalised in order to meet the needs of users in vulnerable situations[10], and is based on the principle of solidarity and equal access. They may be of an economic or non-economic nature, including in the case of non-profit organisations. The definition of economic activity depends essentially on the way in which the activity is provided, organised and financed, and not on the legal status of the service provider.

There are no formal or binding definitions of social services at EU level but there is a degree of delimitation through Communications. In the context of European policymaking, it is important to highlight that from the perspective of the European Commission, **definitions previously provided in the Communications look at the social services in the context of their relationship to their applicability to EU rules**. They state that under EU law, social services do not constitute a legally distinct category of service within services of general interest, meaning that general rules of SGEIs are applicable. Therefore, if the objective is to assess the compatibility of state aid with EU law, the definition of 'social services' may be narrower, and more economy-oriented than when the objective is to assess the quality of 'social services' in the context of the implementation of the European Pillar of Social Rights. However, when looking at the provision of social services across the EU Member States, it is apparent that this is uneven and unequally developed across the EU, with a great diversity in how these services are defined and categorised.

2.1.2. Approach to defining social services by stakeholder definitions (NGOs and international organisations)

Looking at the broader attempts to define social services, there are several examples of definitions developed by NGOs and international organisations. For example, the OECD defines social (and collective) services as those that provide final consumption for households and are distinctive for their non-market character in most **OECD** countries.[11]

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[9] Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions accompanying the Communication on "A single market for 21st century Europe" - Services of general interest, including social services of general interest: a new European commitment [2007], available at: https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2007:0725:FIN:EN:PDF

[10] Currently, there is consensus on using 'vulnerable' for situations people are in, rather than for people as such.

[11] OECD, Glossary of statistical terms, see: https://stats.oecd.org/glossary/detail.asp?ID=2441

Social services comprise the following International Standard Industrial Classification (ISIC) Rev. 3 sub-groups:

- government proper (civil or military)

- health services

- educational services

- miscellaneous social services

Both of these definitions do not specifically focus on social services and do not provide any clarification or categorisation as to what social services entail.

Other key international level organisations such as the **International Labour Organization (ILO)** or the **United Nations (UN)** do not provide insights or definitions as to what constitutes social services, although the ILO promotes policies and provides assistance regarding social protection such as access to healthcare and income security, particularly in cases of old age, unemployment, sickness, invalidity, work injury, maternity or loss of a main income earner.[12]

Under the International standard classification of occupations (ISCO) issued by the ILO, social work falls under minor Group 263 relating to 'Social and Religious Professionals'.

Occupations in this minor group are classified into the following unit groups: 1) Economists, 2) Sociologists, Anthropologists and Related Professionals, 3) Philosophers, Historians and Political Scientists, 4) Psychologists, 5) Social Work and Counselling Professionals, and 6) Religious Professionals. In the specific definition of social work and counselling, it states that these professionals provide advice and guidance to individuals, families, groups, communities and organisations in response to social and personal difficulties. They assist clients in developing skills and accessing resources and support services needed to respond to issues arising from unemployment, poverty, disability, addiction, criminal and delinquent behaviour, marital and other problems.[13]

Social services have also been classified and demarcated within the context of the **NACE nomenclature**, which is the statistical classification of economic activities in the European Union. Social services are considered to be all activities related to NACE codes 87 and 88 (residential care and non-residential social work), covering both the public sector part of social services and the for-profit and non-profit parts, provided by NGOs and private enterprises.[14]

More insights are available with regard to European NGOs active in the field of social services. For instance, **Social Services Europe (SSE)[15]** provides a description of social services in a 2020 position paper on 'COVID-19 and Social Services: what role for the EU?'.[16] The position paper provides a good indication of how European NGOs operating in the field consider social services, more specifically:

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[12] See ILO: https://www.ilo.org/global/topics/social-security/lang--en/index.htm

[13] https://www.ilo.org/public/english/bureau/stat/isco/docs/publication08.pdf

[14] Eurofound, Representativeness of the European social partner organisations: Local and regional government sector and social services, 2020, available at:
https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef20019en.pdf

[15] Social Services Europe is a European umbrella organisation representing non-profit social and health care providers.

[16] Social Services Europe (2020). COVID-19 and Social Services: what role for the EU?. Europe Expects Recognition, Urgency, Resilience. Joint Position Paper, 25 June 2020. Available at: https://www.feantsa.org/public/user/Resources/News/joint_position_paper_1.pdf

● Social Services provide essential care and support to millions of people in Europe, helping older people, persons with disabilities, children and young people at risk, people at risk of poverty, homeless persons, migrants, people suffering from domestic violence, and many others to live better, healthier, longer and more active lives. Most important, they help people to enjoy their human rights.

● Social Services provide essential help to family or other carers, contributing to their employment and work-life balance opportunities. They are extremely important in tackling gender inequalities given the disproportionate share of women in providing family care. Social Services are also essential to Europe's social market economy.

● Social services are services of general interest, primarily provided by public or private not-for-profit organisations often referred to as Social Economy actors. They create local jobs, including for people usually excluded from the labour market and are active across the European Union, in the largest cities as well as in rural communities.

In a similar vein, the **European Social Network (ESN),** another European representative body in the field of social services, has provided a definition and has categorised 'personal social services' in two main categories.[17]

● The first category consists of services that are put in place for groups, support the development of a person or their autonomy, and promote reconciliation of work and family life for relatives. This category includes services such as:

○ Early childcare that supports children's development – particularly those children coming from disadvantaged backgrounds or having a disability.

○ Long-term care services that support children and adults with dependency needs due to health impairments, disability, and loss of autonomy.

○ These services are usually regulated and, depending on the country, they may be universal or means-tested. Both types of services play a role in reconciliation of work and family life which is a key characteristic that is not always relevant for the second category.

● The second category consists of personalised support to safeguard the beneficiaries' fundamental rights and facilitate their social inclusion as they support individual people or families with personal challenges or personal crises, such as debt, unemployment, drug addiction or family breakdown. Services included in this category are social work, counselling, advice, coaching, addiction rehabilitation, social rehabilitation, social housing, social inclusion, and crisis centres.

Regarding this **first category** of social services, these have been defined to some extent at European level. For instance, long-term care (LTC) can be defined as a range of services and assistance for people who, as a result of mental and/or physical frailty and/or disability over an extended period of time, depend on help with daily living activities and/or are in need of some permanent nursing care.[18] LTC may be required by people of any age, although the risks of dependency for children, young people and adults of working age may be lower compared to the risks for older people, and are falling as the proportion of people below retirement age shrinks. Early Childhood Education and Care Services refers to any regulated arrangement that provides education and care for children from birth to

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[17] European Social Network, What are social services?, available at: https://www.esn-eu.org/about/what-are-social-services

[18] European Commission (2014). Adequate social protection for long-term care needs in an ageing society. Report jointly prepared by the Social Protection Committee and the European Commission. Available at: https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=7724

compulsory primary school age, which may vary across the EU, and includes centre-based and family-based day care, privately and publicly funded provision, pre-school, and pre-primary provision.[19]

Regarding the **second category** of services, defining what exactly falls under these more personalised and targeted social services presents a challenge, considering there are no additional reference points or guidance on this matter. One of the main distinctions that can be determined from the definition provided by ESN is that some services are universally available or as a means-tested form of service, and some are more personalised or targeted to the individual. However, this distinction is not easy to make, as some services, e.g., addiction rehabilitation could fall into both cases. These services do not have reconciliation as their primary aim, yet they respond to individual or specific needs or problems. Regulation can be dependent on the responsibilities of the authority tasked with the provision of the services while implementation may take place in an integrated way, for instance, advice or coaching, family social work, unemployment, and housing support. Therefore, in many cases, it is difficult to make a definitive distinction between these types of services and this is further compounded by the ongoing trend for integrated provision.

This categorisation and the broader attempts to define social services by NGOs and international organisations do not relate completely to the systems used by EU Member States or take into account the diversity of the systems. The approach of the EU Member States towards defining and categorising social services is explained in the following sections.

2.1.3. Defining and categorising social services at EU Member State level

EU Member States define and categorise social services in a number of different ways, which illustrates the fragmented system of social services across Europe. There is no universally agreed upon definition of social services, and it is difficult to make a distinction between different types of social services. This is particularly the case when looking at the actual definitions and approaches used in EU Member States which vary to a great extent. Definitions can be formed at a variety of levels but there are common elements that are usually included with these definitions. Some EU Member States do not have an overarching definition of social services, or in some cases, there is none at all. Additionally, differences exist not only among but also within each of the EU Member States, particularly concerning the provision of personal social services.

2.1.3.1. Frameworks for defining social services at EU Member State level

Linked with the definition of social services, there is the question as to what extent social services are regulated and in what way. The level of regulation has an impact upon definition, in particular in relation to who is responsible for defining elements of social services within an EU Member State. **Social services can be regulated at national, regional, and local levels,** and this is applied in a variety of forms including legislation, administrative rules, and 'soft law'. Some EU Member States have a single framework, whereas others have a more fragmented approach. In some cases, no legislation exists relating to social services. Where rules exist, these can be adopted by a number of actors, including legislators, governments, agencies, and social partners. In particular, defining social services in some Western European countries is challenging due to the fragmented legal frameworks relating to social services, and the fact that several EU Member States

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[19] See: https://ec.europa.eu/education/policies/early-childhood-education-and-care_en

lack an overarching legal act or framework for social services. Such overarching acts or frameworks tend to be more common in Eastern and Central European countries.

It is notable that several EU Member States have been in the process of updating definitions or legislation relating to social services over the recent years and there has been a greater recognition of the need for ad-hoc services for people with specific problems. For instance, in March 2019, the **Bulgarian** Parliament adopted the new Social Services Act[20], which introduces a new philosophy and changes the legal framework for provision, use, planning, financing, control and monitoring of social services which represents a complete overhaul of how social services are defined and provided in Bulgaria.[21] Bulgaria's system now takes a personalised approach due to the overarching goal of developing individual support. In **Sweden**, a government report in 2020 asserted that social services are facing a major shift in their organisation and working methods and proposed that the definition of social services be reconsidered and streamlined.[22] Currently, the definition differs somewhat depending on the type of legislation, which leaves it open to interpretation.

Although not the case in all EU Member States, there is enough evidence to suggest that the issue of defining social services receives serious consideration by policy makers in order to ensure that the social services sector reflects the needs and expectations of users. The different national conversations also show that there is a variety of approaches and country specific issues, which depend upon the country context and institutional settings within the country. In some EU Member States, there are ongoing discussions taking place regarding the social services sector, which are not necessarily tied to defining social services, but more towards the quality and organisation of social services, including the move towards more integrated services and the decentralisation of social services.

Other EU Member States split the competence for defining and regulating aspects of the social services system across various levels. For example, the **Austrian** social services system is divided between the federal government, the federal states/provinces, and the municipalities, suggesting a multilevel governance approach.[23] Whereas social security and general benefits fall within the remit of the federal government, the federal states, municipalities, and cities are responsible for a large part of healthcare, housing, social services as well as childcare facilities and needs-oriented guaranteed minimum resources. This differs from the situation in **Spain**, where services are the responsibility of the 17 autonomous communities, with each of them having its own social services law. Nonetheless, it is most common that five types of community-based services fall under the responsibility of local authorities whereas the rest and the specialist social services are the regions' responsibility. To streamline this, the government is currenlty working on a country-wide legislation in this area.[24] At the moment, both countries have a large number of decentralised systems. Nevertheless, the majority of EU Member States have some form of national level framework that regulates and provides a definition of social services.

A commonly identified approach is where there is **one overarching and dedicated legal instrument that provides for a definition of social services in an EU Member State at national level.** For instance, in **Slovakia** the social services sector is defined in one basic act which provides the definition of social services, regulates the legal terms and conditions of social services provision aimed at supporting a social inclusion and accommodating social needs of people in unfavourable social situation.[25] A similar situation can be seen in **Bulgaria**, where the new social services act defines social services and regulates all key issues for the sector.

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[20] The Social Services Act came into force on 1 July 2020.

[21] National data collection, Bulgaria.

[22] National data collection, Sweden.

[23] National data collection, Austria.

[24] National data collection, Spain.

[25] National data collection, Slovakia.

Several EU Member States include a definition of social services as part of a **broader set of laws.** In **Latvia** there is no separate definition that defines social services as a whole, as the Law on Social Services and Social Assistance defines certain elements (including social work, social care, social rehabilitation and vocational rehabilitation services), with social services further defined within the law 'On Social Security'.[26] In **Croatia**, although the Social Welfare Act is the basic act that defines social law and social services, the broader legislative framework includes a number of other acts in the field of labour, pension and social law that have an impact on social services and the definition thereof.[27] A similar situation exists in **Romania**, where social services are defined in general and specific legislation, the legal framework being rather complex, including associated and secondary regulation – laws on specific issues or target groups, application norms, quality standards for authorisation of service providers.[28]

Some EU Member States **have several laws that define social services, or specific aspects of social services**. In the case of the **Netherlands**, for example, there is not a single source to define social services. There is a wider range of acts and frameworks that look into individual social services such as: social activation and employment, long-term care, general income related schemes, healthcare, social support, youth, municipal debt assistance and local anti-poverty.[29] In **Greece**, there are two key legislative acts that define social care (rather than social services per se).[30] The **German** system of social services is institutionally divided into different areas, each of which is subject to its own development logic. For example, social services for the elderly are governed by very different institutional rules than services for children and young people. The former are regulated within the framework of social welfare, statutory health insurance and, since 1994, long-term care insurance, while the latter are subject to child and youth welfare legislation. The relationships between the actors – federal government, states, municipalities, independent providers, and commercial providers – also differ between these two areas.[31]

The following figure provides an overview of these varying levels of legal frameworks within the EU Member States.

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[26] National data collection, Latvia.

[27] National data collection, Croatia.

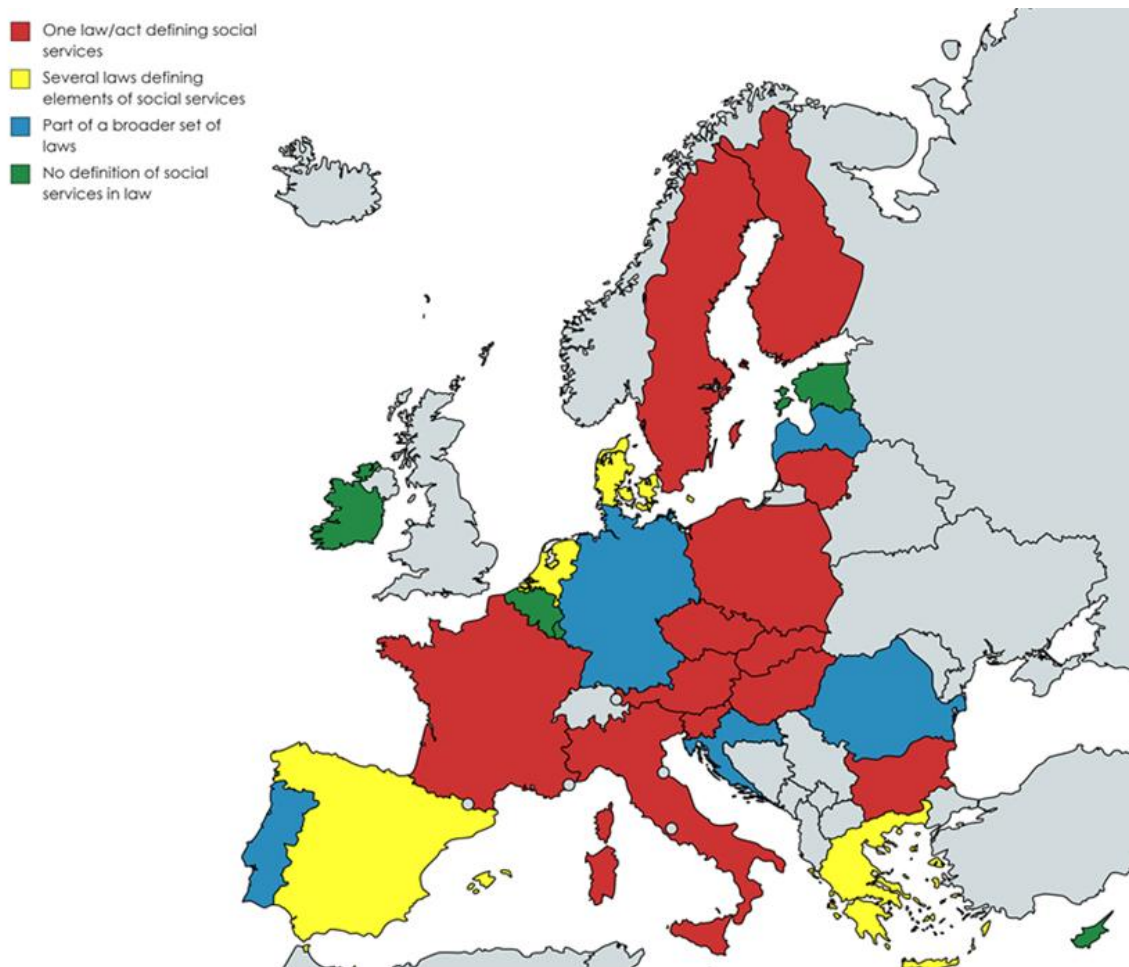[28] National data collection, Romania.

[29] National data collection, Netherlands.

[30] National data collection, Greece.

[31] National data collection, Germany.

Figure 1: Level of legal framework for defining social services in the EU-27

Source: Authors' own elaboration

While some EU Member States do not have a legal definition of social services, some guidance is provided regarding some forms of social service or social assistance. In **Belgium**, although there is no exact definition of what social services are, it is agreed that the various forms of social assistance may include: social assistance equivalent to the amount of 'integration income', which is a periodic financial assistance granted to persons who cannot claim this benefit because they do not meet all the necessary conditions.[32]

In **France**, there is no official and unique definition of social services, although some wider definitions can be given, and some substantial differences can be made. The National Code of Social Action and Families distinguishes three dimensions: 1) a mandatory legal social aid, in which state driven institutions have the obligation to answer to claims for social services by using the criteria that are defined by the law; 2) an extra-legal or optional social aid, which are the same services but the state actor can enlarge eligibility criteria or increase the allocated amounts (e.g., applicants for some social services like domestic aid for people in loss of autonomy are categorised by their degree of loss of autonomy, and some services can be extended to certain groups on an optional basis); and 3) an optional social aid which covers all social actions or services of private or state driven providers that are not included in the legal or extra-legal definitions.[33]

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[32] National data collection, Belgium.

[33] National data collection, France.

In **Estonia**, although the social services sector is not explicitly defined by legislation, the Social Welfare Act lists all compulsory services for local governments by using term "social service".[34] However, the broadest definition of social services (referred to as 'benefits in kind') is provided in the General Part of the Social Code Act, which defines benefits-in-kind as a form of assistance provided to a person not involving the payment of money. Other specific regulations do not define further the social services sector or social services themselves but focus on their design.

Whereas the general legal framework for service provision in **Germany** is set at the national level, the implementation of this framework largely rests with the 16 states (Länder) and about 8,000 local authorities (which are formally part of the states). Moreover, states and local authorities alike have enjoyed a far-reaching legal discretion in implementing federal legislation.[35]

A small number of EU Member States have no legally defined definition of social services. This is the case in **Ireland**, whereby various terms are used to describe social services, which are often interchangeable and may refer to social services such as social welfare, social care, social work, youth work, etc. without a common definition of what social services might entail.[36] Until recently, **Cyprus** did not have any umbrella law governing the existence or establishment and operation of the Social Services. However, in May 2021 a new law established a Sub-ministry of Social Welfare in order to give due recognition and legal status to those important social services in Cypriot society.[37] The law attempts to give a definition of Social Welfare Services by referring to them as all those welfare services that pre-existed the establishment of the law, and operated under the Ministry of Labour, Welfare and Social Insurance. No specific definition or specific reference to services is given. This way, it is possible to extend and vary the scope of services offered by the Sub-Ministry without infringing on any specific legal boundaries. No definition for social services can also be found in **Malta**.

2.1.3.2.   Categorisation and typology of social services

Another important element to consider is how EU Member States, in the context of defining social services within their national systems, provide a typology or categorisation of social services within their national frameworks. This section provides an overview of the types of categorisations that exist in the EU Member States.

Social services are frequently **categorised within national legislative frameworks on the basis of target groups.** For example, in **Greece**, the General Secretariat for Social Solidarity which is responsible for planning policies and actions for vulnerable and special groups of the population is structured in different Directorates depending on the target group, e.g., Directorate for the Protection of Children and the Family, Directorate of Policies for Persons with Disabilities, Directorate for the Fight against Poverty.[38] Similarly, in **Latvia**, the **Law on Social Services and Social Assistance** stipulated the grouping of social services by target group and also defined the governance of these groupings. On the other hand, group-specific governance responsibilities are not defined neither by laws nor by further regulation.[39]

In some cases, EU Member States **categorise social services on the basis of the needs of individual users**. In the **Danish Law of Social Services**,[40] it is stated that the services

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[34] National data collection, Estonia.

[35] National data collection, Germany.

[36] National data collection, Ireland.

[37] National data collection, Cyprus.

[38] National data collection, Greece.

[39] National data collection, Latvia.

[40]   Retsinformation,   (2020)   'Bekendtgørelse   af   Lov   og   Social   Service'   .   Available   at:
        https://www.retsinformation.dk/eli/lta/2019/798

are delivered "on the basis of a concrete and individual assessment of the individual's needs and prerequisites and in collaboration with the individual itself". Therefore, the social services are first and foremost categorised by the needs of the citizen. However, the services are also categorised by target group. In the same law, the description of some of the services is divided into groups, mainly children and youth on the one hand and adults on the other. In addition to this, the law also specifies who is in charge of these services and groups.[41] In **Lithuania**, social services are categorised on the basis of the needs of the individual users and are further divided into two categories:

● General social services provided to a person (family) whose ability to take care of personal (family) life independently and to participate in the life of society can be developed or compensated by separate services provided without the constant assistance of specialists. General social services include information, counselling, mediation and representation, socio-cultural services, transport organisation, catering, provision of basic clothing and footwear and other services.

● Special social services are provided to a person (family) whose ability to take care of personal (family) life independently and participate in the life of society is not sufficient to develop or compensate for general social services. Special social services include social assistance and care. Those are a set of services that provide a person (family) with complex assistance that does not require constant specialist care. It can include home help, development and maintenance of social skills, temporary accommodation, and other services. Special social services can be provided daily, short–term and long-term.[42]

There is also evidence of EU Member States **categorising social services on the basis of function**. In **Hungary**, the Social Act categorises social services by their aim and function. There might be different groups of users targeted in one category of services. Not all sub-categories have multiple types of services or target multiple groups, but those that do, they categorise the different types of services mostly based on target group/users (e.g., day care for the elderly and day care for homeless people), while they provide the same specific services (e.g., advice and counselling). As the legislation defines these categories as basic services or specialised services and their sub-categories, their governance is in line with the general level of governance of social services. The social services sector overall is under the (state-designated) authority of the Directorate-General for Social Affairs and Child Protection.[43] In **Slovenia**, there are three categories of social services and programmes in accordance with their purpose:

● Preventive social protection services and programmes – intended to connect and develop solidarity in the community, to raise awareness and motivate individuals and families, and to prevent the development of various social hardships and problems. They can be targeted at the entire population (universal prevention), at-risk groups within the entire population (selective prevention) or at-risk groups within the entire population (indicated prevention).

● Remedial services and programmes – intended to eliminate already existing social hardships and problems. They include individuals and families who have already experienced social hardship and problems.

● Maintenance services and programmes – intended for individual target groups, for whom the elimination of existing hardships and problems cannot be expected, but

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[41] National data collection, Denmark.
[42] National data collection, Lithuania.
[43] https://szgyf.gov.hu/en; National data collection, Hungary.

with services and programmes it is possible to help them to alleviate them and maintain a socially acceptable situation.[44]

In some cases, **EU Member States categorise social services on the basis of multiple dimensions**. In most cases, this is mainly due to the decentralised organisation of service delivery. In **Austria**, in the individual federal states, social services are broken down according to target groups (children, youth, families, elderly, persons with special needs, etc.) or subject area such as health matters, basic material security, employment and education, migration and integration as well as various problem situations (delinquency, drugs, debts, housing shortage), etc.

In **Czechia**, the Social Services Act defines the categorisation of social services. More specifically, it defines the three types of social services according to their content and three possible forms of service provision. The three content categories are: 1) social counselling (contains one specific service), 2) social care services (contains 14 specific services), and 3) social prevention services (contains 18 specific services).

In the area of social service provision based on the form of provision, the following groupings are defined:

- field social services (services that are provided to a person in their natural social environment);

- ambulatory social services (services to which a person attends or is accompanied or transported to a social services facility and accommodation is not part of the service);

- residential social services (services related to accommodation in social service facilities)

The form of service provision is chosen by the providers themselves, while some social services are, by their nature, tied to a specific form. Some social services can be provided at the same time in more than one form (e.g., social activation service or social rehabilitation are services provided in the field or in ambulatory form, while aftercare is a service provided in ambulatory or residential form).[45]

In general, **Dutch** social services are grouped along three laws within which it is possible to find more categorisations. One type can be seen in the CBS database. For instance, the user data of the Social Support Act (Wmo) services is clustered in the following groups: support at home, help in the household, accommodation and day care, tools and services. In this case, the categorisation is based on the type/function of services. The jurisdiction is all the same law (Wmo), the responsible authority for implementation is the municipality.[46]

Three types of care are distinguished within youth care: youth assistance, youth protection, and juvenile rehabilitation.[47] The CBS database on recipients of youth care furthermore distinguishes within these three types of care a broad range of sub-types. For instance, under youth care: care through PGB (personal budget), care given/not given by social community team, day-care, etc.

An important goal of the Participation Act is the reintegration of people with an occupational disability or at a distance from the labour market. Municipalities have different instruments at their disposal to support people in this, such as the use of a trajectory or trial placement,

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[44] National data collection, Slovenia.

[45] National data collection, Czechia.

[46] National data collection, the Netherlands.

[47] Bakker, Rudi. (2020). Ontwikkeling van de jeugdzorg 2015–2019. Available at: https://longreads.cbs.nl/jeugdmonitor-2020/ontwikkeling-van-de-jeugdzorg-2015-2019

secondment, guidance/job coaching, personal budget, workplace adjustments, no-risk policy, job application training, participation places, volunteer work, wage cost subsidy and sheltered work. In a sense, this is already an example of clustering, as all these instruments are aimed at the reintegration of people into the labour market. The rationale behind this clustering is that the government expects municipalities to be better able to provide an integrated, efficient approach to the employment of persons with occupational disabilities by handing them an extensive range of reintegration tools.[48]

Other types of categorisations are also evident. In **Poland** while there is no official categorisation used, social services are *de facto* categorised following the responsibilities at national, regional, county, and local levels with the exception of long-term care that has a separate system. Long-term care for elderly patients in Poland is a hybrid system based on services provided within healthcare and social care systems and private care delivered mainly through informal caregivers. Although, in theory, a broad scope of services tailored to different levels of disabilities are available, the systems and services offered seem to be disconnected. There is also a lack of clear coordination between different systems and services that have a potential to complement each other, i.e., daytime support and informal care at home.[49] Furthermore, like in **Finland**, it is also possible to categorise services based on the life-cycle model (for instance services for families, social work for adults and services for the elderly) that is used by one-fifth of Finnish municipalities.[50] However, the most common model is one where all services are separated and, therefore, 'categorising' is not really used throughout the country.[51]

There are also EU Member States in which there is **neither an official nor an unofficial categorisation of social service provision**. While in **Belgium** there is no official grouping of social services, these are usually described either by type of service, the problem targeted and target group/type of users. In addition, social services are seen by some stakeholders as either 'first line' services (general services) or 'second line' services (more specialised services such as services related to mental health, drug addiction or debt).[52] Social services in **Bulgaria** are decentralised and it is the responsibility of municipalities to analyse the needs and to decide what kind of social services to be provided (on an annual basis), and how these services should be organised. The new Social Services Act defines common regulatory standards and criteria for the quality of social services, and their management; there is no difference between types/categories of social service.[53]

Provision of social services in **France** is as fragmented as its organisation. Interaction between the state, local authorities and public funds is extremely complex and difficult to understand and to analyse. For example, France has 32 different regimes of social security, covering several or all risks (employment, health, age etc.). A rationalisation of this situation was attempted by law in 2005, trying to standardise the financing scheme of those 32 regimes. The LFSS (Financial law of social security 2005) tried to fix the so-called ONDAM (the maximum annual amount of social expenditures) in order to introduce a criterion of control on the expenditures of the different social security regimes. However, the degree of interaction, cooperation and consistency of services delivered remains very low.[54]

In **Italy**, the absence of an institutional categorisation of social services is perceived as one of the main factors often causing the overlapping of different institutional levels of interventions and responsibility. Nonetheless, the main areas of intervention of the social services are usually defined by targeting a group of users which can lead to overlapping

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[48] National data collection, the Netherlands.

[49] National data collection, Poland.

[50] Blomgren, S., Karjalainen, J., Karjalainen, P., Kivipelto, M., & Saikkonen, P. (2016). Sosiaalityö, palvelut ja etuudet muutoksessa. Tampere: Finnish Institute for Health and Welfare.

[51] National data collection, Finland.

[52] National data collection, Belgium.

[53] National data collection, Bulgaria.

[54] National data collection, France.

competences and responsibilities among ministries.[55] Similarly, in **Romania** there is no administrative categorisation of the social services, but providers may integrate different services in different interventions and projects, according to their specific needs and the needs identified in the field. Each type of service included must have the specific legal organisation and authorisation (i.e., accreditation certificate).[56]

The following table provides an overview by EU Member State on whether the provision of social services is categorised, and through this also integrated, based on a specific key. As shown in the table below, the majority of EU Member States use some form of categorisation of social services, mostly based on target groups. It is also not unusual to categorise service provision in accordance with multiple approaches.

Table 1 – Categorisation of social services

EU MS	Categorisation of social services		Type of categorisation
	Yes	No	
AT	✓		At regional level based on the nine federal states. In the individual federal states, the social services are broken down according to subject areas or target groups. Services also categorised within different umbrella organisations.
BE		✓	
BG		✓	
CY	✓		Some services are categorised based on the target groups (e.g., persons with disabilities, people with addictions) or by type of service provider.
CZ	✓		Categorised based on the type of the service into three groups (social counselling, social care services and social prevention services) and form of provision (field social services, ambulant social services, residential social services).
DE	✓		Categorisation possible by socio-political functions (defined by law), cost units or based on organisational set up.
DK	✓		Categorised by the needs of the individual and by target group.
EE		✓	
EL	✓		Based on the target group and the responsibility of each service.
ES	✓		By the level of specialisation of the services provided.
FI	✓		Categorised using the life-cycle model.
FR		✓	
HR	✓ (unofficial)		Depending on the target group
HU	✓		Based on aim and function of services.
IE	✓		Based on target group and function.

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[55] National data collection, Italy.
[56] National data collection, Romania.

EU MS	Categorisation of social services		Type of categorisation
	Yes	No	
IT		✓	
LT	✓		Based on the needs of the individual user.
LU	✓		By target groups
LV	✓		By target groups
MT	✓		By target groups
NL	✓		Multiple categorisation possible, by type/function of the service, by target group, by service provider.
PL	✓ (unofficial)		Categorised along the national, regional, country and municipal levels.
PT	✓ (unofficial)		Some categorisation by type of user or by type of organisation can be found.
RO	✓		Based on several criteria (purpose, categories of beneficiaries, whether residential or not).
SE	✓		By function
SI	✓		Categorised by purpose and function.
SK	✓		Categorised by type of social services, form and scope.

Source: National data collection.

In respect of the evidence provided, it is not possible to say that there is one approach taken to categorise social services and could be applicable to all EU Member States. EU Member States define and categorise social services in a number of different ways, based upon the respective national systems and contexts. This has significant implications regarding the development of an EU-wide approach to defining social services.

2.1.4.   Challenges in defining social services across EU Member States

Based on the information provided in the previous sections, it is apparent that there exists **a number of challenges in regard to trying to define social services broadly across Europe**. This relates to the distinction between approaches which govern EU-level involvement in defining and categorising social services (in line with the Commission Communications relating to SSGIs) through the perspective of the relevant EU competences and the application of EU law, and the EU Member States' own approaches that are based on national institutional and cultural contexts. While it is clear that all EU Member States have a system of social security where services play an important role, **there is no ready-made definition and categorisation of social services,** and there is a variety of terms and definitions in use, none of them generally accepted. EU Member States define and categorise social services in a number of different ways, which illustrates the **fragmented system of social services across Europe**. The analysis shows a wide range of mechanisms that are determining what social services are available in each country. In

particular, the variations that are most evident concern the way social services are defined in one overarching act or multiple acts, and whether the definition of social services is enshrined in legislation at the national/federal level or at the local/regional level. What is clear is that there is no common approach.

Furthermore, within the various fields of social services, there is a lack of clear division, which is challenging from a categorisation perspective. While there was (and still is) no common definition of social services, partly due to their heterogeneous nature across and even within the EU Member States, the research has shown that some stakeholders have made a distinction between services that respond to certain groups, such as those in dependency situations due to old or young age, and, in some cases, disability (**mainstream social services**), and social services that respond to individual and specific needs or problems (**personal targeted social services**). Mainstream social services are typically put in place for groups with dependencies rather than for individual people.[57] These services have clearly defined access criteria and are usually regulated in regard to their implementation. These services recently attracted a lot of attention in the context of the reflections on demographic changes and women's participation in the labour market. Personal targeted social services[58] comprise services aimed at social and – eventually – labour market inclusion or readiness. They assist with debt, unemployment, social exclusion linked to long-term health problems, disability, addiction, homelessness, crime, as well as with overall protection and welfare for people in vulnerable situations. These services, because they respond to individual needs, tend to evolve, comprising new, emerging needs, such as those linked to the influx of migrants. They do have less homogeneous and less clearly defined access criteria and are on average less regulated as regards implementation.[59] Moreover, these services are to a large extent based on social work. The typical users of personal targeted social services are people who find themselves in vulnerable situations, which cannot be solved without support. In other words, these services act as enablers for the most disadvantaged, aiming at the achievement of a positive social impact, be it eventual labour market integration or an overall life improvement.

While analysis at EU Member State level shows some commonalities regarding the distinction of mainstream social services, this is not the case for personal targeted social services. Also, the boundary between the mainstream and targeted social services is sometimes blurred, in particular where the provision is implemented in an integrated way. Analysis of the situation at EU Member State level shows that in general **there is no specific categorisation or distinction made in this regard**. In the case of personal or personal targeted social services, although these terms are not generally referred to in EU Member States, input shows that the concept of personal targeted social services exists as an intervention but not necessarily as an approach. Generally, at the European level, a broad distinction can be made between services that are provided universally and those aimed at addressing issues relating to social inclusion. The analysis shows that there is some movement towards the idea of 'personalised provision' of services. Whereas 'personal' or 'personal targeted' social services refer to the type of services, personalisation is based on the idea that services should be individually tailored to the needs and preferences of the service user, and there is a variety of ways to refer to a range of methods that are intended to achieve this general aim (such as individualised assessment and response, care management that is negotiated with the service user or personal budgets, allocated according to the needs of a service user and managed by social workers).[60] This approach (and the types of services included) plays a crucial role in encouraging social inclusion for those in the most vulnerable situations, in particular, those who are the most likely to experience social exclusion. In some EU Member States, this is a concept that is ingrained into the national system as default. For instance, in Sweden, no distinction is

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[57] Adapted from: Munday B. and Komp K. (2004). User Involvement in Personal Social Services.

[58] To be noted that the two terms are used interchangeably: personal targeted social services and targeted social services.

[59] Adapted from: Munday B. and Komp K. (2004). User Involvement in Personal Social Services.

[60] Spicker, Paul. (2022). 'Social policy – Theory and practice'. Available at: http://www.spicker.uk/social-policy/pss.htm

made between mainstream social services and personal targeted social services. All social services are subject to personal needs-assessments and not offered to groups of people on the basis of wider characteristics.[61] The Social Services Act is a framework law which is implemented at municipal level where 'personalised' social services are offered, tailored to the needs and preferences of the users.

When considering the definitions that do exist at a pan-European level, these definitions or approaches to categorising social services do not correspond adequately to the way in which social services are defined or categorised at national level due to the complex nature of the various national systems. Therefore, an attempt to **define and categorise social services at the EU level should be broad in scope** and understand and respect the diversity of systems.

2.2. An analytical framework for assessing social services in the EU

Within the broad understanding of how social services can be defined at various levels (as outlined in the previous section), it is apparent that there is a range of conceptual distinctions or categorisations that can be made focusing on different aspects of social services' organisation, purpose, and impact. Based upon the findings on how social services are regulated, organised and provided in practice, the diversity in the systems of social services becomes immediately apparent.

For the purposes of understanding this variety, an analytical framework that takes into account the key distinctions relating to the context of functioning and monitoring of social services has been introduced. This framework is not pre-determined by EU competences in this area or the applicability of treaty provisions and other European legislation, but it identifies the broad elements of social services based on an empirical investigation of the reality on the ground across the EU Member States. The framework respects the competences of public authorities within EU Member States to define and organise social services and it reflects the understanding that EU Member States must take into account relevant EU legislation when exercising this competence.

This broader framework approach makes it possible to understand social services in a European context on a number of different levels. For example:

- From the perspective of EU legislation, such as competition law, reflecting the originally intended purpose of defining social services at EU level;

- From other EU perspectives, such as in relation to fundamental rights' issues or through the perspective of the European Pillar of Social Rights;

- From the perspective of EU Member States, in relation to issues such as the provision and financing of social services.

Within this framework, a number of key elements have been identified, as shown in the figure below. These elements are fundamental for understanding social services and their diversity in the EU Member States. It is important to underline that these categorisations are not mutually exclusive and thus overlap and interact in various ways.

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[61] National data collection, Sweden.

Figure 2: Summary of areas of operation of social services

Source: Authors' own elaboration

2.2.1.   Rationale of social services

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Rationale of social services

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The provision of social services is linked to ideas of universal human and social rights, democratic principles, religious and/or cultural values, and socio-economic ideology.[62] Social services differ in respect to other social state benefits, such as other benefits in kind or money transfers. These differences can partially be captured by a distinction made by reference to the purpose of the social service. In practice however, EU Member States often combine several of these characteristics. This element of the framework looks at the identified rationales behind the provision of social services and includes examples of the outlined approaches.

A rights-based approach

Social services can be linked to the purpose of protecting the fundamental human and social rights of each individual.[63] Human rights guarantee a person's dignity and their capacity to participate in a democratic society, and the social services are geared towards making these a reality. From the perspective of social services, the relevant fundamental rights include in particular: the right to dignity, the right to life, the right to respect for his or her physical and mental integrity, the right to liberty and security, the right to respect for his or her private and family life, the right to fair remuneration, the right to a home and communications, the right to education, the right to engage in work, the right to asylum, the right to non-discrimination, the rights of the child, the rights of the elderly, the rights of persons with disabilities. Social rights include the right to social security and the right to a standard of living adequate for health and wellbeing, including social services (for example, as referred to in Articles 22 and 25 of the Universal Declaration of Human Rights, or the

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[62] T Meyer, L Hinschmann, (2007) The Theory of Social Democracy.

