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About the European Social Network (ESN)

The European Social Network (ESN) is the independent network for local public social services in Europe. It brings together the organisations that plan, deliver, finance, manage, research, and regulate local public social services, including health, social welfare, employment, education and housing. We ensure the visibility of the perspective of public social services at the European level, while supporting the development of effective social policy and social care practice through the exchange of knowledge and expertise.

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About this report

This report brings together the analysis conducted by the members of ESN's Reference Group on the European Semester, which in 2020 represented 17 EU countries. The report illustrates the social situation according to public social services in the countries, with recommendations for the 2021 European Semester cycle.

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Introduction



Reference Group on the European Semester

The European Social Network (ESN) is the leading network for public social services in Europe. Inclusion of public social services are responsible for the provision of support for vulnerable people to improve their wellbeing and help them to become as autonomous as possible. This includes supporting families, homeless people, adults with disabilities, children at risk of harm, migrants, and older people.

Public social services in Europe usually operate within local or regional authorities where they plan, regulate, manage, finance and provide a range of different services. Despite their key role in implementation, they are often far from policy and decision-making processes at European level. ESN tries to bridge this gap through its Reference Group on the European Semester (hereafter 'the Group').

The Group includes representatives from national associations of social services directors, social services in regional and local authorities, and national associations of social services professionals. (See full list for 2020 above in Acknowledgments). Set-up in 2014, the Group aims to share awareness of issues social services face at local level, provide policy recommendations to the European Commission on how these issues can be tackled, and raise the profile of social services in European policy-making.

Methodology

Each year, the Group follows the European Commission's cycle of policy coordination with the Member States known as the European Semester.

The Group members do this by completing a tailored questionnaire prepared by the ESN Secretariat. In 2020, the Group represented 17 countries:

- **Croatia**
- **Czech Republic**
- **Denmark**
- **Estonia**
- **Finland**
- **Germany**
- **Greece**
- **Ireland**
- **Italy**
- **Latvia**
- **Malta**
- **The Netherlands**
- **Romania**
- **Slovenia**
- **Spain**
- **Sweden**
- **United Kingdom (England)**

In 2020, the questionnaires covered three important principles of the European Pillar of Social Rights (EPSR). The principles identified by members of the Reference Group as most relevant for social services were:

Principle 11 – Childcare and support to children

- Children have the right to affordable early childhood education and care of good quality.
- Children have the right to protection from poverty. Children from disadvantaged backgrounds have the right to specific measures to enhance equal opportunities

Principle 18 – Long-term care

- Everyone has the right to affordable long-term care services of good quality, in particular homecare and community-based services.

Principle 19 – Housing and assistance for homelessness

- Access to social housing or housing assistance of good quality shall be provided for those in need.
- Vulnerable people have the right to appropriate assistance and protection against forced eviction.
- Adequate shelter and services shall be provided to the homeless in order to promote their social inclusion.

Annual Meeting of the Reference Group

Each year the Group meets with officials from the European Commission. In 2020 the Group met with European Commission officials on 22-23 September¹ after drafting their questionnaire contributions. Due to the current COVID-19 crisis the meeting was held online.

The meeting is an opportunity for Group members to come together and discuss some of the issues raised in their questionnaires and to exchange their views on the European Semester cycle with officials from the European Commission. It also provides Group members with the chance to engage in mutual learning by discussing common social issues in their countries.

The report

Outcomes of the meeting, along with the analysis provided by the Group in the questionnaires, is collected into a report put together by ESN. This annual report contains individual country profiles and policy recommendations based on the input of the Group, with 17 countries represented this year. The participation of ESN members in the EU Semester report has been impacted upon by the COVID-19 crisis, with some members having to withdraw participation due to prioritising the fallout of the crisis on public social services in their countries.

ESN also collaborates with the European Social Observatory (OSE) which provides a cross-country analysis of the issues described by the Group. This report is shared with the European Commission to inform the next cycle of policy analysis and recommendations of the European Semester as well as with member states representatives. The Group members are encouraged and supported to meet national government representatives in their countries to discuss the findings.

The European Semester





Introduced in 2010, the European Semester is the cycle through which the European Commission coordinates the macro-economic and social policies of Member States.

It follows an annual cycle:

- The Annual Growth Survey¹, now called Annual Sustainable Growth Strategy (ASGS), is usually issued in November and sets out general economic and social priorities for the EU in the year ahead.
- Individual Country Reports² are issued in winter for each Member State to provide in-depth analysis of the social and economic state-of-play.
- National Reform Programmes and Stability/Convergence Programmes³ are presented by the Member States in spring to outline specific policies each country will implement to address the economic and social priorities raised by the Commission in their assessment of each country.
- Country-Specific Recommendations (CSRs)⁴ are issued in June to provide tailored policy guidance to each Member State.