[63] *Ibid.*

International Covenant on Economic, Social and Cultural Rights, where Article 9 refers to the right to social security, including social insurance).

In the context of fundamental rights, a distinction is often made between negative duties of the state (the obligation to abstain from a certain action) on the one hand, and positive duties of the state on the other (actions that are taken to actively promote a certain right). Fundamental social rights are often associated with the latter category: rights that need actions by the state to be realised and thereby imposing less evidently enforceable obligations of the state. Crucially, it is social services that are the manifestation of these 'positive' actions taken to guarantee respect for, and promote, fundamental rights in general, and fundamental social rights in particular.

The rights-based approach appears to be most commonly relied on throughout the European Union. Many EU Member States provide an implicit reference to this approach by listing social services which naturally feed into individuals' rights. In **Slovakia**, for example, persons' rights to dignity and non-discrimination may be targeted through its services aimed at the prevention or alleviation of unfavourable social situation as well as services which prevent social exclusion.[64]

Other EU Member States have a more clear-cut application of this approach. **Bulgaria**, in its definition of services, refers to types of activities which are used to enable the realisation of users' rights.[65] Similarly, **Latvia** includes the notion of promoting the full implementation of individuals' social rights in its definition.[66]

Czechia explicitly calls for the preservation of human dignity of individuals when providing social services. More specifically, it requires that services be directed to the interests of individuals so that to ensure their basic human rights and fundamental freedoms are fully respected.[67] **Sweden**, in turn, refers to the notions of democracy and solidarity within the context of social services, which require, among others, respect for people's rights to self-determination and integrity.[68]

Finally, **Luxembourg** and **Slovenia**, refer to rights guaranteed in their constitution for the implementation of social services. The former explicitly identifies gender equality, the right to work, the right to social security, health care and the right to a safe work environment, while the latter relies on fundamental social and economic rights.[69]

An economic and political approach

Social services can also be conceptualised as serving an economic and political purpose: as pre-conditions and 'buffers' of a healthy, sustainable and inclusive economy, to correct market-failures and/or to fulfil and meet political objectives.[70] This perspective relies on market mechanisms to provide services to recipients wherever possible, and state regulation/funding only to the extent that this is needed when the market does not sufficiently provide the (public) good. This for instance argues for a (partial) privatisation of a range of services of general interest, and for 'activating' measures in the form of care-budgets and active inclusion policies.

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[64] National data collection, Slovakia.

[65] National data collection, Bulgaria.

[66] National data collection, Latvia.

[67] National data collection, Czechia.

[68] National data collection, Sweden.

[69] National data collection, Luxembourg and Slovenia.

[70] James Midgley Growth, Redistribution, and Welfare: Toward Social Investment, Social Service Review. Volume 73, Number 1, March 1999

Currently, in **Austria**, the economic aspect of social services is recognised and it corresponds with the notion of social services being beneficial to EU Member States' economy. Accordingly, it has been identified that social services have an economic importance and as such contribute towards the economic performance of the country.[71]

Belgium also makes use of the economic approach in its system, transitioning over the years from relying on a solidarity-based approach to a quasi-market system. Although previously developed or otherwise implemented through civil society, services are now part of a system that functions on the notion of regulated prices and subsidies as well as a balance between supply and demand hence feeding into competition. With this, public authorities such as municipalities and the state tend to play a subsidiary role.[72]

Another take on the economic approach can also be found in the **Netherlands.** Within its social welfare system, the Netherlands focuses extensively on a wide range of social services, including that of social activation and employment. These services are specifically found in the Participation Act which delineates social assistance schemes to be implemented at a local level.[73]

Similarly in **Germany**, social services are an essential instrument of the German social security system. In addition to safeguarding social rights as a fundamental pillar of the German welfare state, the Social Act describes the benefits of the social system as 'social money' – money transfers, material benefits and social services.[74]

A solidarity-based approach

A solidarity-based approach to social services emphasises the duties of individuals towards one another, in promoting each other's well-being and assisting people in need.[75] This can, but does not have to, coincide with a religious approach, where key social services are provided by churches and other religious organisations. It should be noted that not-for-profit social service providers are also part of the social economy and pursue or are transitioning towards a social and human rights approach, and therefore there are overlaps in this regard.

As mentioned above, **Belgium** previously relied on a solidarity-based approach. Presently, **Portugal** is the EU Member State that makes the greatest use of this approach. Based on its implementation of social services, Portugal relies on Holy Houses of Mercy (Casas de Misericórdias) which initially emerged in the 15th Century. These institutions have been implicitly recognised for their social work by the Portuguese Constitution and qualify as Private Institutions of Social Solidarity (IPSS – entities of the social security systems). **Hungary** also makes use of the solidarity-based approach to provide, what is referred to as, settlement type social services. More specifically, NGO's and church organisations are found to be the main entities which assist groups such as vulnerable communities in disadvantaged locations and segregated communities.[76]

Key consideration/conclusions:

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[71] National data collection, Austria.

[72] National data collection, Belgium.

[73] National data collection, the Netherlands.

[74] National data collection, Germany.

[75] From charity to client-oriented social service production: A social profile of religious welfare associations in Western European comparison, European Journal of Social Work. Volume 5, 2002 - Issue 1, Pages 55-6; and (in US context) Laurence E. Lynn, Jr., 'Social Services and the State: The Public Appropriation of Private Charity' Social Service Review Volume 76, Number 1, March 2002.

[76] National data collection, Hungary.

- Definitions that exist within EU Member States' legal frameworks or national contexts provide different rationales for the provision of social services.

- Social services can be linked to the purpose of protecting the fundamental human and social rights of individual, guaranteeing a person's dignity and their capacity to participate in a democratic society.

- Social services can serve an economic and political purpose, as pre-conditions and 'buffers' of a healthy, sustainable and inclusive economy, to correct market-failures and/or to fulfil and meet political objectives.

- Social services can be provided on the basis of a charity-based rationale that seeks to emphasise the duties of individuals towards one another, in promoting each other's well-being and assisting people in need.

Contextual elements relevant for social services:

Social services are understood as a range of services provided to the public, intended to offer support and assistance to address a full variety of social needs of a society, certain groups within that society, as well as individuals in specific situations.

The conceptualisation and provision of social services is linked to the protection of universal human and social rights, democratic principles, religious and/or cultural values, socio-economic ideology but also to fulfil political objectives. Differences can partially be captured by reference to the purpose of the social service. These services can be linked to the purpose of protecting the fundamental human rights of each individual, guaranteeing a person's dignity and their capacity to participate in a democratic society. Social services can also be conceptualised as serving an economic and political purpose, such as pre-conditions and 'buffers' of a healthy, sustainable and inclusive economy and to correct market failures. A solidarity-based approach to social services instead emphasises the compassion of individuals towards one another, to promote each other's wellbeing and to assist people in need.

2.2.2. Functions of social services

Functions of
social services

Another element that can guide in assessing social services in EU Member States are the social services functions. Throughout the EU, there is generally no standard set of functions which are used universally. Most EU Member States diverge in the lists or definitions they provide for functions in addition to the fact that not all EU Member States will refer to the functions of social services in the first place.

Generally, the functions assigned to social services will align with the types of users or needs identified by each EU Member State.[77] Furthermore, the functions of social services align with the aims and purposes the systems seek to achieve. Social Services Europe for example, defines the functions of social services as the "care of the individual or groups who are in need of support in order to function within society."[78] Functions of social services have also been recognised as "to aid disadvantaged, distressed or vulnerable persons or

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[77] Brian Munday for the Council of Europe, European Social Services: A map of characteristics and trends, (2003 – 2004) available at: https://www.coe.int/t/dg3/socialpolicies/socialrights/source/SocServEumap_en.doc.

[78] Jane Lethbridge for Social Services Europe, (2017), Recruitment and Retention in Social Services: Unlocking the Sector's Job Creation Potential available at: https://80cf426a-4e57-48e6-a333-91f4b1dbdd1a.filesusr.com/ugd/9f45fc_beaa7508e73f4c57b43b3a19b1fe07ac.pdf, p 4.

groups."[79] These definitions of social services' functions are very broad and can ultimately encompass many different understandings.

The 2007 **Commission Communication on Services of general interest, including social services of general interest,** provides several examples of functions of social services within its definition:

- social services respond to vital human needs, in particular the needs of users in vulnerable position;

- social services provide protection from general as well as specific risks of life and assist in personal challenges or crises;

- are also provided to families in a context of changing family patterns, support their role in caring for both young and old family members, as well as for persons with disabilities, and compensate possible failings within the families;

- are key instruments for the safeguard of fundamental human rights and human dignity.

However, not all EU Member States refer explicitly to these functions within national definitions, although there are a number of similarities and overlaps. **Bulgaria**, for example, refers to three key functions of social services: preventive, supporting, and restorative/rehabilitative. These correspond to services that are provided to all or specific groups without previously identified risks; provided following identification of particular risks or for specific needs; and as specialised support for individuals with special needs.[80] Similarly, **Lithuania** relies on two key functions: ensuring social attendance and social care. The former includes services such as at-home assistance and temporary lodging services, while the latter focuses more on specialised care of a more permanent nature.[81] In **Croatia**, by contrast, there is a broader understanding of the functions of social services, namely to "prevent, identify and address problems and difficulties of individuals and families whilst also improving their life in the community."[82]

In **Czechia**, the definition provided in the Act on Social Services notes that the scope and form of assistance and support provided through social services must preserve the **human dignity of persons**.[83] Assistance must be based on the individually determined needs of persons, have an active effect on individuals, support the development of their independence, motivate them to engage in activities that do not lead to a long-term persistence or deepening of an unfavourable social situation, and strengthen their social inclusion. Social services must be provided in the interests of individuals and in an appropriate quality in such a way as to ensure that human rights and fundamental freedoms are always fully respected. In **Poland**, the Act on Social Assistance provides the definition of social services: social assistance is a state social policy institution, aiming to enable individuals and families to overcome difficult life situations which they are unable to overcome by using their own powers, resources and possibilities.[84] Social assistance supports individuals and families in their efforts to meet their essential needs and enables them to live in conditions fitting human dignity. The task of social assistance is also to prevent difficult life situations by taking actions aimed at the independence of individuals and families and their integration within society. Similarly, in **Romania**, the framework act for social sector services provides that social services are the activity or the set of activities

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[79] Robert A. Pinker, Social Service. Available at: https://www.britannica.com/topic/social-service.

[80] National data collection, Bulgaria.

[81] National data collection, Lithuania.

[82] National data collection, Croatia.

[83] National data collection, Czechia.

[84] National data collection, Poland.

performed to meet social needs, as well as special, individual, family or group needs, in order to overcome difficult situations, to prevent and combat the risk of social exclusion, to promote social inclusion and increase quality of life.[85] In **Slovenia**, social protection services are, in accordance with the Social Protection Act, designed to prevent and eliminate personally felt social distress and objectively recognisable social problems for individuals, families and groups of the population.[86] As can be seen from the examples provided, these forms of definition that include elements of functions of social services are common in the legislation of Eastern and Central European countries.

Social services in **France** target persons in vulnerable position, although generally the services are not very diverse, nor are they very important (in terms of allocated amounts for example).[87] Social Services are not administered to the population as a whole independently of wealth and income as vulnerability is defined via two main criteria: a) the degree of autonomy, and b) the level of income. Finally, their main function is not to establish more gender equality or to assure more equal opportunities for all, but to prevent the most fragile from social exclusion and a total loss of autonomy. However, in addition to this remedial function, a preventive dimension is also present, as evidenced by recent approaches.

In many EU Member States' definitions, the functions of social services are outlined in the form of a list of activities that social services should fulfil. For instance, in **Italy**, social services are defined as a set of activities, to prepare and deliver benefits intended to help individuals in need, such as children, families, migrants, non-self-sufficient people throughout their lifetime.[88] This includes:

1. measures to combat poverty and to support income and accompanying services, with particular reference to homeless people;

2. economic measures to favour independent life and continue life at home for people who are completely dependent or unable to perform daily activities;

3. support interventions for minors in situations of hardship through support for the family of origin and placement in families, people and community reception structures of family type and for the promotion of the rights of children and adolescents;

4. measures to support family responsibilities, to promote the harmonisation of working time and family care;

5. support measures for women in difficulty;

6. interventions for the full integration of persons with disabilities, and community and reception services for those without family support, as well as provision of temporary family replacement services;

7. interventions for the elderly and persons with disabilities to facilitate their living at home, or placing them with families, people and community reception structures of family-type, as well as interventions for the reception and socialisation in residential and semi-residential structures for those who, due to their high personal fragility or the limitation of autonomy, cannot be assisted at home;

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[85] National data collection, Romania.
[86] National data collection, Slovenia.
[87] National data collection, France.
[88] National data collection, Italy.

8. integrated socio-educational services to counter drug, alcohol and drug addictions, favouring preventive, recovery and social reintegration interventions;

9. information and advice to individuals and families to facilitate the use of services and to promote self-help initiatives.

Based upon the analysis conducted at EU Member State level and taking the Commission Communications into account, the following functions of social services can be identified:

- Social services play a role in the prevention of social problems and provide support at early stages in order to support the wellbeing of persons.

- Social services provide personal help and protection from general as well as specific risks of life and assist in personal challenges or crises.

- Social services contribute to the safeguarding of fundamental human rights and human dignity, and play a role allowing people to contribute to society.

- Social services provide support to individuals and families throughout the course of their life, taking into account changing family patterns. They provide support for caring for both young and old family members.

- Social services contribute to non-discrimination, to gender equality, to human health protection, to improving living standards and quality of life and to ensuring the creation of equal opportunities for all.

- Social services play an important activation role in raising labour market participation, improving the job readiness of people and helping in finding suitable employment.

- Social services also facilitate social inclusion and safeguard autonomy of inidviduals.

Key considerations/conclusion:

- There is no standard set of social services' functions which are used universally.

- EU Member States diverge in the lists or definitions they provide for functions.

- Some EU Member States do not refer to the functions of social services at all.

- The functions that are assigned to social services tend to align with the types of users or needs identified by each EU Member State and the aims and purposes the systems seek to achieve.

Contextual elements relevant for social services:

The function social services have in a society is intrinsically related to how one conceptualises their rationale or purpose. Indeed, the functions of social services can be defined as the role they play towards fulfilling their broader rationale/purpose (see the rationale section above). Thus, following (i) a human rights rationale, the function of social services is to ensure the minimum welfare conditions necessary for a life with dignity and the necessary conditions for participation in a democratic life, (ii) an economic rationale, the function of social services is to activate persons to ensure increased labour market participation, to enhance their job readiness and the resilience of the individual as well

as the economy at large, (iii) a solidarity-based rationale, the function of social services is to enhance the physical and mental wellbeing of individuals.

2.2.3.   Recipients of social services

Recipients of social services

A different element of distinction is by reference to the target or recipient of the social service in question. In many cases, EU Member States include a typology of users within their definitions or legislation that defines social services. Based upon this analysis, it is possible to develop a categorisation of the types of distinction made within EU Member States' systems regarding users.

1) The general public

Social services can be provided to the public at large, in the 'general interest', in the same manner as transport, energy, water, security and civil protection. This often means, as in the case of **Luxembourg** and **Ireland**, that there is no official typology for all users of social services.[89] In **Ireland**, broad categorisations of service users might encompass children and adolescents, adults/people of a working age, older people and persons with disabilities. However, these categories are not always precisely defined and may differ depending which Government department (ministry) is providing the service.[90]

2) Groups

It is often the case that social services are understood to target specific groups in society with particular needs and/or vulnerabilities, such as children, parents, the elderly, persons with disabilities, people living with disease, survivors of abuse, people living with addiction, migrants, and economically challenged groups. Many of the people belonging to these groups can be considered vulnerable persons experiencing social exclusion.

EU Member States take a number of different approaches regarding grouping users of social services, with some overarching similarities that are apparent across EU Member States. In **Greece**, for instance, national social care policies focus on family, children and youth, older people, people with special needs and vulnerable population groups and groups that are in a state of emergency. Pursuant to national law, users of social services can fall into vulnerable groups of the population: persons with disabilities, with mental health problems and special groups (unemployed, people with diverse linguistic or cultural heritage).[91]

Within its national legislation, **Hungary** categorises users of social services as vulnerable people in social need, usually based on the following factors: 1) age, 2) social status, 3) health status, 4) disability, 5) psychiatric problems, 6) addiction, and 7) homelessness.[92] In **France**, applicants for some social services like the APA (domestic aid for people in loss of autonomy) are categorised by the degree of their loss.[93] The range goes from GIR1 (very vulnerable – with strong disabilities, elderly and isolated people who are not at all

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[89] National data collection, Luxembourg and Ireland.

[90] National data collection, Ireland.

[91] National data collection, Greece.

[92] National data collection, Hungary.

[93] National data collection, France.

autonomous – to GIR6 low degree of vulnerability and loss of autonomy). The APA is provided to people categorised GIR1-4 but the provider can decide on an optional basis to extend provision to GIR5-6 categories. Therefore, the provision of social services is based upon the person's vulnerability level, which is the main criterion used by public administration in order to determine the eligibility of a potential beneficiary. Another criterion is the income level, used mostly in combination with a person's vulnerability level. In **Portugal**, social services are defined in detail by specific legislation, whereby there are 71 types of services characterised in a government order.[94] They are categorised into four major intervention areas 1) Childhood and Youth, 2) Adult Population and 3) Family and Community, and one last group ('Closed Group') that includes other services not related to these three intervention areas. Each intervention area is in turn divided into specific user groups. For example, in 'Childhood and Youth', children and youth at large, as well as children with disabilities and youth user group, and children and youth in danger area of intervention are included. The definition/description of each service is quite clear in specifying to whom it is targeted and the conditions under which it is applicable. Therefore, it allows a clear distinction between personal services and other social services.

In **Bulgaria**, according to the new Social Services Act, the typology of users of social services is made on the basis of age and on their specific needs of users.[95] Users of social services are generally divided to children and adults, and more specifically, the target groups of users are defined, in terms of their specific characteristics, i.e.:

- All children

- Children at risk within the meaning of the Child Protection Act

- Parents, adoptive parents, persons caring for children, candidates for adoptive parents and candidates for foster families

- Children and adults with disabilities

- Adults in a crisis situation or with a need to overcome the consequences of such a situation

- Elderly people over working age

- Persons who take care of adults.

Based on the analysis carried out of examples collected at EU Member State level, it is possible to identify, at least, the following categories of users:

- Children/youth/family

- Elderly people

- Persons in special problem situations (drugs, violence, homelessness, delinquency, etc.)

- Persons with special needs/disabilities

- Persons with support needs in the field of employment and education

- Persons in situations of poverty, exclusion or marginalisation

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[94] National data collection, Portugal.
[95] National data collection, Bulgaria.

Regarding the inclusion of **asylum seekers or migrants** within this categorisation, although explicitly referred to by a small number of EU Member States, there is not enough evidence to justify that this category of user is recognised universally within definitions or categorisations of users.

Additionally, such a classification also does not take into account the fact that many users of social service can fall into **multiple categories**. For example, elderly people can include people who are in special problem situation (for instance, in a situation of homelessness) or face poverty. In fact, it is highly likely that older people who reach out to social services will also have most of those characteristics.

3) Specific individuals

An individual may at the same time belong to different 'vulnerable' groups, thus social services can be provided not following a 'group' logic but instead in a personalised (individual and targeted) way, where the service is determined by reference to the specific needs of the individual. In **Sweden**, all social services are subject to personal needs assessment and not offered to groups of people on the basis of wider characteristics. Services are tailor-made to suit the needs of the beneficiary.

Key considerations/conclusions:

- Social services can be provided to the public at large, in the 'general interest', in the same manner as transport, energy, water, security and civil protection.

- It is common for social services to target specific groups in society with particular needs and/or vulnerabilities.

- Some services are more universal in their provision, whereas others are specifically aimed at persons experiencing social exclusion.

- There is not enough evidence at EU Member State level to justify that migrants/asylum seekers are considered a separate category of users within definitions or categorisations of users.

- Classification on the basis of target group does not take into account the fact that many users of social services can fall into multiple categories.

- Some EU Member States do not follow a group logic but instead they organise social services in a personalised (individual and targeted) way.

- The Covid-19 pandemic has led to the emergence of new users of social services.

Contextual elements relevant for social services:

Social services can be provided to the public at large in the 'general interest', towards specific target groups in society with particular needs and/or vulnerabilities, such as children, parents, the elderly, persons with special needs or disabilities, people in special situations (such as addiction, violence, homelessness, delinquency, etc.), people with support needs in the field of employment and education and people in situations of poverty, exclusion or marginalisation. They can also be provided in a personalised (individual and targeted) manner, where the service is determined by reference to the

specific needs of the individual. The users of social services also play an important and active role in co-creating and further shaping the social service offer and its activities.

2.2.4. Actors involved

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Actors involved

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Social services consist of a number of different activities. In order to provide each service/activity efficiently and to its fullest potential, more often than not, they are provided by a number of different actors. The access to social service provision and involvement of these actors is monitored and regulated in many EU Member States with some of them setting up specific conditions that need to be met in order to provide social services.

While it is less common to define social services in terms of their providers, generally, the actors involved in the provision of social services across the EU can be broadly divided into four groupings:

1. Public sector actors

2. Private-commercial sector actors

3. Third sector actors

4. Informal sector actors

The remainder of this section describes them in detail and whenever possible, quantitative information is included.

1) Public sector actors (public administration, municipalities and other public authorities and agencies)

Public sector actors are the dominant social service providers across all EU Member States. Within this category, it is not only public authorities at national, regional and local level that are included but also legal entities that are created by these authorities specifically for the provision of social services. Usually, very few ministries/authorities have direct interaction with end-users as they are mainly responsible for policy setting. However, most of them have state agencies under their *aegis* that have responsibility for the delivery of personalised social services. For example, in **Romania** these can be:

- Specialised structures within or subordinate to local public administration authorities and the executive authorities from the administrative-territorial units organised at the level of the communes, cities, and municipalities.

- Central public administration authorities or other institutions subordinate to them or under their coordination which are assigned responsibilities by law regarding the provision of social services for certain categories of beneficiaries.

- Health units, educational units and other public institutions that develop, at community level, integrated social services.[96]

In **Germany**, there are two types of public sector actors responsible for social services. The first type consists of the social state institutions at federal, state (Länder) and

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[96] National data collection, Romania.

local/municipality level. These can include municipalities, regions and cities, such as the 'Gebietskörperschaften' (the level below the states), which include 'kreisfreie Städte', 'Landkreise', 'Stadtstaaten' and some municipalities with responsibilitie devolved from states. The second type of public sector actors are the social insurances as 'quasi social state institutions' with the responsibility for the administration of the social insurance system with units at federal, state and sometimes local level. They are autonomous bodies under public law.[97]

As public authorities may not be able to focus on the simultaneous delivery of all social services due to resource constraints, in most EU Member States they focus their service provision on specific sectors/target groups and open the rest to other actors. In **Austria**, public sector actors are particularly dominant in childcare and the elderly and nursing homes services provision.[98] In **Czechia**, it is the residential social services (i.e., long-term care) that are provided by public providers at municipal and regional levels and, to a lesser extent, by church organisations. However, recently the involvement of private companies has also been developing. Field social services are provided mainly by municipalities and municipal organisations.[99] In **Malta**, psycho-social services are mainly provided by state agencies and, to a lesser extent, by NGOs.[100]

In **Slovakia**, regional and local authorities are legally obliged to provide certain services. Based on a mixed model, regional authorities focus more on providing services to persons with disabilities, while municipalities concentrate on the provision of assistance and care for the elderly. As public providers represent a substantial share of providers (more than half), this legal obligation to offer certain types of services predetermines the whole picture of the social services market. Most common service providers focus on the provision of services of long-term care for the elderly people and persons with disabilities. Other services are slightly less emphasised and are minor in comparison.[101]

Similarly, in their regulation of the forms of provision/delivery of social services, the majority of the **Spanish** regional laws establish that certain services are of direct public management exclusively. In other words, for these specific services it is not possible to resort to any formula of collaboration with social initiative or private initiative for their management.[102] For Asturias, this includes three types of services:

- Private participation is not allowed in services concerning the access to the public social services system, the evaluation of basic/primary needs, or the elaboration and monitoring of users' individual plans.

- A few regions do not allow private action in the management of economic aids.

- A few regions do not allow private action in involuntary commitment, or minors' adoption and protection processes.[103]

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[97] National data collection, Germany.

[98] National data collection, Austria.

[99] National data collection, Czechia.

[100] National data collection, Malta.

[101] National data collection, Slovakia.

[102] National data collection, Spain.

[103] Gobierno del Principado de Asturias, (2017), Análisis Comparativo de Leyes de Servicios Sociales vigentes en las Comunidades Autónomas, SISS, Centro de Documentación y Estudios. Oviedo . Available at: http://ibdigital.uib.es/greenstone/sites/localsite/collect/portal_social/index/assoc/goviedo0/004.dir/goviedo0004.pdf;jsessionid=513D52008680908773023123540513C

2) Private-commercial sector actors ('for-profit' sector, i.e., organisations that are allowed to charge for their services and make a profit)

The for-profit sector is less developed in Europe in the provision of social services, unlike some other parts of the world, such as North America. This may be because of the considerable regulation of social services and their provision as well as the fact that the target groups – mostly people in vulnerable situations – are not seen as an interesting business segment. The long-term care sector is perhaps the main exception in several EU Member States.

With the major reorganisation of the **Danish** municipalities in 2007, initiatives were launched to establish market-like arrangements with the purpose of increasing competition. In the post-reorganisation period, public-private cooperation has been strengthened. More specifically, this means that within the social service sector the provision of a quarter of all suitable services is subject to competition.[104] This is especially so within the field of vulnerable children, young people and adults, where private firms are contracted by the municipalities and are now providing 60% of the housing services across the entire country.[105]

Similarly, in **Luxembourg** the private-commercial providers have gained importance in childcare and elderly care sectors.[106] Furthermore, there has been an increased tendency for the **Irish** Government to contract private sector companies to provide social services. The Department of Social Protection has contracted two private sector companies to deliver the JobPath Employment Activation Programme which caters mainly for people who are long-term unemployed to assist them in securing and sustaining full-time paid employment or self-employment.[107]

Nevertheless, even these organisations often receive financing from the public authorities. In **Belgium**, more specifically in Flanders, there has been a move towards an increasingly commercialised social service provision in the areas of residential care and services for the elderly; however, these are still financed directly by the Flemish government. While private entities are not allowed to operate in the non-domiciliary care service provision, they may operate in other areas such as community action in neighbourhoods or with specific target groups or homes for young people placed in care, legal advice, aid to victims of offenses, re-integration of ex-offenders etc.[108]

In **Spain**, due to its decentralised set up, in some of the autonomous regions (such as Andalucia, Aragon or Cantabria) commercial entities may seek out the most profitable sectors of the system in order to establish themselves in the market and generate profits. They can collaborate with the administrations through agreements, arranged/concerted places (plazas concertadas) or managing publicly owned services, according to the rules established by each autonomous community.[109] Private entities have to comply with specific requirements, as regulated by public entities, which are the ultimately responsible entities. This permission is granted by the public entity responsible for the service (either the municipality or autonomous community responsible for the service). In general, requirements to obtain this permit are similar, but the permit obtained from one public entity

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[104] National data collection, Denmark.

[105] Udbudsportalen, (2012), Offentligt-privat samarbejde på det specialiserede socialområde . Available at: https://udbudsportalen.dk/wp-content/uploads/2016/04/inspirationsmateriale-det-specialiserede-socialomraade.pdf

[106] National data collection, Luxembourg.

[107] National data collection, Ireland.

[108] National data collection, Belgium.

[109] Pelegrí Viaña, X., (2007), "El modelo de servicios sociales en España", Revista Internacional de Ciencias Sociales y Humanidades, SOCIOTAM, vol. XVII, núm. 2. Available at: https://www.researchgate.net/publication/237038528_El_modelo_de_servicios_sociales_en_Espana

does not guarantee that a similar permit will be granted by a different public entity as it is dependent on the public procurement process.[110]

On the contrary in **Italy**, the current situation shows a trend in local authorities' preference to externalise the provision of social services to non-profit organisations through public procurement, rather than those operating for profit. This is both because of their cost-effectiveness and their wider presence in the field of social assistance services.[111]

3) Third sector actors ('non-profit sector', i.e., organisations that may charge for their services but not for making profit)

Overall, the third sector is of a **high social and economic relevance** for social services. It includes non-profit and non-governmental organisations and associations or charitable private foundations. Often, these organisations become active in the field of social services when there is a **market or service provision gap**. However, at times they are regarded as playing a slightly ambiguous role since they represent private institutions according to their self-perception, historical development and legal status, while performing extensive public tasks which are often supported financially by the state, and are closely involved in social services.

Many of these actors, in order to strengthen their position and service provision, come together to form different **networks** at international, national, regional or local levels. Furthermore, an indivisible part is played by international organisations that establish local chapters/offices in the individual countries such as the Red Cross and others.

The implementation of social services of these actors is regulated by law. In **Czechia**, the third sector organisations provide mainly preventive social services, which is a legacy of the post-communist years in the 1990s when non-governmental organisations were heavily supported.[112] On the contrary, in **Greece** a large number of such organisations are set up by parents of children and persons with disabilities. These organisations focus on service provision to persons with disabilities. Similarly, most psychosocial support via telephone is provided by non-governmental organisations.[113]

Community and voluntary organisations play a prominent role in the provision of personalised social services in **Ireland**. They are especially prominent in the healthcare and disability services. There has always been a strong tradition in Ireland whereby religious, community and voluntary organisations have played a major role in the provision of healthcare and education services. Many disability services are provided by community and voluntary organisations.[114]

In **Latvia**, the involvement of not-for-profit organisations is stipulated by the Law on Social Services and Social Assistance that delegates some of the state's statutory responsibilities in the area of provision of social services to certain not-for-profit organisations. For example, the Latvian Society of the Blind and the Latvian Association of the Deaf have been delegated to provide social rehabilitation of the visually and hearing impaired. If necessary, organisations may also choose other service providers, but this choice must be made in accordance with a public procurement procedure.[115]

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[110] National data collection, Spain.

[111] National data collection, Italy.

[112] National data collection, Czechia.

[113] National data collection, Greece.

[114] National data collection, Ireland.

[115] National data collection, Latvia.

In **Portugal**, the actors within these sectors are divided in accordance with five different traditions into: 1) Holy Houses of Mercy of the Catholic religion; 2) social solidarity cooperatives associated with the cooperative/social economy tradition; 3) social insertion enterprises mostly created and sustained by deployment of promotion of public policies in partnership with non-profit organisations; 4) charity-based tradition included in the statute of Private Institutions of Social Solidarity (*Instituição Particular de Solidariedade Social*); and 5) similar not-for-profit organisations operating in welfare, and social solidarity enterprises related to a voluntary engagement tradition.[116]

In **Slovakia**, certain non-public providers need to accept clients upon the statement of dependency if the regional authority cannot cover the demand within their own facilities. In other services, especially the civic associations usually have more financial and organisational freedom and independency, even though they still consider cooperation with the municipality important.[117]

In the **German** system of social services, responsibility is institutionally divided into two different areas, the public administration and the system of independent welfare organisations under heavy influence of the "Wohlfahrtsverbände" (umbrella associations)[118]. The dominant organisations in the provision of services are the independent providers (or welfare organisations), mostly organised as part of the larger umbrella associations. The special feature of the German system of shared responsibility is that, not only the service providers have a priority over the public institutions but, the system of umbrella associations is also supported by the state in their professional activities. Their political co-responsibility lies within the tasks of the 'social state'. The most common legal form of the service provider here is a non-profit association as provider of common benefit or public utility.[119]

4) Informal sector actors (including family members, neighbours, friends, churches, charities and the civil society)

Volunteering is of great importance in the provision of social services, however, there are great differences between the EU Member States. For example, in **Austria** 46% of the population aged 15+ engage in formal or informal voluntary activities, with 31% involved in voluntary work in various institutions and 30% in neighbourhood assistance.[120] Furthermore, civil society organisations and social movements continue to play an important role in negotiating and, in some countries such as **Belgium**, in co-determining policies in the field of social services.[121]

In **Italy**, informal primary networks including family, friends, colleagues, neighbours are seen as very advantageous since these are relationships based on reciprocity and affection that perform a protective function of supporting identity. Especially as these may create a network that offers help and support in the form of volunteering or even self-help groups. These networks are characterised by the fact that support and help is also provided by groups of individuals sharing similar disadvantages. Furthermore, historically personal social services have traditionally been provided by the non-profit sector, often affiliated with

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[116] National data collection, Portugal.

[117] National data collection, Slovakia.

[118] Sometimes also referred to as "Wohlfahrtspflege".

[119] National data collection, Germany.

[120] Federal Ministry of Social Affairs, Health, Care and Consumer Protection, (2019), Third Report on Volunteering in Austria (3. Bericht zum freiwilligen Engagement in Österreich, Available at: https://www.freiwilligenweb.at/

[121] National data collection, Belgium.

the Catholic Church, and by family networks.[122] In fact, recent estimates show that out of some 40,000 cooperatives currently operating, about 1,400 provide personal social services and half of these are dedicated to services for children, the elderly, and persons with disabilities.[123]

Traditionally, in **Germany** the state subsidiarity plays a decisive role, through which civil society commitment and voluntary work can be secured and mobilised. This is mainly achieved by the close cooperation and the responsibility of the welfare organisations '*Wohlfahrtsverbände'* and their value-based approach. Volunteers and communities play a considerable role in social services, with the member organisations of the *Wohlfahrtsverbände* having a high potential to mobilise volunteers. Also, traditional for social work are community-based approaches with the goal of having the population participate and contribute to local communities.[124]

Overall, in the majority of the EU Member States, the public sector actors are usually the **dominant providers of social services**. However, the remaining three categories of actors also play a **decisive role** in the provision of social services depending on the country, particularly with regard to filling the gaps in service provision of the public actors. Therefore, their competence in the social services provision is very much dependent not only on the legal framework but also on demand and supply. Some examples of the share of non-public actors in social service provision are provided in the table below.

Table 2 – Examples of share of non-public social service providers in selected EU Member States[125]

EU Member State	Share of non-public social services providers
Bulgaria	20%
Hungary	27.5%
Slovakia	44%

Source: National data collection.

Even if a service or an activity is provided by a non-public sector actor, it may still receive financing from public resources as public authorities often provide subsidies, publish public procurement or European/national/regional funding calls that are open to actors from the other three categories, social impact bonds etc.

In order to ensure high-quality of service provision, accessibility and to avoid exploitation, particularly of the vulnerable populations, the **number and access of the non-public sector actors is authorised** at national, regional and local level by public authorities. However, at times EU Member States face difficulties in implementation of such oversight due to complex structures of competences and financing of the different services, particularly occurring in federal states such as **Austria**, **Belgium** and **Germany**.[126]

To monitor all the actors involved in the provision of social services, EU Member States keep **provider registries** or set **other authorisation requirements and minimum criteria**

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[122] Bönker, F.,M. Hill and A.Marzanati, (2010), Towards marketization and centralization? The changing role of local government in long-term care in England, France, Germany and Italy, in: H. Wollmann and G.Marcou, G. (eds.) 2010a, pp. 97-118.

[123] Bauer, H. and F. Markmann. (2016), Local Public Service Delivery between Privatisation and Publicisation: The Renaissance of the Cooperatives? In H.Wollmann, I. Kopric and G. Marcou, (eds.), Palgrave.

[124] National data collection, Germany.

[125] Information compiled based on national data collection in the mentioned countries.

[126] National data collection, Austria, Belgium, Germany.

to be complied with. The duration of a **social service provider licence, authorisation or accreditation** varies across EU Member States as well as within some countries depending on the service to be provided. In some countries, the access of non-public actors to social service provision is authorised through signed memoranda. In **Greece**, there has been an extensive discussion regarding the certification of church institutions which seem to be operating in a 'vacuum' (or a 'state of impunity') as they are not required to apply for a licence and, therefore, they are not adequately supervised.[127]

The table below provides some examples of the type of requirements among the EU Member States.[128]

Table 3 – Examples of authorisation requirements in EU Member States

MS	Type of requirement	Description
Bulgaria	Provider licence	The validity of a licence is five years. In order to obtain the licence, besides conforming to the requirements set out by legislation, social service providers also have to pay a fee for the issuance and renewal of the licence.
Croatia	Minimum criteria	The Ordinance on minimum conditions for the provision of social services[129] sets out the common minimum conditions for the provision of social services and special minimum conditions for the provision of social services according to user groups. The common minimum conditions relate to the premises, equipment, nutrition, maintenance and hygiene of premises and equipment, accounting and financial affairs. For each of the categories of user groups and in accordance with their specificities, specific minimum conditions for the provision of social services relating to the activity and type of services, special conditions of space, equipment and workers are defined.
France	Accreditation certificate	The accreditation is valid for five years after which it needs to be renewed. The accreditation is given automatically after three months from application if the authority has not rejected the application in that period. Expansion of an activity or addition of service implies a modification of the existing accreditation and needs to be validated by the competent authority. Every accredited service provider needs to provide an annual report to the accreditation authority otherwise their accreditation is revoked.
Lithuania	Specific requirements	The Minister for social security and labour regularly approves a catalogue of social services specifying which types of social service providers deliver specific social services, including private companies and NGOs.
Netherlands	Minimum criteria	These conditions focus on suitability of the premises and equipment, availability and accessibility of facilities, variety and quality of the services, the qualifications and number of staff, or having a complaint procedure in place.
Poland	Contract with local authorities	Non-public organisations do not need to obtain a specific licence, but they are only able to deliver a social service based on a contract with a local authority to be able to deliver their services. The contract then may contain specific requirements such as the organisation needing to employ social workers with appropriate qualification levels. There is also a control system in place (set by each contracting authority checking the

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[127] National data collection, Greece.

[128] Information compiled based on national data collection in the mentioned countries.

[129] Official Gazette 40/14, 66/15, 56/20 i 28/21.

MS	Type of requirement	Description
		quality of services delivered and the qualifications of the employed social workers
Portugal	Memorandum of understanding	A memorandum of understanding is signed every two years between the Government and the representatives of major social service providers, to regulate the relationship between the state and non-public operators. This memorandum incorporates changes and innovation, including new services, introduced in the system either by new political priorities or by the dynamics of the non-public providers.
Romania	Accreditation certificate	The duration of the accreditation certificate is indefinite. The providers undertake that within a maximum of three years (from the issuance date) they will set up and provide social services. The providers must also apply for an operating licence for a specific (set of) service(s) within a specific territory which means that not all who possess the accreditation certificate manage in the end to provide social services.

Source: National data collection.