However, the European Semester 2021 will be somewhat different due to the COVID-19 crisis. The 2021 [Annual Sustainable Growth Strategy \(ASGS\)](#) launched next year's cycle of the European Semester and set out strategic guidance for the implementation of the [Recovery and Resilience Facility](#) (RRF),

which consist of financial support for national reforms to mitigate the economic and social impact of the coronavirus pandemic. The launch underlined the EU's aim to pursue a new growth strategy based on the [European Green Deal](#) and on the concept of competitive sustainability. The RRF is a central pillar of [NextGenerationEU](#). The Commission proposed NextGenerationEU as an emergency temporary recovery instrument to help repair the immediate economic and social damage brought about by the COVID-19 pandemic, support an economic recovery and build a better future for the next generation.

In previous years, the ASGS usually began the [European Semester](#) cycle of policy coordination between the European Commission and Member States. However, due to a number of factors, the COVID-19 pandemic chief amongst them, it is now unclear how the European Semester process will continue over the next year. According to the EC, given that the deadlines within the European Semester and the RRF overlap, it is necessary to temporarily adapt the Semester. In the framework of the Semester, the EC publishes annual reports analysing the situation in the countries in February followed by specific country recommendations in June covering not only economic, but also environmental and social issues. Neither report or recommendations will be published in 2021, but the Commission will propose recommendations on the budgetary situation of Member States in 2021 under the Stability and Growth Pact that pursues fiscal consolidation, what highlights that priorities seem to focus on fiscal considerations.

The Commission hopes that [the financial settlement agreed in July by EU leaders](#) will help Member States address challenges identified via the European Semester and achieve the EU’s policy objectives, especially the green and digital transitions. The reality, however, is that the lion’s share of the €672.5 billion agreed in loans and grants will be directed towards economic and fiscal priorities. This seeming prioritisation of funding away from social priorities is a departure from the EU 2020 Strategy, which included a commitment target to fight poverty and social exclusion. Emphasis on this commitment seems to have faded over time.

The European Pillar of Social Rights (EPSR)

The EPSR aims to deliver new and more effective rights for citizens through 20 key principles.⁵ Jean-Claude Juncker, President of the European Commission (2014-19), announced the EPSR in his 2015 State of the Union speech⁶ and it was jointly signed by the European Parliament, the Council and the Commission on 17 November 2017.⁷

Over half of the principles directly relate to the work of social services including support for children, inclusion of people with disabilities, long-term care and housing. However, the principles are not legally binding and are rather aspirational in nature. Mainstreaming the EPSR principles into the European Semester policy analysis and guidance is one method for ensuring implementation.

This was attempted by the Commission in

the 2019 country reports by benchmarking Member States against 12 separate indicators taken from the European Commission’s social scoreboard, as outlined in Table 1.

Table 1. The Social Scoreboard in the 2020 Country Reports⁸

Equal opportunities and access to the labour market	Early leavers from education and training
	Gender employment gap
	Income quintile ratio
	At risk of poverty or social exclusion rate
Dynamic labour markets and fair working conditions	Youth NEET rate
	Employment rate
	Unemployment rate
	Long term unemployment
	GDHI* per capita growth
Social protection and inclusion	Net earnings of a full-time single worker earning AW
	Impact of social transfers on poverty reduction
	Children aged less than 3 years in formal child care
	Self-reported unmet need for medical care
	Individuals’ level of digital skills

**Gross Disposable Income of Households*

Table 1 The Social Scoreboard in the 2020 Country Reports

For each indicator, every country is given a ranking from ‘critical situation’ to ‘best performers’ based on their performance in relation to the other Member States and weighted for recent changes in performance.

The Group’s analysis of the 2020 European Semester

In 2020, the Group focussed on three important Principles captured within the EPSR affecting local social policy implementation:

- 1. Principle 11 – Childcare and assistance to children
- 2. Principle 18 – Long-term care
- 3. Principle 19 – Housing and assistance to the homelessness

In the country profiles included in this report, these social themes were grouped under the respective principle headings, each presenting up to date national data and identifying supporting policy frameworks, or lack of, to promote the implementation of these three Principles of the EPSR.

Cross-Country Analysis



1. Introduction and methodology

This report has been drafted on the basis of 17 questionnaires completed by the members of the ESN Reference Group on the European Semester from the following countries: Croatia, Czech Republic, Denmark, Estonia, Finland, Germany, Greece, Ireland, Latvia, Italy, Malta, the Netherlands, Romania, Slovenia, Spain, Sweden and the UK (just England).