In **Finland**, in cases where the service provider wants to expand to a new municipality, they need to apply for a change to their license (round-the-clock services) or notify all local governments they already provide services (non-round-the clock services).[130]

Also, in **France** non-public actors may apply for a VAT reduction for the services delivered and an exoneration of social contributions for its employees which means lower cost of labour to them. Both of these increase the competitiveness of the service provision, especially among for-profit actors. Furthermore, there are some social services for which providers do not have to acquire an accreditation but only a declaration, these include:

- Childcare at home for children aged 3+;

- Services for home maintenance, cleaning, gardening etc.;

- Aesthetic treatments and services (hairdressing etc.) for dependent persons;

- Cooking meals at home or home delivery of cooked meals for dependent persons;

- Translator or a person who reads for persons with disabilities;

- Educational support, administrative support, support for computer services for vulnerable persons;

- Pet-sitting for dependent persons (except veterinary services);

- Temporary drivers' services for elderly and persons with disabilities who need assistance temporarily.[131]

Key considerations/conclusions:

- Providers of social services can generally be divided into four groups depending on the types of the actors: public, private-for-profit, third sector, informal sector.

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[130] National data collection, Finland.
[131] National data collection, France.

While public sector actors are the dominant social services providers in the EU Member States, the other three groups of actors also play a decisive role in the service provision.

- In some EU Member States, the scope of services provided by the public sector actors is assigned by law.

- Even if social services are provided by non-public actors, they may still receive financing from public sources.

- The access to social service provision by non-public sector actors is regulated in the majority of EU Member States directly through certification, authorisation and registration or indirectly via public procurement requirements.

Elements relevant for a definition:

Social services can be provided to the public at large and specific target groups by actors that fall within the following four groupings:

1) Public sector actors such as the public administration, authorities and municipalities.

2) Private-commercial sector actors ('for-profit' sector), i.e., organisations that are allowed to charge for their services and make a profit.

3) Third sector actors ('non-profit sector'), i.e., organisations that may charge for their services but do not make a profit.

4) Informal sector actors, which includes family members, neighbours, friends, churches, charities and the civil society.

The access of the non-public sector actors to the provision of some or all social services may be assigned by law and authorised through service provider registries or certification.

2.2.5. Organisation of social services

Organisation of social services

Another element that can be used to define and assess social services and distinguish between their different types is to consider how they are organised (i.e., in a centralised, decentralised or mixed manner) as they can be provided independently or as a complex system of different social services. Furthermore, it is also important to consider the extent to which the different social services are integrated with each other and to what extent they are aligned and interrelated with other services.

Social service provision

As social services fall into a wide range of policy areas, such as labour market policy, education policy, health policy, youth and family policy, justice policy, migration policy, senior citizens' policy, security policy or housing policy, there is a great need of cooperation and coordination to ensure equal interpretation, distribution and accessibility. Usually, the

competence, role and responsibility are specified in the legislative framework. To this end, social service provision can be either set up centrally or more responsibilities given to the various actors within the various governance structures at different levels (i.e., decentralised service provision). There are also a few countries were both elements coexist.

If the provision of social services is organised in a top-down manner, it means that the provision is overseen **centrally** by the national authority in charge that provides specific instructions and guidelines to the actors at regional and local levels. At the same time, the social service provision can be organised in a **decentralised** manner where the regional and local actors are free to set up the social service delivery as they deem relevant for their territory without any input from the central government/authority in charge. There are also instances of countries where these two approaches are **applied in parallel**, be it because of the country undergoing a reform in this area or because the different social services fall under the competences of the different governance levels. The following table provides an overview of how social service provision is structured across the EU Member States that is then further explored below.

Table 4 – Overview of social service provision across the EU Member States

EU Member State	Service provision		
	Centralised	Decentralised	Mixed
AT		✓	
BE			✓
BG			✓
CY	✓		
CZ		✓	
DE		✓	
DK		✓	
EE			✓
EL			✓
ES		✓	
FI		✓	
FR	✓		(✓)
HR		✓	
HU			✓
IE	✓		
IT		✓	
LT		✓	
LU	✓		

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EU Member State	Service provision		
	Centralised	Decentralised	Mixed
LV		✓	
MT	✓		
NL		✓	
PL	✓		
PT		✓	
RO			✓
SE		✓	
SI	✓		
SK		✓	

Source: National data collection.

Centralised social service provision

Under the centralised system, social services delivery is overseen by central public administration, for example, National Solidarity Fund in **Luxembourg**. In **France**, the state decides the fiscal advantages for families, the criteria for eligibility for social services, the amount of the additional minimum income and the additional family allowance and the type of social services for childcare. From a legal point of view, social services are practically coordinated and monitored at the level of departments according to Law 13/08/2004, Article L.121-1 of CASF. These are then delivered by different agencies and administrations but mostly by the National family fund (CNAF). Local authorities are not responsible for social services, but they do assure their provision with the exception of services in the area of child protection and services promoting personal autonomy. However, a decentralisation process is ongoing to transfer responsibilities in the area of social services to regions, *departements* and local authorities. [132]

Similarly in **Ireland**, there is a very low level of devolution of power to local government. The planning, organisation and funding of the delivery of social services are undertaken centrally by Government departments (ministries) in accordance with their legal and policy domains and having regard to the Government's political and electoral-related commitments. In the majority of cases, each of the departments with social science responsibilities develops, administers and funds social services provision independently of the other. Furthermore, comparisons between regions can be problematic as they can vary, for example, in population size and distribution (urban/rural), and service delivery structures.

One of the drawbacks of having a very centralised approach to social services policy development is that up until recently there have been few instances of Government departments cooperating in jointly tackling the needs of groups of service users for which they have a common policy remit, e.g., people with social housing requirements. This lack of cooperation between Government departments permeates down to their implementation

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[132] National data collection, France.

agencies at local level. For example, a local implementation agency might be responsible for the provision of social housing for persons with disabilities, while another local agency is responsible for providing assistive devices and fittings. Typically, both local implementation agencies will provide their support separately; ideally, a coordinated approach would be more beneficial to the end-user and would represent a more efficient use of public funds.[133]

Decentralised social service provision

In many Members States (such as CZ, DK, FI, IT, NL, SK), the decentralisation of services was/is an important pillar of social reform, i.e., the state delegates the management of social services to the regions and/or municipalities, which in turn may outsource them to other, non-public, providers. In this process, the state introduces the rules and the standards for the provision of services and provides funding. Providers, in turn, compete and look for the best solutions for people with the leading principle being the individual programme/s for the provision of social service/s, i.e., which way and how much more accessible and useful for the people they will become.

This shift towards more responsibilities at regional and local level and more community-based services has had a large impact on the way public policies are planned and delivered and involves not only the devolution of competences and resources at the local level but also requires local authorities to work in a more integrated and efficient manner. In this context, decentralisation appears as one possible answer to address the challenge of providing tailored and integrated services in a cost-efficient manner.[134] Many European countries have introduced legislation that transfers responsibility for the financing and organisation of social services to municipalities and there are varying views as to how effective this has been in practice.

For instance, in **Slovakia**, the decentralised model functions well, dividing certain responsibilities among national, regional and local authorities. Bringing social services closer to people and to ensure that they are more community-based and people-oriented is one of the objectives of the national efforts towards deinstitutionalisation. This was achieved through a national project **Deinstitutionalisation of social services facilities** (Deinštitucionalizácia zariadení sociálnych služieb) financed by EU funds through the Operational Programme Human Resources. The actual delivery of social services is coordinated at regional and local level by public and non-public providers (comprising different legal forms, for-profit and not-for-profit organisations as well as various forms of associations). **Moreover, according to the law, municipalities ought to actively search for persons, who are in need of social services**, however, studies show this does not work well in reality.[135]

In 2015, the **Netherlands** brought forward a number of major changes in the social sector which transferred a number of tasks from the national to the local level as the 'Youth Act', the 'Participation Act', and the 'Social Support Act' entered into force. With these acts, local authorities became responsible for the provision of welfare services, youth care, personal care, work and income. The decentralisation was accompanied by many expectations and goals. Municipalities were supposed to be able to offer tailor-made solutions and work in an integrated way, leading to more efficient and effective services. Ultimately this should result in greater participation of residents, a caring society and a clear and sustainable system. Evaluations, however, suggest this is not the case. Social community teams (wijkteams)

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[133] National data collection, Ireland.

[134] European Social Network, (2016), Integrated social services in Europe: A study looking at how local public services are working together to improve people's lives, available at: https://www.esn-eu.org/sites/default/files/publications/IntegratedServicesReport_FINAL.pdf

[135] National data collection, Slovakia.

offer low-threshold access to social services but outreach work lags behind; whether help comes sooner for those who need it than before the decentralisation is unclear. It is also not clear if there has been a shift in use of more expensive individual to cheaper general services.[136]

In **Czechia**, a slightly different approach was implemented. The practical management of social services belongs to individual regions with municipalities playing a supporting coordination role. To this end, specific roles of social service coordinators were established at both regional and municipal levels to support the analysis of needs for social services in the specific region/municipality and to come up with a **Medium-Term Plan for Social Services for the Territory of the Region/Municipality**.[137]

The **Lithuanian** municipalities have a determining role in organising and financing social services and regional disparities have been noted in social service provision. Spending on social services has increased to 3% of municipality budgets in 2017 compared to 2.7% in 2015. However, large waiting lists continue, and service providers struggle to cover basic costs and rely on EU funding due to low municipal budgets. This affects adversely the diversity of services as a whole and the ability of service providers to organise individual and targeted social services.[138]

In **Denmark**, the municipalities are also the ones responsible for social services. This happened as a result of the structural reform of 2007, where the municipalities got the full authority, supply, and financing responsibility of the social area. The framework for the work of the municipalities is defined in the **Law of Social Services**, which sets out that the council of each municipality has the freedom to organise the social services and initiatives based on the local context as well as wishes and priorities.[139]

In **Germany**, development over a very long period has produced a complex system of social services. The German system is institutionally divided into different areas, each of which is subject to its own development logic with a heavy influence of the '*Wohlfahrtsverbände*'. Despite the heterogeneity, an overarching structure of the service organisation has developed. This is decentralised from the federal level, but always with the public institution at regional or local level as the main authority responsible for ensuring the provision of social services. The organisational principle of subsidiarity accords the private service providers and welfare organisations priority for service provision. The public institutions have the role of a guarantor and coordinaton function. If there is no private service provider available, the public actor has a duty to provide the service. The following illustration shows the interdependences of the three main actors in social service organisation structure: the service user, the service provider (private, hybrid, third sector like the '*Wohlfahrtsverbände'*) and the public actor as the service guarantor and main financer which can be a municipality, a regional public institution or social insurance.

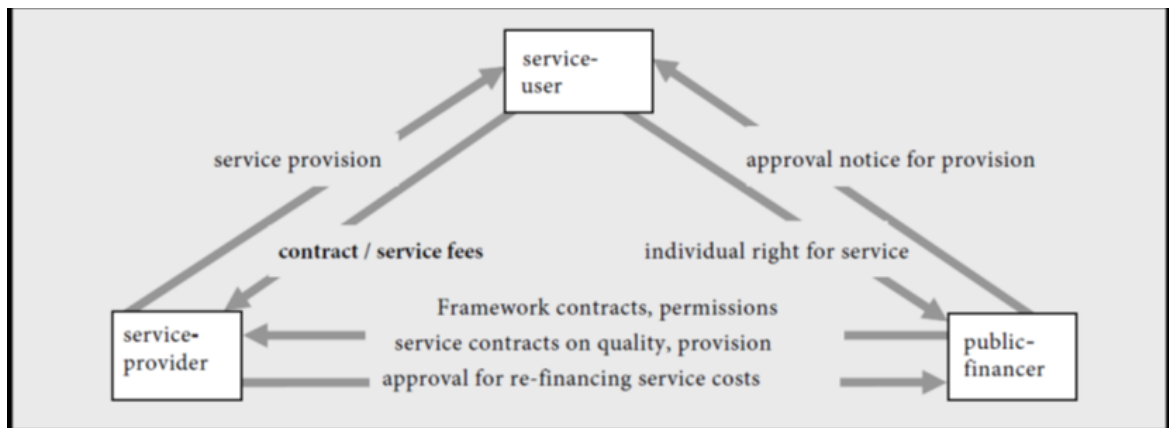[136] National data collection, the Netherlands.

[137] National data collection, Czechia.

[138] National data collection, Lithuania.

[139] KL, (2017), Styring af det specialiserede voksenområde – værktøjer og cases. Available at: https://www.kl.dk/media/17016/styring-af-det-specialiserede-voksenomraade.pdf

Figure 3: German social services provision triangle

Source: The social legal-service triangle. Kolhoff, Ludger (2017): Finanzirung der Sozialwirtchaft. 2. Auflage. SpringerVS. Wiesbanden. P. 5.

The social services triangle describes the relationship between the approved user, the contracted service provider and the responsible public body as service and cost bearer. The service user with an approval for support (e.g. person in need of care) is entitled to a benefit in kind (social service, e.g. basic care) from the responsible public service and cost bearer (e.g. the long-term care fund). The public body does not provide the service itself but instead has contracts with service providers (e.g. a nursing service) to provide specific social services to the person entitled to receive help. At the same time, every social service provision is embedded in a multilevel contractual framework between the service provider and the public actor. Service providers get an approval for specific service provision with service fees, quality standards and monitoring responsibilities prescribed in the framework contracts which are generally renegotiated every three to five years.

In contrast to France, the municipalities and districts in **Germany** are not in every respect the central actors in the field of social services. Long-term care insurance, for example, is regulated at federal level as a branch of social security.[140] The states are responsible for building an adequate care infrastructure, the care insurance funds finance the system, and independent, public and commercial providers compete for market share. The municipalities have only a limited local coordination function. Thus, there is no cross-sectoral central actor in the field of social services.[141]

Similarly, to the German model, some **Spanish** autonomous communities establish a competence model based on three geographical levels (e.g., autonomous community, province, municipality), while others use a model based on two levels (e.g., autonomous community, municipality), mainly according to their territorial division. In general, first level social services (also called basic or community services) are the responsibility of local authorities, while specialised (or second level) social services correspond to both autonomous communities and local authorities.[142] On the other hand, social services laws include some provisions which refer to territorial planning and the deployment of the social services network. The most frequently mentioned principles of territorial organisation are as follows:

- Principle of decentralisation

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[140] Bahle, Thomas, (2007), Wege zum Dienstleistungsstaat. Deutschland, Frankreich und Großbritannien im Vergleich. Wiesbaden: Springer VS, p. 207.

[141] National data collection, Germany.

[142] Gobierno del Principado de Asturias, (2017), Análisis Comparativo de Leyes de Servicios Sociales vigentes en las Comunidades Autónomas, SISS, Centro de Documentación y Estudios. Oviedo. Available at: http://ibdigital.uib.es/greenstone/sites/localsite/collect/portal_social/index/assoc/goviedo0/004.dir/goviedo0004.pdf;jsessionid=513D520086809087730231235340513C

- Principle of proximity

- Principle of balance and territorial equity

- Principle of rationality and efficiency in the use of public resources

- Principle of coordination and networking.[143]

Mixed social service provision

As mentioned above, there are a few countries where social services are provided in both centralised and decentralised manner, be it because of a federal set up of the country (e.g., Belgium) or because a country is currently undergoing restructuring in the area of social services (e.g., Bulgaria).

Most social services in **Belgium** have been decentralised to the three cultural Communities (Flemish, French and German-speaking Community) whereas the Regions (Flanders, Wallonia and Brussels) are responsible for economic and labour market policies. In 2014, the sixth reform of the state resulted in the complete or partial transfer of a whole range of competences from the federal level to the communities or regions, including numerous social services competences.[144] The social protection system, which indirectly finances some of the social services, as well as some basic social infrastructure such as hospitals, has remained largely federal. Family allowances have been transferred to the Regions, and social assistance is partly co-financed by the Communities and municipalities.[145] Such quasi-market mechanisms are pervasive in childcare, education, health care, social housing and the cultural sector. Whereas this is believed to result in greater efficiency and better quality of services, it also involves a risk of inequality because socio-economically disadvantaged groups tend to cost more and to be excluded in case of payment default. Local and state/community authorities are, therefore, held responsible for regulating the service markets through social tariffs and other types of social minimum standards. On top of this, there have been criticisms that at times, it is difficult even for the public actors to know who has the responsibility to provide a certain type of social service, considering the numerous governance levels in place in the country. An excessive categorisation and division of the services within the same governance level sometimes leads to overly complicated systems and a lack of alignment/cooperation between the responsible services.[146]

According to the new legislation, the **Social Services Act**, the system of social services in **Bulgaria** is becoming decentralised, i.e., the policy and the priorities in the area of social services will be determined at national level, but the planning, creation/opening, management and provision of social services will be carried out at municipal level. This means that the municipalities will have the most important and the largest role, especially in the planning of services. Municipalities are also becoming responsible for the control and monitoring of social services, both with regard to compliance with quality standards and lawful spending of funds for the services which are financed from the state budget, from the municipal budget and under the conditions of public-private partnerships. To monitor this,

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[143] National data collection, Spain.

[144] La Belgique informations et services officiels. La sixième réforme de l'état. https://www.belgium.be/fr/la_belgique/connaitre_le_pays/histoire/la_belgique_a_partir_de_1830/constitution_de_l_etat_federal/sixieme_reforme_etat#transfert_competences

[145] Van Lancker, A. and I. Nicaise, T. Bircan (2018). Towards inclusive service delivery through social investment in Flanders - An analysis of five sectors, with particular focus on water provision. Available at: https://lirias.kuleuven.be/retrieve/544485

[146] National data collection, Belgium.

all service providers are obliged to submit an annual report analysing the situation and efficiency of the social services to the Agency for the Quality of Social Services.[147]

In **Hungary**, regarding the delivery of social services there are three key roles:

- The responsible authority is obliged to ensure the provision of certain services in their jurisdiction, i.e., the state (through a designated institution), local governments, the capital city, cities with county rights and district centres.

- The maintainer to whom the responsible authority contracts the provision of a service or services, i.e., responsible authorities, churches, civic organisations, foundations, NGOs, not-for-profit or for-profit organisations.

- The service provider who delivers the service in practice, i.e., legal entities (institution/organisation) established by the maintainer.

Overall, the coordination and coordinating responsibilities do not differ at different levels, as the process is the same at both national and local levels. At the same time, the services contracted might differ based on the obligations of the responsible authority. Regarding the level of governance, the responsibility to ensure the implementation of basic services lies mostly with municipalities, while some are organised at national level. Considering specialised services, the obligation to ensure certain services is more divided among municipalities and the state. The specific responsibilities of municipalities (i.e., their obligation to ensure certain services) depend on the number of total population of the location. For example, in locations with more than 3,000 inhabitants only family care service and the day care of the elderly are compulsory for municipalities, while in locations with a population over 10,000, they need additionally to provide a soup-kitchen as well. For locations with more than 30,000 inhabitants, local governments also need to ensure home care, temporary nursing home for the elderly, night shelter and a temporary home for homeless people.[148]

Integration of social services

As highlighted in the 2006 and 2007 Commission Communications on social services of general interest,[149] for social services to address the needs of their individual clients as best as possible, they need to be organised and delivered in an integrated manner. This means that when an individual is receiving a social service from a specific provider, that provider should have a good knowledge of what other social services are available within the area that may also be useful to the individual. The service provision can be integrated in a horizontal or vertical manner. In a horizontal set up, the users that fulfil the conditions of a specific service may access each of the services provided individually and independently from one another. In a vertical system, in order to access some specific and often specialised services, the users have to be recipients of a specified service first that would give them access to additional services.

Based on the analysis of the integration of social services in the EU Member States, the two most crucial dimensions of integration of social services are, first the governance across

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[147] National data collection, Bulgaria.

[148] National data collection, Hungary.

[149] European Commission (2006). Communication from the Commission Implementing the Community Lisbon programme: Social services of general interest in the European Union. COM (2006) 177 final. Available at: https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2006:0177:FIN:EN:PDF and European Commission (2007). Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions Accompanying the Communication on "A single market for 21st century Europe" Services of general interest, including social services of general interest: a new European commitment. COM (2007) 725 final. Available at: https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2007:0725:FIN:EN:PDF

different central public administrations responsible for different social services policy areas, such as health, family, poverty/social exclusion etc.; and second, the level of governance (central public administration and local governments).

The **German** system of service organisation has been transformed over the last 30 years from a 'public grant' system to a service delivery system with contractors and clients. The *status quo* of the system is thus characterised by a high level of individual legal claims with simultaneous fragmentation of individual service areas (pillarisation).

In **Cyprus**, due to the nature of the needs, several government services may be involved, thus, there might at times be an overlap in responsibilities. This is usually solved through the relevant legislation specifying the competence, role, and responsibility of each government service in any social programme. Most common characteristic is the setting-up of committees provided by law that include different competent government services and representatives of relevant social organisations. Competent services operate at central and regional level thus their responsibilities are exercised at central and regional levels based on the case needs that arise. While there is a horizontal spread of social services, this does **not always guarantee a horizontal integration and cooperation between the various government services**.[150] This is also true for **France**, where horizontal integration is low albeit cooperation between public administrations from different domains started recently.

In contrast, the delivery of social services in **Portugal** is coordinated by the Social Security Institute that is responsible for licensing, supervising, and inspecting the social economy organisations in charge of the provision of services. These public functions are performed at national level, although they may be delegated to 'de-concentrated' bodies at district level (former supra-municipal administrative level). In the autonomous regions of Madeira and the Azores, social services are coordinated by the regional governments. Depending on the priorities defined at Government level, social policies are regularly adjusted to promote some services or to address certain needs of specific groups that are considered more vulnerable at any particular period. This may lead to different levels of public support to social services. For instance, recent concerns tend to emphasise the integration of migrants, assistance to homeless and support to ethnic minorities.[151]

In 2018, the **Swedish** parliament passed a new law making it easier for municipalities to cooperate and collaborate, meaning that a municipality can agree with other municipalities to perform certain tasks for them. The purpose of the new agreement was to increase the quality of services offered as increased specialisation and fewer staff have made it difficult for some, particularly smaller municipalities to offer mandated services to a high quality. For example, in situations where some types of cases are so rare in some municipalities that the quality and legal certainty of decisions are at risk.[152] Similarly, **Denmark** allows for a variation and flexibility within municipalities to ensure better coordination and interaction between the various sectors. For example, 'the coordinating caseworker' has been introduced in the Law on Active Employment, where the 'jobcentres' are obliged to coordinate the efforts between the jobcentre, the social sector, health professionals, etc. In reality, however, this only happens rarely and the categorisations of social services, together with the legislation, are still seen as real barriers to cooperation and coordination. However, this should be addressed through a new law that is due to enter into force in 2022.

In **Czechia**, this cooperation takes place at predominantly but not exclusively at regional level where regional networks of social services were created from the registered providers within the specific region. Inclusion in the network of social services is a condition for financing of social services providers from public budgets at all levels. Some services have a greater interconnection in the territory of municipalities (field services, services for the

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[150] National data collection, Cyprus.
[151] National data collection, Portugal.
[152] National data collection, Sweden.

elderly); in the territory of regions (preventive outpatient services); others in the territory of regions (specialised residential services, specialised field services). These links arose naturally, based on the subject of the service and the relevant level of public administration.[153]

Similarly, **Italy** also coordinates social services through a **Network of protection and social inclusion** (Rete della protezione e dell'inclusione sociale). It brings together regions/autonomous regions, cities, the Ministries of Economy and Finance, Education and Research, Health, Transport, and the National Institute for Social Insurance. The body continuously consults and works with the non-profit sector, and workers and employers' organisations. The main aim of the establishment of the Network is to strengthen the coordination and overcome fragmentation of competences in social policy matters. In particular, it elaborates the national social plan, the plan for interventions and services against poverty, and the plan for non-self-sufficiency.[154]

There are still important gaps in the distribution of social services in many EU Member States (**AT, EE, FI, NL, RO**), especially between urban and rural areas. At regional and municipal levels, the social services segment is well developed, but the same situation is often not the same for rural communities, especially in the disadvantaged ones, where they are almost non-existent. Although local authorities have very clear legal attributions in developing these services, the legislation is often not applied, for lack of awareness or political motivation as the social protection system is not considered a relevant segment for local development or not visible enough for political effects, but most of all because of shortage of specialised personnel. The shortage of social workers and other staff providing social services in these communities creates major blockages in the system. Therefore, it is necessary to strengthen the vertical and horizontal coordination in social service planning, aiming to improve the assessment of needs in order to plan a balanced development of social services.

Interrelationship of social services with other services

The input collected from EU Member States suggests that **groups of social services are interacting with other services, but this does not necessarily mean that the services are integrated and/or interrelated**. There are discussions regarding the need to improve the integration of the different services.[155] For example, in **Greece**, an important development relates to the creation of 246 Community Centres set up in municipalities across the country, with a mission to support municipalities in better coordinating, integrating and providing social services (passed by Law 4368/2016). These Centres were intended as a 'one-stop-shop' for social service beneficiaries, with the intention to create a devolved, holistic structure for the provision of advice regarding benefits and services available at local and national level. It is important to mention that the majority of the benefits and services are still monetary rather than services, such as counselling, coaching etc.[156] In the **Netherlands**, a range of services are being offered in parallel to each other. For instance, social community teams are either offering all services as one team or have different teams in place for different services on a horizontal level. This makes sense from the point of view that problems of residents usually do not occur in an isolated form, but there are many instances of so-called multi-problem cases. Social community teams have been set up in most municipalities in recent years to organise support as well as possible

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[153] National data collection, Czechia.

[154] National data collection, Italy.

[155] Interviews with Social Protection Committee members and national data collection.

[156] National data collection, Greece.

and also to prevent people with (multiple) problems from having to go to different places to access services.[157]

In recent years in **Spain**, public administrations at different levels have made an effort to improve links and coordination between different services, as this is an aspect which has been traditionally criticised. All the regional social services laws contain provisions regarding coordination and cooperation with other services of general interest, usually mentioning the health system, education, employment and training services, housing services, judicial services or others that may converge with the social services in specific areas of intervention. However, these are often legal dispositions of just declaratory nature, and they do not articulate specific means to achieve such coordination.[158]

As a further example, in **Denmark** the areas of social, employment, education and healthcare are thought of as integrated areas rather than four separate ones. This is especially the case when looking at the municipality level. At national level, the Government is in the process of making it an obligation for municipalities to offer residents with complex problems a holistic intervention programme. The law among other things, provides that the residents are offered one visit, one explanation of their case, a joint decision, and a simple right of appeal.[159]

In **Bulgaria**, there is an integrated provision of support from different systems when individuals are supported through activities and/or services from different sectors. Each activity and service is provided, organised, managed, controlled and financed according to an established procedure. According to national legislation, social services may be provided as part of an integrated cross-sector service addressing: 1) the occurrence of a certain risk for the life, health, quality of life or development of the person, and 2) the necessity to meet the specific needs of a particular group of persons. National legislation also defines the possibility for social work in other systems such as medical establishments, institutions in the system of pre-school and school education, nurseries, prisons and places for support of delinquent children.[160]

In **Germany**, social services are not only provided to the individual through direct interaction between service provider and user, but usually in a complex and multi-level system that includes the organisation of the service provider, its organisational environment, the social environment of the user (especially the family), and finally the system of financing.[161] For instance, consumer protection issues have become prominent with regard to social services – particularly in relation to debt – but also for health, insurance and also extended to patient protection. In the case of the latter, consumer protection centres have long been responsible for patient counselling centres. Additionally, there are links between transport, urban planning and community services, for example, through the Social Integration Programmes in municipalities that offer mobility services (especially for the elderly and persons with disabilities) such as on-call and community buses. Another example is the social-spatial approach. All relevant elements of the local infrastructure and (social) beneficiaries are integrated and networked with social services under the criterion of geographical influence and relevance.

In a small number of EU Member States, it was noted that interrelationships are less frequent, or do not take place at all. In **Poland**, institutionally there is no direct interrelation between social services and other types of services.[162]

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157 National data collection, Netherlands.
158 National data collection, Spain.
159 National data collection, Denmark.
160 National data collection, Bulgaria.
161 National data collection, Germany.
162 National data collection, Poland.

The sections below outline some of the specific areas in which there is evidence of interrelationships between social services and other services of general interest.

Interrelationship with healthcare

In most EU Member States, there are links between healthcare services and social services. In **Czechia** for instance, social services are provided in in-patient health care facilities to persons who no longer require inpatient care, but due to their state of health are unable to do without the help of another person.[163] The system in **Latvia** states that in providing social services, institutions shall ensure inter-professional and inter-institutional co-operation'. Therefore, most care service providers offer healthcare services in response to the needs of their clients.[164] In **Portugal**, one of the most important and consolidated interlinkages is the partnership between the Ministries of Labour, Solidarity and Social Security and of Health in the creation of the National Network of Integrated Continuous Care. The objectives of this network are the provision of health care and social support in a continuous and integrated manner to people who, regardless of age, are in a situation of dependence, following an episode of acute illness or in need of preventing aggravation of chronic illness. There are currently 17 types of social services within this network, delivered by mixed teams.[165]

Interrelationship with the justice system

Almost half of the EU Member States indicate that there are links between judicial services and social services. One such example can be found in **Cyprus**, where there is a special scheme by the Ministry of Labour, Welfare and Social Insurance (MLWSI) that provides incentives for the employment of ex-prisoners.[166] The scheme was the product of collaboration between the MLWSI, the Ministry of Justice and Public Order and the Cyprus Employers and Industrialist Federation. The scheme aims to facilitate the social reintegration and rehabilitation of people who have been released from the Central Prisons of the Republic of Cyprus by providing incentives to employers for their recruitment. The scheme is part of the active employment policies promoted by the Government to combat poverty and social exclusion, in particular in the active inclusion of vulnerable groups in the labour market.

In **Slovakia**, justice and police are linked to social services predominantly in childcare and also in cases of domestic violence, offenses related to drugs, cases of human trafficking, smuggling or child abuse.[167] Social workers closely cooperate with the police and justice sector when it is necessary and inevitable. The cooperation between social services and police and justice must be coordinated and holistic. In **Finland**, the interface between the criminal sanctions field and social services is clear, whereby the Imprisonment Act stresses the importance of a clearly exit-plan for prisoners and that social services have a key role in promoting social wellbeing and crime prevention of ex-prisoners.[168]

Also in **Belgium**, although justice in the broad term is a responsibility of the federal level, the communities are responsible for creating a more humane, efficient justice system that is closer to its people. For instance, the 13 Houses of Justice spread over the territory of the Wallonia-Brussels Federation work on the reintegration and non-recidivism of offenders, support victims of offences and their relatives, and enlighten the decisions of the judicial

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[163] National data collection, Czechia.

[164] National data collection, Latvia.

[165] National data collection, Portugal.

[166] National data collection, Cyprus.

[167] National data collection, Slovakia.

[168] National data collection, Finland.

authorities by means of social investigations. Therefore justice, social rehabilitation and social inclusion activities are closely linked in Belgium.[169]

In **Germany**, there are several types of interrelationships with the justice system, the most important being the following three. First, family courts play a decisive role in cases of intensive help for children and young people, in particular where children's welfare is endangered. In these cases, the youth welfare office (*Jugendamt*) is not authorised to take children from the family (*Inobhutnahme*) but can only do so on the basis of a court order and through the police. In the further process of accommodating children outside the family environment (e.g. foster care placement), the family court plays the decisive role, dependent on professional expertise (i.e., psychological) and the expertise of the social services. Second, the judiciary plays an essential role in guardianships or legal supervision. Half of all legal guardianships are now conducted by social workers. A discussion has been ongoing about the content of the professional care; in practice, legal guardianship consists to a large extent of social services (in particular advice and the provision of support). Formally, however, guardianships are part of the legal system and are funded by the judicial authorities. The decisions are made by the courts (*Betreuungsgerichte*), which are also dependent on expert opinions and the expertise of the care services. Third, Germany has a long-established system of probation assistance. Ideally, the control of individuals released from prison and the monitoring of probation are delegated to the social services of the judiciary. They also have the task of providing support in the form of prevention and advice. Again, decisions are made by the courts but, they delegate some tasks to probation services, and they are also dependent on expertise (legal, psychological etc.) and sometimes the expertise of the services.[170]

Interrelationship with employment services

There is evidence to suggest that within the EU Member States there is a high degree of interrelation between employment services and social services. In **Sweden**, the Swedish Public Employment Service and the social services are tasked with collaborating with each other in order to coordinate efforts to ensure individuals can take part in the workforce, as well as to ensure that stakeholders have the relevant information that is important when in contact with the unemployed person.[171] In the **Netherlands**, employment services are accessible under certain conditions. Services are provided at central level by the Dutch public employment service (UWV) to those in social security schemes and at local level to those in social welfare schemes (minimum income).[172]

Interrelationship with education and training

Education and training services is an area where there is some evidence of links with social services in EU Member States. In **Cyprus**, there is a scheme that provides incentives to employers to recruit young people (aged 15-29) not in employment, education or training (NEETs).[173] The scheme aims to alleviate youth unemployment and the sustainable integration of young people in the labour market, by placing them in subsidised jobs and gaining work experience. The Scheme is included in the measures of active employment policy promoted by the Government for the implementation of the 'Youth Guarantee'. In **Latvia**, in order to provide inclusive education in general education institutions there are several social services offered, such as assisting a child with a disability in an educational institution and providing sign-language interpreter service. Even though, in Latvia inclusive

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[169] National data collection, Belgium.

[170] National data collection, Germany.

[171] National data collection, Sweden.

[172] National data collection, Netherlands.

[173] National data collection, Cyprus.

education provision and financing has been delegated to the Ministry of Education and Science, sign language interpreters are partly financed by Ministry of Welfare.[174] In **Slovakia**, education and social services are quite interrelated, given that education is part of the services that can be provided by the social service providers. By providing education the Act on Social Services means primarily creating appropriate conditions for the beneficiaries' education and awareness raising programmes as a part of informal learning.[175]

Key considerations/conclusions:

- In most EU Member States, the competence, role and responsibility for social services are specified in the legislative framework.

- The organisation of social services can be either set up centrally or more responsibilities given to the various actors within the various governance structures at different levels (i.e., decentralised service provision), with a few EU Member States having a mix of both elements.

- In many EU Members States the decentralisation of social services was/is an important pillar in the social reform, where the state delegates the management of social services to the regions and/or municipalities, which in turn may outsource them to other, non-public, providers.

- When the centralised and decentralised organisational approaches are applied in parallel, it is because the different social services fall under the competences of the different governance levels or the country is undergoing a reorganisation in this area.

- In many EU Member States, the social services sector is well developed at regional and municipal levels, but the access to social services is often not the same for rural communities, especially in the disadvantaged ones, where they are almost non-existent.

- Groups of social services are interacting with other services, but this does not necessarily mean that the services are integrated and/or interrelated.

Contextual elements relevant for social services:

The provision of social services may be organised in:

1) A centralised manner, where the provision is overseen top-down by the national authority in charge that provides specific instructions and guidelines to the actors at regional and local levels.

2) A decentralised manner, where the regional and local actors are free to set up the social service delivery as they deem relevant for their territory without any input from the central government/authority in charge.

3) A mixed manner, where these two approaches are applied in parallel, be it because of the country undergoing a reform in this area or because the different social services fall under the competences of the different governance levels.

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[174] National data collection, Latvia.

[175] National data collection, Slovakia.

Social services should be delivered in a horizontally or vertically integrated manner. In a horizontal set up, users fulfilling the conditions of a specific service may access each of the services individually and independently from one another. In a vertical system, in order to access some specific and often specialised services, the users may need to be recipients of a specified service first which then gives them access to the other services.

2.2.6. Financing

Financing of social services

This section provides an overview of the financing systems implemented across the EU. It focuses on EU Member States' approaches to financing social services, including the variety of funding sources available and it explores the methods for allocating funding between the different types of social services.

Financial models in the EU Member States

Several approaches and sources of funding are used in the EU Member States. The primary sources of funding, as well as the ways in which funding is allocated, vary between countries. Funding can derive from public budgets, primarily the state budget though the budgets of municipalities, communities or other local authorities are also essential in some EU Member States. Social services may also be financed privately, or they can be funded through service fees. Other sources can be crucial as well, particularly EU funding. In most countries, social services are funded through a combination of these types of funding. The allocation of funding can be based on the type of social services i.e., the funding can be derived either from the same source or from different sources for the different types of services. Subsidies for specific programmes and national funds are also used in some EU Member States. Moreover, distinct systems have also been designed in certain EU countries.

EU Member States have implemented different financial models to fund social services. As a result of these differences, some of the models can be more easily identified and described, while others, although often prescribed in national legislation, can only be categorised more loosely. Social services receive funding from multiple sources: e.g., state budget, municipal budget, EU funds, service fees, donations. Distinctions can be made between the systems of EU Member States based on the level of importance of these sources. Furthermore, in some EU Member States, the level and source of funding differs based on the type of social services provided. The table below provides an overview of the main sources of funding in each EU Member State. The nuances of each system, elaborated in this section, should be considered when reading the table.

Table 5 – Primary sources of funding

EU Member State	Public funding	Private funding	Service fees	Other
AT	✓ - Public Agencies	✓ - Private donors	✓	
BE	✓ - Communities			✓
BG	✓ - State and Municipalities	✓		✓ - EU Funds

EU Member State	Public funding	Private funding	Service fees	Other
CY	✓ - State	✓		
CZ	✓ - State			
DE	✓ - State and Municipalities			
DK	✓ - Municipalities			
EE	✓ - State			✓ - EU Funds
EL	✓ - State	✓		✓ - EU Funds
ES	✓ - State and Autonomous Communities			✓
FI	✓ - State and Municipalities			
FR	✓ - Public authorities			
HR	✓ - State	✓	✓	✓ - EU Funds
HU	✓ - State			
IE	✓ - State			
IT	✓ - State			
LT	✓ - State and Municipalities			✓ - EU Funds
LU	✓ - State			
LV	✓ - State and Municipalities			
MT	✓ - State			
NL	✓ - State			
PL	✓ - State and Municipalities	✓		✓ - EU Funds, charities, other supranational organisations
PT	✓	✓		✓ - Debit sources
RO	✓ - State and Municipalities		✓	✓ - International and external funds
SE	✓ - State and Municipalities			
SI	✓ - State and Municipalities	✓		
SK	✓ - State and Municipalities			✓ - EU Funds, sponsorships

Source: National data collection.

The financing of social services is not static and many EU Member States have evolving systems and legislation regarding the funding of services. For instance, in **Slovakia**, up until 2012, regional and local authorities were responsible for funding services' providers, however, this created a gap in financing. Therefore, in 2012, support from the state was re-established.[176]

Public funding

The state budget is often one of the primary sources of funding that social service providers receive, making social services a public responsibility. For instance, in **Croatia**, state institutions are fully funded by the state, whilst other organisations (local authorities and non-profit organisations) providing services to vulnerable groups receive grants from the state. The same applies to **Estonia** where the majority of funding is derived from government contributions, e.g., social tax or unemployment insurance tax, and in **Czechia** where almost half of the funding is derived from the budget of the Ministry of Labour and Social Affairs.[177] Similarly, in **Malta**, the social services system is almost entirely funded by the state, depending on whether the service is free of charge or not. The actors contributing to the funding of social services are primarily the government with the intervention of other actors through public-private partnerships, service users and general taxation. In the case of social benefits, those paying national insurance finance the contributory benefits, while the state finances non-contributory benefits.[178]

Public tendering can also be essential for the provision of social services. In **Croatia**, tenders are published by the Ministry of Labour, Pension System and Social Policy related to expanding the network of community-based services (e.g., personal assistance services for persons with disabilities).[179] In **Slovenia**, selected protection programmes are co-financed annually through public tenders.[180] In **Germany**, public grants, available to private providers, serve as cost reimbursements for tasks carried out on behalf of public institutions and in the interest of the common good.[181]

The state budget can also be allocated to municipalities for the funding of social services. For instance, in **Czechia**, individual regions finance their network of service providers through funding from the Ministry, complemented by their own resources.[182] In the **Dutch** system, where the implementation of social services occurs at the local level, municipalities receive funds for specific expenses, e.g., the benefits of those entitled to social assistance or administrative costs for the implementation of schemes.[183]

Municipalities may also be a source of funding for social services. This type of funding can be complementary to state funding, or it can be the main source of funding. For instance, in **Bulgaria**, the (quite small) municipal budget can be used for financing the services that are only partially or not at all financed by the state.[184] Furthermore, social services fully funded by the state can receive additional financing from the municipality as well if required. In case the provision of services is assigned to private providers by a municipality, the municipal or the state budget is used to fund them. However, in this case, the fees are not collected by the providers. On the other hand, according to the **Danish** system, municipalities are solely

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[176] National data collection, Slovakia.
[177] National data collection, Croatia, Czechia, Estonia.
[178] National data collection, Malta.
[179] National data collection, Croatia.
[180] National data collection, Slovenia.
[181] National data collection, Germany.
[182] National data collection, Czechia.
[183] National data collections, Netherlands.
[184] National data collection, Bulgaria.

responsible for the financing of social services. The majority of the funding is received through taxes, although a financial contribution is available from the state in order to even out differences between municipalities, as they may not have the same option for collecting funds due to differences in age composition or in the social structure, to name a few.[185] **German** municipalities, which are in charge of organising social services, are one of the primary financial sources of social services, and the importance of local authorities as a source of funding is increasing each year.[186] Local governments are also responsible for the provision of social services in **Finland**; therefore, the majority of funds come from taxes collected at the local level. However, additional financing is available provided by the state through a centralised way in which the government transfers funds to municipalities specifically for social services (the system is called *valtionosuusjärjestelmä*). According to the reform plans, the responsibility to provide services will shift from the local to the regional level, in which case municipal taxes will also be cut as they will no longer be needed for the provision of services and, consequently, taxation will switch from the local to the national level.[187] In **Slovakia**, local authorities are responsible for contributing to the funding of selected services, provided that the state funding is not sufficient.[188] The local level is also the primary source of funding for **Polish** social services as they are either financed from local budgets or they may be implemented on behalf of the central government at the local level.[189]

Despite government funding, social services may struggle financially. For instance, in **Romania**, an overall assessment of the financial needs of social services has never been carried out, leading to difficulties in obtaining funding from the government, which may also be insufficient. Furthermore, social services may not be high on the list of priorities of local authorities, resulting in inadequate funding. Consequently, social services providers use other types of financing, such as national and international donors and sponsorships, or fundraising campaigns.[190] Insufficient funding was also flagged as an issue in **Slovakia**, where many non-public providers focus on social services that can be financed from the municipal or state budget in their entirety, which creates a disproportion in the demand and supply of social services.[191] In **Sweden**, although municipalities collect their own taxes and may receive government grants, the majority of municipalities experience insufficient funds.[192]

Allocation of funding

In addition to the references to funding above, its allocation can be based on the type of social services. This can mean different sources for different types of services, as seen in Belgium or Greece. In **Belgium**, long-term care is generally covered by universal health insurance. Childhood education and care services are overseen by government agencies and are funded by the applicable Community or the local authorities subsidised by the Community. Employment services are funded regionally with subsidies from the national government, and social housing is funded by public guarantee schemes. In fact, social services are increasingly focused on helping people find housing, diverting attention and resources from other areas in need.[193] Although the state budget provides the financing of social solidarity services, the exact source of funding in **Greece** can also depend on the type of service. Organisations certified for the provision of social care services receive

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185 National data collection, Denmark.
186 National data collection, Germany.
187 National data collection, Finland.
188 National data collection, Slovakia.
189 National data collection, Poland.
190 National data collection, Romania.
191 National data collection, Slovakia.
192 National data collection, Sweden.
193 National data collection, Belgium.

funding from the Ministry of Labour and Social Affairs either directly or through regional authorities. The National Agency for Health Services may also finance institutions based on specific contracts. Moreover, the budget of the General Secretariat for Social Solidarity includes the OPEKA subsidies (Organisation of Welfare Benefits and Social Solidarity) for providing benefits (family, disability, housing, uninsured elderly), for the financing of housing programmes and for the subsidy of institutions.[194]

Funding can also derive from one source but with specific allocations made for different types of services.

Specific services can be (co-)financed by the state, for instance, in **Slovakia** (e.g., halfway houses, shelters, rehabilitation centres or nursing facilities) or in **Latvia** (e.g., long-term social care of day centres for people with mental illnesses). Municipalities may also receive funds from the state for the provision of services. In the **Netherlands**, they receive funds from the national government divided into clusters (e.g., income and participation, youth, education, healthcare), however they are free to choose how they spend these amounts within the clusters.[195] In **Bulgaria**, the National Map of Social Services is being finalised and once operational will be used to determine which providers receive funding as well as the allocation of the state budget to the municipalities tasked with the provision of services. An advantage of this scheme is that if the allocated funding is not used up entirely, it can be transferred to another social service where more funding is needed.[196]

Funding can also be allocated based on the type of expenses service providers face. In **Croatia**, certain types of services are allocated funding from local sources based on the type of service: e.g., for heating costs allowance (allocated from the funds of regional self-government units and the City of Zagreb), for housing costs allowance (allocated from the funds of local self-government units and the City of Zagreb), or food services and accommodation for the homeless (funded by large cities and county centres). Furthermore, the Social Welfare Act stipulates the types of funding that need to be provided by the different levels of government. For instance, the state budget can cover a significant range of expenditures, ranging from cash allowances from the social welfare system, through financing the work of social welfare centres, to the purchase of facilities. Whereas, local and regional self-government units finance the work of social welfare institutions established by them or the maintenance of IT equipment, and they may also provide funds for granting cash allowances.[197] Similarly, the state and the municipalities share the responsibility of funding social services in **Sweden**, except for healthcare and social care which are financed by the government, however, the source of funding depends on the type of expense. Municipalities are responsible for most of the operative work, whereas the state is responsible for the funding of relevant agencies, some specific state support and R&D support.[198] Meanwhile, in **Slovenia**, most of the funding for social protection programmes is derived from the state budget, although distinctions based on the type of expenses exist. The state budget is used for activities that are necessary for both the operation and the development of the social protection system, institutional care – except adult institutions in which the beneficiary or other party is exempt from payment – the tasks of the social chamber (personal assistance, support for victims of crime), and tasks performed by the communities of public protection institutions. Moreover, complementing state funding, the municipal budgets are used for assistance to families, costs of services in adult institutions when the beneficiary or other party is exempt from paying, and public and supplementary social protection programmes important for the municipality and in cooperation with NGOs.[199]

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194 National data collection, Greece.
195 National data collection, Latvia, Netherlands, Slovakia.
196 National data collection, Bulgaria.
197 National data collection, Croatia.
198 National data collection, Sweden.
199 National data collection, Slovenia.

Although the funding of **Lithuanian** social services is planned by the state and the municipalities, primarily using their budgets, Lithuanian funds are divided between different services, but also between different target groups. Social services of general interest, social attendance as well as social care for elderly people, adults/children with a disability, adults/children at social risk are all financed solely by the municipalities. However, social care for persons with severe disabilities is financed by the state.[200]

Determining the amount of funding can be done in various ways. In **Austria**, non-profit organisations receive funding from the public sector based on their performance, which covers over half of their funding.[201] In **Romania**, funding from the national budget is allocated to local authorities based on the standard costs of social services and estimating the costs for newly established services. However, there is a clear order of priority in allocating funds: 1) social services for children separated from the parents who need special protection; 2) social services for persons with disabilities, services for children and families, as well as for the elderly; and 3) social services addressed to homeless people and persons at risk of social exclusion.[202]

The distribution of funding between types of services creates an interesting picture when comparing the largest share of funding by type in various EU Member States. For instance, in **Austria**, most of the budget is spent on old-age social benefits; in **Cyprus**, persons with disabilities received the most funding from the Ministry; in **Ireland**, income maintenance was the most funded; and in **Slovenia**, social protection programmes targeting addicts were allocated the most funds.[203] Out of municipal budgets, services targeting minors and families with children received the most funding in **Italy**, while **Latvian** municipalities spent the most on services provided by long-term social care and social rehabilitation institutes.[204]

Subsidies for specific programmes and national funds often contribute to the funding of social services. **Portugal** has the *Portugal Inovação Social* (Social Innovation), which provides funding to enhance social investment and to promote social innovation in the country, or POISE (the EU Operational Programme for Social Inclusion and Employment), designed to promote employment in general as well as the social integration of people at risk of poverty and of underprivileged groups.[205] In **Italy**, the National Fund for Social Policies is the national source of funding for assistance for individuals and families. The Fund includes a system for Regional Social Plans and Area Social Plans, which has a network of services targeting the inclusion of people in difficulty and the improvement of quality of life. The main aim of the fund is to develop the regions' networks, although a share goes to the Ministry of Labour and Social Policies for national interventions. The amount of funding received by each region is defined during the Unified Conference (*Conferenza Stato-Regioni*). The new framework for the financing of territorial social services is increasingly subject to national planning. The new welfare system aims to target the overall social issues first, and then focus on specific sectors to achieve an integrated approach.[206]

Service fees

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[200] National data collection, Lithuania.

[201] National data collection, Austria.

[202] National data collection, Romania.

[203] National data collection, Austria, Cyprus, Ireland, Slovenia.

[204] National data collection, Italy, Lithuania.

[205] National data collection, Portugal.

[206] Further funds contributing to the provision of services targeting disadvantaged residents are the Family Fund (Fondo Famiglia), Childhood and Adolescence Fund (Fondo infanzia e Adolescenza), Poverty Fund (Fondo Povertà), Citizenship Income Fund (Fondo reddito di cittadinanza), Non Self-Sufficiency Fund (Fondo Non Autosufficienza), Persons with disabilities' Work Fund (Fondo Lavoro Disabili), Disability and Non Self Sufficiency Fund (Fondo per la disabilità e la non autosufficienza), among others. National data collection, Italy.

Public services may also receive (significant) revenue through client payments. In **Czechia**, residential care costs are met in part by the clients, with 21% of the financing of social services coming from client payments in 2018.[207] In **Estonia**, long-term care for the elderly requires out-of-pocket payments as health insurance and social assistance do not cover this area in full.[208] According to the **Finnish** system, about 7% of the costs of social services and healthcare were covered by fees in 2018.[209] At the same time, in **Portugal** in 2016, sales of services accounted for 39% of the revenue of the organisations providing social services, followed by debt financing sources (e.g., 32% from commercial bank loans). This also means that government subsidies accounted for about 18% of the funding.[210] In **Austria**, although funding from the federal and municipal levels and federal agencies are all available to social services in general, the majority of Austrian social services are primarily financed by service fees and subsidies from public agencies.[211] Service fees are also increasingly important in **Germany**, primarily due to heightened social problems and needs, budget cuts and limited available resources.[212]

Additional sources of revenue

Additional sources of funding can be crucial for social services. EU Member States may receive EU funds for social services, primarily from the European Structural and Investment Funds, such as **Bulgaria, Croatia, Lithuania, Portugal** and **Greece** where in particular social care projects receive ESF funding.[213] In **Cyprus**, new social programmes are often co-funded by the EU (or other international organisations).[214] In **Estonia**, EU funds are mainly used for welfare services supporting childcare, children with disabilities, and participation in the labour market; implementation of work ability reform and the extension of labour market services to new target groups; developing health and welfare infrastructure.[215]

In **Poland**, additional revenues may derive from charities, private donations, the EU, or other international organisations.[216] Private donations, fundraising and volunteer work are also essential for private non-profit organisations in **Cyprus**, while local authorities also raise funds and use their own funds and donations.[217] In **Denmark**, foundations often fund initiatives targeting vulnerable persons. Donations are also an important source of income in Austria, where private contributions are a part of the funding of social services.[218]

Social outcome contracts (SOC), a new form of financing, are being piloted in various EU Member States as well. SOCs include social impact bonds (SIB) and Payment-by-Results (PbR) schemes. In case of SIBs, for instance the **Austrian** 'Perspective: Work – Economic and social empowerment for women affected by violence' that ran between 2015-2018, an external investor bears the financial risk. According to the PbR schemes, e.g., the **Irish** 'Jobpath', public funding is conditional on achieving a previously agreed upon goal.[219]

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[207] National data collection, Czechia.

[208] National data collection, Estonia.

[209] National data collection, Finland.

[210] National data collection, Portugal.

[211] National data collection, Austria.

[212] National data collection, Germany.

[213] National data collection, Bulgaria, Croatia, Greece, Lithuania, Portugal.

[214] National data collection, Cyprus.

[215] National data collection, Estonia.

[216] National data collection, Poland.

[217] National data collection, Cyprus.

[218] National data collection, Denmark.

[219] European Commission, (2021). Study on the benefits of using social outcome contracting in the provision of social services and interventions – a cross-country comparative assessment of evolving good practice in cross-sectoral partnerships for public value creation, Final Study Report, p. 8; Annexes, pp. 221-222

Distinct financial models

Some countries have more specific financial models. For instance, **Hungary** has two funding models: 'normative' financing and 'task' financing. Through normative financing, applicable to NGOs and church-run social services, the providers of services are funded based on the number of users the services were provided to. Task financing was introduced to alleviate local governments' difficulties with delivering services based on normative funding. It is based on performing specific tasks, and it is only applicable to local governments as service providers. Nevertheless, normative financing is also used by certain local government services. For state-maintained service providers, the financing comes from the state budget and is based on task financing. There is also the possibility of requesting extra funding ('sectoral support allowance') for employees' wages, whereas institutions receive institutional fees for specialised services. Grants may also be used for the provision of services.[220]

Ireland uses a hybrid system, which includes universal, insurance-based, and means-tested payments. Its funding comes via social insurance contributions and general Exchequer revenue (government budget). Frequently, direct charges do not apply to services and they are not a source of finance. Social services are primarily provided by the state/state agencies, which may provide services directly to the target group, or they may also sub-contract the provision of services to other organisations. Local authorities provide certain services as well, funded by the government. As government departments receive an annual allocation from the Exchequer, some of which is provided to community, voluntary or private sector service providers, tracking the expenditures of social services is difficult, and the departments rarely if ever disaggregate social services expenditure from the overall department expenditure.[221]

A different type of mixed funding can also be found in **Luxembourg**, where the state and private providers share the responsibility. In general, Luxembourg has a large number of small and very small providers providing a single service. Luxembourg has two financial models as well as a hybrid one. The conventional model is based on the organisations having a contract with a ministry, in which the personnel and infrastructure costs are the responsibility of the ministry. The benefit financing model guarantees insured people specific and codified benefits, along the lines of health insurance. The hybrid model combined the other two models together.[222]

In the **Spanish** autonomous communities, two clear financial models can be found: the 'common regime', applicable to the majority of regions, and the 'foral regime', applicable to the Basque Country and Navarre. Under the common regime, taxes are collected at the state level, and funding is provided to the autonomous communities through the general state budget, whereas under the 'foral' regime, the regions collect taxes themselves, although a part of this goes to the state. There are two financing models applicable to the financing of primary-level social services, i.e., the basic services provided by local entities. In the majority of autonomous communities the supra-municipal institutions contribute to the financing of municipal social services, whereas in the Basque Country, municipalities finance social services through general funding they have access to, which is higher than that of the municipalities in other autonomous regions. Regarding specialised social services, the administration in charge of service is generally responsible for their funding, although they may only co-finance locally owned services. However, the mechanism can greatly differ among autonomous communities. It must be considered that there are differences in terms of social service expenditure between the Basque Country and the

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[220] National data collection, Hungary.

[221] National data collection, Ireland.

[222] National data collection, Luxembourg.

island territories – which have a decentralised system – and other regions. Also Navarre and the Basque Country have their own tax system.[223]

The main source of funding social service providers in the EU receive derives from the government, mainly at state level, although municipalities may use their own funds or allocate to service providers funding received from the state. The allocation or the source of funding can depend on the type of social services or the type of expenditure. National funds and service fees can be significant sources of revenue, in addition to other sources, such as EU funds or even private donations. The financing of social services is prescribed by national legislation. However, distinct financial models also exist in some EU Member States.

Key considerations/conclusions:

- Sources of funding: public (e.g., state, municipalities), private (e.g., donors), service fees, other (e.g., EU funds, and various combinations.

- Subsidies or national funds contribute to financing social services.

- The allocation of funding can be based on the type of social services, and funding from one source can be allocated based on the type of services or expenses.

- The amount of funding can be determined based on performance or expected costs.

- Some EU Member States have distinct and specific financial models.

Contextual elements relevant for social services:

Social services can be financed through public or private funds, service fees or additional funds or a combination of all of these. National legislation prescribes the financing models used in the EU Member State, where some legislation goes into detail, while others do not. Selected criteria the funding can depend on include the type of social services, the type of expenses or the performance of the service provider.

2.2.7. Monitoring

Monitoring of social services

This section introduces the monitoring and evaluation systems of EU Member States in the area of quality of social services and their financing, emphasising the key differences between the approaches. Differences can be observed based on who carries out the evaluation or whether the evaluation is based on a centralised, systemic approach. Some countries have a thorough monitoring and evaluation culture, which is often complemented by regular, public reports, whereas in other countries the tradition of monitoring and evaluation began with the requirements of receiving EU funding. Regarding the frequency of monitoring, annual monitoring is conducted in some countries with reports published, whereas in some EU Member States, assessments are not published on a regular basis. Due to the differences in the systems across the EU and limited publicly available information in some areas, gaps remain in the information that could facilitate further comparison between EU Member States. For instance, EU Member States do not

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[223] National data collection, Spain.

necessarily disaggregate data on financing; therefore, quantitative data are too limited for comparison.

Responsible actors

The organisation of the monitoring and the division of responsibilities between different actors are shaped by the social service structure across the EU. In some EU Member States, the national level bears the main responsibility, whereas in other EU Member States, the regional or local levels are responsible for monitoring, or the responsibility is divided between the different levels.

In some EU Member States, monitoring and evaluation take place at national level through mechanisms or specialist agencies established to carry out these activities, e.g., in **Greece** (National Mechanism for Coordination, Monitoring and Evaluation) or **Sweden** (Swedish Association of Local Authorities and Regions, Council for the Promotion of Municipal Analyses, Swedish Agency for Health Technology Assessment and Assessment of Social Services).[224] Furthermore, in **Bulgaria**, the Agency for the Quality of Social Services monitors social services at national level, which includes an analysis on the provision of access to social services, the implementation of quality standards and criteria for social services, and the efficiency of the invested resources.[225] **Slovenia** established a National Coordination Group, consisting of representatives of social service providers (including NGOs), target user groups, local community and other sectors of the country, and the Social Protection Institute of the Republic of Slovenia (IRSSV), whose tasks include the coordination of implementation plans and the monitoring of their implementation.[226] In **France**, the *départements* are the central actors for monitoring and coordination of the provision of social services as *per* Law of the 13/08/2004 with separate bodies (e.g. the Mission nationale de contrôle et d'audit des organismes de Sécurité sociale) guaranteeing monitoring of social services.[227] In **Italy**, the Unitary Information System of Social Services (SIUSS) was established which ensures the collection of data related to the planning and design of social interventions. The system maintains databases on services, professions, and social workers.[228] In **Estonia**, the standards for the quality of social services are set at national level but there is no centralised framework for evaluation.[229] In **Malta**, the Social Care Standards Authority regulates, monitors, and licenses social welfare services to ensure quality delivery in accordance with the national standards.[230]

There are EU Member States where local or regional governments have the main responsibility for the monitoring of the quality of the social services. In **Finland** and **Denmark**, local governments can either provide social services themselves or buy services from private providers, however, regardless of the form of provision (public or private), the local governments have the main responsibility for monitoring social services.[231] In **Slovakia**, local and regional authorities develop their own strategic plans and monitoring is thus carried out at these levels.[232] In **Spain**, the autonomous communities monitor their social services on the basis of coverage indicators (e.g., number of staff, number of users, while the national Social Services Institute collects quantitative data on social services

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[224] National data collection, Greece, Sweden.

[225] National data collection, Bulgaria.

[226] National data collection, Slovenia.

[227] National data collection, France.

[228] National data collection, Italy.

[229] National data collection, Estonia.

[230] National data collection, Malta.

[231] National data collection, Denmark, Finland.

[232] National data collection, Slovakia.

provided to adults. In **Czechia**, social service providers report to the regional authorities using parameter such as the volume of direct work for the benefit of the user.[233]

Additionally, other actors may be responsible for carrying out the monitoring and evaluation activities. For instance, in **Germany**, the private providers contracted by public actors are responsible for monitoring.[234] Furthermore, non-governmental actors such as INGOs and NGOs participate in the monitoring of social services. In **Spain**, the State Association of Social Service Directors and Managers uses the DEC Index to measure the development of social services in terms of regulatory development, coverage, and expenditure.[235] In **Finland**, an umbrella organisation of social affairs and health NGOs called SOSTE publishes Social Barometer, a survey-based study focusing on the state of the social and healthcare services in the country. This is on top of the quality monitoring done by the Finnish Institute for Health and Welfare.[236]

Monitoring systems in place

Systematic monitoring and evaluations are carried out in **France**, where the overall assessment of social services provided by the state corresponds to two main goals: control (e.g., verification of conformity with the legal framework) and verification (e.g., regarding the use of the budget). The assessment also includes evaluating the performance of the service based on previously set criteria and a benchmark assessment, which is conducted in a comparative perspective. The assessment gathers the qualitative and quantitative impacts of the service in question; it contains an *ex-ante*, an interim and an *ex-post* assessment. The assessment can be internal, external or both, although an external assessment is compulsory every seven years by a body accredited by the Ministry. An assessment on the quality of the delivered social services is conducted according to the quality criteria set by the objectives and the goals of the programme/service providers. An internal assessment is also compulsory every five years.[237]

The **Netherlands** has a strong evaluation culture, resulting in various types of monitoring and evaluation systems by both private research institutions and governmental agencies. Large-scale quantitative and qualitative research is conducted by various actors, monitoring takes place continuously, and evaluations are conducted every few years.[238] In **Slovenia**, a centralised monitoring system was established in 2018.[239] Overall, it seems that the monitoring of the quality of the social service systems is more fragmented than the monitoring of the expenditure. Nevertheless, comprehensive frameworks for evaluation of social impact are seemingly rare. In **Hungary**, **Poland** and **Portugal**, the evaluation of impacts or intermediate outcomes takes place mainly in relation to EU-funded projects.[240] In several countries the impact evaluations of EU-funded projects and programmes seem to have contributed to a wider interest of carrying out such evaluations even in the case of regular social services and nationally funded projects/programmes relating to social services.

Some EU Member States do not have a central measurement system in place to provide an overview of the social service landscape regarding their performance and results. For instance, in **Denmark**, where the municipalities are largely responsible for carrying out monitoring and evaluation, the results are not collected at national level. However, in the

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[233] National data collection, Czechia, Spain.

[234] National data collection, Germany.

[235] National data collection, Spain.

[236] National data collection, Finland.

[237] National data collection, France.

[238] National data collection, Netherlands.

[239] National data collection, Slovenia.

[240] National data collection, Hungary, Poland, Portugal.

field of employment, Danish municipalities often measure performance in the same way and aggregate results can be compiled.[241] In **Czechia**, the social services' providers report to the regional authority on the services provided. The parameters are adapted based on the service provided but include aspects such as agreed performance capacity.[242] In **Estonia**, although a central evaluation is conducted for some social services, the autonomous local governments are not included in this. There are, however, service standards set by the central public administration. Moreover, information on improving service delivery is published by the Ministry of Finance, and a Social Services Quality Guide is available for designing high quality social services, describing basic principles, such as being result-oriented or having a needs-based approach.[243] Municipalities are in charge of controlling the quality of services in **Lithuania**, where they report to the Ministry and the county governor, primarily focusing on access to services and their quality.[244]

Similarly, in **Latvia**, the quality of data is monitored by municipalities, which is perceived to be an overly complicated and unnecessarily detailed task.[245] Moreover, the information collected is often insufficient for making decisions on the provision of services. **Spain** has a wider definition of the social services system (e.g., it has included actions and resources that do not belong to other well-established systems, such as education and health), which in practice translates to low quality statistics on social services. The Spanish autonomous communities are responsible for monitoring their social services based on set indicators, however, the methodology for the collection of data is not uniform. In the Basque Country in particular, a tool to enhance the quality of social services data, known as the 'Statistics on Social Services and Social Action', was established. Nevertheless, in the majority of autonomous communities, existing data collections, as well as the management systems, provide insufficient and inconsistent data.[246]

Monitoring and evaluation can differ based on the type of service, such as in **Belgium**, where the French community has a 13-point quality framework to monitor and evaluate care services and young people.[247] Alternatively, the system can depend on the service provider. In **Cyprus**, state-enabled social service providers have internal auditing processes safeguarded by government procedures and protocols, service providers receiving funding from the state are audited by the Office of the Auditor General, and non-profit organisations may run internal evaluations, and they are subject to monitoring and evaluations to ensure fulfilment of the criteria prescribed by legislation.[248]

Some Member States have well-established systems to follow the expenditure of social services, the monitoring of which is often carried out by authorities at central level. In some EU Member States, specific bodies are responsible for monitoring expenditure. One example is **France** where the Commission for the accounts of the socials security (CCSS) oversees monitoring of social services expenditure.[249] In **Poland**, the expenditure of social services is controlled through a separate system consisting of regional and central-level institutions dedicated for that purpose, although there is little tradition of monitoring and evaluation in the country, therefore these activities are primarily carried out for services and programmes funded from the EU Structural Funds. Nevertheless, a new assessment form for social welfare resources was created to enable analysis and monitoring at national level. Furthermore, the system focuses on the needs of local authorities, enabling the preparation of recommendations for local and regional policies as well as long-term strategies. Local

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[241] National data collection, Denmark.

[242] National data collection, Czechia.

[243] National data collection, Estonia.

[244] National data collection, Lithuania.

[245] National data collection, Latvia.

[246] National data collection, Spain.

[247] National data collection, Belgium.

[248] National data collection, Cyprus.

[249] National data collection, France.

institutions that function as service providers must prepare an annual report on their activities, based on which the budgetary plans for the following year are decided.[250]

In **Belgium**, the federal government is responsible for financial controls, although evaluations are carried out by external organisations, focusing on specific policies.[251] In **Sweden**, the Swedish National Financial Management Authority monitors state finances. They also regularly publish forecasts on budget and estimate the outcome of government budgets. Elected auditors also monitor budgets and spending at the municipal level.[252] In **Hungary**, the Register of Service Users controls the state financing of social, child welfare and child protection services.[253]

Monitoring and evaluation systems are evolving. A comprehensive monitoring framework will be established in **Croatia** following the National Plan of Social Services Development for 2021-2027.[254] In **Finland**, there is a shift towards a more centralised approach to monitoring, as the current system is too fragmented. Although some monitoring is done at national level in the social and healthcare sector, municipalities conduct their own monitoring in most sectors.[255] In **Sweden**, a new initiative is funded by the majority of municipalities, focusing on learning and evaluation connected to competence development. For the period of 2020-2021, this initiative included the development of a national quality register (mainly focusing on elderly care), and the development of national surveys directed at users as well as support for systematic monitoring.[256] There are also signs of increased commitment to impact evaluation. For instance, in **Bulgaria**, a new system for regulation of development will be soon implemented, which includes procedures for evaluation of the quality of social services all providers must follow.[257] In **Romania**, monitoring and evaluation frameworks including input, output and impact indicators are under development.[258]

One of the obstacles for the evaluation of the impact of social services is the lack of resources and competence at local or regional level to carry out evaluations on social impact. Since these types of evaluation are rarely required or encouraged by actors at national level, there is no clear incentive to carry them out, especially since they could entail additional administrative burden and pressure on often scarce financial resources. The monitoring systems are also often characterised by a high level of fragmentation. One example is **Portugal**, where, although monitoring and evaluation activities are regularly conducted at multiple levels, over 20 models and manuals for evaluating social services and plans exist.[259] Data collected from **Spain** also indicate that non-compatible data registries and information collection mechanisms are significant obstacles to the sharing of information.[260] Similarly, although **Italy** has established a system for gathering information, as competences are shared between a variety of different actors, it is difficult to collect and exchange data across sectors.[261]

The frequency of monitoring and evaluation

Social expenditure is monitored on an annual basis, in several countries, such as: in **Austria** (by Statistics Austria), where the monitoring is divided between the social protection

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[250] National data collection, Poland.
[251] National data collection, Belgium.
[252] National data collection, Sweden.
[253] National data collection, Hungary.
[254] National data collection, Croatia.
[255] National data collection, Finland.
[256] National data collection, Sweden.
[257] National data collection, Bulgaria.
[258] National data collection, Romania.
[259] National data collection, Portugal.
[260] National data collection, Spain.
[261] National data collection, Italy.

schemes and individual projects and social activities are also evaluated; in Flanders and Brussels-Wallonia in **Belgium**; and in **Greece** (by the Ministry of Labour and the policy departments).[262]

Annual reports on the implementation of social services are published in **Czechia**, alongside quarterly reports on whether the providers fulfil the mandatory indicators. Furthermore, the majority of regions in Czechia conduct performance monitoring for social services, on-site inspections, and an evaluation of the funds is conducted several times a year.[263] Annual reviews are also conducted in **Malta**, which determine the budget and the human resources required. The operational plans of Maltese social service providers are, however, reviewed and updated on a quarterly basis.[264] In **Slovakia**, the financial contributions provided by the state are monitored on an annual basis, although there is no systematic financial monitoring or evaluation conducted at the local or regional levels. The quality of services is also monitored in Slovakia, incorporating the European Voluntary Quality Framework.[265]

However, not all countries publish annual reports. In **Hungary**, as only licensed service providers may receive funding from the state, services applying for a licence must demonstrate how their service meets the conditions prescribed in legislation. However, although a variety of data are systematically collected on the Hungarian social services system, there is no regularly published assessment.[266]

The text box below provides a few examples of good practices in terms of monitoring and evaluation activities. These innovative practices contribute to a more comprehensive monitoring and evaluation system in their respective countries.

Box 1 – Good practices on monitoring and evaluation activities

Good practices

Finland: The AVAIN-measurement tool is used for social work aimed at adults, which measures the performance of social services. This tool is used more widely as of 2021.

Netherlands: The Municipal Monitor Social Domain provides data on the use of individual service provision, and although participation in voluntary, 330 municipalities out of 352 take part in it.

Portugal: The 'Impacto Social' programme was established to assess the impact of projects and interventions. A selection of evaluation case studies with a positive social impact are published each year.

Spain: The State Association of Social Services Directors and Managers is in charge of the DEC Index, which not only measures the development of social services, but also analyses rights and policy decisions (e.g., regulatory development), the economic context (e.g., social service costs), and coverage (e.g., available resources).

Sweden: The Swedish Association of Local Authorities and Regions and the 260 municipalities that signed up to participate also manage a monitoring and evaluation initiative called 'Briefly about municipal quality'. Around 40 indicators were monitored as part of this initiative in the areas of Children and Youth, Support and Care, Society and Environment – e.g., access, quality, availability, and efficiency of the services.

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[262] National data collection, Austria, Belgium, Greece.

[263] National data collection, Czechia.

[264] National data collection, Malta.

[265] National data collection, Slovakia.

[266] National data collection, Hungary.

Source: National data collection

The monitoring and evaluation activities carried out in each EU Member State differ based on the social services system of the country. EU Member States with a strong evaluation culture conduct more extensive monitoring and evaluation, whereas other countries focus on these activities only in some contexts (e.g., EU funding). Based on the introduction of new systems and innovative ways to monitor and evaluate (selected sectors of) social services, it is clear that there is an awareness of the need for more thorough monitoring and evaluation of social services across the EU. Nevertheless, the level and depth of monitoring and evaluation activities are uneven across the EU.

Monitoring social impact

Although it is possible to measure and evaluate results at project or programme level, fragmented systems make it difficult to measure, monitor and evaluate the impact of social services at national level. The collected data indicate that in the majority of EU Member States, little information is available regarding which specific indicators are used to monitor the social impact of these social services at national level. The information that is available indicates that input and process indicators rather than social impacts or intermediate outcomes of the service are more commonly used. For example, while several EU Member States measure the number of users, workforce, etc., they do not follow up whether social services have achieved the desired outcomes or long-term social impact. Findings also show that there is no differentiation between indicators for intermediate outcomes and indicators for positive social impact.

EU Member State monitoring of social services is primarily carried out using indicators related to input or processes. These include for instance monitoring the number of users, access to services, and number of personnel. Many of these process-related indicators measure the quality of social services instead of its outcomes or impact. One example is from **Sweden** where a system called Open Comparisons is used to collect data on process-related indicators such as the use of assessment tools, the usage of material provided by the national authorities.[267] In the **Netherlands**, a framework called Municipal Monitor Social Domain is used to gather data on the use of individual provision, usage of the Social Support Act, etc.[268] The **Hungarian** Register of Service Users uses input-related indicators such as data on users, data on the services used as well as waiting times.[269] In **Ireland**, the Citizens Information Board, a statutory agency under the Department of Social Protection, supports and develops the provision of information on the effectiveness by analysing client data received from the service providers.[270]

Where indicators measuring outcome are used, reduction of homelessness, increased labour market participation or reduction of poverty (absolute poverty, relative poverty, deprivation) are common. For instance, in **Ireland**, a poverty impact assessment (PIA) is used to assess whether policies and programmes are likely to have an impact on poverty. In **Greece**, indicators such as at-risk-of poverty, child poverty as well as unemployment and employment indicators are used to measure the performance of social services.[271]

Data show that the indicators used are more closely linked to national social policy programmes and targets than measuring the impact of individual social services or targeted social services. It is also seemingly common for different administrative levels and geographical units to set their own indicators which makes it difficult to get a full picture of

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[267] National data collection, Sweden.

[268] National data collection, Netherlands.

[269] National data collection, Hungary.

[270] National data collection, Ireland.

[271] National data collection, Greece, Ireland.

which indicators are used by each EU Member State. In general, there is little information available in terms of whether and how causality between social services and these indicators is verified. Furthermore, the use of such general indicators does not provide information in terms of the impact of a particular service on the totality of the individual users' circumstances.

Evaluation frameworks where the linkage between indicators and positive impact is clearer are often applied to individual projects and programmes instead of a particular social service or the social service system as a whole. For instance, the **Polish** evaluation system is applied to certain services. It has been shaped by the introduction of EU-financed programmes.[272] Examples of indicators used by the EU's Structural Fund programmes include the number of people at risk of poverty or social exclusion looking for a job and the number of people at risk of poverty or social exclusion who obtained a qualification after leaving the programme. It is applied to certain services only.

> Key considerations/conclusions:
>
> - Monitoring and evaluation can be conducted through specialist agencies or mechanisms at national level, although local or regional governments, or even NGOs can also be responsible for these activities.
>
> - Some EU Member States have a strong monitoring and evaluation culture resulting in comprehensive guidelines and tools.
>
> - Regarding finances, certain countries have extensive systems for monitoring expenses.
>
> - Annual monitoring and evaluations are conducted in several countries, many of which are publicly available.
>
> - Monitoring social impact primarily takes place at the project- or programme level using input or process-related indicators, and few EU Member States monitor and evaluate the impact of social services.
>
> Contextual elements relevant for social services:
>
> *EU Member States have either a centralised or a decentralised monitoring and evaluation system, although some complex systems include monitoring and evaluation activities on multiple levels of government. Not all countries have comprehensive tools. Monitoring is most often done on an annual basis. As the field evolved, innovative approaches are being introduced to replace or complement existing tools and systems.*

2.3. Conclusions

Following the analysis conducted on the basis of the information presented in the previous sections, the following conclusions can be drawn:

- There is **no universally agreed definition of social services**, and it is difficult to make a distinction between different types of social services.

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[272] National data collection, Poland.

- In respect of the evidence provided, it is **not possible to discern any particular approach to categorising and grouping social services** that could be applicable to all EU Member States. EU Member States define, categorise and group social services in a number of different ways, based upon the respective national systems and contexts. This has significant implications with regard to developing an EU-wide approach to defining social services and setting up their monitoring.

- The complexity of defining social services is compounded by **the decentralisation of services and the move towards a more integrated provis**ion. All of these aspects need to be taken into account in developing a framework for the context of functioning and monitoring of social services and for Europe-wide definition.

- Although the provision and funding of social services within the concept of Social Services of General Interest (SSGI) has been defined in EU 'soft law' documents, this remains an EU Member State competence. As social services of an economic character (SSEI) fall under applicable EU internal market and competition law, **EU definitions tend to focus on aspects of specific relevance to state aid, the internal market and public procurement**. The fact that EU Member States are free to define what they mean by SGEI, or in particular by SSGI, as well as the various levels of involvement (EU, national, regional and local), creates a complex legal, regulatory and funding environment that is hard to define given the diverse approaches at national level.

- Broader **attempts to define social services by NGOs and international organisations do not capture adequately the specificities of the various systems used by EU Member States** or take into account the diversity of their systems.

- The **concepts of 'mainstream social services' and 'personal targeted social services' are not used** when describing or categorising the social service sector at national level. The concept of 'personal targeted social services' is particularly difficult to conceptualise as this category of services is not defined in any EU legal framework and EU Member States do not have a uniform approach to these types of services. Nevertheless, in many cases, these services could be framed as a specific type of services supporting social inclusion of persons in most vulnerable situations.

- In order to facilitate further comparative analysis of social services at the European level, the possibility of distinguishing between services that are universally provided and services that aim at promoting social inclusion of persons who are experiencing social exclusion should be further researched.

3. Measuring the social impact of social services

This Chapter describes indicators used to measure the positive social impact of social services, including information gathered from the case studies. The purpose of the Chapter is to assess which positive social impacts of social services are measured and identify relevant indicators for measurement. Further elaborations on the concept of social impact can be found in Annex 3. Given the challenges that policymakers and stakeholders face when it comes to developing and using valid indicators for measuring the impact of social services at national level, the research under this Chapter has focused on analysing case studies of specific projects, programmes or interventions which have a documented positive impact. The primary objective of the case studies has been to identify mechanisms for positive social impact and the indicators that have been used to measure these impacts. A full list of identified mechanisms can be found in Annex 5. The limited scope of the projects and interventions, compared to the wider context of social services, has enabled the delineation of outcomes that are attributed to the delivery of services as distinct from general improvements.