As highlighted above, the questionnaire focused on three policy areas covered by three Principles of the European Pillar of Social Rights (EPSR):

1. Childcare and support to children (Principle no. 11)

2. Long-term care (Principle no. 18)

3. Housing and assistance to the homeless (Principle no. 19)

The above-mentioned policy areas were selected by the European Social Network (ESN) through a participative process based on a survey involving their members. Members were invited to choose, on the basis of the situation in their countries and their priorities, which principles of the EPSR they would like to have monitored more closely in the framework of the European Semester, with each respondent able to submit up to three preferences.

This resulted in the development of a questionnaire which enabled ESN members to explain the situation and recent developments in their countries

in relation to the three policy areas. For each area, members of the Group were requested to present available data and statistics, existing legislation and policies and related implementation challenges.

Respondents were asked to pay particular attention to a limited number of themes and measures:

1. For childcare and support to children: Preventative measures supporting children (including unaccompanied migrant children) and families in vulnerable situations. Increasing family support to prevent placements outside the family, and when placements do occur, ensuring that they are made in family settings.

2. For long-term care: Community services for older people, people with disabilities and people with mental health problems living at home/in the community.

3. For housing and assistance to the homeless: Integrated services (social, health and housing) aimed at supporting the homeless. Preventing evictions and helping the homeless to access affordable housing.

Finally, ESN members were also asked to provide recommendations that, in their opinion, the European Commission should address with their national governments within the framework of the European Semester for each of these thematic areas.

The number of countries covered in this year's cross-country analysis is lower than in previous years. This is due to the outbreak of the COVID-19 pandemic, which significantly impacted ESN members'

ability to participate in this exercise, since many of them were at the forefront of the fight against the virus. Nevertheless, the information available has allowed us to identify several findings.

The cross-country analysis is structured according to the three policy areas covered by the questionnaires. For each of the three policy areas we first identify the most important common issues and challenges facing social services as reported by ESN members, including some examples of the actions taken. Second, we summarise the recommendations provided by questionnaire respondents to address the challenges identified.

FINDINGS FROM THE CROSS-COUNTRY ANALYSIS

2. Childcare and support to children

2.1 Key issues and policy developments

Three key issues related to childcare and child support policies, common to many countries, emerge from analysis of the questionnaires:

- the distribution of competences in childcare and support across the various levels of government, which can lead to differences regarding the provision and quality of these services within countries
- challenges with implementing community-based services, the development of preventive services and increasing family foster care

- the need for closer cooperation between health and social services in providing support to children.

In many countries, childcare and children's support services are **a shared competence** between national and regional/local authorities (e.g. EE, ES, IT, NL, and the UK) and, in several cases, third sector organisations play an important role in service provision (e.g. HR). This division of competences can lead to strong regional disparities in terms of coverage and quality of childcare services (e.g. CZ, ES, IT, NL, RO). For instance, the Italian member highlighted that, in the absence of a national definition of essential levels for social support, the regionalisation of social services has increased territorial inequalities in the availability and quality of local services across the country.

In the Netherlands, municipalities are responsible for childcare and support, and the number of registered users of these services shows a significant variation between and within regions. According to the Dutch member, it is likely that this is in part due to local/regional differences in available budgets for these services and political choices made at local/regional level (e.g. whether services are less or more focused on prevention).

This is also true in the case of **EU funds** in multiple Member States. Since the programming of social policies is left to regional authorities, resources are often allocated unequally between territories within countries, and this may result in a smaller amount of EU funds devoted to inclusion than to other policy areas, such as childcare and children's support services. In

Spain, in order to better allocate resources and facilitate the implementation of targeted policies, the High Commissioner for the Fight against child poverty has created a map identifying regional disparities and child poverty needs.

In addition to **regional disparities**, the need to enhance and advance the deinstitutionalisation process and the **development of community-based services** is a shared concern among ESN members (e.g. EL, EE, CZ, HR, and ES). Some Member States have introduced initiatives aimed at developing and strengthening community and family-based childcare (e.g. DK, EL, EE, CZ, HR, ES, and SE). For example, the Greek government adopted a new law on foster care in 2018 with a view to promoting the development of family-based forms of alternative care for children.

Similarly, since 2017 the Czech Republic is also moving towards the deinstitutionalisation of childcare services. The initiative builds on the amended Act on Social and Legal Protection of Children introduced by the Czech government in 2014. This allows social service providers to develop tools such as individual needs assessments regarding the situation of vulnerable children and their families as well as setting up individual **child protection plans** and information-sharing between relevant stakeholders. However, despite significant progress, the Czech member also highlights the lack of services aimed at developing basic parenting skills, which are not currently included in the country's 2016-2025 'National Strategy for the Development of Social Services'.

In Croatia, a new Fostering Act came

into force in January 2019 which enables the placement of unaccompanied children in foster care. The Croatian government is also conducting a process of deinstitutionalisation under the '2018-2020 Deinstitutionalisation, Transformation and Institutionalisation Prevention Plan', with a view to ensuring broader coverage of social services and developing new services in line with local implementation priorities.