The case studies have resulted in the identification of mechanisms and used to measure different types of positive social impact. Based on these mechanisms, ten categories of positive social impact have been identified and are outlined below. Furthermore, intermediate outcomes and impact indicators for each positive social impact have been identified. In line with established evaluation theories, findings suggest that monitoring the social impacts of social services is most meaningful when indicators are fully aligned with the change that the intervention has the possibility to affect, meaning that for an indicator to be efficient, it must relate directly to what is done within an intervention.

The Chapter is organised into three main sections:

- Section 3.1 presents the positive social impacts that are measured in the studied projects, programmes and interventions.

- Section 3.2 discusses which indicators are relevant to measuring different types of impact.

- Section 3.3 presents an overview of the main findings and conclusions.

3.1. Positive social impact

The findings of the study show that positive social impact can be measured and delineated from general improvements, especially within the scope of a specific project or intervention. The study has identified ten different categories of positive social impact. All the impacts refer to improvements in the targeted individuals' life situations. The following list of impacts is not exhaustive but mirrors the results of the analysed case studies.

- **A successful transition to new life phases:** The successful transition for a person from one phase of their lives to another e.g., children in foster care reaching adulthood and independence or former drug addicts rebuilding their life and reintegrating into society.

- **Eliminated homelessness:** Access to long-term, stable accommodation for people who have previously been homeless.

- **Emotional wellbeing:** The ability to practice resilience and handle stress and difficult emotional situations and thrive.

- **Employment readiness:** A person's willingness and readiness to enter the labour market in terms of skills and motivation.

- **Improved living conditions:** An improvement in users' physical standards of living such as access to hygiene, safety of homes, and permanency.

- **Improved/maintained independence:** A person's ability to remain independent, by, e.g., continuing to live in their home.

- **Improved participation in education:** Children's and young people's participation in education, both in terms of enrolment and absenteeism.

- **Improved quality of life:** The improvement of a person's health or ability to lead a full life with equal opportunities regardless of special needs, disabilities, or illnesses.

- **Labour market integration:** The participation of users in the labour market and their ability to remain in employment.

- **Reduced poverty/risk of poverty:** An improvement in users' financial situation or mitigated a risk of poverty.

The case studies show that positive impacts are often interconnected within the projects and interventions studied. Common combinations include eliminated homelessness, reduced poverty or risk of poverty, improved living conditions and improved quality of life. Labour market integration is frequently associated with reduced poverty/risk of poverty whilst improved or maintained independence is often found in conjunction with emotional wellbeing.

An example where several mechanisms have been identified is a project in **Slovakia**, where a civic organisation organised part-time employment for homeless people as luggage porters at Bratislava's main train station. The project created regular jobs and offered counselling to the users who had high debts and were at risk of homelessness. The project resulted in increased employment readiness among the participants, increased their skills and motivation as well as their ability to apply for jobs in the open market. It also resulted in labour market integration, which was measured by following up the users' employment status in the long-term. In addition, debt counselling resulted in decreased levels of poverty, with users repaying debt. This also contributed to improved living conditions, where both the quality and stability of the users' accommodation improved.[273]

Several projects target the social need of providing accommodation and show documented positive impacts of both improved living conditions and reduced poverty or risk of poverty. This is the case in **Czechia**, where a pilot project created a comprehensive social housing system while in parallel offering support through social work with users, as well as support for independent living, debt counselling and legal aid. Likewise, a project in **Ireland**, offers users access to affordable, sustainable housing, resulting in improved living conditions and lower costs for users in the long-term, both in terms of housing costs and energy costs.[274]

It is also common to find more than one mechanism present in projects supporting vulnerable persons, particularly persons with special needs or disabilities. A project in **Estonia**, for example, focuses on offering care and support to children with severe disabilities and to their parents, leading to an improved quality of life for the children and

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[273] National data collection, Slovakia.
[274] National data collection, Czechia, Ireland.

increased opportunities for labour market participation for their guardians. Similarly, an intervention in the **Netherlands** which creates meeting centres for people with dementia and their carers, results in maintained independence for people with dementia, enabling them to continue to live at home for a longer period of time. It also contributes to the emotional wellbeing of both users and carers, by improving the activation and mental health of the users, as well as strengthening the carers' abilities to handle care tasks.[275]

3.2.   Indicators for intermediate outcomes and impact

The case studies show that there are logical connections between the indicators and the positive impacts they measure. Several of the indicators used by projects and interventions are, however, input- or process-related indicators, measuring the number of initial participants, engaged social workers or activities offered. While these may help quantify and provide a context to the results delivered by the project or intervention, they are not by themselves an indicator of the project's impact.

This section, therefore, presents examples of indicators for intermediate outcomes and impact, which have been used to measure social impact.

It should be noted that although the identified positive social impacts refer to individual level improvements, many of the identified indicators are quantitative, e.g., they measure how many users have entered the labour market or reduced their debt. This means that the indicators can measure whether an intervention has been successful at generating positive impact at a general level which, while offering an indication of the likelihood of success at individual level, does not guarantee positive impacts for all participating individuals.

One intermediate outcome indicator that is used regardless of the positive social need is the number of users who complete a programme, project or intervention. In many cases, completing a scheme or a programme can be considered a first step toward achieving more long-term social impacts, but it does not measure whether users have continued success. As such, completed participation can, in the majority of cases, be considered a necessary but not sufficient condition to achieve a positive social impact.

A successful transition to new life phases

The positive impact of a successful transition to new life phases involves users making a transition from one phase of their life to another. The definition of a life phase can be diverse. For instance, it can refer to people who have been addicted to drugs and are attempting to rebuild a life without substance abuse by their participation in society through work and social engagements. It can also refer to children who have been in foster care and their transition to independent adult life.

A suggested impact indicator for interventions related to social rehabilitation and support is the number of users who rebuild a life free from substance abuse, five years after they have completed a programme. This indicator has been used in a project in **Cyprus**, aimed at the social reintegration of people who have previously suffered from addiction issues. Another suggested impact indicator, related to education and training, is the number of users who enter higher education. In **Finland**, this indicator has been used to measure the success of One-Stop Guidance Centres, aimed at assisting youth in moving forward with their lives. Intermediate indicators are concerned with the status of the users at completion of the

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[275] National data collection, Estonia, Netherlands.

intervention, measuring whether they have resulted in an immediate change. Suggested intermediate indicators targeted at supporting children in care are the number of children and youth receiving social and health services in their community or in family-type accommodation. These indicators are also used in two projects in **Bulgaria** aimed at moving children and youth from care institutions into families or foster homes.[276]

Eliminated homelessness

The social impact of eliminated homelessness entails that people who have previously lacked accommodation, either through being homeless or only having access to temporary accommodation such as shelters, achieve access to stable, long-term accommodation.

All cases aimed at eliminating homelessness focused on the need to provide accommodation. A suggested intermediate indicator measures the actual provision of housing. In projects in **Belgium**, **Hungary**, and **Slovenia**, this has entailed finding suitable, existing housing, establishing contracts with the landlords and signing leases with the users, which can all be used as complementary intermediate indicators. In a **Finnish** project, new housing has also been constructed. Consequently, the most salient intermediate outcome indicator for eliminated homelessness, is the number of people housed or rehoused as a consequence of a scheme. Suggested impact indicators focus on the users' ability to remain in housing and avoid being evicted, ensuring that they do not return to homelessness.[277]

Emotional wellbeing

Emotional wellbeing is the ability to be resilient and handle stress and difficult emotional situations. In the context of social services, particularly those targeting persons in vulnerable situations, it refers especially to the ability of parents, foster parents, and other carers to handle difficult situations in a competent manner, enabling children and other dependents to thrive. The cases focused on emotional wellbeing are related to the social needs of strengthening competences and supporting persons with disabilities.

Key impact indicators for emotional wellbeing are the number of people (typically children, or elderly) who are able to continue living at home, as well as their ability to thrive. This mainly seems to be an indicator for projects and interventions targeted at strengthening competences. Intermediate outcome indicators relating to improving parenting competence, improving behavioural issues and parents' perception of their parenting have been identified in cases from **Malta**, the **Netherlands**, and **Denmark** which all focus on giving parents or foster parents the necessary tools to handle difficult situations relating to their children's behaviour. In Denmark, another suggested intermediate indicator is the child's ability to handle emotions and engage socially. A case from the Netherlands suggests carers having the necessary skills to handle caring for people with dementia at home as an intermediate indicator for measuring emotional wellbeing.[278]

When it comes to emotional wellbeing related to supporting persons with disabilities, suggested intermediate outcome indicators are concerned with behavioural issues and the mental health of users. Both projects that use these indicators, from the **Netherlands** and **Portugal** are specifically focused on raising the wellbeing of people with dementia through

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[276] National data collection, Bulgaria, Cyprus, Finland.
[277] National data collection, Belgium, Finland, Hungary, Slovenia.
[278] National data collection, Denmark, Malta, Netherlands.

different types of activities and training, helping them to improve their physical, mental, and cognitive abilities, thereby allowing users to continue to thrive.[279]

Employment readiness

Employment readiness encompasses a user's willingness and readiness to enter the labour market. Being ready to participate in the labour market requires both cognitive and emotional skills, as well as motivation and the ability to operate autonomously. Employment readiness is often the first step towards labour market participation and can be achieved without the user necessarily gaining employment. Case studies, with employment readiness as the desired positive impact, typically target needs related to assistance in entering the labour market, education or training.

Projects and interventions targeting a need for assistance in entering the labour market are directed at either persons with special needs or disabilities, people in special problem situations such as addiction, people in situations of poverty, exclusion or marginalisation or, to a lesser extent, people with support needs in the field of employment and education. As such, all studied projects target users with different social needs that are not exclusively related to the labour market. Suggested impact indicators for employment readiness are the number of users accessing the open job market after programme participation and their level of employability. Suggested intermediate indicators concern a user's autonomy in job-searching, their decision-making skills and activity rate. These are used by a project in **Portugal**, targeted at developing skills for young people with a history of substance abuse. Completed internships are a suggested intermediate indicator that is used by a project in **Sweden** aimed at supporting people with autism or brain damage at gaining the skills and support required to enter the labour market.[280]

Motivation to work is another relevant impact indicator for employment readiness. This is used by a project in **Hungary**, targeting education and training needs by improving the skills of Roma women. Suggested intermediate indicators from that same project include the participants' level of education after completion, as well as the number of participants who pass exams to gain qualifications.[281]

Improved living conditions

Improved living conditions means an improvement in users' physical standards of living such as access to hygiene, safety of homes and homes of a permanent nature. Improved living conditions typically target users who are not homeless, albeit they may be at risk of homelessness. According to the case studies, improved living conditions can be a consequence of targeting the social needs assistance in entering the labour market, education and training, and providing accommodation.

One suggested impact indicator for a project targeting the need of assistance in entering the labour market can be found in **Slovakia**, where access to work and financial counselling has enabled people at risk of homelessness to improve their living conditions. Similarly, a family's overall standard of living is a suggested impact indicator for a **Romanian** project. The project which focuses on combating poverty through stimulating children's participation

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[279] National data collection, Netherlands, Portugal.
[280] National data collection, Portugal, Sweden.
[281] National data collection, Hungary.

in preschool by offering social vouchers and clothing, measures improved living conditions by considering the standard of living for the entire family.[282]

Both the health of users and the proportion of users who remain in housing are suggested as impact indicators for improved living standards. Examples can be found in the projects in **Czechia** and **Ireland**, where number of newly built houses, number of people offered housing and their satisfaction rate are suggested as intermediate indicators.[283]

Improved/maintained independence

Improved or maintained independence refers to users' abilities to remain independent, e.g., continue living in their homes. Target groups are typically the elderly or persons living with special needs or disabilities.

The target groups are also mirrored in the social needs targeted by the cases where these indicators are used. The suggested impact indicator for improved or maintained independence is the ability of users to remain living in their own homes. This can also be measured through a ratio of users receiving care in their own homes versus those in care homes, as is the case in a project in **Slovenia**. In **Poland**, a project aimed at supporting elderly people by installing digital monitoring units, suggests the number of installed units as an intermediate indicator. Another suggested intermediate indicator is a (positive) change or development in users' abilities. In projects in **Lithuania** and **Luxembourg**, this is a result of supporting persons with different types of disabilities through various day care centre activities.[284]

Improved participation in education

Improved participation in education is related to children's and young people's participation in education, both in terms of being enrolled in education at all levels and their level of attendance or absenteeism while enrolled. Improved participation in education as a positive social impact relates to the social needs of education and training, and to strengthening competences.

The main suggested impact indicators related to education and training are education dropout levels, enrolment rates and attendance. A project in **Romania** targets both children and parents, aiming to decrease dropout rates. Suggested intermediate outcome indicators include both the number of children who benefit from measures, as well as the number of parents who participate in parenting skill sessions. The same project also targets the social need of strengthening competences, particularly related to teachers' abilities to identify dropout risks and support these children. As such, another suggested intermediate indicator is the number of teachers who participate in professional development. Another project in Romania focusing on increasing children's preschool participation suggests enrolment and attendance rates as impact indicators. In addition, frequency and cumulative level of absenteeism are also impact indicators for improved participation in education. These are allso found in a project in **Spain** primarily focusing on preventing absenteeism, improving the identification and measurement of absenteeism rates, and supporting children and youth to remain in education.[285]

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[282] National data collection, Romania, Slovakia.

[283] National data collection, Czechia, Ireland.

[284] National data collection, Lithuania, Luxembourg, Poland, Slovenia.

[285] National data collection, Romania, Spain.

Improved quality of life

Quality of life is primarily related to improving users' health or improving access to support that will enable them to lead a full life with equal opportunities. Improved quality of life is a broad term that here largely refers to assisting people with different vulnerabilities access help and support.

In the case studies, quality of life as a social impact has been linked to needs of assistance in entering the labour market, providing accommodation, social rehabilitation and support, and support for persons with disabilities.

Several impact indicators for improved quality of life have been suggested, with slightly different focus depending on which social need is targeted. Two suggested impact indicators when targeting the need of assistance in entering the labour market for persons with special needs or disabilities are the severity of mental health symptoms and number of hospitalisations. These can be found in a project in **Italy** that focused on assisting people suffering from severe mental health issues in entering the labour market, through a holistic intervention.[286]

For projects concerning the provision of accommodation, the user's health is suggested as an impact indicator for measuring improved quality of life. This has been used by projects in both **Hungary** and **Ireland** aimed at providing improved housing. A suggested impact indicator for when the social need targeted is social rehabilitation and support is the users' capacity to stay free from substance abuse. This has been the case in a project in **Portugal** targeted at youth suffering from drug addiction. Based on the same project, relations with the external community and the users' sense of belonging are suggested as intermediate indicators.[287]

When it comes to projects targeted at giving support for persons with disabilities, no impact indicator has been put forward. Suggested intermediate indicators, however, include the number of people who have received support, ability to access support services and improvements in user capabilities. A project in **Ireland** uses the deaf people's ability to access sign language translation support services as an intermediate indicator for improved quality of life, whereas improvements in user capabilities have been measured in projects in **Croatia** and **Portugal**. Likewise, no impact indicators have been suggested for projects targeting local access to social services. A project in **France** focused on increasing the uptake of social services among those eligible for additional services has suggested the number of users accessing new social services as well as the users' increased knowledge of services as intermediate indicators.[288]

Labour market integration

Labour market integration entails the participation of users in the labour market and their ability to remain in employment. Labour market integration has been primarily linked to the social needs of assistance in entering the labour market or education and training.

The main impact indicators for labour market integration are obtaining and keeping employment of a more permanent nature. A project in **Estonia** offering support to carers and guardians of children with disabilities in order to allow them to work outside the home suggests measuring impact through the number of carers in employment. Likewise, a project in **Spain** aimed at preventing social exclusion suggests measuring impact through

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[286] National data collection, Italy.

[287] National data collection, Hungary, Ireland, Portugal.

[288] National data collection, Croatia, France, Ireland, Portugal.

employment achieved after participation in the project. Projects in **Austria**, **Finland**, **Latvia**, **Slovakia**, and **Sweden**, suggest employment retention as an impact indicator. Other suggested impact indicators take a wider view of labour market participation, suggesting indicators at municipal level of youth unemployment and NEETs. These indicators are found in a project in Finland supporting young people to employment and education. Similarly, projects targeting education and training needs suggest the status of work or education after completion as an intermediate indicator and long-term employment status as an impact indicator.[289]

Intermediate indicators typically concern employment on a more short-term basis. A project in **Austria** has suggested employment that lasts at least three months as an intermediate outcome indicator, whereas a project in **Cyprus**, aimed at increasing ex-prisoners' labour market integration, measures intermediate outcomes through the number of employers participating.[290]

Reduced poverty/risk of poverty

Reduced poverty or risk of poverty encompasses changed conditions that either result in an improvement in users' financial situation or mitigate a risk of poverty. In the case studies, this has mainly been linked to the social needs of education and training, providing accommodation, and social rehabilitation and support.

Regardless of the social need targeted, the suggested impact indicator for reduced poverty or risk of poverty is the users' financial situation. In **Hungary**, this is a suggested impact indicator for a project targeting education and training by offering training-embedded employment to Roma people within the social and child welfare support scheme, allowing women to obtain professional qualifications, find employment and improve their financial situation. In terms of interventions targeted at providing accommodation, schemes to provide affordable housing in **Czechia** combined with financial counselling suggest the users' ability to repay loans as an intermediate indicator for an improved financial situation. In a project in **Ireland**, savings related to affordable housing and reduced energy costs have also been suggested as an intermediate indicator of users' financial situations. In a **Slovakian** project targeted at social rehabilitation and support, repayment of debt is also suggested as an intermediate outcome indicator for reduced poverty.[291]

3.3. Conclusions

This Chapter has shown that, notwithstanding the current lack of comprehensive impact monitoring frameworks, it should not be assumed that impact monitoring is not carried out. Through case studies, a good number of illustrative examples of impact monitoring have been collected. Although the scope of these monitoring frameworks is limited to specific projects and programmes, they provide an insight to positive social impacts that are measured and provide operationalised indicators. The analysis has resulted in a list of ten suggested categories for positive social impact through which related indicators have been identified: a successful transition to new life phases, eliminated homelessness, emotional wellbeing, employment readiness, improved living conditions, improved or maintained independence, improved participation in education, improved quality of life, labour market integration, reduced poverty or risk of poverty.

Findings from the case studies suggest that monitoring the social impacts of social services is most meaningful when indicators are fully aligned with the change that the intervention

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[289] National data collection, Austria, Estonia, Finland, Latvia, Slovakia, Spain, Sweden.
[290] National data collection, Austria, Cyprus.
[291] National data collection, Czechia, Hungary, Ireland, Slovakia.

has the possibility to achieve. Just like the indicators used at national level by EU Member States, the studied interventions have also used both input and process indicators to monitor the work that is being done. It is also common for the interventions to employ user surveys to track satisfaction rates. While this is relevant information for a project leader, it does not necessarily show whether the project has resulted in the desired impacts.

In line with established theories,[292] the findings for this Chapter have shown that for an indicator to be efficient it must relate directly to what is done within the intervention. This means that an intermediate indicator should measure a result which flows directly from a conducted activity and its immediate outcome. For instance, in the case of an intervention that focuses on offering education and training measures, this could mean the number of participants who gain qualifications through their programme or in the case of an intervention that provides accommodation measures, the number of users who gain access to housing. Social impact indicators should logically follow results measured by the intermediate indicators. Using the same examples as above, this could mean measuring the number of participants who are able to find work or access higher education through the qualifications they obtained, or the number of users who remain in their housing in the long-term. If an intervention that has focused on providing accommodation has also provided debt support and counselling, then additional impacts such as an improved financial situation could also be measured based on intermediate and impact indicators. It would not, however, be efficient to use this as an indicator if the intervention only provides housing and does not include specific activities related to reducing debt.

Ultimately, this means that data collected in the future to measure and support positive social impact must be directly related to the results of the planned activities, if they are to be an efficient indicator for social impact. While these findings are in line with established theories of evaluation, the study findings have demonstrated that indicators that can efficiently measure social impact do exist, if the other challenges that have been discussed can be mitigated. This task has suggested several concrete indicators that can be used to measure different types of social impact, depending on which social need an intervention is targeted. These indicators could also be relevant to use at EU Member State level, as long as the services target the specified needs and desired impacts. Most important, however, is that intermediate indicators are directly related to the conducted activities and measure the intermediate outcomes and that any impact indicators are directly related to the impacts of the intervention.

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[292] For example, the EU Better Regulation Guidelines and Toolbox.

4. Understanding the social services workforce in the EU

This Chapter describes the study findings with regard to the main characteristics of the social services workforce and the social work profession in the Members States, and the distribution of the workforce between different types of social services. Some common features of the workforce and similar pattern in the evolution of this labour sector can be identified among countries. The large majority of the workforce is female, and most EU Member States require higher education, as well as further education or training for specialisation. Some professional workers are also required to complete practical training and some countries require employees to be registered and/or licenced.

To conduct the analysis, data have been collected at both EU level, by extrapolating data from the EU Labour Force Survey, and national level via desk research and interviews. The statistics offered in this Chapter of the report do not allow immediate comparisons between countries, as each EU Member State aggregates data differently based on the way in which social services are grouped at national level. In addition, statistics relating to social services are often combined with those for the healthcare sector and it is not possible to disaggregate.

This Chapter is divided in three sections.

- Section 4.1 describes the composition of the workforce. Here the workforce is considered as the entirety of the 'social services workforce', i.e., all professionals working in the social services sector and not only 'social workers'.

- Section 4.2 analyses differences and similarities in the EU Member States regarding the main qualifications required to access social work professions.

- The last section 4.3 draws the main conclusions stemming from the data collected.

4.1. Composition of the workforce

According to the EU Labour Force Survey, almost 8.8 million workers were employed in 'residential care activities' (NACE code 87) and 'social work activities without accommodation' (NACE code 88) across the EU in 2020.[293] As the table below shows, the top three countries with the most workers in these two sectors are Germany, France, and the Netherlands, and while the first two have more employees in social work activities without accommodation, the Netherlands employs more people in residential care activities.

Table 6 – Number of employees in NACE codes 87 and 88, 2020

EU Member State	Residential care activities (NACE code 87)	Social work activities without accommodation (NACE code 88)	Total
Austria	74,800	87,800	162,600

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[293] Eurostat, Employment by sex, age and detailed economic activity (from 2008 onwards, NACE Rev. 2 two digit level) [LFSA_EGAN22D], aggregated for NACE codes 87 and 88, ages 15-64. Available at: https://ec.europa.eu/eurostat/databrowser/view/LFSA_EGAN22D__custom_1631895/default/table?lang=en

EU Member State	Residential care activities (NACE code 87)	Social work activities without accommodation (NACE code 88)	Total
Belgium	182,400	195,500	377,900
Bulgaria	15,100	33,800	48,900
Croatia	16,000	18,500	34,500
Cyprus	1,600	3,300	4,900
Czechia	77,100	42,700	119,800
Denmark	129,900	186,000	315,900
Estonia	6,500	2,500	9,000
Finland	89,300	131,000	220,300
France	708,000	1,156,700	1,864,700
Germany	906,900	1,415,800	2,322,700
Greece	10,400	30,000	40,400
Hungary	61,300	70,600	131,900
Ireland	42,500	86,000	128,500
Italy	305,100	264,000	569,100
Latvia	7,600	9,000	16,600
Lithuania	13,900	10,500	24,400
Luxembourg	5,400	12,400	17,800
Malta	6,100	4,400	10,500
Netherlands	440,300	300,600	740,900
Poland	120,700	163,500	284,200
Portugal	122,300	67,800	190,100
Romania	36,200	49,100	85,300
Slovakia	34,300	35,500	69,800
Slovenia	14,900	7,300	22,200
Spain	322,700	248,400	571,100
Sweden	204,300	188,400	392,700
EU-27	3,955,600	4,821,100	8,776,700

Source: Eurostat, Employment by sex, age and detailed economic activity (from 2008 onwards, NACE Rev. 2 two digit level) [LFSA_EGAN22D], aggregated for NACE codes 87 and 88, ages 15-64.

However, due to the different ways of understanding the composition of the social services sector, national statistics are not necessarily aggregated in the same way and, therefore, only in a few cases the figures reported at national level match those in the table above. For instance, in **Denmark** in 2020, 521,007 people worked within the healthcare and social services sector, and the statistics do not separate the social sector from the healthcare sector. **Austria** reports that the total number of employees in the non-profit sector averaged around 235,000 in recent years. More than one third of them are working in the sector providing social services (excluding the health care sector), and more than half of them work part-time. Most employees work in hospitals, old people's homes, rescue services, other types of homes, and social welfare. In 2020, there were 322,700 workers in 'residential care activities' in **Spain** and 248,400 workers working in 'social work without accommodation' (571,100 workers in total).[294] The large majority of workers are employees and the most representative category of social workers is the 41-50 age group, while the average age of female social workers is 43.7 years, which is considerably young compared to other professions.[295] Social workers are mainly active in social services (around 78%) and health (12%). The fields of justice, education, employment, housing, and minimum income remain the minority of professional areas. Regarding social services, more than 60% work basic care services (e.g., family support services or financial aid). As for specialised services, such as day centres or residential centres, the predominant sectors of activity are those related to the elderly, persons with disabilities and various forms of dependency. In **Luxembourg**, around 6% of the total workforce works in the social sector. A main characteristic of this workforce is the high share of people not living in the country with more than half of the workforce incommuting from the neighbouring countries.[296]

In **Slovakia** approximately 3% of the population are employed in the social services sector. In 2018 the number of all registered employees in the sector was 26,241. The highest number was recorded in the care for the elderly (9,933), followed by social services homes (7,980), specialised facilities (5,024) and nursing facilities (1,351). A significantly lower number of qualified personnel is recorded in other services such as the day-care home and services relating to individualised social services e.g., shelters (369), supported housing facilities (218), rehabilitation centres (231), emergency housing facility (164), lodging houses (138) and halfway homes (43). The non-public providers claim that for the field work it is very beneficial to have workers that come from the targeted community (especially in Roma communities), as this helps them gain respect among the target groups and bond better with the community. In **Croatia**, as of 31 December 2019, 1,828 professional workers worked in the Social Welfare Centres, 91% of them women. In the welfare homes 7,276 professional and nursing workers had been employed, 89% of them women. The State Welfare Homes[297] (employed 3,257 professional and nursing workers, 84% of them women while the non-state welfare homes employed 4,019 professional and nursing workers, 93% of them women.[298]

Volunteers play an essential role in the sector. An analysis from 2017 of volunteers in **Denmark** shows that the social and humanitarian area is the second most popular field out of ten to work as a volunteer, although, due to the voluntary nature of their work, they are not accounted for in the number of employees. Similarly, more than half of the non-profit

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[294] Eurostat, Labour Force Survey, aggregated for NACE codes 87 and 88, ages 15-64. Available at: https://ec.europa.eu/eurostat/databrowser/view/LFSA_EGAN22D__custom_1631895/default/table?lang=en

[295] Consejo General del Trabajo Social "III Informe sobre los Servicios Sociales en España". Investigaciones e Informes del Consejo General del Trabajo Social (2019). Available at: https://www.cgtrabajosocial.es/files/5de783c0056f8/ISSE_III_WEB.pdf

[296] National data collection, Austria, Denmark, Luxembourg, Spain.

[297] For children and young adults without parents or without adequate parental care; for children and young adults with behavioural difficulties; for children with developmental difficulties and adults with physical, intellectual and sensory impairments; for the elderly; for adults with mental disabilities.

[298] National data collection, Croatia, Slovakia.

organisations in the economic sector of social services in **Austria** have volunteers. **Slovenia** reports that more than 9,000 volunteers have recently joined the volunteer work (80% female), although according to the statistical data provided by the Statistical Office of the Republic of Slovenia the social protection system employs only 19,389 people (14,400 in social protection with accommodation and 4,989 in social protection without accommodation). In **Slovakia**, particularly in crisis intervention services, volunteers represent a significant share of the people involved in the provision of these services; however, no monitoring activity on regional or national level is carried out.[299]

Concerning **specialisation**, according to data from the **Bulgarian** National Statistical Institute, the spheres of specialisation of social workers include: 1) Social work with children and families; 2) Social work with at risk groups; 3) Social work with elderly people; 4) Social work with people with special needs and persons with disabilities; 5) Social work in the field of social services; and 6) Social work in the field of employment. The 'Human health and social work activities' sector employs 5.47% of the working population aged 15 years or older (about 170,000 people). Besides working in 'Human health and social work activities',social workers are employed in many other public sectors as well, such as education, healthcare, employment, justice, and police (including work with persons with deviant behaviour, work with persons who have committed a crime, etc.). In **Hungary**, the workforce of the social services sector (including the workforce of child welfare and protection services) is estimated at approximately 100,000 persons. In 2018, around one quarter of the total social sector workforce worked in basic services (e.g., family care service or home support service for persons with disabilities) and somewhat more than 40% in specialised services (e.g., long-term care institutions).[300]

France is one of the countries with the highest number of employees in the sector. In 2017, 1.2 million people were working in the sector of social services and social action. Interestingly, a third of the workforce of the private sector works in structures for persons with disabilities, 21% work in the general social service sector and the same proportion works in/for households (including care services for the elderly). According to prospective studies of the national labour agency, workforce in this sector was to increase much faster than in any other sector of activity and by 2022 it is to involve an estimated 20% of the population, approximately 3 to 4 million jobs. Despite **Italy** being the third biggest country in terms of population, the number of workers involved in the social services is smaller compared to France and Germany. In fact, according to the CNOAS (*Consiglio Nazionale dell'Ordine degli Assistenti Sociali*), in January 2021 the social workers in the public sector were 45,000. However, this figure appears underestimated when considering that in 2018 there were 853,476 people[301] employed in 359,574 non-profit institutions of which 34,000 are active in the area of social assistance and health.[302]

In the **Netherlands**, according to a 2020 study, there is limited information about the profile of the social workers and the size of the workforce which ranges from 51,900 employees to 349,900 employees, depending on the sources considered:[303] CBS (social work branch, 51,900), *Sociaal Werk Nederland* (social work branch, 73,600), UWV (sector social work, youth care and day care for children, 170,000), AZW (employees in social domain in client-specific jobs, 349,900).[304] The available data for the narrow group defined by CBS shows that over 70% of the workers are women, and the majority of workers are aged 35-55.[305]

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[299] National data collection, Austria, Denmark, Slovakia, Slovenia.

[300] National data collection, Bulgaria, Hungary.

[301] Istat. Struttura e profili del settore non profit. Available at: https://www.istat.it/it/archivio/248321

[302] National data collection, France, Italy.

[303] Movisie. (2020). Sociaal werkers anno 2020. Available at: https://www.movisie.nl/sites/movisie.nl/files/2020-03/Notitie-Sociaal-werkers-2020.pdf

[304] *Ibid.*

[305] National data collection, Netherlands.

There is also a lack of accurate statistics in **Germany**. For example, based on data from 2018, the child and youth welfare services employ around 1,1 million workers, of which 951,000 are in the pedagogical or administrative area and the other 125,000 in housekeeping and technology.[306] The social education workers and social workers focus on preventing, overcoming, and resolving social problems. They advise and look after individual persons, families or specific groups of people in difficult situations. They work in different settings: homes for young people, children and the elderly; day-care centres and care homes for persons with disabilities; kindergartens, day nurseries and schools; family and addiction advisory bodies, care guidance institutions, institutions for the homeless and institutions for refugees; outpatient social services; social services, health and youth welfare authorities; prisons and social reintegration facilities; in self-help groups.[307]

Gaps in the data are also observed in Cyprus and Greece. Information on the workforce in **Cyprus** is very much scattered and there is no single point of reference that can give an approximate number of the total workforce. This is due to the number and variety of institutions operating in this sector in the country. However, according to the Social Welfare Services (SWS) Department of the Ministry of Labour, Welfare and Social Insurance the number of **qualified staff** was 318 (January 2021). There is also another line of staff in SWS, the **'Institutional Officers'** who offer daily care to vulnerable residents in special homes/institutions and which number some 196 employees (January 2021). The **Greek** scenario is also similar due to the fragmentation of the services there are no data available regarding the overall personnel employed in social services. According to data from the Office for National Statistics (ELSTAT) the number of employees in the Social Care Units (which refers to only a fraction of the overall social care services provided) in 2017 amounted to 2,632 compared with 2,446 in 2015 representing an increase of 7.6%, compared to a corresponding increase of 1.4% from 2013 to 2015. However, the interviews revealed that most public services are significantly understaffed due to the decade long period of austerity. There are 7,152 registered social workers of which 1,605 are currently unemployed. In a similar vein, data in **Malta** are also scattered and information is gathered at entity level. For example, a snapshot of the type of workforce employed by Agenzija Sapport includes social workers, occupational therapists, support executives, residential services teams, and administration staff.[308]

In contrast to the above, in **Czechia** the Ministry of Social and Labour Affairs accurately monitors data on the number of social workers as part of the annual reports on social services. It is estimated that they represent 15% to 20% of all people active in social services (the remaining 75-80% are other types of workers in social services). Two categories of workers are included in these statistics: 1) a social worker who carries out social investigations, provides social agendas – including solving social and legal problems in facilities providing social care services, social legal counselling, etc.; and 2) a worker in social services providing direct care service for persons in ambulatory or residential social services facilities, basic educational non-pedagogical activity, care activities in the household, or activities in basic social counselling, screening activities, educational, training and activation.[309]

More comprehensive details regarding the social service workforce can be retrieved in **Finland** and **Sweden** where the majority of the social workers are female and operate at municipal level. According to the Finnish Institute for Welfare and Health, in 2014, 204,758 people worked in social services and a large majority (70%) work for a local government and 27% for a private employer. Some **88% of employees in the social and healthcare sector were women**. The most common workplaces are social work offices, health care centres and hospitals, mental health offices, units providing services for families. A large

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[306] Statistisches Jahrbuch, 2019.

[307] National data collection, Germany.

[308] National data collection, Cyprus, Greece, Malta.

[309] National data collection, Czechia.

number of the Swedish social workers (275,600) work with social services or municipal healthcare.[310] Support assistants (*stödassistenter*) and support educators (*stödpedagoger*) working with persons with disabilities is the largest group of social service workers at the municipal level, followed by administrators (*handläggare*). Workers are predominately female at all levels. In 2019, 71% of administrators were female at the municipal level. The average age of the workforce is 45 years.[311]

Data disaggregated by territorial level can be found in **Poland**. Statistics from 2019 indicate 19,600 social workers employed at municipal level and 1,000 at county level. The entire system on regional, county and municipal level employed 133,600 people (including all staff, from directors, IT personnel, lawyers, maintenance etc.).[312]

In terms of gender, the number of women outweighs the number of men in the sector. Across the EU, around 82% of those working in residential care activities and social work activities without accommodation were female. In **Austria**, the share of women among the employees is 71.8%, in **Bulgaria** 78%, and in **France** 79%. **Ireland** and **Portugal** are also countries with women being over-represented in the social service sector. According to the Satellite Account of the Social Economy[313] in **Portugal** there were a total of 79,464 jobs in the Social Services sector in 2016. Gender distribution in the social services sector entities is characterised by the dominance of **men in the top managers group** (over 70% of the entities in any entity group) and of **women in the lower management categories**. For the whole workforce, the ratio can be estimated to be 45% men to **55% women**.[314] One of the features of the social services sector in **Ireland** is the predominance of female workers. CORU, the Health and Social Care Council, estimates that the gender balance across all professionals registered with it is **85% female** and 15% male. As of 2019, there were 18,061 health and Social Care practitioners registered with the CORU. Also, in **Hungary** the **sector is female dominated**: the share of **women** in the sector overall is **91%** (among full-time professional workforce). Similarly, **Estonia's** social sector is heavily gender segregated: 98% social care workers, 98% childcare workers, and 90% social workers and social counsellors are women.[315]

Across the EU Member States, the highest share of the workforce is represented by the 25-49 age group (56.7%), followed by the 50-64 age group (35.8%), and finally the 15-24 age group (7.5%).[316] In **Belgium**, the 25-49 age group is the largest in the social services sector (61.99% in 2018).[317] In **Hungary**, more than one-third of the full-time professional workers are aged 50 years or older, while only 7.1% of them are under 30 (the average age is 45.3).[318] In **Estonia**, 44% of those employed in the social work sector are older than 50. The most recent analysis of the social services sector published in 2017 shows that the working age population is declining while the demand for services targeted at the elderly is expected to increase.[319] Due to this, the demand for labour force in the social work sector is growing.

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[310] Sveriges Kommuner och Regioner. (2021) Socialtjänst och kommunal hälso- och sjukvård. Available at: https://skr.se/arbetsgivarekollektivavtal/personalochkompetensforsorjning/socialtjanstochkommunalhalsoochsjukvard.27716.html

[311] National data collection, Finland, Sweden.

[312] National data collection, Poland.

[313] Instituto Nacional de Estatistica. (2019). SESA third edition: Social Economy accounted for 3.0% of GVA - 2016. Available at: https://www.ine.pt/xportal/xmain?xpid=INE&xpgid=ine_destaques&DESTAQUESdest_boui=379958840&DESTAQUESmodo=2&xlang=en, Accessed February 2021.

[314] Statistics Portugal (2020).

[315] National data collection, Austria, Bulgaria, Estonia, France, Hungary, Ireland, Portugal.

[316] Eurostat, Labour Force Survey, aggregated for NACE codes 87 and 88. Available at: https://ec.europa.eu/eurostat/databrowser/view/LFSA_EGAN22D__custom_1631895/default/table?lang=en

[317] Turlan, F. (2019). Social services workforce in Europe. Report prepared in the framework of the PESSIS+ project (VS/2017/0376). Available at: http://socialemployers.eu/files/doc/Report%20The%20Social%20Services%20Workforce%20in%20Europe%2011.02.2020.pdf

[318] National data collection, Belgium, Estonia, Hungary.

[319] SA Kutsekoda, (2017). Tulevikuvaade tööjõu- ja oskuste vajadusele: sotsiaaltöö valdkond. Available at: https://oska.kutsekoda.ee/wp-content/uploads/2016/04/Sotsiaaltoo_OSKA_tervik_veeb.pdf

In fact, the share of workers in the long-term care sector that are aged 50 or older is increasing across the EU: the rate rose from 28% in 2009 to 38% in 2019.[320] Comparing the number of workers aged 50 years or older in NACE sectors 87 and 88, a slight increase can be seen in their share: from 31% in 2012 to 38% in 2020.[321]

4.2.   Qualifications of the workforce

In terms of necessary education and qualifications, EU Member States require at least a Bachelor's degree in most cases, and further qualifications for specialisation.

The minimum qualification requirements for the social work profession in **Spain** is a Bachelor's degree in social work, in **Germany** a Bachelor's or a Master's degree in social work and social pedagogy is needed to access social services professions, and in **Austria**, to become a social worker, the employee should possess as a minimum a Bachelor's degree on social work and social pedagogies. Building on this, specialisations can take place within the framework of the Master's degree programmes.[322] In **Luxembourg**, many of the professions involved in social services provision do not require a specific degree or training.[323] Nonetheless, social workers should have a Bachelor's degree in the field of social work and a successful completion of an aptitude test in Luxembourg law.[324]

Some EU Member States have a more comprehensive system of qualifications' requirements. In **Malta**, qualifications of all employees in the sector vary from Level 1 to Level 8 on the Malta Qualifications Framework (MQF). In **Czechia**, the educational requirements for the profession of social worker are Bachelor's, Master's or Doctoral degree mainly on social work and social pedagogy while for the position of worker in social services there are detailed requirements which are divided in four different categories of work.[325]

In **Belgium**, minimum qualifications are required to obtain employment in the social services sector. Access to jobs is reserved, at least for a majority of positions, for persons with a qualification recognised by the branch collective agreement and the law. Social workers dealing with debt mediation issues must provide evidence that they have followed education and training related to debt mediation. Workers fostering the integration of foreigners are also often required to have a specific legal training. No specific training or education is otherwise required for social workers dealing with vulnerable groups. [326]

Licences and registration are also required in some EU Member States. For instance, in **Bulgaria**, the qualification prerequisites for a person to work as a social worker are either a Bachelor's or Master's degree in social work, or equivalent training in organisations licensed by the National Agency for Vocational Education and Training (NAVET). In both **Ireland** and **Portugal**, certification is envisaged throughout the education and training systems, but specialised jobs usually require workers with professional certification while for other jobs, workers do not need professional certification, although some organisations may require certified skills obtained through formal training. In **Cyprus** and **Greece**, the

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[320] Dubois, Hans, et al. (2020) Long-term care workforce: Employment and working conditions. Available at: https://www.eurofound.europa.eu/publications/customised-report/2020/long-term-care-workforce-employment-and-working-conditions

[321] Eurostat, Labour Force Survey, using NACE codes 87 and 88, ages 50 or over. Available at: https://ec.europa.eu/eurostat/databrowser/view/LFSA_EGAN22D__custom_1631895/default/table?lang=en

[322] National data collection, Austria, Germany, Spain.

[323] Le Marché De L'emploi Du Secteur Social En 2018 | Newsletter. Available at: https://orbilu.uni.lu/bitstream/10993/40829/2/Le%20march%C3%A9%20de%20l%27emploi%20du%20secteur%20social%20en%202018%20-%20Newsletter.pdf

[324] https://beruffer.anelo.lu/fr/jobs/assistant_e-social_e

[325] National data collection, Czechia, Malta.

[326] National data collection, Belgium.

social worker is a regulated profession which requires a specific qualification (university level) and a license to practice. **Romanian** law establishes the National College of Social Workers as a competent authority for the social worker profession. A social worker is a graduate of higher education specialising in social work, **registered in the National Register of Social Workers** with approximately 10,000 registered social workers currently enrolled in this register. The professional competence levels granted to social workers are received depending on the length of practice in the field, and they are: beginner, practitioner, specialist and principal. On top of a Bachelor's or Master's degree in social work, **Italy** also requires social assistants to take a state exam and enrol in the register of social workers. To be a social worker the **Finnish** employee should possess a Bachelor's degree or a Master's degree in social work. Before practicing as a social worker, the employee **should be licensed** by the National Supervisory Authority for Welfare and Health (Valvira).[327]

In **Estonia,** the **higher education** and appropriate **professional training** are preconditions for employment in the social welfare services. There are additional **requirements** for skills and qualification for working with **vulnerable groups**. Similarly, in **Lithuania**, the social workers should possess a social work qualification degree (Professional Bachelor's, Bachelor's, Master's). Alternatively, they should have completed training for the practical work of a social worker in accordance with the procedure established by the Minister of Social Security and Labour or have a degree (Professional Bachelor's, Bachelor's, Master's) in social pedagogy or a qualification of a social pedagogue to be able to work with children and/or families at social risk. Similarly, people who have acquired a first level vocational higher education in the field of the provision of social care, social rehabilitation or social assistance or vocational secondary education in the field of social care have the right to provide these services in **Latvia**. Some countries require professional workers to carry out practical training: in **Slovenia**, this lasts for six months and, in **Croatia** and **Slovakia**, it is one-year training.[328]

There are different paths in **Poland** to become a social worker. A professional in this field could be a person who: a) has a college degree from a college of social services, or b) completed university studies in the field of social work, or c) from 31 December 2013 has graduated from university studies in one of the fields of: pedagogy, special education, political science, social policy, psychology, sociology, and family studies.[329]

Specific to **Luxembourg** are, furthermore, the language requirements: 79% of the job advertisements mentioned fluency in the three national languages as a condition of employment. Luxembourgish was required in 89% of cases, meaning that even for lowest level jobs in the social sector Luxembourgish, German and French are required.[330]

By contrast in the **Netherlands**, social work education does not have a compulsory professional registration and apart from youth care the social worker is not a protected profession, meaning that everyone can theoretically call themselves a social worker regardless of their education. In fact, as there is an absence of a direct relationship between prior education and undertaking a job as a social worker in the Collective Labour Agreements and job descriptions, it has been decided not to mention specific prior education. Similarly, in **Denmark** and **Sweden no specific certificate or qualification is required** by law to work with social services. However, the majority of those who work with social services have attained a medium level of higher education as a social worker, social educator, therapist or similar.[331]

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[327] National data collection, Bulgaria, Cyprus, Finland, Greece, Ireland, Italy, Portugal, Romania.

[328] National data collection, Croatia, Estonia, Latvia, Lithuania, Slovakia, Slovenia.

[329] National data collection, Poland.

[330] https://sante.public.lu/fr/professions/professions-sante-reglementees/assistant-social/index.html

[331] National data collection, Denmark, Netherlands, Sweden.

4.3. Conclusions

Although, due to the different ways EU Member States collect information on social workforce, extensive comparisons cannot be made but some common features can be identified.

The share of women working in social services is higher than the share of men in almost every country. Also, very often men hold atypical positions and managerial roles compared to women. The workers of this sector primarily belong to the 25-49 age bracket, however, looking at the trends over the last decades the average age of the social services workforce is rising.

The workforce in some EU Member States is also considerably small, for example, this is the case of Austria, Greece and Spain, and there is strong reliance on volunteers. An exception in this sense is France, a country with a high share of social service workforce. In some cases, social workers are exposed to a high risk of job turnover and burnout. A further challenge occurs in the area of public funding of social services due to cost-cutting tendencies.

Regarding qualifications, higher education is often required, as well as further education/training to acquire specialisation. Professional workers in some cases are also required to carry out practical training after completing their education and or to enrol in specific professional registers.

5. Impact of Covid-19 on the social services sector

The aim of this Chapter is to report the findings of the study in relation to the impact of Covid-19 on the social services sector. The Chapter pays specific attention to the way in which Covid-19 has negatively affected the users and the workers of this sector, as well as the extent to which the pandemic has altered the delivery of social services.[332]

Data underpinning this Chapter are primarily the results of interviews with representatives of the social service workforce. A few main aspects have emerged from the analysis. Due to Covid-19 many services were transferred into an online format and this has led to some innovation but also to a reduction of support and assistance for vulnerable groups, with also a negative impact on private and non-profit providers. At the same time, social services have played a crucial role in an unprecedented situation by supporting the population. While this has put significant pressure on the social services delivered at local level and its professionals, the crisis has contributed to emphasising the importance of social services and increasing the budget for this sector.

The Chapter is divided in two parts which account for the negative impacts (section 5.1), as well as the positive spill-overs (section 5.2) generated by the pandemic.

5.1. Direct negative impacts

The first and most reported effect of the pandemic that was felt by service providers and social workers throughout the EU was the reorganisation of services and work that took place. In many EU Member States, it was reported that numerous services were switched to an online format. This had many repercussions. **Slovenia**, for instance, reported that this change led to a greater lack of trust in privacy, dignity and autonomy for the user.[333] Furthermore, the digitalisation of service providers' work meant a general shift in work processes that was felt throughout and contact with users was limited.[334] For the services that were not switched into a digitalised form, stricter work regimes and hygiene rules were implemented. Similarly, some EU Member States reported on the uptake of personal protective equipment.[335]

Many countries in the EU reported on the impacts felt directly by individuals in the workforce. Undoubtedly, the pandemic put a strain on the social service systems throughout the EU Member States, which was also felt by much of the personnel.[336] The accumulation of work and demands that materialised meant that many social service workers would become overwhelmed by too much work, leading to increased levels of anxiety, stress and anguish.[337] This was often compounded by the fact that, in some EU Member States, there was a lack of both general and specialised personnel to cope with the increased workload.[338] In some cases, service providers would stay within institutions for many days in a row without going back home, and often they were exposed to a higher risk of contracting Covid-19.[339] The EASPD in its joint letter with the EAN warned that such developments in

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[332] Based on the study mandate, the content of this Chapter should be part of the overview regarding the typology of social services (Chapter 2), however the wealth of the information gathered led to the elaboration of a standalone Chapter.

[333] National data collection, Spain, Belgium, the Netherlands, Poland, Ireland, and Slovenia.

[334] National data collection, Sweden, Slovenia, and Czechia.

[335] National data collection, Portugal, Hungary, Czechia, Cyprus, and Bulgaria.

[336] Eurofound, 'Living, Working and Covid-19 (Update April 2021): Mental health and trust decline across EU as pandemic enters another year' (2021) available at: https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef21064en.pdf, p 6.

[337] National data collection, Spain, Austria, Romania, Denmark, and Poland.

[338] National data collection, Slovakia, Greece, Austria, and Lithuania.

[339] National data collection, Portugal and Sweden.

personnel workload could lead to serious risks to individuals' work-life balance and, as such, put the fundamental rights of social service workforces at risk.[340]

To highlight the impact of the pandemic on the social services workforce, several conferences and webinars have been organised at EU level by various stakeholders. At these events, the key challenges mentioned included the lack of preparedness and the increased pressure on the workforce due to the pandemic, shortages in health protection equipment (e.g., masks and tests), longer working hours and higher workload, worsened staff ratios due to illness and quarantines, decreased retention rates, higher rate of burnout, loss of income due to the closure of services.[341] The Federation of European Social Employers and the European Federation of Public Service Unions published a joint statement in March 2020 including protective measures for the workforce, such as ensuring workers' right to paid sick days, the provision of support to childcare, and the right of care workers to cross borders.[342]

The health crisis has also changed the relationships between services and between different sectors of social assistance. In the face of the many emergency situations, forms of cooperation have developed within different services to deal with the pandemic.[343] In **Austria**, the Covid-19 pandemic has had a negative financial impact on the care sector which, for instance, reported a shortfall in donations because donor target groups could not be reached. Organisations in the field of children and young people's activities also reported mainly financial and staffing challenges. In the area of persons with disabilities, financial impacts were noted due to revenue losses and higher costs for the purchase of protective materials. Organisations in the field of violence were strongly affected by the restrictions caused by the pandemic and the reduction of services offered by public institutions. For **Latvia**, this issue was compounded in rural areas especially as community-based services reduced their capacity significantly. Furthermore, in some EU Member States, such as **Denmark**, **Romania** and **Slovenia**, the pandemic uncovered the fact that their social services do not possess strong crisis response systems. Accordingly, these countries identified a general lack of resources and information to deal with the emergency. This was reported to be in terms of protective equipment, specialised personnel, crisis communication teams, quality of instructions, understanding of the situation, and training options for new personnel.[344]

Most EU Member States identified a gap in their social services system relating to their inability to adapt to the situation and provide an emergency response. Generally, this was attributed to the limitations in regular service provision and in some cases their complete standstill. Consequently, numerous EU Member States identified a gap in the continuity of their services for general users and, more specifically, for users such as individuals in rehabilitation, the homeless, persons with disabilities, the chronically ill, and young people with behavioural issues. The pandemic demonstrated how social services lack alternative arrangements in case of emergencies. This was especially true for services that rely on group work, institutional care and continuous contact or communication. In some countries, e.g., **Belgium**, social workers have reported that it was harder to access certain vulnerable

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[340] EASPD and EAN, 'Letter to President Von der Leyen: REF Ensuring EU Response to COVID-19 Tackles Threat of Social Care Emergency' (2020) available at: https://www.autismeurope.org/wp-content/uploads/2020/05/easpd-ean_letter_to_president_von_der_leyen_re._covid-19.pdf

[341] Federation of European Social Employers (2021). Impact of the Covid-19 pandemic on the social services sector and the role of social dialogue in handling the crisis. Available at: http://socialemployers.eu/en/news/joint-event-to-discuss-impact-of-the-covid-19-pandemic-on-social-services-and-the-role-of-social-dialogue-/

[342] Federation of European Social Employers & European Federation of Public Service Unions. (2020). Joint EPSU/Social Employers Statement on Covid-19 outbreak. Available at : http://socialemployers.eu/files/doc/FINAL_Joint%20Statement_Social_Employers_EPSU%20signed.pdf

[343] Deprez, A; Noël, L.; Solis Ramirez, F. (2020). Analyse des impacts de la première vague de la crise de la Covid 19 sur les personnes précarisées et les services sociaux de première ligne en région Bruxelloise et en Wallonie. IWEPS Wallonie; Available at: https://www.iweps.be/publication/analyse-des-impacts-de-la-premiere-vague-de-la-crise-de-la-covid-19-sur-les-personnes-precarisees-et-les-services-sociaux-de-premiere-ligne-en-region-bruxelloise-et-en-wallonie/

[344] National data collection, Denmark, Latvia, Romania, Slovenia.

groups during the pandemic and some users 'disappeared' from the system, as they were lacking the means to communicate other than through physical contact.[345]

In **Hungary,** the two services which were the most restricted due to the Covid-19 pandemic were both related to persons with disabilities: the home support service and the day care service for persons with disabilities. In **Luxembourg,** as a result of the increased number of situations of social distress – domestic violence, alcoholism and other forms of drug abuse, isolation etc. – social service providers and social workers have had to increase their efforts during the Covid-19 pandemic. In **Romania**, the strongest direct impact was felt especially by social service providers dedicated to beneficiaries with mental disease. The personnel working with the service providers for vulnerable people in residential regime encountered unique difficulties. In some countries, such as **Spain**, the Covid-19 pandemic brought a total reorganisation of the work. The workload has reflected the inequalities suffered by social services across Spain, between regions and between municipalities.[346]

The impact of Covid-19 on certain groups of users has been apparent throughout the EU. The primary types of users which were most impacted by the Covid-19 pandemic were the homeless, the elderly, children and young people, and persons with disabilities. With the rise of Covid-19 cases in numerous countries there was a significant reduction in face-to-face/in-person provision of services. This, together with the fact that governments were calling for residents to stay at home, means that these groups of users were put in a very difficult situation.

For the homeless, the closing down of facilities meant that there was an overall reduced access to shelters and that their health was put at risk, as they were significantly more exposed to the virus in comparison to individuals who could stay indoors.[347] In many States, such as **Cyprus**, impacts were felt by the elderly who relied on day care centres, which often closed or operated with reduced capacity. Rates of isolation soon increased too amongst seniors as long-term care homes reduced both visits and external contact.[348] **Czechia** in particular reported on the elderly being impacted due to the Covid-19 implications that affected their regular day hospital visits.[349] For children and young people, the effects were more varied.[350] Many faced difficulties due to home schooling approaches, whilst others had to deal with limited access to educational resources.[351] In **Lithuania** for example, there was a discontinuity of social services for young people with behavioural services.[352] Adding to this, mental health issues became more prevalent for many young people,[353] while their parents or families also faced increasing challenges in trying to balance their children's education and working from home.[354] For persons with disabilities, the main impacts were triggered by the discontinuity in services and lack of alternative options that were available in terms of everyday care, activities, and even jobs[355].

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[345] National data collection, Belgium.

[346] National data collection, Hungary, Luxembourg, Romania, Spain.

[347] FEANTSA, 'Covid-19: Staying Home, Not an Option for People Experiencing Homelessness' (2020) available at: https://www.feantsa.org/en/news/2020/03/18/covid19-staying-home-not-an-option-for-people-experiencing-homelessness?bcParent=26

[348] Council of Europe Statement, (2020) Older persons need more support than ever in the age of the Covid-19 pandemic available at: https://www.coe.int/en/web/commissioner/-/older-persons-need-more-support-than-ever-in-the-age-of-the-covid-19-pandemic

[349] National data collection, Czechia.

[350] Daniel Molinuevo – Eurofound, (2020), Education, healthcare, housing: How access changed for children and families in 2020, available at: https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef21012en.pdf

[351] National data collection, Austria, Luxembourg, Poland, Portugal, and Cyprus.

[352] National data collection, Lithuania.

[353] National data collection, Cyprus, Czechia, Finland, Greece, Malta, Portugal, Sweden and the Netherlands.

[354] Daniel Molinuevo – Eurofound, (2020), Education, healthcare, housing: How access changed for children and families in 2020, available at: https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef21012en.pdf

[355] National data collection, Hungary, Sweden and the Netherlands; Thomas Bignal – EASP, (2020), 2nd EASPD Snapshot: the impact of covid-19 on disability services in Europe, available at: https://easpd.eu/fileadmin/user_upload/Publications/second_report_impact_of_covid-19_on_disability_services_in_europe.pdf, p 7.

In some states, victims of domestic violence were reported as the main impacted users. Generally, women were referred to as victims in need of services that diminished during the pandemic.[356] **Cyprus**, as an exception, mentions inter-family violence instead, hence broadening the range of users that may be concerned.[357]

Unique to the identification of impacted users is the reference by **Ireland**, the **Netherlands** and **Luxembourg** to ethnic minorities, migrant groups and refugees. Accordingly, it is perceived in these countries that these groups of people faced additional difficulties due to linguistic, cultural and financial limitations creating a barrier to access of state support.[358]

A key development that also occurred in several EU Member States was the emergence of new users of social services, due to the effects of the Covid-19 pandemic. Demands were reported to be related to payments or financial aid for rent, medical and other supplies, transport, basic necessities, and food. This ultimately led to the development of services tailored to the circumstances triggered by the pandemic.[359] In the **Netherlands**, a situation materialised whereby a new group of vulnerable persons was identified in relation to increased levels of debt and poverty.[360] For example, this includes SMEs and entrepreneurs who were granted special provisions as temporary income support (ToZo).[361]

5.2. Positive spill-overs

Despite the negative effects that are seen to emerge with the pandemic, it appears that some EU Member States also experienced some **positive spill-overs**. Based on what was reported throughout the EU Member States, a whole range of services were considered to be crucial and there seem to be now higher awareness regarding the relevance of social services. As seen in **Belgium** and **Lithuania** all social services were of great value during the pandemic and were provided remotely. Additionally, as in the case of the **Netherlands**, there were exceptions to state mandated rules during the initial lockdowns (e.g., exemption from being fined when providing services past curfews).[362] Belgium further highlights the importance of social services related to individuals' basic needs such as dealing with debt mediation, access to food supplies and necessities. Basic needs were also deemed as essential in **Greece** and **Ireland** especially linked to community centres and food programmes.[363] In numerous EU Member States, services provided to people in vulnerable situations and people in need of special support were recognised as holding much value. This is particularly due to the major impacts caused by the lack of, or disruption in some of the services.[364] These included day care services for children and persons with disabilities in **Greece**, home care and support for residents at home in **Bulgaria**, **Latvia** and **Lithuania**, shelter services for families in **Poland**, and services for children in need of extra attention in **Ireland**.[365] The European Social Network further highlighted the importance of general children and family support services as based on the assumption that severe hardships will be experienced both during and after the pandemic.[366]

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[356] National data collection, Denmark, Luxembourg, Poland, Portugal, and Czechia.

[357] National data collection, Cyprus.

[358] National data collection, Ireland, the Netherlands and Luxembourg.

[359] National data collection, Spain.

[360] National data collection, the Netherlands.

[361] Netherlands Enterprise Agency, 'Temporary bridging measure for self-employed professionals (Tozo)' available at: https://business.gov.nl/subsidy/temporary-bridging-measure-self-employed-professionals-tozo/

[362] National data collection, Belgium, Lithuania, Netherlands.

[363] National data collection, Belgium, Greece.

[364] National data collection, Finland.

[365] National data collection, Greece, Bulgaria, Ireland, Latvia, Lithuania, Poland.

[366] European Social Network, (2020), Covid-19 Impact on Social Services: Lessons learnt and planning forward Available at: https://www.esn-eu.org/sites/default/files/2020-07/Covid-19%20impact%20on%20social%20services%20Lessons%20learnt%20and%20planning%20forward%20briefing_0.pdf, p 8.

In **Sweden**, for example, social services were able to meet urgent needs of many users with the support of the state, meaning that the general system was well reinforced. Moreover, **Estonia** reported to be able to accelerate the digitalisation of some services which added to the efficiency of the system. In **Ireland**, a development of innovative working methods materialised while in **Czechia** an increased interest in working in social services was identified. **Bulgaria** also reported that some additional state funding was provided which significantly aided in the provision of social services.[367]

An additional positive result is the increase of the budget envelope (national or local) for social services in several countries, including **Greece**, **Hungary**, **Italy**, **Lithuania**, **Malta**, **Portugal** and **Sweden**, to mitigate financial needs associated with an increase in expenditure and drop in revenues. In such cases, the government created a financial support measure for emergency reinforcement of social service providers.[368]

5.3. Conclusions

The pandemic has had many and varied effects on all aspects of social services. Due to the Covid-19 pandemic, demand for social services increased all over Europe. Social workers often felt overwhelmed and their work-life balance and fundamental rights were put at risk. From the users' perspective many gaps in services became evident, especially, for individuals in rehabilitation, the homeless, persons with disabilities, the chronically ill, and young people with behavioural issues. However, there is now a greater awareness regarding the relevance and importance of social services and, in many instances, increased budgets for social services arising from additional financial resources and facilities provided at national and European level in response to Covid-19.

The pandemic has also affected key elements of what should be included in the notion of social services and it is clear that social services should be perceived as dynamic. The emergence of new users and needs during the pandemic meant that new forms of service had to be developed. This is true for the substance but also the procedure through which services were delivered, as provision moved from in-person face-to-face activities to digitalised formats. Some effects were widely shared between EU Member States, while some others were particular to specific countries. This demonstrates and further proves how vast and varied social services are in the Union.

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[367] National data collection, Sweden, Estonia, Ireland, Czechia, Bulgaria.
[368] National data collection, Greece, Hungary, Italy, Lithuania, Malta, Portugal, Sweden.

6. Take up of the Voluntary European Framework for Quality Social Services

This Chapter presents the findings of the study concerning the take up of the Voluntary European Quality Framework for Social Services (VEQF) in the EU Member States. The main objective is to map out the implementation and promotion of the VEQF by the EU Member States and to assess the need for its adaptation to the changing needs. It also aims to fill the knowledge gaps on the coordination of various categories of personal targeted social services with minimum income schemes.

Since its adoption in 2010, the VEQF offers a reference basis for setting up, monitoring and evaluation of the quality of social services, as well as for facilitating the exchange of experience and good practices among the EU Member States. In the two years following its adoption, the Framework was transposed into various strategic papers and initiatives, but no further developments in measuring and comparing the quality of social services across the EU have been observed since then.

The analysis shows that the VEQF has been taken up and has had more impact in the EU Member States where no quality systems existed (or were less developed) at the time of its adoption as it contributed to setting up of such quality systems for social services – often supported through EU-funded projects. Countries which already had their own quality systems in place seem to be less likely to modify them according to the VEQF.

Interviewed stakeholders across the EU find the aims and principles of the VEQF still relevant. The key challenges, however, remain the low awareness at national and sub-national levels and the lack of monitoring mechanisms that would allow international comparability of the quality in social services, both requiring further targeted efforts by the Commission. Incorporating the VEQF agenda into various events and trainings, possibly backed by the examples of good practice from the EU Member States might raise attention and understanding among both decision-makers and experts in social services. The idea of applying the VEQF in the selected sectors of social services might be promoted to underline its flexibility and support its pilot take up. To gain relevant evidence and define European benchmarks, a more systematic approach to collecting national VEQF data should be developed. As a starting point, a joint working group consisting of national experts nominated by the EU Member States could be created. Further support to (pilot) national and international initiatives related to the VEQF through the European Social Fund, with a particular focus on the quality of services, might be a suitable option to foster its further take up. The analysis also confirms that most EU Member States have developed a functional system of integration or coordination of minimum income schemes with social services, however, the functioning systems vary greatly among them.

The Chapter is divided into the following sections:

- Section 6.1 provides an overview of the policy context.

- Section 6.2 considers the implementation of the VEQF across Europe, including general awareness, transposition into national legislation, VEQF take up through EU-funded projects, compliance of national quality principles with VEQF, monitoring and control mechanisms, and positive impacts of the VEQF take up.

- Section 6.3 presents the study findings concerning elements for a possible revision of the VEQF.

- Section 6.4 describes the coordination of social services with minimum income schemes (MIS) in order to understand access to social services by the most vulnerable groups.

- Section 6.5 brings together the main findings and conclusions of this Chapter.

6.1. Policy context

The topic of the quality of social services in the EU has been present in the European policy discourse for more than a decade and it has been directly linked to the role which social services fulfil. The debate has intensified during the negotiations and after the adoption of the Services Directive[369] when social services were excluded from its scope and EU Member States retained the power with regard to setting up their own systems and rules in this area, including those regarding the quality of social services. Thus, in line with the principle of subsidiarity, the EU can only encourage the EU Member States to follow common quality principles and criteria via its recommendations and other non-legally binding actions.

The VEQF[370] was adopted on 6 October 2010 as one of the deliverables of the Commission's strategy to foster the quality of social services which was announced in the Commission Communication of November 2007.[371] The initiative was also endorsed by the Council in its Conclusions of 8 June 2009.[372]

The VEQF was developed by the Social Protection Committee (SPC), an advisory committee to the Employment, Social Policy, Health and Consumer Affairs Council, with the use of the open method of coordination which was reinforced in 2008.[373] Its aim was to foster a common understanding on concepts related to the quality of social services provided within the EU and to offer a reference basis for setting up, monitoring and evaluation of the quality of social services, as well as for facilitating the exchange of experiences and good practices. It was meant to be compatible and complementary with existing national quality approaches and flexible enough to be applied in the national, regional or local contexts and to a variety of social services.

At the time of its development, the VEQF reflected a prevalent view of the stakeholders which noted that the debate at European level should aim to create consensus on quality principles instead of specific quality standards considering the competences of the EU Member States. The Framework defines a set of broadly applicable, overarching principles which the social services should fulfil in order to address the needs of the service users. Those are complemented by additional principles related to three dimensions of service provision, as shown in the table below.

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[369] Directive 2006/123/EC of the European Parliament and of the Council of 12 December 2006 on services in the internal market. Available at: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32006L0123

[370] Social Protection Committee (2010). A VOLUNTARY EUROPEAN QUALITY FRAMEWORK FOR SOCIAL SERVICES. SPC/2010/10/8 final. Available at: https://ec.europa.eu/social/main.jsp?langId=en&catId=794

[371] Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions accompanying the Communication on "A single market for 21st century Europe" - Services of general interest, including social services of general interest: a new European commitment. Available at: https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:52007DC0725&from=EN

[372] Council Conclusions on "Social services as a tool for active inclusion, strengthening social cohesion and an area for job opportunities", 2947th Employment, Social Policy, Health and Consumer Affairs Council meeting, Luxembourg, 8 June 2009. Available at: https://data.consilium.europa.eu/doc/document/ST-10052-2009-INIT/en/pdf

[373] Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions - "A renewed commitment to social Europe: Reinforcing the Open Method of Coordination for Social Protection and Social Inclusion. Available at: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex:52008DC0418

Table 7 – Overview of the VEQF quality principles

Overarching Quality principles
• Availability
• Accessibility
• Affordability
• Person-centred approach
• Comprehensiveness
• Continuity
• Orientation towards outcomes

Principles related to specific dimensions of service provision	
Dimension	Quality principle
Relationship between service providers and users	• Respect for users' rights • Participation and empowerment
Relationship between service providers, public authorities, and other stakeholders	• Partnership • Good governance
Human and physical capital	• Good working conditions and working environment • Investment in human capital • Adequate physical infrastructure

Source: Voluntary European Quality Framework for Social Services, 2010.

In each of these dimensions, the quality principles are supplemented by operational criteria for the purposes of monitoring and evaluation. Moreover, in order to help public authorities in charge of organising and financing social services to develop specific tools for the definition, measurement, and evaluation of the quality of the provided services, methodological elements were proposed along the following six aspects:

- Definition

- Scope

- Validity

- Cross-country comparability

- Data availability

- Responsiveness

Overall, it was viewed as an important step towards adopting a common approach to ultimately enhancing the quality of the European social services sector.

In December 2010, the Commission issued the Communication on the European Platform Against Poverty in which it listed the development of the VEQF at sectoral level as one of the key initiatives towards the achievement of the EU2020 goals and it has committed itself to funding projects that aim to implement the VEQF for social services in two policy areas – homelessness and long-term care.[374] This resulted in the development of a sectoral Voluntary European Quality Framework for Long-Term Care in the context of the 'WeDo project'[375] which was carried out between 2010 and 2012.

On 6 June 2011 the European Parliament's Employment and Social Affairs Committee adopted the own-initiative report on social services of general interest, presented by rapporteur Proinsias De Rossa. This was followed by the Resolution of 5 July 2011[376] in which Parliament:

- insisted on monitoring of VEQF principles with the use of the proposed quality criteria in an Open Method of Coordination;

- proposed further broadening of sectoral voluntary frameworks to the areas of childcare, disability, and social housing;

- invited the Commission to clarify the link between VEQF and the quality framework developed through the PROMETHEUS project in order to avoid duplication;

- urged the EU Member States to use the VEQF to draw up or improve existing monitoring and quality accreditation systems;

- took the view that the functioning of the VEQF should be evaluated by the EU Member States with reference to the Charter of Fundamental Rights and Protocol 26 TFEU;

- considered that the VEQF principles could be used to help define service quality criteria for the application to revised public procurement rules for tendering and contracts, including subcontracts;

- proposed that further improvement of the VEQF should include reference to funding and service provider status.

Consequently, the VEQF was mentioned in the recitals of Directive 2014/18/EU on public procurement as a reference regarding the specific quality criteria that the contracting authorities can apply in the procurement of services. Overall, however, no further development has been observed and the lack of common approach to measure and compare the quality of social services across the EU has been acknowledged for instance by the Social Platform[377] or Eurodiaconia[378].

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[374] The European Platform against Poverty and Social Exclusion: A European framework for social and territorial cohesion. Available at: https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM%3A2010%3A0758%3AFIN%3AEN%3APDF

[375] WeDo: Wellbeing and Dignity for Older people. Available at: https://www.age-platform.eu/project/wedo-wellbeing-and-dignity-older-people

[376] European Parliament resolution of 5 July 2011 on the future of social services of general interest. Available at: https://www.europarl.europa.eu/doceo/document/TA-7-2011-0319_EN.html

[377] Social Platform. Quality Social Services for All. Social Platform position on an EU strategy to develop a resilient ecosystem for social services and implement the European Pillar of Social Rights during the COVID-19 pandemic and beyond. Available at: https://www.socialplatform.org/wp-content/uploads/2021/05/social_platform_position_quality_social_services_for_all_2021.pdf

[378] Eurodiaconia. EPSR Action Plan Consultation. Available at: https://www.eurodiaconia.org/wordpress/wp-content/uploads/2020/11/202011_EPSR-Action-Plan-Consultation-Resp

6.2.   Implementation of the VEQF across Europe

6.2.1.   General awareness of VEQF

The research undertaken in the context of this study confirms a basic awareness of the framework at the level of national authorities, many of which were also acquainted with its content. This may be attributed to the involvement of national authorities in the ongoing discussions on the quality aspects of social services at European level. By contrast, the level of awareness among stakeholders is low due to a number of factors, such as the passage of time since the VEQF's adoption, diminishing efforts of EU institutions regarding its promotion, and other quality initiatives developed in parallel or following its adoption. Indeed, some confusion with other quality frameworks and initiatives has been noted.

For instance, in **Germany**, the awareness of the VEQF is low as it has not been directly implemented and it is viewed more as a point of reference or a source of inspiration. As a result, it plays no role in contributing to the quality of social services. Although there are thematic ovelaps in the principles of how social services should be effectively delivered, the country's own regulations had been developed prior to the introduction of VEQF.[379]

In **Ireland**, for example, the awareness of the Framework was limited to specific sectors where it has been employed – long-term care and services for homeless. This may have been related to attention paid to those two sectors at EU level following the adoption of and the involvement of the Irish stakeholders in those efforts.[380]

Apart from the smaller Members States like **Cyprus** or **Malta**, in most countries a significant gap in awareness was observed between national and regional or local levels. **Bulgaria** is one of the exceptions where the Social Assistance Agency has played an important role in promoting the Framework among all the relevant professionals and provided training on the VEQF principles to regional and local stakeholders. In **Lithuania**, numerous campaigns and presentations helped increase the overall awareness of quality principles, nevertheless, the perceived interest remains much higher in urban areas.[381]

Table 8 – Awareness of the VEQF in the EU Member States

EU Member State	High awareness	Medium awareness	Low awareness
Austria	✓		
Belgium			✓
Bulgaria	✓		
Croatia		✓	
Cyprus	✓		
Czechia	✓		
Denmark			✓
Estonia	✓		

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[379] National data collection, Germany.
[380] National data collection, Ireland
[381] National data collection, Bulgaria, Cyprus, Lithuania, Malta.

EU Member State	High awareness	Medium awareness	Low awareness
Finland			✓
France			✓
Germany			✓
Greece			✓
Hungary			✓
Ireland		✓	
Italy		✓	
Latvia		✓	
Lithuania	✓		
Luxembourg			✓
Malta			✓
Netherlands			✓
Poland			✓
Portugal		✓	
Romania	✓		
Slovakia		✓	
Slovenia	✓		
Spain	✓		
Sweden			✓

Source: National data collection.

6.2.2. Transposition of the VEQF into national legislation or sectoral/ institutional standards

The review of strategic documents in the EU Member States has shown evidence of the VEQF take up by several EU Member States at national level (e.g., through legislation) as well as by social services' providers at organisational level (e.g., by adopting its principles in their practice).

In **Greece**, the **National Strategic Framework for Social Inclusion** refers to the common European quality values and recommends development of a national mapping tool of service quality following the VEQF, but no further steps have been taken to date.[382]

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[382] National data collection, Greece.

In **Slovenia**, VEQF is mentioned in the **Resolution on the National Social Protection Programme 2021 – 2030**, which is currently under development. It refers to using dimensions and principles of the VEQF in the development of the social protection system. However, there is no clear distinction between the VEQF and the national quality standards.[383]

In **Spain**, the awareness of the VEQF by national and regional authorities has been reflected in the **Spanish Reference Catalogue of Social Services**. The list containing the minimum national requirements for social services sets out the overarching principles of the VEQF along with the Spanish system. A reference to the framework can also be seen at regional level in the **Law 9/2016, of 27 December, on Social Services in Andalusia**, where usage of the Framework is recommended to further define the specific quality criteria for social services. In **Portugal**, the principles of the VEQF have been used to develop quality assurance manuals.[384]

In **Italy**, an increased emphasis on the importance of empowerment and good governance in social policies led to including its content in the **National plan of measures and social services 2021 – 2023**.[385]

In **Belgium**, the principles of the voluntary Framework may be found in general practice and they influence the quality and availability of social services by utilising the principles of availability, accessibility, affordability, person-centred approach comprehensiveness, continuity and continuation towards outcomes in administration.[386]

The most significant contribution of the VEQF can be found in several Central and Eastern European countries. The VEQF substantially influenced the development or amendment of national quality systems, and it has also encouraged a shift towards person-oriented approaches and put emphasis on staff qualification and career development of social services personnel.

For example, in 2011 the legislative reforms in **Romania** were influenced by adopting principles and quality criteria through a direct transposition of the VEQF dimensions and principles, especially into the **Framework Law on Social Assistance No. 292/2011**[387] and its monitoring and assessment into the **Law No. 197/2012 on quality assurance in the field of social services as subsequently amended**. In addition, the principles of the framework have been used for monitoring and assessing the 71 services stipulated in the Nomenclature of Social Services, including formulation of indicators for assessing the services. Introduction of such a system has already contributed to forming a complex set of norms, rules, criteria and quality standards.[388]

Similarly, in **Bulgaria**, the VEQF was taken into consideration during reform processes in 2019, especially in relation to service provision, personalised approaches to clients, and integrated support. The principles of the VEQF have been fully integrated into the **Social Services Act** which entered into force in July 2020.[389] The Act includes a number of overarching principles, the qualification and professional development of the employees and ensuring effective financing.

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[383] National data collection, Slovenia.

[384] National data collection, Portugal, Spain.

[385] Piano Nazionale Degli Intervent E Dei Servizi Sociali 2021 – 2023. Available at: https://www.lavoro.gov.it/priorita/Documents/Piano-Nazionale-degli-Interventi-e-dei-Servizi-Sociali-2021-2023.pdf

[386] National data collection, Belgium.

[387] Framework Law on Social Assistance No. 292/2011. Available at: https://lege5.ro/en/Gratuit/gi4diobsha/legea-asistentei-sociale-nr-292-2011

[388] National data collection, Romania.

[389] REPORT on a comprehensive ex-ante impact assessment of the draft Social Services Act. New Bulgarian University, Laboratory for Public Policies, Sofia, October 2018.

Implicit references to the content of the VEQF can be found in the **Czech National Strategy for the Development of Social Services 2016 – 2025** approved by Government Resolution No. 245/2016, where the VEQF overarching principles are included, though the Framework itself is not explicit. In **Austria**, the VEQF encouraged the introduction of new quality certificates recognised and supported by national authorities, such as the **National Quality Certificate for Homes for the Elderly and Nursing Homes** (elderly care) or the **Quality Certificate for placement agencies in 24-hour care** (care for people in need and their families). The certificates are awarded to homes that – beyond fulfilling legal requirements – strive to further develop the quality of their services. The Ministry of Social Affairs and the Federal States/Provinces jointly ensure that the quality certificates are valid throughout Austria. As part of the deinstitutionalisation initiative in **Croatia**, the principles of quality, availability, and harmonisation of social services for different users/ vulnerable groups, and in general, the development of extra-institutional social services physical accessibility standards have been addressed by the **Plan of Deinstitutionalisation, Transformation and Prevention of Institutionalisation 2018 – 2020**. **The Social Welfare System Development Strategy 2011 – 2016** further promoted the intention to develop minimum quality standards for social welfare institutions and other legal entities. Guidelines on Social Services (2014) introduced 17 principles of quality.[390]

In relation to the Baltics, **Estonia** adopted the principles of VEQF in the amendment to the **Social Welfare Act** in 2018 and defined the General Guidelines for Estonian Social Services, which encompass its overarching principles. Strengthening the position and orientation towards the beneficiaries of the social services in areas such as health, participation and empowerment has contributed overall to better well-being of clients following the adoption of the EQUASS[391] at national level in **Lithuania**. The granting of licences to service providers has led to forming a better institutional organisation and reduced disparities in the quality of services. Furthermore, it has had a positive effect on the morale of social services providers, which was also noted as one of the key achievements. Further focus of the VEQF is on continuity of services and on clients during complex service provision. Currently, the system is predominantly used in urbanised areas, where it has had the most visible impact.[392]

6.2.3.   VEQF take up through EU-funded projects

The EU systematically supports the introduction of adequate reforms of care systems targeted at persons with disabilities, mental problems and the elderly in the EU Member States, not only in the context of quality of services, but also with the view of fostering shared European values and strategies.[393] In this context, supporting the idea of deinstitutionalisation and transition into community-based care is perceived as one of the key methods to enhance quality of the services provided.