The Estonian member mentioned concerns that the placement of children in non-institutional care has been developing more slowly than planned and that the use of institutional care continues to be high.

In Sweden, foster care is well established and, among its community-based services, there is a placement type called supported living for beneficiaries who are over 18 (or under certain conditions over 16) and where less supervision is required. In 2017, the Swedish government appointed a special investigator to review the Social Services Act and some of the responsibilities of social services. According to the Swedish ESN Member, this review is expected to shape future legislation for social services, particularly in the child social welfare sector.

In Denmark, the government is preparing a Law of the Child, that is expected to have an impact on the **foster care** system, making placements more stable, ensuring improved involvement of children in placement-related decisions, and facilitating and speeding up procedures for foster families wishing to adopt a placed child. Furthermore, in the new system, adolescents should receive more support in their transition to adulthood through volunteer mentors, friendships with

families and other unpaid interpersonal relationships.

Most ESN members have highlighted the need for a **closer integration of services supporting children**, especially between health and social services (e.g. EE, EL, ES, FI, IT, LV, and RO). Indeed, the lack of integration between these services makes it more difficult for social services to conduct overarching assessments of childcare needs at both individual and systemic levels (e.g. EE, EL, FI, and IT). The fragmentation of services provided by the agencies involved in childcare and child support also undermines the effective allocation of resources (e.g. EE, EL, and IT). An illustration of this is the current political debate in Germany concerning the division of responsibilities regarding entitlements to assistance for children with disabilities between the youth welfare sector and the social welfare sector.

2.2 Policy recommendations

As a tool for **shifting towards a more community-based model**, several ESN members highlighted the need to better promote foster care, support foster families, children, and their parents (e.g. EE, EL, HR, IE, and IT).

The development of **long-term prevention strategies** has also been defined as a key challenge, specifically in the promotion of parenting skills and enhancing family support (e.g. EL, ES, FI, LV, SE, and SI). Some ESN members have also called for the implementation of targeted policies for specific groups, such as children with disabilities and unaccompanied children (e.g. DE, EE, IE, HR, LV, MT, RO, and UK).

With regard to service integration, several ESN members pointed to the need to establish **common national standards – or national pacts - on childcare and child support** (e.g. CZ, EE, EL, ES, FI, HR, LV, and RO), and/or a national mapping of every agency working with children and families (EE, EL, FI, HR, LV, and IT). In terms of obstacles, the Swedish member mentioned that excessive bureaucratic investigations to assess the eligibility of an applicant can hamper access to services for children and parents in need of support and guidance.

Many ESN members also expressed serious concerns about workforce shortages in child support social services due to increasing demand and decreasing funds (e.g. FI, HR, IE, IT, LV, MT, and the UK).

3. Long-term care

3.1 Key issues and policy developments

Four common issues related to long-term care policies emerge from the questionnaires analysis:

1. the lack of a definition for long-term care in legislation and across policies
2. the distribution of competences across the various levels of government, often leading to territorial disparities
3. the need for closer cooperation between healthcare and social services to facilitate the implementation of community-based models
4. a lack of resources and the need for initiatives targeted at particularly vulnerable groups

In several of the countries assessed (e.g. CZ, RO, SI), there is **no definition** of long-term care (LTC) in national legislation. This implies that there is a lack of services coordination, meaning that LTC is provided through various channels with different entry points and eligibility criteria per service providing support, all of which can negatively impact access to services.

Delivery of LTC services is a **shared competence** – in terms of financing/ managing or provision - between the state and regional/local authorities in most countries (e.g. CZ, DK, DE, EE, EL, ES, HR, IT, LV, and the UK). This distribution of competences between various levels of government may prove challenging in terms of availability and quality of services, policy coherence and financing (e.g. CZ, EL, ES, HR, IT, LV, and RO). For example, in the Czech Republic it is up to regional authorities to implement an accessible network of services in LTC. Yet, as the central government does not coordinate regional policies, there are differences between regions in LTC services, coverage and availability. Similarly, the Italian member pointed to a “considerable lack of homogeneity between regions” regarding the provision of LTC services.

One of the key challenges raised by several ESN members is the need to **develop a comprehensive legal and governance framework** for the provision of long-term care services and also ensuring integration between relevant services (e.g. CZ, EL, and IT). In the UK, the National Health Service has recently set up ‘Sustainable Transformation Systems’ - schemes aimed at accelerating the integration of health and social care at local and neighbourhood

levels. These schemes are expected to be transformed into ‘Integrated Care Systems’ by April 2021. However, in other countries, including the Czech Republic, the absence of service coordination, especially between the Ministry of Labour and the Ministry of Health, leads to “fragmentation in terms of provision and access to care”.

Providing correct information to potential service users regarding the provision of LTC may also constitute a challenge for some countries (e.g. EE and MT). The Estonian member pointed out that since various agencies and services are involved in the process, relevant information concerning support, type of service and reimbursement of costs may not always reach potential beneficiaries.

Several ESN members also highlighted **lack of resources** as one of the factors hindering the provision of quality long-term care services (e.g. IT, CZ, FI, IE, ES, MT, EE, and the UK). For instance, in Spain, 50% of LTC financing is supposed to be covered by the national government and 50% by the regional authorities. However, Spanish members claim that the actual contribution from the state is significantly lower. In the UK, the lack of central government funding is adversely impacting the fees paid by local councils to social care providers. As a result, 72 different providers of home care closed in 2018, a 50% increase compared to the previous year.

Greece has one of the lowest number of LTC beds in nursing and residential care facilities per 100,000 inhabitants in relation to other EU countries. The Greek member highlighted the traditional central role of the family as a provider of care for older

people, as well as financial, distress as the two central challenges for the development of LTC services in the country. Nevertheless, the Greek member hopes that the National Deinstitutionalisation Strategy and the related ‘Action Plan’ for 2019-2023 leads to changes in practice.

Several members highlighted in their answers to the questionnaires that the lack of financial resources also results in a **shortage of skilled labour**, and makes work in the sector less attractive. The shortfall in skilled workers often leads to resorting to migrant carers (e.g. EL, DE, and FI).

Long-term care **provision** is a particularly significant challenge for **specific groups at considerable risk of poverty and social exclusion**, such as older people with disabilities and/or mental health issues (e.g. DK, HR, IE, LV, and RO). The Latvian ESN member mentioned that pension benefits for older people and people with disabilities are not sufficient to cover care needs. As a result, the most vulnerable population in need of LTC must then rely also on municipal resources, which are often scarce.

In Romania, almost half of palliative beds are in private hospitals, and are thus not affordable for the most vulnerable segments of the population. The potential high cost of LTC for the most vulnerable was also mentioned by the Irish member as a reason why a considerable number of older people still rely on family members – as do a majority of persons with disabilities.

In Denmark, there is significant cooperation between the municipalities (responsible for social services) and the regions (responsible

for psychiatric hospitals). However, the provision of quality services for people with disabilities and mental health problems represents a challenge for many municipalities due to budget constraints.

Regarding people with disabilities, in Spain, regions have implemented different plans. For instance, the Catalan government set up a pact on the rights of people with disabilities. The first phase of implementation (in 2020) consists of an assessment of the situation, with a view to adapting policies and services accordingly. The regional government also created a map of social benefits in the region to gain a complete picture of the provision of social benefits managed by the regional government, the state and local authorities.

In the Netherlands, preliminary evaluations of the recent reform of the LTC system show some improvements for people with disabilities. In the new system, collaboration between the services involved (local authorities, health insurers and care providers) has improved and a more integrated approach is being implemented. That said, the Dutch member highlighted the need to keep monitoring the effects of the reform.

Finally, in 2017 Germany introduced a new, broader concept of long-term care. This led to a sharp increase in the number of people recognised as being in need of long-term care and, consequently, to an increase in entitlements to LTC services. According to the German member, it is hoped that this will result in improvements in the sector through investments in LTC infrastructure to address demand.

3.2 Policy recommendations

ESN members highlighted the need for a **more coordinated form of governance** of LTC services. Policy coherence between various levels of government and coordination of social care providers are considered paramount. This enhanced governance through cooperation between LTC-related service providers should be achieved via improved coordination of services, particularly between health and social care (e.g. CZ, EL, ES, EE, IT, LV, and the UK) and an improvement of administrative capacity (e.g. EE, IT, and HR). The German member called for strengthened local councils while the Italian member recommended a single point of access to LTC services. In Member States where there are no LTC common quality standards at national level (e.g. CZ, EL, and SI), the need for national legislation on long-term care, adapted to local circumstances, was highlighted as an important step.

At the same time, **information gathering and sharing** within government administrations is seen as an efficient tool to facilitate interactions between the agencies responsible for financing LTC, local/regional needs assessments and the implementation of targeted measures (e.g. CZ, DE, EL, IT, HR, and LV).

Funding of LTC is a key concern. An increasing demand for services coupled with stagnating or decreasing financial resources have had a significant impact on the coverage and the quality of LTC services (e.g. CZ, EE, ES, FI, IE, IT, SI, MT, and the UK). The Finnish member highlighted that this trend tends to generate a widening gap between national standards and the

situation “on the ground”.

The UK member emphasised that uncertainty about funding was perceived as a source of stress and instability for service providers. In parallel, the supply of LTC services may be perceived as insufficient to cope with increasing demand and changing demographics. This situation results in long waiting lists and tightened eligibility criteria. Enhanced provision in response to a comprehensive assessment of needs of the population is one of the recommendations widely emphasised in responses to the questionnaire from members (e.g. CZ, EE, EL, ES, EL, HR, and IT).