The European Structural and Investment Funds continually support the introduction of reforms with the aim to improve the quality of social services and their monitoring. National projects aiming to enhance the quality in the social sector have been carried out in many EU Member States. Examples, identified during the research include projects in:

- Croatia – Supporting the Improvement of Social Services in Croatia, where some of the principles have been contained on the national level;

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[390] National data collection, Austria, Croatia, Czechia.

[391] EQUASS is an initiative of the European Platform for Rehabilitation which aims to enhance the social sector by engaging social service providers in continuous improvement, learning and development. It facilitates a network of more than 400 social service providers. It can be accessed here: https://equass.be/

[392] National data collection, Estonia, Lithuania.

[393] European Commission. Transition from institutional to community-based services (Deinstitutionalisation). Available at: https://ec.europa.eu/regional_policy/en/policy/themes/social-inclusion/desinstit/

- Czechia – Development and support of quality models for the system of social services;

- Estonia – Implementing the quality management system EQUASS Assurance in Estonia;

- Lithuania – Enhancing the quality of social services by applying the EQUASS quality system;

- Slovakia – Supporting social inclusion of vulnerable persons by delivering high-quality social services (The Quality of Social Services project).

The level of utilisation of the VEQF principles varies among these countries. While in **Estonia** and **Lithuania** the principles of the VEQF have been fully taken into consideration (in Estonia by using the VEQF to develop country-specific guidelines for social services, in Lithuania by adopting a European international quality licence), while in **Czechia** the project focused on development and methodological support in the field of quality, identification of risks, finding innovative solutions and sharing best practice.[394]

In **Slovakia**, the reference to the VEQF is marginal, it was only mentioned among other reference documents listed in the methodological backgrounds of the project.[395]

The **EQUASS** system is fully compliant with the VEQF and provides a comprehensive and customised approach to implementing, assessing and promoting quality of social services. To this end, it has been taken up in multiple countries at various institutional levels, notwithstanding their current organisation of social support systems.

In **Lithuania**, for example, the EQUASS has been adopted in cooperation with other experts of the 'Valakupiu Rehabilitation Center' under the Ministry of Social Security and Labour. This has triggered a higher awareness and led to the adoption of the VEQF at various institutional levels including national institutions, local social services centres and the NGO sector. This awareness has been further raised by a project run to support social services' providers, including training for consultants, auditors and coordinators and information events (2017 – 2023).[396] Apart from this, the EQUASS licence has been accepted as a primary source of quality standards and consultation at local level in **Portugal** (in the sectors of health care and rehabilitation of people with addictions).[397] In **Slovenia**, the University Rehabilitation Institute in Ljubljana, holder of the EQUASS licence, is supported by the national authorities in promoting quality in the vocational rehabilitation sector.[398]

The overall take up of the VEQF is shown in the figure and table below. However, it needs to be stressed that mere adoption of the VEQF is not sufficient and it is the effective implementation that leads to a positive impact in the social services sector. The take uplt was assessed cumulatively with the use of an evaluation matrix based on the following four judgment criteria:

1. Awareness among the stakeholders;

2. Transposition into national legislation or sectoral/institutional standards;

3. Compliance with national quality principles;

[394] National data collection, Czechia, Estonia, Lithuania.

[395] National data collection, Slovakia.

[396] EPR. Conference report: Quality initiatives for Quality of Life and Social Inclusion. Available at: https://www.epr.eu/wp-content/uploads/EQUASS-Conference-report-on-Quality-of-Social-Services.pdf

[397] EQUASS. Portugal. Available at: https://www.equass.be/index.php/about-equass/llhs/portugal

[398] EQUASS. Slovenia. Available at: https://www.equass.be/index.php/about-equass/llhs/slovenia

4. Monitoring and control mechanisms.

Figure 4: Overall take-up of the VEQF in the EU
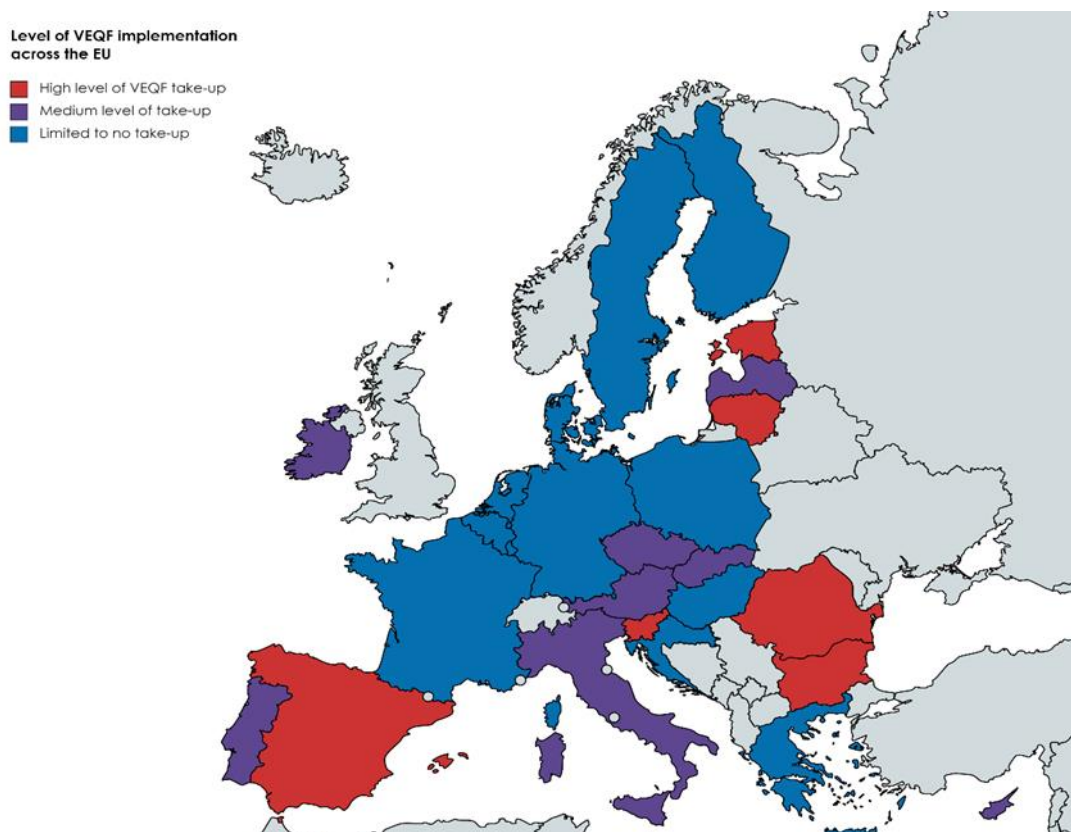
Source: Authors' own elaboration

Table 9 – Overall take-up of the VEQF in the EU

Level of VEQF take up	EU Member States
High level of VEQF take up	Bulgaria, Estonia, Lithuania, Romania, Slovenia, Spain
Medium level of VEQF take up	Austria, Cyprus, Czechia, Ireland, Italy, Latvia, Portugal, Slovakia
Limited to no take up	Belgium, Croatia, Denmark, Finland, France, Germany, Greece, Hungary, Luxembourg, Netherlands, Poland, Sweden

Source: Authors' own elaboration.

6.2.4.   Monitoring and control mechanisms

Monitoring systems reflecting the VEQF principles and criteria can only be found in some of the countries, where the framework has been formally implemented. However, the impact of the VEQF on the quality of social services has not been monitored at national level.

In some EU Member States, where a transposition of the VEQF occurred, monitoring and evaluation tools have been incorporated into dedicated Acts on quality assurance. In **Romania**, for example, the application of the monitoring tool is ensured by **Law No.**

197/2012 on quality assurance in the field of social services. According to this law, all principles, criteria and standards stipulated in the **Law on Social Assistance No. 292/2011** apply: a) provision of social services; b) relationship between providers and beneficiaries; c) participation of beneficiaries; d) relationship between providers and public administration authorities and e) development of human resources. The existing system of accreditation, licensing and thematic inspections is carried out in the context of the applied guidelines based on the VEQF.[399]

Similarly, the concept of accreditation has been adopted by **Bulgaria**. Currently, the processes are regulated by the **Social Services Act Art. 146-2**. An additional tool alongside the **Ordinance on the Quality of Social Services** is expected to introduce annual monitoring activities in all social services in Bulgaria together with the National Roadmap of Social Services for assessing the access and availability of services for vulnerable groups. This new legislative amendment is aimed at supporting individualisation of the social services and person-oriented approach, especially in relation to the development of 'community work' and further deinstitutionalisation of the sector. Active monitoring of the quality principles has been introduced by the Agency for Quality of Social Services.[400]

Another example can be found in **Lithuania**, where monitoring of quality dimensions is linked to the regular monitoring of EQUASS, including annual reporting and external auditing of quality. The monitoring is provider-oriented and evaluates effectiveness in 12 areas introduced by the EQUASS, focusing on the benefits and results of the activities conducted. This system may be further adapted to the needs of specific social services.[401]

6.3. Elements for a possible revision of the VEQF

The above findings suggest that there is room for possible revisions of the VEQF, and this is confirmed by the evidence gathered at EU Member State level. The research confirms that the **key principles** on the basis of which the VEQF was developed and formulated have **not changed and remain highly relevant** today as they were in 2010. The interviewed stakeholders appreciate the general and universal nature of the Framework's principles which allows for adapting according to the specific needs and contexts of individual EU Member States. At the same time several areas of potential improvements have been noted.

Nearly a third of the EU Member States (Bulgaria, Croatia, France, Germany, Italy, Lithuania, Romania, Slovenia) suggested **improving statistical monitoring** as one of the key areas leading to increased quality of social services. The process of translating the qualitative objectives formulated by the VEQF into indicators is viewed not only as possible but also required. Indeed, for the development of comprehensive and effective policies at both European and national level, it is important to maintain relevant statistics on individual indicators that are comparable. Therefore, any initiative at EU level to optimise the mechanisms for data collection and data comparison should be encouraged as it will ultimately facilitate the process of formulating common trends and policies.[402]

At the same time, the diversity of the systems across the EU Member States as well as the heterogeneity of the actors involved in the provision of social services present a challenge (e.g., some of the actors do not have the capacity to collect comprehensive data). Nevertheless, this could be tackled by setting up a lower threshold of the data to be collected at national level and facilitate coordination between different levels of governments, private and third sectors. In general, all comparative monitoring is highly dependent on the scope,

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[399] National data collection, Romania.

[400] National data collection, Bulgaria.

[401] National data collection, Lithuania.

[402] National data collection, Bulgaria, Croatia, France, Germany, Italy, Lithuania, Romania, Slovenia.

depth and the quality of the available data and this should be regarded as the guiding principle when establishing the basis for an effective monitoring system in the future.

Although the social services sectors differ across the EU, there are general variables that apply to all of them (i.e., their capacity to provide high quality services) and, thus, there are relevant data that could be collected regularly. For instance, the number of professional personnel of a social services provider, their education and training, the level of their professional competences and the number of social services beneficiaries per employee. Regarding the operational mechanism for this process, a yearly questionnaire on a representative sample has been suggested to obtain relevant and comparable data on the accessibility, quality and impact of social services. This could be supported by qualitative research methods such as interviews and focus groups' discussions with providers and beneficiaries.

In relation to effective monitoring and ensuring the quality of social services, a **European quality certification** has been suggested whereby institutions might apply for a guaranteed quality label following an audit. According to this approach, a certification process would be clearly defined as well as benefits available to those social services institutions that are deemed successful.

Another common thread emerging from the research was **lack of promotion of the VEQF** since it was published in 2010. Any future information dissemination strategy would benefit from good practice examples to support organisations in the development and implementation of quality frameworks. It should target all major stakeholders and utilise several communication channels, including workshops, conferences and social media. In case of future revisions of the framework, supplementary documents such as evaluation forms, learning and training materials illustrating how the VEQF should be implemented and monitored should form an important part of the dissemination strategy. It is necessary to consider all types of stakeholders, including front-line workers and to ensure information as well as training materials are developed and delivered in a suitable format (e.g., consider the education background of front-line workers). Furthermore, a framework related dissemination strategy is viewed as a suitable way of promoting the concepts of social innovation and social entrepreneurship to improve the quality of social services and their availability in times of growing needs.

As presented in Chapter 5, similarly to all other sectors, the social services sector has been vastly affected by the Covid-19 pandemic. In the context of the serious socio-economic consequences of the crisis, the protection systems have been under a lot of pressure due to the increased demand. The research supports the notion that it is necessary to review the VEQF in the light of the recent challenges and reflect them accordingly as the fight against social inequality seems more crucial than ever before.

6.4. Coordination between minimum income schemes and social services

Minimum income schemes (MIS) can be considered social safety nets of last resort that aim at ensuring decent living standards and subsistence levels for households in need and can have a positive effect on preventing poverty. More specifically, minimum income schemes "refer to benefits supporting income of people who are not (or are no longer) eligible for social insurance benefits. Minimum income benefits are non-contributory and means-tested, should be universal and their provision is a last resort instrument to combat poverty

and social exclusion."[403] In 2008, the Commission Recommendation on active inclusion of people excluded from the labour market introduced a concept of a comprehensive three-pillar strategy to assist the EU Member States with the integration of **adequate income support, inclusive labour markets** and **access to quality services**, which were to ensure combating poverty. As stated in the Commission Recommendation,[404] in many EU Member States the level of minimum income is too low to remove persons in vulnerable situations from poverty or social exclusion and social services are faced with severe underdevelopment and underfinancing. A holistic approach to the provision of these services may be an effective instrument to address these issues.

A holistic approach as well as a recommendation to include tailor-made support to the persons in vulnerable situations has been pursued since 2008. The **Commission Staff Working Document on the implementation of the 2008 Commission Recommendation on active inclusion of people excluded from the labour market[405]** published in 2017 assessed how EU Member States responded and identified the main challenges to the implementation of active inclusion. Among those related directly to social services, insufficient access to services and lack of an integrated approach (including inadequate vertical and horizontal coordination and lack of single access points) were highlighted.

The Commission Recommendation also pointed out persisting difficulties of people in vulnerable positions to access the services, for example for the Roma, some groups of migrants and persons with disabilities. In practice, this refers to implementing a cross-sectoral approach and cooperation among various level stakeholders (national, regional and local level, public and private).

6.4.1. Integration of social services with the minimum income schemes

Minimum income schemes are recognised as a key instrument for reducinge inequalities and preventing poverty and social exclusion. They have the potential to provide people in vulnerable situations with the means to security and greater social participation reflecting their individual circumstances. Among all possible social assistance interventions, minimum income schemes are generally considered as a necessary minimum protection level[406] and therefore, most of the countries have already developed a functional system of integration or coordination of social services with the MIS. However, these systems greatly vary across the EU Member States. Interaction and linking them with other benefits and social systems is established in many EU Member States in order to support a higher effectiveness of the MIS.

Integration of systems

The strongest link between MIS and social services is present especially in relation to **employment services and the labour market activation measures**, which focus on economically active population. The integration with MIS within this area is ensured in many

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[403] Social Protection Committee. 2021. Information note for the SPC ISG. Update of the benchmarking framework in the area of minimum income. Social Protection Committee - Indicators Sub-group. SPC/ISG/2021/12/6b. Available at: https://ec.europa.eu/social/main.jsp?advSearchKey=bench_fram_minincom&mode=advancedSubmit&catId=22&doc_submit=&policyArea=0&policyAreaSub=0&country=0&year=0#navItem-1

[404] Commission Recommendation 2008/867/EC of 3 October 2008 on the active inclusion of people excluded from the labour market [Official Journal L 307 of 18.11.2008].

[405] Available at: https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX%3A52013SC0039

[406] European Trade Union Confederation. 2020. European tools for minimum income schemes, a cornerstone for a European anti-poverty and social inclusion strategy. Available at: https://www.etuc.org/sites/default/files/document/file/2020-08/EN-European%20tools%20for%20minimum%20income%20schemes%2C%20a%20cornerstone%20for%20a%20European%20anti-poverty%20and%20social%20inclusion%20strategy%20%28discussion%20paper%29.pdf

countries, including Bulgaria, Croatia, Luxembourg, the Netherlands, Portugal and Slovenia.[407]

In many EU Member States, the concept of MIS is connected with the provision of other services to grant the recipient a basic assistance in entering the labour market or addressing more complex situations connected to their unemployment. It has been reported that access to employment (and social) services is linked to eligibility and registration for the MIS in some countries. In **Hungary**, **Czechia** and **Austria**, for example, the provision of employment benefits is reliant on recipients' cooperation with the employment offices in increasing their employability and social stabilisation. Furthermore, linking minimum income scheme with employment programmes in Austria proved an effective tool to successful integration of the recipients into the labour market. In **Portugal**, the requirements defined in an insertion contract[408] are not only limited to labour market activities, but also include attending free personal development training programmes, and participating in other opportunities for employment or job creation programmes. Moreover, participation in social services targeting persons in vulnerable situations (such as prevention or rehabilitation programmes for drug addicts, use of social solidarity facilities, home assistance actions, etc.) may be required.[409]

Regarding access to the services, many countries are on a path to ensure the **integration and coordination of their social assistance systems**. Higher access to services can be achieved through integrated or coordinated approaches within one institution. Records of such approach can be found in **Belgium**, where the minimum income scheme is managed by Public Centres for Social Welfare together with social services. It acts as a single-entry point into an integrated system of social aid. In Belgium, 589 public institutions provide access to services based on claiming habitual residence. Social services are provided in employment, integration income and individualised social integration projects, or a combination of all three. In the **Netherlands** and **Sweden**, for example, the municipalities are responsible for managing both of these areas (employment and social services). In **Cyprus**, the coordination, management and actual delivery of the Guaranteed Minimum Income and of some social services (e.g., the provision of subsidy for home care, day care, residential care, childcare etc.) falls under the responsibility of one office, namely the Welfare Benefits Administration Service. In the case of **Slovakia**, for example, beneficiaries of minimum income are automatically eligible for the provision of employment services, but also other social services such as counselling, psychological services and protection of children. The aim of connecting employment and social services is applied also in some regions of **Spain** (Basque Country and Catalonia). A joined system of social benefits and counselling services, covering various topics such as loss of housing or counselling for young people is present at the municipal offices in **Austria**. Social services in Austria are, however, characterised by a non-unified minimum benefit system, depending on individual laws in the federal states, and therefore the offer of counselling services may differ depending on federal laws and regional specifics. Similarly, a low level of integration of MIS with social services has been reported in **Germany**.[410]

In **Croatia**, the National Recovery and Resilience Plan 2021 – 2026 (NRRP) foresees a reform measure, 'Development of social mentoring service', which will assist beneficiaries of the guaranteed minimum income as well as hard to employ groups (persons with disabilities, Roma communities, migrants, victims of violence, the homeless and young people in vulnerable situations, ex-prisoners) in re-entering the labour market.[411] Moreover,

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[407] Social services that complement active labour market inclusion measures for people of working age who are furthest away from the labour market age who are Furthest Away from the Labour Market. 2018 SPC thematic reporting. Available at: https://ec.europa.eu/social/BlobServlet?docId=21068&langId=en

[408] Insertion contract is a pre-requisite for awarding the Social Insertion Income.

[409] National data collection, Austria, Czechia, Hungary, Portugal.

[410] National data collection, Austria, Belgium, Cyprus, Germany, Netherlands, Slovakia, Spain, Sweden.

[411] Proposal for a COUNCIL IMPLEMENTING DECISION on the approval of the assessment of the recovery and resilience plan for Croatia. Available at: https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:52021PC0401&from=EN

according to the NRRP, accessibility of information on social services to both beneficiaries and institutions will be supported by developing a web application with information on the following services: care homes funded by the state, community service centres and service providers.[412]

Cooperation at institutional level

The integration with MIS can influence the quality of social services as a coordinated approach, especially in complex situations with multi-dimensional difficulties/ disadvantages, has greater potential to lead in solving long-lasting problems. **Cooperation between institutional levels and NGOs**, especially sharing of information about clients' need for services can be seen for example in **Finland**, where an informal cooperation among institutions is ensured through existing links between the Finnish social insurance institution and local governments. Similarly, in some countries, such as Ireland, no legal framework to cover an interlinkage of these two sectors can be found and effective coordination mechanisms are applied on an informal basis. On the other hand, bilateral cooperation between institutions is also prescribed in **Slovakia**, especially in relation to linking the offices responsible for provision of minimum income with all providers of social services such as municipalities, higher territorial units, civic associations and associations for implementing projects to support solutions of complex problems. Furthermore, these providers are obliged to cooperate with other social services providers such as religious societies, civic associations and other persons.[413]

Automatic systems of referrals between institutions are also used to effectively manage a complex personal situation. In **Luxembourg**, recipients of minimum income (through the REVIS scheme) are automatically referred to the office responsible for constructing an activation plan for their re-integration into the labour market. In **Romania**, the existing MIS is connected to free health insurance, which is gained upon registering with the MIS. Moreover, an informal system of coordination is used to provide counselling services for the social benefits and if needed, integrated intervention methods are used in fields such as health, education, housing, employment, etc.[414]

In the context of legislative changes in **Croatia**, mutual coordination including a regular **exchange of data** among national and local levels will be required between social welfare centres and those implementing measures of social inclusion of certain groups (able-bodied, partially able-bodied and temporarily unemployable single persons or members of a household that is a beneficiary of guaranteed minimum benefit). Currently, there are many developments with regard to ensuring coordination and integration of benefits and social services and improving coordination at regional and local levels. For example, in Croatia, national discussion leads to mandatory mutual cooperation between social welfare centres and employment services through a new Social Welfare Act. Recently, exchange of data on social benefits between local and national level has been applied, providing more insights into beneficiaries' rights and social services available with the social welfare. Similarly, a dialogue in **Estonia** emphasises the establishment of a new infrastructure as well as coordinated systems between the state and local governments to support a uniform provision of social services.[415]

Likewise, in **Slovenia** the exchange of information is conducted between the Employment Service of the Republic of Slovenia and Social Work Centres for groups in vulnerable situations (specific group of unemployed beneficiaries of financial social assistance and

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[412] National data collection, Croatia.

[413] National data collection, Finland, Slovakia.

[414] National data collection, Luxembourg, Romania.

[415] National data collection, Croatia, Estonia.

other unemployed persons who are temporarily unemployable due to mental health, addiction and major social and other similar problems). A regular exchange of information can also be seen in some of the **Spanish** regions (Murcia, Comunidad Valenciana).[416]

6.4.2.   Coordination through a personalised approach

There is evidence that the coordination of social services can be achieved by inter-disciplinary teams or individuals acting as coordinators through a more practical and individualised approach with the aim of increasing the access to services required. In **Poland**, decision-making regarding the minimum income as well as delivering personalised services is managed by case workers, whereas in **Slovenia**, specialised commissions are established to assess the reasons for unemployability and resolving the situation. Similarly, there is an ongoing discussion in **Denmark** about introducing a mandatory application of a holistic approach to social services, known as a 'holistic intervention programme', which should ensure a **case management approach**. To some extent, the introduction of case management has proved effective in **Germany**.[417]

In addition, inclusion of vulnerable groups can be also achieved by the application of **individual plans and projects**, targeting various areas of life. In **Spain**, the minimum income scheme is directly connected to the provision of certain services in health, employment, housing and other fields to improve the social situation of the beneficiaries. There is also a willingness to interconnect social services, including education and health. Furthermore, customised projects are designed to solve complex situations in **Italy**, where the MIS Citizenship Income is managed at municipality level. In line with the current legislation, municipalities are also responsible for carrying out projects '**Pacts for inclusion**', designed to combat marginalisation and 'public utility projects' as an activation measure, including compulsory activities by beneficiaries who otherwise lose the economic benefit. Such an approach actively contributes to solving a situation of the persons involved.[418]

An example of the **one-stop-shop** approach has been reported in **Slovenia**, where all means-tested social benefits and subsidies are provided in one package, also including social services (social counselling, support, assistance to people in vulnerable situations). Informal organisation of services through one-stop-shops or referral systems (including NGOs) is reported in the **Netherlands**. However, utilisation of such an approach is highly dependent on the municipalities' policies. Piloting one-stop-shops for better coordination has also been reported in **Spain** (Navarre). Similarly, informal or ad-hoc approach has been reported in **Slovakia**, where one-stop-shops are organised at local level (in districts of Bratislava) or as part of international projects (e.g., by the International Organisation for Migration in cooperation with the Aliens Police Department, Labour Office and Health Insurance companies). These are usually aimed at integration and assistance to third-party nationals and foreigners and offer counselling on residence, business, administrative processes etc. Likewise, one-stop-shops are available at local level in **Croatia**, delivering all essential counselling services to recipients of the MIS by employing experts from various fields.[419]

Conversely, low coordination has been reported in **Czechia**, **Ireland** and **Finland** where support by MIS and delivery of services are not coordinated nor integrated to a high extent.[420]

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[416] National data collection, Slovenia, Spain.

[417] National data collection, Denmark, Germany, Poland, Slovenia.

[418] National data collection, Italy, Spain.

[419] National data collection, Croatia, Netherlands, Slovakia, Slovenia, Spain.

[420] National data collection, Czechia, Finland, Ireland.

6.4.3.   Access to social services

Social services and the related benefits systems typically aim to reduce poverty and facilitate the social and economic inclusion of people in vulnerable situations socially and economically. However, this aim does not meterialise if the benefits do not reach the people who are entitled to them. Among the many potential reasons are the lack of information (lack of awareness about the entitlement or application procedures), social barriers (perception of stigma, lack of trust in institutions) and the cost and/or complexity of access (e.g. transport costs to the welfare/benefit office, complex application procedures).[421] Limited access to social services is a problem yet to be solved in several countries as previous studies have pointed out.[422]

However, the current analysis confirmed that recipients of social services across the EU Member States do not generally face substantial **financial barriers** related to access to social services. Given that these services are provided predominantly to people in vulnerable situations, they are often financed by the state, municipalities or covered by other financial means. In countries where this applies, access of all target groups to social services is safeguarded. For example, in **Bulgaria** free provision is defined in the legislation, with social services provided regardless of the financial situation of the applicant. According to the Social Services Act, all social services supporting prevention of/or overcoming social exclusion, fulfilment of rights and improvement of quality of life are provided free of charge, therefore removing any barriers in access to these social services. A similar approach can be found in other EU Member States, such as Slovakia and Czechia. In **Slovakia**, the Social Services Act covers all services provided free of charge, many of them including crisis intervention services. In **Czechia**, one-ff or short-term social services for people in unfavourable situations are supported with state financing, while the beneficiaries' costs of 'stay-in' social services are partially covered by health insurance. Access to services is also guaranteed in **Denmark** for all social services covered by the Law of Social Services,[423] as financing falls under the responsibility of municipalities. Otherwise, services are covered by taxation or the users' contribution is calculated based on their income, therefore eliminating any substantial financial barriers to social services. In **Slovenia**, as part of social prevention services, 'first social assistance',[424] support to victims of crime and institutional care in social welfare training institutions are also provided free of charge. Additionally, a beneficiary might ask for an exemption of service if he/she finds himself/herself in an urgent need of the service. Multiple types of social services are provided free of charge in **Finland** (social work, social counselling, social rehabilitation, family work and family counselling, monitored visits between parent and child, certain services for persons with disabilities and services for drug and alcohol users). Income does not have significant influence on the access to social services in **Lithuania**.[425]

However, according to the research, high fees can be a significant hindering factor in accessing the services (30% of social services users in **Finland**). Substantial financial barriers can be seen especially in relation to long-term care (**Czechia**). There is an upper limit of payment beyond which the user does not pay in Finland. Moreover, in some cases complementary and preventive social assistance can be used to remove obstacles in accessing the social services needed by the user. Positive examples on how integration of benefits and in-kind services assisted beneficiaries in accessing social services can be

[421]   Eurofound. 2015. Access to social benefits: Reducing non-take-up. Available at: https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef1536en.pdf

[422]   For example: European Commission. 2018. Study on integrated delivery of social services aiming at the activation of minimum income recipients in the labour market — Success factors and reform pathways, Kriisk & Minas. 2017. Social rights and spatial access to local social services. The role of structural conditions in access to local social services in Estonia.

[423]   Retsinformation (2018): Serviceloven (retsinformation.dk)

[424]   In Slovenia, first social assistance is provided when a beneficiary seeks aid for the first time and the service provider does not have the data based on which they could refer the beneficiary to other service providers.

[425]   National data collection, Czechia, Denmark, Finland, Lithuania, Slovakia, Slovenia.

found in **Greece**. Before the introduction of the current Minimum Guaranteed Income, only about a third of households received financial support. Following the introduction of the new additional scheme, the access to social services has improved for the target groups.[426]

Social inclusion, however, is not only connected to the provision of minimum income. There are multiple target groups, which are not eligible for the minimum income and therefore their access to social services needs to be ensured by other tools. In **Belgium**, social support system ensures delivering social aid to people who have the right of social integration (users without a habitual residence such as foreign nationals who have a residence permit but are not registered in the civil registry (regularised migrants, family reunifications, etc.), asylum seekers and irregular immigrants who do not have the right to 'urgent' medical attention.[427]

6.5. Conclusions

The research has shown a very limited direct take up of the VEQF in the EU Member States. Only three countries (**Bulgaria**, **Estonia** and **Romania**), where regulations on the quality of social services have been developed or amended after 2011, refer to the VEQF itself or its principles in their legislation. This may be attributed mainly to the voluntary character of the framework as well as the fact that most countries had already established systems of quality assurance prior to the VEQF adoption.

The examples of take up confirmed the VEQF's usability and usefulness as a universal reference framework in various contexts. Some countries considered it beneficial even as an ex-post reference framework against which they could verify the quality of their already established systems and standards. More awareness raising activities, especially at regional and local level, could help overcome gaps in awareness and increase the bottom-up take up of the framework and its principles.

In relation to the sectoral take up, although no clear trends could be deduced, some of the examples suggested possible positive spill-overs of sector-specific actions from the EU level to national, regional or local levels (e.g., in **Ireland** or **Czechia**) in the area of long-term care and services for homeless people. These are positive indications that the development of sectoral approaches proved beneficial and should be continued.

Furthermore, positive impacts of several projects funded by the European Social Fund confirm that the EU's support can also in this case serve as a driver of change and contribute to the gradual convergence of quality principles and criteria applied in social services across the EU Member States.

Views on the potential future amendments of the VEQF or the development of minimum standards differ among the EU Member States. Many countries accept the future development of the quality framework at European level in view of its flexibility and voluntary nature, although they do not consider it relevant to their specific contexts. Some EU Member States do not consider the VEQF in its current form as having the potential to significantly contribute to an increase in the quality of social services at national level. On the other hand, some countries suggested reinforcing monitoring at national level that would also enable benchmarking across EU Member States.

With regard to the MIS, the research has shown that integration or coordination of MIS works well in some countries, especially in relation to labour market activation or in-kind benefits and has a positive overall effect on the quality of provision and access to social services. However, the level and forms of integration and coordination vary greatly among the EU Member States. While some countries have developed formal integrated systems

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[426] National data collection, Belgium, Czechia, Finland, Greece.
[427] National data collection, Belgium.

(e.g., **Belgium**), others are more reliant on informal forms of cooperation (e.g., the **Netherlands**).

7. European Pillar of Social Rights and social services

This Chapter looks at the role of social services in the implementation of the European Pillar of Social Rights (EPSR). It shows that social services play an important role in the implementation of selected key principles of the EPSR. This positive contribution is conditional upon several elements such as the provision of quality services, the availability of adequate funding and the effective implementation of the social services. The research findings, stemming from desk research and interviews, also reveal that there is still considerable scope for strengthening the role that the EPSR and its associated key principles play in influencing the design and provision of social services. They also show the potential for developing overarching EPSR-related coordination frameworks to help enhance the contribution of social services to the fulfilment of the EPSR and related key principles.

The Chapter is structured as follows:

- Section 7.1 introduces the EPSR and its associated Action Plan, identifying the policy context in which the EPSR has been introduced.

- Section 7.2 looks into the specific contribution of social services to the implementation of the EPSR, where several concrete examples are provided. The assessment of the impact of the social services on the implementation of the EPSR is also discussed. This section also identifies the specific EPSR key principles for which social services are particularly relevant.

- Section 7.3 reflects upon the contribution of the EPSR to steering social services, including the role that the EPSR plays in the design and the provision of social services at national level along with the role that social actors play in the implementation of the EPSR.

- Section 7.4 identifies the main conclusions stemming from the Chapter.

7.1. Policy context

On 17 November 2017, the European Parliament, the Council and the Commission proclaimed the European Pillar of Social Rights (EPSR) at the Social Summit for Fair Jobs and Growth in Gothenburg, Sweden.[428] The EPSR sets out 20 key principles and rights to support upward convergence towards better working and living conditions, including social inclusion and the right to adequate social protection, as shown in the figure below.

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[428] European Commission. European Pillar of Social Rights, Building a fairer and more inclusive European Union. Available at: https://ec.europa.eu/info/strategy/priorities-2019-2024/economy-works-people/jobs-growth-and-investment/european-pillar-social-rights_en

Figure 5: 20 Key principles of the EPSR
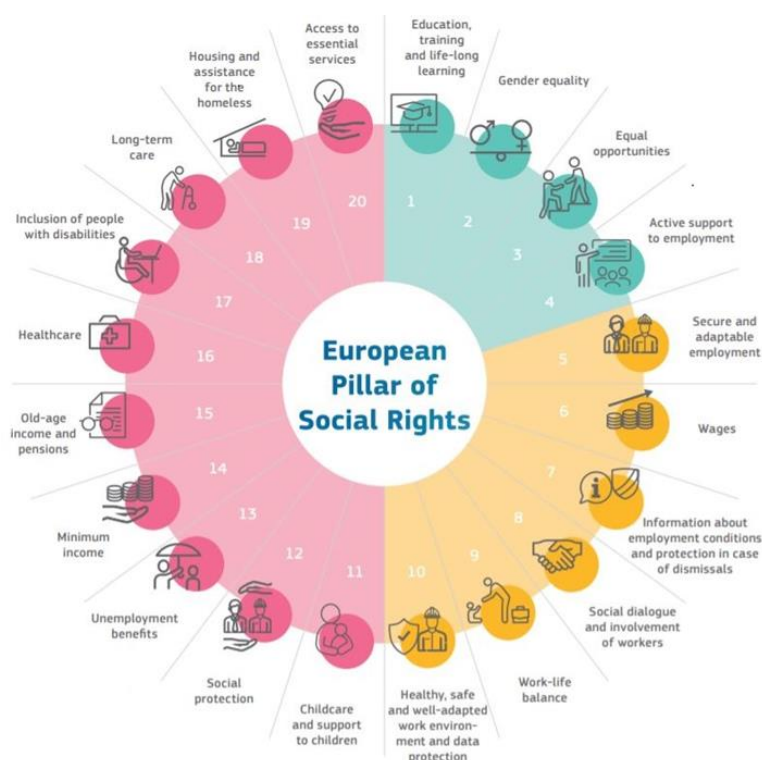
Source: The European Pillar of Social Rights Action Plan

These 20 key principles come under three chapters.[429]

- Chapter I, 'Equal Opportunities and Access to the Labour Market', comprises the right to education, training and life-long learning, equal treatment between men and women, non-discrimination on grounds of gender, racial or ethnic origin, religion or belief, disability, age or sexual orientation, and active support to employment.

- Chapter II, 'Fair Working Conditions' features the right to secure and adaptable employment, fair wages, information about employment conditions and protection in case of dismissal, social dialogue and involvement of workers, work-life balance, and healthy, safe and well-adapted work environment and data protection.

- Chapter III, 'Social Protection and Inclusion', contains the rights and principles concerning childcare and support for children, social protection, unemployment benefits, minimum income, old-age income and pensions, health care, inclusion of persons with disabilities, long-term care, housing and assistance for the homeless, and access to essential services.

From a qualitative perspective, the EPSR represents a key political message towards a more social Europe and a reviving of the TFEU's Social Title.[430] According to some experts, the EPSR is "the most encompassing attempt to raise the profile of social policy in two decades, since the inclusion of the employment chapter in the Amsterdam Treaty and the

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[429] Ibid.

[430] Garben S, (2019), The European Pillar of Social Rights: An Assessment of its Meaning and Significance, Cambridge University Press, Available at https://www.researchgate.net/publication/333257314_The_European_Pillar_of_Social_Rights_An_Assessment_of_its_Meaning_and_Significance/link/5e9db8f792851c2f52b30140/download

formulation of the European Employment Strategy".[431] Other authors[432] stress that it is the first set of social rights proclaimed by the EU institutions since the Charter of Fundamental Rights in 2000, so the EPSR should be understood as a political reaffirmation of these fundamental human and social rights, both at EU and national levels. Notwithstanding this, the EPSR is not legally binding[433] in the sense that the rights and principles it features are not, by virtue of the EPSR, enforceable against either the EU Institutions or the EU Member States.[434]

The EPSR received a strong political impulse when the President of the European Commission, Ursula von der Leyen, committed to the EPSR in her speech before the European Parliament in Strasbourg in July 2019 and in her political guidelines for the mandate of the next European Commission. Amongst other elements, in her political guidelines she committed to putting forward an action plan to fully implement the EPSR. Subsequently, on 14 January 2020, the European Commission released a communication on the preparations for an Action Plan to implement the European Pillar of Social Rights.[435]

On 4 March 2021, the Commission presented the "European Pillar of Social Rights Action Plan" (EPSRAP)[436]. The EPSRAP sets out a number of EU actions that the Commission is committed to take during the current mandate on the 20 principles, building on the many actions taken since the Pillar's proclamation in Gothenburg.[437] The EPSRAP also put forward the following three main EU-level social targets to be achieved by 2030 in the areas of employment, skills, and social protection to help to steer national policies and reforms, namely:

- At least 78% of the population aged 20 to 64 should be in employment by 2030;

- At least 60% of all adults should participate in training every year by 2030;

- The number of people at risk of poverty or social exclusion should be reduced by at least 15 million by 2030, where at least 5 million should be children.

These targets were formally supported in the so-called joint Porto Social Commitment[438] during the Porto Social Summit held on 7-8 May 2021 and will be sustained by a revision of the previously existing Social Scoreboard to track EU Member States' trends and performances towards the implementation of the EPSR principles.