It should also be noted that a **shortage of human resources**, in particular specialist staff, remains a central challenge. This issue is even more acute when it comes to the provision of LTC services for specific groups, such as people with disabilities. Enhancing the attractiveness of the sector, e.g. by raising workers' wages, and more generally raising the number of staff are recommendations broadly shared across the countries (e.g. FI, IE, IT, LV, RO, HR, and MT).

Lastly, **the implementation of a favourable housing policy** for older people was identified by the Finnish and Italian members as key to meeting the current needs for LTC. In this context, collective and protected housing are seen as an important contribution to the de-institutionalisation process and the development of community-based services.

4. Housing and assistance to the homeless

4.1 Key issues and policy developments

Four common key issues related to housing policies and assistance to the homeless emerge from our analysis of the questionnaires:

1. absence of clear, officially recognised definitions of homelessness and as a consequence, lack of policies in some countries
2. problems related to the availability of data on homelessness
3. concerns about the social housing sector
4. the importance of programmes such as Housing First

A primary challenge identified in a number of countries concerns the **lack of a definition** of both homelessness and social housing (e.g. EE, LV, CZ). The lack of definition holds back the development of effective policies and impedes the reliable measurement of homelessness. For instance, according to the Czech member, the lack of a definition of social housing hinders transparency concerning housing support and blurs the division of responsibilities between the different levels of government. In Estonia and Latvia, the absence of a definition of homelessness in legislation is a significant hindrance to the collection of data.

Indeed, the **collection and availability of data** on homelessness are considered as key challenges by many ESN members. Aggregating figures based on a broad

definition of homelessness has been defined as problematic in many countries (e.g. CZ, DE, EE, EL, ES, FI, IE, LV, and the UK). Moreover, since data related to evictions usually only cover situations in which a lease agreement had been signed, it is likely that available figures may be an underestimation.

For example, the Irish member points out that official figures in the country do not take into account people living in domestic violence shelters, in inappropriately shared family accommodation or in prison with no stable place when they are released. This is despite the fact that Irish legislation, in its definition of homeless includes people in institutions who cannot move on due to a lack of appropriate accommodation. In some cases, available official statistics are significantly outdated (e.g. IT and RO). In Italy, the latest official statistical data for homelessness date back to 2015 and in Romania to 2010. Finally, several Member States do not have any national data-collection policy (e.g. DE, EE, and EL).

In addition, **housing market conditions** (notably, increasing costs in the private market) and limitations in the availability of social housing have also been defined as a key challenge in many countries (e.g. CZ, DE, EL, ES, IE, LV, IT SE, and the UK). For example, in Germany, the insufficient supply of affordable housing and a decreasing stock of social housing have been identified by the German member as one of the main reasons leading to homelessness. The Swedish and the German members have also highlighted that these issues are all the more acute for certain groups such as young parents, students, the self-employed, migrants and people with disabilities.

In Greece, Italy and Spain, the **financial, economic, and social crisis** of 2008 had a significant **impact on homelessness**. High rates of unemployment and falling income levels contributed to an increase in the number of households unable to meet housing costs. At the same time, fiscal consolidation measures adversely affected the capacity of homelessness services at a time of growing demand. Against this backdrop, the Italian member mentioned that evictions in Italy grew by 64.2% from 2001 to 2017, peaking in 2008. Furthermore, the supply of social housing in the country is extremely low, amounting to 3% of the real estate stock. In 2018 the government passed a law suppressing the principle of humanitarian protection which had protected tenants from forced evictions. As a result, it is expected the enactment of this law to lead to a sharp increase in homelessness.

There have been some **efforts to tackle homelessness through legislation** adopted at national or local levels in the last two years (e.g. DE, CZ, EL, ES, IE, FI, HR, LV, UK, MT, and SE). Some countries have recently published national strategies to address homelessness and housing exclusion (e.g. EL, MT) while there have been other initiatives aimed at preparing future reforms (e.g. SE).

For instance, in 2018 the Greek government launched a National Strategy for the Homeless aimed at better recording homelessness, updating the legal framework and improving coordination among all relevant stakeholders. In Sweden, the government announced an inquiry into the social aspects of housing policies, aimed at assessing existing housing policy with a

view to deciding which, if any, adaptations should be made. The results are expected by November 2021.

In some cases, action has been undertaken to address issues related to data-collection (e.g. DE, EL). For example, Greece organised a pilot survey in 2018 aimed at identifying the main demographic features of homelessness in the country. Similarly, the German government adopted a legislative act in 2019 entitled Reporting on Homelessness, to ensure better collection of data on homelessness. Other initiatives have addressed specific issues such as the prevention of evictions (e.g. ES, IE, LV), targeting specific groups such as migrants and young people (e.g. HR, and NL), or coping with the COVID-19 emergency (e.g. RO).

For example, with a view to reducing evictions, the municipality of Riga is continuing to favour tripartite agreements on payments of housing debts between clients, maintenance companies and social services. Twelve Dutch municipalities have laid out action plans targeted at young homeless people with the objective of providing them with accommodation within 3 months. Finally, after the outbreak of the COVID-19 pandemic, social services in all Romanian municipalities have been obliged to provide homeless persons with accommodation.

With regard to active policies aimed at tackling homelessness, particular attention should be devoted to the implementation of **Housing First** programmes, which has been welcomed by several ESN Members (e.g. ES, IE, FI, and the UK). These programmes aim to enhance cooperation between stakeholders,

including third sector organisations, in addressing homelessness and complex individual situations. According to the Finnish member, the implementation of such a programme is one of the key reasons for the decreasing number of homeless persons in the country.

In Denmark, a Housing First approach has been adopted since 2009, with a particular focus on young people. As noted by the Danish member, the reduction in the number of young homeless people observed in recent years can be attributed to such initiatives, usually implemented through collaboration between local social services and NGOs. However, the Danish member also reported that not all municipalities have implemented the Housing First approach. In the UK, local councils have introduced the programme with an emphasis on accessibility to mental health, addiction and physical health services. However, as stated by the Irish and Spanish members, the success of the programme still depends on the availability of sufficient accommodation and specialised staff.

4.2 Policy recommendations

Affordable housing supply and shelter availability constitute one of the major challenges in many countries (e.g. CZ, DE, HR, IE, FI, IT, LV, MT, RO, SE, and the UK). Reducing reliance on the private market and increasing the stock of social housing have been suggested as key measures to tackle homelessness. Some ESN members have reported that access to housing is particularly difficult for certain groups, such as asylum seekers, migrants, people from ethnic minorities, young people and

students (e.g. DE, HR, IE, IT, and SE).

Another key challenge highlighted by many ESN members is the **need to develop a comprehensive legal and governance framework** for homelessness. This was identified as a central prerequisite for moving towards integration of services and the implementation of long-term strategies (e.g. DE, CZ, EE, EL, ES, FI, IT, LV, and RO). In this respect, clear division of responsibilities between the various levels of government was highlighted as key to preventing homelessness and to ensuring sufficient and efficient funding of the relevant stakeholders (e.g. CZ, LV, IT and RO).

At the same time, the need for **long-term approaches combining both preventive measures and immediate interventions** through the provision of material, social and health support, was also identified as paramount. This entails the setting-up of coordinated and forward-looking strategies that identify individual risks and effective protection mechanisms to address those risks (e.g. DE, CZ, EL, IE, IT, HR, MT, RO, and the UK).

Several ESN members also pointed out the need to develop and implement **monitoring systems** to systematically collect relevant data related to homelessness. These data are essential to understand the key features and the extent of the problem the countries (e.g. CZ, DE, EE, EL, ES, FI, IE, IT, LV, RO, and the UK). A precondition for quality and meaningful data would be the adoption of clear definitions of homelessness, uniform within the country and preferably across countries, and based on solid criteria.

Country profiles



CROATIA

1. Child poverty, childcare, children's support



1.2. Key policies

There are several strategies which oversee the protection and wellbeing of vulnerable children. The 2014-2020 National Strategy for the Rights of the Child sets out the vision to achieve more effective promotion and protection of children's rights through the implementation of existing international and national standards. The strategy represents a multidisciplinary and systematic framework integrated into all other national, regional, and local documents and plans, and include direct actions to implement the United Nations Convention on the Rights of the Child (UNCRC).

This strategy is being implemented locally. For instance, in Zagreb the 2018-2020 Domestic Violence Protection Strategy³ (€567,065) focuses on direct interventions for children who have experienced, witnessed or are at risk of violence. Though the strategic indicators and outcomes have been assessed as satisfactory, there are financial challenges as well as an ongoing demand for professional interventions for children.

Additional challenges in the field of childcare and child support are most

evident in times of crisis, for example the COVID-19 pandemic. Child and family-oriented social services providers are mainly civil society organisations and the current economic downturn has led to a significant reduction or even suspension of their funding. This is despite them being responsible for a large number of children and family services.

2. Long-term care



2.1. Key figures

Official statistics show that there are 511,281 people with disabilities (12.4% of the total population) in Croatia⁴. According to 2018 data from the Ministry for Demography, Family, Youth and Social Policy, 1,763 people were placed in public and non-public social welfare homes for children and adults with physical, intellectual and sensory impairments, while another 486 requests were on hold.