The EPSRAP also stresses that delivering on the EPSR is a shared political commitment and responsibility of the EU institutions, national, regional and local authorities, social partners and civil society all of which have a role to play in line with their competences. At

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[431] Plomien, A, EU Social and Gender Policy beyond Brexit: Towards the European Pillar of Social Rights, Cambridge University Press, 2018, p. 292. Available at: https://www.cambridge.org/core/journals/social-policy-and-society/article/eu-social-and-gender-policy-beyond-brexit-towards-the-european-pillar-of-social-rights/865AC533383CFFD66287FC800C77AC24

[432] De Schutter O, The European Pillar of Social Rights and the Role of the European Social Charter in the EU Legal Order, Council of Europe, November 2018. Available at: https://rm.coe.int/study-on-the-european-pillar-of-social-rights-and-the-role-of-the-esc-/1680903132

[433] The Pillar was first launched by means of a Commission Recommendation (Article 292 TFEU) and subsequently endorsed by the Inter-Institutional Proclamation of 17 November 2017. In both manifestations, it was non-binding, meaning that its legal value was limited to a source of interpretation of the EU law, which the Court of Justice of the European Union may use in its case law.

[434] Most of the rights and principles it contains, however, are legally binding to the EU and/or the EU Member States by virtue of other measures, such as the EU Charter of Fundamental Rights, the European Social Charter of the Council of Europe, and various Conventions of the ILO.

[435] COM(2020)14 final, A strong Social Europe for Just Transitions. Available at: https://ec.europa.eu/commission/presscorner/detail/en/qanda_20_20

[436] European Commission, The European Pillar of Social Rights Action Plan, Luxembourg: Publications Office of the European Union, 2021. Available at: https://ec.europa.eu/social/BlobServlet?docId=23696&langId=en

[437] The accompanying Staff Working Document (SWD(2021) 46) describes these actions.

[438] Porto Social Commitment, May 7th 2021. Available at: https://www.2021portugal.eu/media/icfksbgy/porto-social-commitment.pdf

the same time, the EPSRAP recognises that "achieving a full enjoyment of the rights and
principles of the Pillar by EU residents requires, for the most part, national, regional and
local level action within EU Member States, who primarily hold responsibility for
employment, skills and social policies".

Related to this, the EPSRAP encourages all relevant actors to make full use of the
instruments available to accelerate the implementation of the EPSR, particularly in relation
to the unprecedented level of EU funding available within the EU's long-term budget for the
time period 2021-2027 (i.e. the Recovery and Resilience Facility (RRF), ESF+ or other
available funds)[439], as well as to make the best use of the European Semester by EU
Member States as the relevant well-established framework to coordinate economic,
employment and social reforms and investments, putting people and their wellbeing at the
centre.

7.2. Contribution of Social Services to the implementation of the EPSR

As mentioned above, the EPSR sets out 20 key principles and rights to support upward
convergence towards better working and living conditions, including social inclusion and the
right to adequate social protection. Some of these principles are particularly relevant for
social services within the context of this study, namely, key principle 1 (Education, training
and life-long learning); key principle 2 (Gender equality); key principle 3 (Equal
opportunities); key principle 4 (Active support to employment); key principle 9 (Work-life
balance); key principle 11 (Childcare and support to children); key principle 17 (Inclusion of
persons with disabilities); key principle 18 (Long-term care); key principle 19 (Housing and
assistance to homeless); and key principle 20 (Access to essential services). The full
description of each of these key principles is available Annex 6.

Social services play a potentially key role in the effective implementation of the EPSR. Thus,
they try to respond to the social needs of individuals, particularly those who are in specific
vulnerable and complex situations[440] that cannot be solved without support (including
assistance with debt, unemployment, social exclusion linked to long-term health problems,
addiction, homelessness, crime, etc.), while at the same time trying to foster the active
social and labour market inclusion of these individuals. In this regard, social services play
a crucial role in the implementation of some specific key principles of the EPSR, as is shown
in the table below.

Table 10 – Social services and selected key principles of the EPSR

Key principles	Role of social services	Examples of main social needs covered
Key principle 1: Education, training and life-long learning	Assist in the achievement of inclusive education, training and lifelong learning by supporting all people to have access to such opportunities.	Learning opportunities for long-term unemployed; Access to education for disadvantaged groups

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[439] Examples include the ERDF, Just Transition Fund, Brexit Adjustment Reserve, REACT-EU, European Globalisation Adjustment Fund, Erasmus+, Technical Support Instrument, InvestEU, Horizon Europe, EU4Health programme for 2021-2027, Asylum, Migration and Integration Fund, etc.

[440] Examples of groups of people at risk of exclusion or discrimination identified by the Action Plan include older people; low skilled people; persons with disabilities; Roma people and other ethnic or racial minorities; people with a migrant background.

Key principles	Role of social services	Examples of main social needs covered
Key principle 2: Gender equality	Support to gender equality by providing care and support to enable parents or family members, often women, the choice to work if they wish to.	Childcare/family issues; Long-term care of older people; Long-term care of persons with disabilities
Key principle 3: Equal opportunities	Support to equal opportunities by helping all people to access employment, social protection, education and access to goods and services.	Childcare/family issues; Debt problems; (Long-term) unemployment; (Long-term) health problems; Persons with disabilities; Addiction problems, rehabilitation; Homelessness; People in other vulnerable situations
Key principle 4: Active support to employment	Assist in active support to employment by providing personalised, continuous and consistent support to help disadvantaged persons onto the labour market.	(Long-term) unemployment; Persons with disabilities
Key principle 9: Work-life balance	Support to work-life balance by providing care services to those who need it.	Childcare/family issues; Long-term care of older people; Long-term care of persons with disabilities
Key principle 11: Childcare and support to children	Provision of childcare and support to children by providing childcare services to those who need it, as well as additional support for disadvantaged children and/or families.	Childcare/family issues; Domestic violence
Key principle 17: Inclusion of persons with disabilities	Support to the inclusion of persons with disabilities by providing services that enable persons with disabilities to participate in society and in the labour market.	Long-term care of persons with disabilities
Key principle 18: Long-term care	Support to the provision of long-term care by providing quality, community-based long-term care services to people who need it.	Long-term care of older people; Long-term care of persons with disabilities
Key principle 19: Housing and assistance to homeless	Assist in the provision of housing and assistance for the homeless by providing support services for homeless people.	Debt problems; (Long-term) unemployment; Addiction problems, rehabilitation; Homelessness; Crime
Key principle 20: Access to essential services	Help to increase access to essential services by helping disadvantaged people access such services.	Debt problems; (Long-term) unemployment; Homelessness; People in other vulnerable situations

Source: Authors' own elaboration, based on Social Services Europe, Towards the Implementation of the European Pillar of Social Rights-The Role of Social Services, Position Paper 2018.

National, regional and local authorities, together with civil society organisations and NGOs are currently engaged in developing and operating/providing a large number of social services. In many cases, the provision of these social services already matches some of the key principles defined in the EPSR, although usually not on an explicit basis. The table

below provides some examples of possible social services developed at EU Member State level and their contribution to the specific key principles of the EPSR.

Table 11 – Examples of social services at EU Member State level and contribution to specific key principles of the EPSR

Name of the Programme	EU Member State	Social need addressed	EPSR Key Principles addressed
Job assistance (Arbeitsassistenz)	Austria	Lack of labour market integration	1, 3, 4, 17
'Accept me 2015'	Bulgaria	Foster care assistance	3, 11
Housing sensor	Belgium	Homelessness	19
Mali dom Zagreb	Croatia	Disability assistance	17
Scheme that Provides Incentives for the Labour Restoration of Detainees	Cyprus	Social inclusion	1, 4
Implementation of the Social Housing System in the Prague 14 district	Czechia	Homelessness	1,4 4, 20
KEEP – Keeping Foster Parents Trained and Supported	Denmark	Foster care assistance	11
Development and Provision of Support Services for Children with disabilities and Promotion of Combining Work and Family Life	Estonia	Disability assistance to families	2, 9, 11
The One-Stop Guidance Centres (Ohjaamo)	Finland	Integrated social services	3, 18
National Insurance Body for Family Affairs (CNAF)	France	Social inclusion	Several KPs
BIWAQ – Education, economy, work in the neighbourhood	Germany	Lack of labour market integration	3.4
Social Cooperative Enterprise (KoinSep)	Greece	Lack of labour market integration	3.4
Housing first	Hungary	Homelessness	19
Irish Remote Interpreting Service (IRIS)	Ireland	Disability assistance	17
Lavoro&Psiche	Italy	Social inclusion, employment	4, 17

Name of the Programme	EU Member State	Social need addressed	EPSR Key Principles addressed
"Motivation program for job search and social mentoring services for long-term unemployed persons with disabilities"	Latvia	Employment readiness	1,4
Streetwork	Luxembourg	Homelessness, Social inclusion	19
Group Social Work Mosta	Malta	At risk children/youth	11
Family First	Netherlands	Foster care assistance	11, 20
TBA	Poland	Elderly assistance	9, 18, 20
Active Mind Academy (Academia Mente Activa)	Portugal	Elderly assistance	18
Education – a shared responsibility	Romania	School absenteeism	3, 11
Building Hope – From the shack to the 3E house	Slovakia	Social inclusion	3, 19, 20
Accommodation support program for the homeless 'Kings of the Street'	Slovenia	Homelessness	19
ERSISI Project (Pilot Project)	Spain	Social inclusion	1, 4
National knowledge centre Barnafrid	Sweden	At risk children	11

Source: National data collection.

The remainder of this section provides a more detailed description of the selected examples from the table to illustrate how these social services contribute to the specific key principles of the EPSR at EU Member State level. It is worth noting that in many cases the analysed social services cover different key principles, which lead towards more integrated approaches in the provision and development of social services.

Box 2 – Detailed description of selected examples of social services at EU Member State level and their contribution to specific key principles of the EPSR

The **Austrian** programme 'Job assistance', developed by the Federal Ministry of Social Affairs, Health, Care and Consumer Protection, focuses on accompanying the vocational (initial) integration of persons with assistance needs. Job assistance is an individual, long-term counselling service with the aim of finding a job or training place on the general labour market or keeping a job or training place that is at risk. It is aimed at **persons** with disabilities/illnesses who are employed or available to the labour market with a degree of disability and young people with special educational needs, learning disabilities or social

and emotional impairments up to the age of 24. EPSR key principles addressed include 1, 3, 4 and 17.

The **Cypriot** scheme 'Incentives for the Labour Restoration of Detainees' is aimed at facilitating the social integration and rehabilitation of ex-prisoners in order to reduce the possibilities of their social exclusion, basically through active labour policies for these groups of people. The programme, developed by the Department of Labour of the Ministry of Labour, Welfare and Social Insurance, contributes to EPSR key principles 1 and 4.

In **Denmark**, the KEEP programme (Keeping Foster Parents Trained and Supported) has been running since 2020 by the Method Centre-Aarhus and is intended at providing foster parents with good tools to create an evolving interaction in the family with their foster children (up to 16 years old), including successful handling of behavioural and emotional problems. The programme also aims at creating stability around the children's schooling and academic development. The programme contributes to the achievement of EPSR key principle 11.

In **Estonia**, the programme 'Development and Provision of Support Services for Children with disabilities and Promotion of Combining Work and Family Life' and implemented by the Ministry of Social Affairs and the Social Insurance Board with the support of the European Social Fund (ESF) aims to develop and provide support services for 0-17 years-old children with severe disabilities, thereby reducing parental care burdens and barriers to employment, while promoting work-life balance and raising awareness. Furthermore, the project aims to support parents'/guardians' participation in the labour market. The programme contributes to the EPSR key principles 2, 9, and 11.

The **French** 'National Insurance Body for Family Affairs (CNAF)' programme is intended at addressing the non-take up of social services provided by CNAF by individuals. In this regard, beneficiaries of the minimum solidarity income (RSA) and inexperienced applicants of social services are instructed during a personal appointment on the whole social services of the CNAF suitable for them according to their personal situation. The programme contributes to different key principles of the EPSR.

The **Italian** 'Lavoro&Psiche' programme is intended at supporting the integration of people suffering from severe psychiatric disorders in the labour market in the Lombardy region. The programme, developed by the NGO Fondazione Cariplo with the support of the Directorate-General for Health of the Lombardy Region, contributes to the achievement of EPSR key principle 4 and 17.

The **Portuguese** 'Active Mind Academy' programme's main objective is to improve the mental health of older people with dementia in the municipality of Esposende (North Region, Portugal), basically contributing to the development of new specialised services in a qualified community to improve their quality of life and that of their families. The programme is provided by the Marinhas United Youth Social Centre, a private organisation with IPSS statute (Social Solidarity Private Institution) located in the Northern region of Portugal. The programme contributes to the implementation of the EPSR key principle 18.

In the **Netherlands**, the 'Families First' programme is intended at providing support for families in an acute crisis situation (whatever kind) that family members can no longer handle, basically with the aim of keeping the family together and preventing one or more children from being placed out of home. The programme is run by the Netherlands Youth Institute and performed at home by a specially trained family worker. The programme contributes to the implementation of the EPSR key principle 11 and 20.

The **Romanian** 'Every child in preschool' programme and run by the NGO OvidiuRo in partnership with the Ministry of Education, aims at combating poverty and social marginalisation by stimulating the participation in preschool education of children from disadvantaged families affected by poverty and social marginalisation in rural and semi-rural communities. The programme contributes to the achievement of EPSR key principles 3 and 11

In **Slovakia**, the programme 'Building Hope – From the shack to the 3E house' is intended at providing targeted housing needs of people from marginalised Roma communities in the area of Rankovce and their social integration, including access to essential services. The programme has been implemented by a non-profit organisation ETP Slovakia – Centre for Sustainable Development, in close collaboration with the municipality and local civic associations. The programme contributes to the achievement of EPSR key principle 3, 19 and 20.

The **Slovenian** programme 'Kings of the Street' is intended at providing permanent and safe accommodation (supported housing programme) for homeless people. The programme, developed by the NGO Kralji ulice (Kings of the streets), is accompanied by other economic and social inclusion programmes and activities developed by the NGO. Specifically, the programme contributes to the achievement of EPSR key principle 19.

In **Sweden**, the "National Knowledge Centre Barnafrid' provides key relevant information about children who are harmed or at risk of being harmed due to physical and psychological violence, as well as other abuse and other violations such as bullying, neglect and serious lack of care. The target group of the Centre are social workers working with children at risk of violence, so they may better identify signs of abuse and can thus more effectively help these children. The Knowledge Centre is financed by the Swedish government and run by Linköping University and supports the implementation of the EPSR key principle 11.

Source: National data collection

The contribution of these social services to the full and the effective implementation of the EPSR is difficult to be measured. Indeed, social services are usually individually defined in their own national/regional context, with their specific objectives and usually not directly linked to the headline targets. Although EU Member States often face common challenges and share similar problems, the solutions they develop vary due to the diversity of their national systems, traditions, different starting points and their specific socio-economic situations.[441] Therefore, the role that social services play in achieving EPSR Action Plan headline targets is probably best described as indirect.

Moreover, the contribution of social services to the achievement of the EPSR is conditional on the provision of quality services (including the quality of the staff providing the services), the availability of adequate funding[442] and the effective implementation of the social service. In this regard, the European Voluntary Quality Framework for Social Services[443] can be regarded as an important reference point to steer progress in quality of services across the

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[441] European Commission, Communication from the Commission to the European Parliament, the Council and the European Economic and Social Committee, Monitoring the implementation of the European Pillar of Social Rights, COM(2018) 130 final.

[442] There are important differences in expenditure on 'social protection' by EU Member States. Thus, there are five EU Member States – Finland (24.0 % of GDP), France (23.9 % of GDP), Denmark (21.4 % of GDP), Italy (21.2 % of GDP) and Austria (20.1 % of GDP) – who devoted at least 20% of GDP to social protection, while Ireland (8.9 % of GDP), Malta (10.8 % of GDP), Bulgaria (11.5 % of GDP) and Romania (11.9 % of GDP) each spent less than 12% of GDP on social protection (data for 2019, taken from Eurostat, see https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Government_expenditure_on_social_protection#Expenditure_on_.27social_protection.27

[443] See Chapter 6.

EU. Nevertheless, it is an open question to what extent the implementation of the EPSR
key principles integrate the orientations given to quality services by the Framework.

Eurostat has developed a Social Scoreboard of indicators[444] that allows policymakers,
socio-economic analysts, and other interested parties to look at the indicators and targets
linked to the EPSR as well as enable the Commission to monitor progress towards the
implementation of the Social Pillar principles as part of the policy coordination framework in
the context of the European Semester. This Social Scoreboard[445] shows important
differences among EU Member States in the achievement of social targets, which indirectly
reflects an unbalanced contribution of the social services to the achievement of the EPSR.
This means that there is still significant room for improvement, particularly in some EU
Member States *vis-à-vis* the front runners.

7.3. How can social services interact with the EPSR

There are a number of EU Member States that have been particularly active in incorporating
the EPSR and its associated key principles when designing/drafting national/regional social
services' policies, while in others there is less commitment in this direction. In both groups
of countries, the research shows that there is a lack of national overarching EPSR-related
coordination frameworks; also, that the formulation, implementation and monitoring at
national level of social services that contribute to the fulfilment of the EPSR's key principles
are usually scattered among different Ministries responsible for different fields.

The table below provides an overview of the current situation across the EU, while the
remainder of the section gives country specific illustrations.

**Table 12 – Level of interaction of the EPSR in each EU Member State's social policy
design**

Level of interaction	EU Member States
High	BG, CZ, IE, MT, PT, RO, ES, AT, EE, EL, HU
Medium	BE, LT
Low	CY, DK, FI, DE, FR, HR, IT, LU, LV, NL, PL, SI, SK, SE

Source: National data collection.

To start with, there are a number of EU Member States where EPSR hasve a key role in
influencing the design of social policies and strategies. In **Bulgaria**, the priorities and
measures set out in the National Strategy for Poverty Reduction and Promotion of Social
Inclusion 2030 are based entirely on the EPSR concept and approach. In **Ireland**, the
Government's Roadmap for Social Inclusion 2020-2025 makes references to the EPSR. In
Portugal, the Portugal 2030 Strategy[446] – which will guide social development in Portugal
in the next ten years – embeds the EPSR. Similarly, the principles of the EPSR are being
fully taken into account in the **Romanian** National Strategy on Social Inclusion and Poverty

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[444] https://ec.europa.eu/eurostat/web/european-pillar-of-social-rights/

[445] This Social Scoreboard is being currently revised to include the new targets and sub-targets defined by the EPSR Action
Plan.

[446] The Portugal 2030 Strategy defines 4 thematic agendas. The first one is "People first: better demographic balance, more
inclusion, less inequality". This agenda encloses all interventions related to the principles of EPSR, in particular
interventions targeted to reduce poverty and social exclusion (promotion of employment and training, inclusion of
dependent persons or persons with disabilities, integrated territorial approaches to reduce poverty), as well as
interventions to combat discrimination and other forms of inequality.

Reduction for 2021-2027 and its associated Action Plan[447]. In **Spain**, the Spanish National Strategy on Preventing and Fighting Poverty and Social Exclusion 2019-2023 stresses the correspondence between the Strategy's objectives and actions and selected key principles of the EPSR.[448]

There are also some relevant examples at regional/local level. For instance, in **Spain**, Law 3/2019 of 18 February on inclusive social services of the **Valencia region[449]** is explicitly inspired by the principles advocated by the European Union and clearly supports the principles and rights defined in the European Pillar of Social Rights. Meanwhile, the City of **Zagreb** has fully recognised the principles of the EPSR in its daily activities as implementer of the local social policy. Moreover, Zagreb (through the City Office for Social Protection and Persons with Disabilities) has actively participated in the organisation of the 'Social affairs forum' of the EUROCITIES network, where the importance of advocating for the principles of the EPSR by local authorities was continuously emphasised.[450]

In practice, the EPSR and its associated Action Plan are indeed well known among EU and national/regional policymakers,[451] particularly in those EU Member States where Government Departments/Ministries and statutory bodies that have a policy responsibility in the areas of social services, human rights and equality, skills development and employment.[452] However, in some of these countries the level of decentralisation and devolution in the delivery and implementation of social services contributes to a limited mainstream of the EPSR at decision and policymaking levels, as well as its monitoring. For instance, in the case of **Belgium**, the Regions (Flanders, Wallonia and Brussels) are responsible for economic and labour market-related targets, the Communities (French, Flemish and German) are responsible for education and training-related targets whereas the poverty and social exclusion-related targets are a shared responsibility of both the Federal government and the Public Centres for Social Welfare under the responsibility of the Communities. In the case of **Poland**, municipalities are primarily responsible of the poverty targets whereas County level policymakers are responsible for labour market initiatives. In **Spain**, regional governments have their own responsibilities in social and employment policies, with noteworthy regional differences in management, delivery and funding often resulting in unequal access to care services.[453] Meanwhile, most EU Member States, social services are scattered around various ministries who share complementary responsibilities for reaching the EPSR targets, coupled with the absence of inter-departmental (inter-ministerial) committees with specific remit to coordinate social services concerning the three EPSR headline targets. A better coordination of the different institutional and ministerial levels would certainly be beneficial.[454]

The **EPSR has been also used as an inspiring tool for guiding policy action** in some EU Member States. Thus, the **Belgian National Labour Council** produced an opinion[455] on the initiatives to be adopted with a view to the practical implementation of the EPSR at national level in 2020. The same holds for the **Lithuanian National Poverty Reduction**

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[447] Both documents are in the last step of the public debate phase and can be consulted on the website of the Ministry of Labour and Social Protection (https://mmuncii.ro/j33/index.php/ro/transparenta/proiecte-in-dezbatere/6180-20201222-proiecthg-sn-incluziune-sociala 21-27).

[448] National data collection, Bulgaria, Ireland, Portugal, Romania, Spain.

[449] "Ley 3/2019, de 18 de febrero, de servicios sociales inclusivos de la Comunitat Valenciana" in Spanish.

[450] National data collection, Croatia, Spain.

[451] Partial evidence from some EU Member States (e.g. Lithuania) shows that municipalities and local authorities have a more fragmented and limited knowledge of the EPSR.

[452] Kirschbaum C, Soziales Europa 2030/2045. Diskussionsbeitrag des Thüringer Ministeriums für Arbeit, Soziales, Gesundheit, Frauen und Familie (TMASGFF), in: Michael Opielka (Hrsg.), Soziales Europa 2030/2045. Zukunftsszenarien für die EU-Sozialpolitik (ISÖ-Text 2019-2), Norderstedt: Be 2019.

[453] European Social Network, (2019), Social Services for a Social Europe, European Semester 2020 on social services – info on 23 MS. https://www.esn-eu.org/sites/default/files/publications/European_Semester2019_interactive_low.pdf

[454] National data collection, Belgium, Poland, Spain.

[455] http://www.cnt-nar.be/AVIS/avis-2185.pdf

Organisations Network, particularly active in fostering the effective implementation of the EPSR in national policies and debates.[456]

Conversely, the research shows that there are a number of EU Member States (**Croatia**, **Italy**, **Poland**) where social services play a **limited role in mainstreaming the EPSR in the design of social policies and strategies**, despite the efforts of civil society organisations to put the EPSR high on the policy agenda. An example of this is the case of Italy, where the recently adopted strategy to fight against juvenile poverty does not make any reference to the principles of the EPSR.[457] In the case of Nordic countries (**Denmark**, **Finland**, **Sweden**), there appears to be a reluctance to implement the EPSR at national level in the area of social services, , probably explained by the desire to keep the existing Nordic social model design as it is, and the feeling that the EPSR model has considerable similarities with the Nordic welfare model.[458]

This propensity to neglect the EPSRS, may be mitigated in the near future by the adoption and implementation of the **National Recovery and Resilience Plans** (NRRPs),[459] where each EU Member State presents a coherent package of reforms and investment initiatives to be implemented by 2026 that will be supported by the Recovery and Resilience Facility (RRF). These plans assessed by the Commission and approved by the European Council, have to be drafted taking into account the EPSR. The EU Member States have to explain how their national plans contribute to the implementation of the European Pillar of Social Rights. In this regard, the NRRPs include an extensive set of reforms, legislative measures, service improvements and investments that contribute to effectively addressing a significant subset of the economic and social challenges outlined in the country-specific recommendations addressed to each EU Member State by the Council as part of the European Semester process.

Finally, **NGOs and civil society organisations** often also play a very important role in supporting the achievement of the key principles of the EPSR, particularly in relation to consultations to enrich and influence the policy making process or the design and implementation of relevant social services (e.g., early help for disadvantaged groups). Related to this, some EU Member States (**Belgium**, **Lithuania**, **Luxembourg**, and **Spain**) have carried out important EPSR-related information activities. A good example is the case of Spain, where the Ministry of Social Rights conducted a number of EPSR-related seminars throughout the different Spanish regions, gathering representatives from the autonomous regions and local authorities, third sector entities and the social services professionals from both public and private sectors. Another good example is **Bulgaria**, where about 25% of all state-funded activities for the provision of social services (state-delegated activities) are managed by the civil sector.[460]

7.4. Conclusions

Social services play a particularly important role in the implementation of some key principles of the EPSR, particularly, key principles: 1 (Education, training and life-long learning); 2 (Gender equality); 3 (Equal opportunities); 4 (Active support to employment); 9 (Work-life balance); 11 (Childcare and support to children); 17 (Inclusion of persons with disabilities); 18 (Long-term care); 19 (Housing and assistance to homeless); and, 20 (Access to essential services). The research has provided a number of examples of social services supporting the implementation of these key principles, sometimes covering several of them at the same time. The study also shows that the contribution of social services to

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[456] National data collection, Belgium, Lithuania.

[457] National data collection, Croatia, Italy, Poland.

[458] Swedish Institute for European Studies (SIEPES), The European Pillar of Social Rights meets the Nordic model, January 2019 (available at: 2019_CdlPSIEPS.pdf (cmcdn.dk)

[459] https://ec.europa.eu/commission/presscorner/detail/en/qanda_21_481

[460] National data collection, Belgium, Bulgaria, Lithuania, Luxembourg, Spain.

the implementation of these key principles is indirect, in the sense that it is not usually defined *ex-ante*.

In addition, the research shows that the contribution of social services to the achievement of the EPSR is conditional upon several elements such as the provision of quality services, the availability of adequate funding or the effective implementation of these social services. There is still considerable scope for strengthening the role that the EPSR and its associated key principles play in influencing the design and implementation of social policies (and hence social services) in several EU Member States.

The available information collected shows an absence in most EU Member States of national overarching EPSR-related coordination frameworks. Therefore, there is an important need to develop, particularly at national level, such overarching EPSR-related coordination frameworks to better coordinate the formulation, implementation and monitoring of social services with a view to strengthening the contribution of social services to the achievement of EPSR and its associated key principles. This is particularly relevant in some highly decentralised EU Member States where regions play a significant role in the social policy domain.

Finally, this report has also provided some concrete examples of social services implemented by NGOs and contributing to the fulfilment of selected key principles of the EPSR.

8. Recommendations

This Chapter brings together the recommendations which stem from the research described in the previous chapters. First, it provides a proposal for a definition of social services based on what is outlined in Chapter 2 and, second, it looks to provide recommendations on further strengthening the quality monitoring framework based on the lessons learnt from Chapters 3 to 7.

8.1. Recommendation for an updated definition

One of the key conclusions from this study is that there is no universally agreed definition of social services, and it is difficult to make a distinction between different types of social services, i.e., there is no clear distinction between mainsteam and personal targeted social services. A range of possible definitions were identified at EU, EU Member State and stakeholder/NGO level, and these definitions are very much framed by their context.

The objective of the study was to determine the **need for a more commonly understood definition or description of social services at a European level that acknowledges and takes into account the diversity of systems and approaches in the EU Member States**, as well as one that better reflects the developments within the social services sector since the last Commission Communications. Previous Communications tended to focus more on elements for which EU competence in this field is relevant. Therefore, EU definitions tended to focus on aspects of specific relevance to state aid, the internal market and public procurement, whereas the main elements of organising social services fall under the competence of the EU Member States.

Therefore, the study concludes that an appropriate definition would be one that takes into account the diversity among the EU Member States and, at the same time, considers a broad approach to understanding social services at a European level. A definition that also distinguishes between services that are provided 'universally' and those that target vulnerable persons (promoting social inclusion) would contribute towards and facilitate further comparative analysis of social services at the European level. It will enable a clearer focus on services relevant for the most vulnerable in society in terms of mutual learning, assessment and quality monitoring.

The proposed definition is not pre-determined by EU competences in this area or the applicability of treaty provisions and other European legislation, and it is broad in scope regarding the various elements of social services which have been discussed in Section 2.2. The definition respects the competences of the EU Member State authorities to define social services and reflects the understanding that EU Member States must take into account relevant EU legislation when exercising those competences.

The elements identified in the summary of the areas of operation of social services showcased in Section 2.2 present a systemic approach for analysing and following social services, and for the purpose of developing specific policies in the field of social services or initiating dialogue between EU Members States in an all-encompassing and coherent context.

The following summary provides a sound basis for categorising, analysing and contributing towards assessing social services in the EU:

Rationale of social services

The concept and provision of social services is linked to the protection of universal human and social rights, democratic principles, religious and/or cultural values, socio-economic ambitions but also to fulfilling political objectives. Social services can be linked to the objective of protecting the fundamental human and social rights of each individual, guaranteeing a person's dignity and their capacity to participate in a democratic society. Social services can also be conceptualised as serving an economic and political objective, for example as pre-conditions and 'buffers' of a healthy, sustainable and inclusive economy and to correct market failures. A solidarity-based approach to social services emphasises the compassion of individuals towards one another, to promote each other's wellbeing and to assist people in need.

Functions of social services

The function of social services in a society is intrinsically related to how one conceptualises their rationale or purpose. Therefore, the function of social services includes ensuring the minimum welfare conditions necessary for a life in dignity and the necessary conditions for participation in a democratic life; activating residents to ensure greater labour market participation to enhance their job readiness and the resilience of the individual as well as the economy at large; or enhancing the physical and mental wellbeing of individuals.

Recipients of social services

Social services can be provided to the public at large in the 'general interest', towards specific target groups in society with particular needs and/or vulnerabilities, such as children, parents, the elderly, persons with special needs or disabilities, people in special problem situations (such as addiction, violence, homelessness, delinquency, etc.), people with support needs in the field of employment and education and people in situations of poverty, exclusion or marginalisation. They can also be provided in a personalised (individual and targeted) manner, where the service is determined by reference to the specific needs of the individual. The users of social services also play an important and active role in co-creating and further shaping the social service offer and its activities.

Actors involved

Social services can be provided to the public at large, specific target groups and individuals by actors that fall within the following four groupings:

1) Public sector actors such as the central or regional government and administration, various public authorities or agencies and municipalities.

2) Private-commercial sector actors ('for-profit' sector) i.e., organisations that are allowed to charge for their services and make a profit.

3) Third sector actors ('non-profit sector) i.e., organisations that may charge for their services but do not make a profit.

4) Informal sector actors, which include family members, neighbours, friends, churches, charities and the civil society.

The right of the non-public sector actors to provide some or all social services may be assigned by law and authorised through service provider registries or certification. The non-public sector actors play na important role in contributing to and developing social economy.

Organisation of social services

Social services can be defined and regulated at national, regional or local level, in the form of legislation, administrative rules, and 'soft law' instruments. This can be achieved through a single framework, as part of a broader set of laws, or through several laws that define social services or specific aspects of social services. At EU level, the majority of social services may fall within the NACE codes 87 and 88 (residential care and non-residential social work) but this is not a necessary precondition. National definitions of social services include various elements, ranging from a catalogue or overview of social services offered to the population, to a broader and less detailed or definite framework for the types of services that should be provided. National definitions can also include the functions and users of social services.

The provision of social services may be organised in:

1) A centralised manner, where the provision is overseen top-down by the national authority in charge which provides specific instructions and guidelines to the actors at regional and local levels.

2) A decentralised manner, where the regional and local actors are free to set up the social service delivery as they deem appropriate for their territory without any input from the central government authority in charge.

3) A mixed manner, where these two approaches are applied in parallel, be it because different social services fall under the competences of different governance levels or because it happens that the country is undergoing a reform in this area and provision is partly centralised or decentralised.

Social services can be integrated systemically through comprehensive strategies or action plans prepared at a central level, through service integration, whereby social services are delivered jointly, either through one-stop-shops, case management, or through pro-active referrals or through an interdisciplinary needs assessment (whereby teams consisting of representatives of various services undertake jointly needs assessments with a view to adapt the measures and support services).

Social services can also be interrelated and integrated with other Services of General Interest, in particular regarding healthcare, judicial, education, training and employment services.

Financing of social services

Partially corresponding to the variety in institutional organisation, there is a great diversity in funding arrangements for social services. The state may provide such services for free, in the form of personalised social budgets for individuals to spend on social services either publicly or privately funded, or on a (partially) paid basis.

Monitoring of social services

Monitoring and evaluation activities can be conducted at various levels by different actors, such as specialist agencies established by the state, national, regional or local governments, or even NGOs. The system can be centralised or decentralised. The frequency of monitoring and evaluation activities tends to be annual.

Proposal for a definition of social services in the EU

Taking inspiration from the research carried out which has been summarised above, and understanding the need for a definition that takes into account the diversity of systems across the EU, the following definition of social services is proposed:

Within Services of General Interest, social services can be defined as services provided to the public offering support and assistance in various life situations. Social services differ from other services of general interest as they are person-oriented, designed to respond to human vital needs, generally driven by the principle of solidarity and contributing to the protection of universal human and social rights, upholding democratic principles, religious and/or cultural values, and socio-economic objectives.

Social services can be provided universally to the public at large in the 'general interest' and to specific target groups in society with particular needs, vulnerabilities and/or in special situations in order to strengthen their social inclusion. Examples of services focused on strengthening social inclusion include:

- *Activities with preventive function aimed at preventing or reducing the risk of social exclusion of persons in vulnerable situations due to financial, health or other problems.*

- *Activities with reductive function aimed at reintegrating persons already experiencing social exclusion (for example: homeless persons, persons with addictions, ex/offeders).*

Social services may also be provided in a personalised (targeted) way, where the type of service offered is determined in a flexible way by the service provider.

Social services are provided by public, private-commercial, third or informal sector organisations and actors, and are further shaped by their users and their needs.

8.2. Recommendations on a quality monitoring framework

While there are means available to monitor access, quality and even the social impact dimension across the EU Member States, they are very much scattered as it is evident from the previous chapters, both in terms of the provision of services as well as the indicators used in the EU Member States to monitor social services. The challenges at national level are reflected in the lack of specific monitoring frameworks at EU level. Therefore, there is a need for an intensification of efforts in these areas at both the EU and EU Member State level.

To this end, the study has developed the following recommendations on how the different aspects of the quality monitoring framework could be effected, particularly drawing on the lessons learnt in the area of social impact of social services, the Voluntary European Framework for Quality of Social Services (VEQF) and also on how social services contribute to the implementation of the European Pillar of Social Rights (EPSR). The recommendations are grouped based on the governance level to which they are addressed.

Recommendations for the EU level

- While an EU level framework for measuring social impact does not seem feasible, the European Commission should consider whether the identified positive social impacts and suggested linked indicators could be incorporated in existing tools and frameworks such as the VEQF.

- In order to facilitate further comparative analysis of social services at EU level, the Commission is encouraged to explore the possibility of distinguishing between services that are universally provided and services that aim towards promoting social inclusion of persons who are experiencing social exclusion. This would allow for further research and focus on services relevant for the most vulnerable in society, facilitating also knowledge and experience exchange through mutual learning, assessment and quality monitoring.

- The European Commission should encourage EU Member States to move beyond input and process indicators and consider using output indicators, and in particular circumstances intermediate indicators, to measure the impact of social services on social inclusion at national level, making use of existing tools and frameworks to ensure that efficient indicators are used.

- The low level of awareness among key national stakeholders of the VEQF objectives and benefits presents a challenge and requires further targeted efforts by the European Commission. Incorporating the VEQF agenda into events and training, possibly backed by examples of good practice from EU Member States, could raise attention and understanding among both decision-makers and experts in social services. The idea of applying the VEQF in selected sectors of social services could be promoted to underline its flexibility and to support its pilot take up.

- Any future revisions of the VEQF at EU level should be accompanied by supplementary documents, such as evaluation forms, learning and training materials illustrating how the framework should be implemented and monitored. It is recommended to consider all types of stakeholders, including frontline workers and ensure that relevant information and training materials are developed and delivered in a suitable format.

- To gain relevant evidence and define European benchmarks, a more systematic approach to collecting national VEQF data, including data on the quality of services, should be developed. To this end, it would be beneficial to create a joint working group consisting of national experts and other representatives of the national working groups (see below the recommendation on this at national level) .

- To support effective monitoring and ensure the quality of social services, a European quality certification should be considered whereby institutions apply for a guaranteed quality label after a quality audit. Accompanying this, a certification process should be clearly defined together with benefits available to those social services' institutions that are deemed successful.

- In order to better inform the quality of social services as well as their contribution to social inclusion, there is a need to have a good overview, including statistics, of all aspects of social services. To this end, it is advisable to collate data at the EU level from national sources based on indicators informed by the aspects of the analytical framework, as well as include indicators covering the workforce involved in social services. Better monitoring of social services can then further inform policymaking, particularly in the area of strengthening social inclusion.

- National and international initiatives related to VEQF, especially pilot initiatives, should be further consistently supported to apply for funding under the new European Social Fund Plus (ESF+), with a particular focus on the quality of services. It is key to integrate the EPSR and its key principles in the orientations provided by the European Voluntary Quality Framework for Social Services to steer progress towards social services of high quality of across the EU.

Recommendations for the national level

- EU Member States should develop further the current monitoring systems to include outcome indicators for social services, ensuring that the desired positive impact and indicators for measurement are closely aligned with the delivered services. A key success factor for incorporating the VEQF agenda into national structures is to develop instruments and monitoring systems that fit the national system. As a starting point, EU Member States should consider setting up working groups. Where the local governments (municipalities) are responsible for social services, then their representatives should be part of the working group as the national monitoring system has to be linked to the monitoring systems used at local levels. One of the objectives of such working groups should be to develop key quality indicators to be used at national level.

- In relation to the previous point, an annual questionnaire on a representative sample might be suitable to obtain relevant and comparable data on the access, quality and impact of social services. This could be supported by qualitative research methods such as interviews and focus group discussions with providers and beneficiaries.

- National initiatives, including the pilot ones, related to VEQF should be encouraged to apply for funding under the new European Social Fund Plus.

- In addition to EU Member States being able to use the EPSR as a source of inspiration and guidance for designing and setting up specific social services, they may use the Pillar also to provide as a new 'umbrella' for describing and measuring the contribution of social services towards it, for instance, with the introduction of ad-hoc EPSR-related indicators.

- Authorities at EU Member State level should integrate the EPSR in the design and implementation of the national social policies and associated social services. Also, EU Member States should strive to improve the existing knowledge of EPSR and its associated key principles amongst relevant national stakeholders.

- It is recommended to support the setting up of specific or dedicated EPSR fora by EU Member States to engage public authorities with stakeholders and civil society groups to increase the contribution of social services to the achievement of EPSR and its associated key principles and, conversely, the contribution of the EPSR to the design and implementation of social services.

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