Compared to other EU Member States, Croatia has one of the oldest populations in the EU ranking 7th amongst EU Member States⁵. A total of 3,445 people are placed in state and non-state social care homes for adults with mental health problems, while 3,034 requests are on hold pending availability of placements.

According to the Ministry of Demography, Family, Youth and Social Policy data for 2018, there are 45 county and two state homes for older people and chronically ill adults with a capacity of 11,208 people accommodating 10,941 individuals. In

addition, there are 94 private homes with a capacity for 6,623 people, which were supporting 5,701 people. There are 5,676 people on waiting lists for state and county homes and 672 waiting for accommodation in private homes⁶.

2.2. Key policies

The 2017-2020 Social Welfare Strategy for the Elderly⁷ sets out an objective to ensure higher quality social care for older people create a basis for financing NGO projects and provide service providers with access to EU funds for financing community services for older people. It also seeks to improve and increase the quality of life of older people and enable them to stay in their own homes for as long as possible.

The 2017-2020 National Strategy for Equal Opportunities for Persons with Disabilities seeks to ensure the successful implementation of the Convention on the Rights of Persons with Disabilities (UNCRPD) with a view to making progress and further promoting the rights of persons with disabilities and children with developmental disabilities. This strategy is locally implemented.

In Zagreb, the Strategy for Equal Opportunities for People with Disabilities (2016-2020)⁸ ensures the full integration of persons with disabilities through programmes supporting equal participation in political, public and cultural life, education, employment, health and social protection.

3. Addressing homelessness



3.1. Key figures

Data on the number of homeless people vary. The Croatian Network for the Homeless estimates that around 2,000 people live in absolute homelessness, i.e. those without any roof over their heads, but the true number could be as high as 10,000⁹. In Croatia, according to latest data from the Social Care Centres, 584 homeless people (478 men and 106 women) were registered in accommodation services or homeless shelters, while the total capacity for shelter currently stands at 383. Of those in accommodation services or homeless shelters, 90% are of working age but 72% are unemployed¹⁰.

3.2. Key policies

There is no general regulation regarding housing, i.e. different housing categories or regulations on social housing and housing needs for at-risk groups, such the homelessness, asylum seekers, victims of domestic violence and other vulnerable groups. Their needs are often highlighted in specific regulations, sometimes across several policy areas and documents, which makes it difficult to comprehensively understand their problems and indeed finding solutions¹¹.

The 2014-2020 Social Plan of the City of Zagreb¹², which is funded through the city's budget, the European Social Fund (ESF) and the Europe for Citizens programme, is implemented through coordination

mechanisms at the city and community levels. The plan has four objectives: to reduce unemployment, to cut the number of people living in poverty, to ensure the protection of human rights, and finally to increase the administrative capacity of local government. An example of this plan implementation is the project ReStart – support for homeless people entering the labour market - that aims to ensure the development of customised social services to help homeless people raise their employability and integration in Zagreb's labour market.

Zagreb and the county of Primorsko-Goranska have the widest network of social services for the homeless¹³. A particular concern is the large number of homeless people in temporary accommodation for more than a year due to the inability of social care centres to provide adequate permanent accommodation. The social inclusion and housing needs of young people leaving alternative care system also remains an issue. However, the total capacity of residential units for young people in care at the end of 2018 was 207, while services were provided to just 165 people. The remainder of the units provide for accommodation to young people until the age of 26 if they are at risk of homelessness.



Table 2: Beneficiaries accommodation per population group in 2019
Own creation based on figures from the Croatian Ministry for Social Policy*

No.	TYPE OF FACILITY	No. of BENEFICIARIE	REQUESTS ON HOLD
1.	Home for children without adequate parental care, organised housing and accessing community support service centres for children	800	-
2.	State and non-state social care homes for children and adults with physical, intellectual and sensory impairments	1,763	486
3.	State and non-state social care homes for adults with mental ill health	3,445	3,034
4.	State and non-state (county and private) social care homes for the elderly and chronically ill adults	16,642	6,348

*Note that the Ministry of Demography, Family, Youth and Social Policy has been renamed as the Ministry of Labour, Pension System, Family and Social Policy on 23 July 2020.



CZECH REPUBLIC

1. Child poverty, childcare, children's support



1.1. Key figures

Since the development of a National Strategy for the Protection of Children's Rights and the action plan for its implementation, statistics indicate that the number of children placed in institutional care has been decreasing¹. The latest statistics also show a decrease in the number of children removed from their families and an increase in the number of children returning to their families from institutional care. While in 2016, 3,841 children were taken from their families

and placed in care, in 2018 the number fell to 3,666. In 2016, 1,144 children returned to their families from institutional care while in 2019 the number increased to 1,262².

1.2. Key policies

In the last decade, the Czech Republic made substantial advancements in child policy. One of the biggest steps forward has been the amendment to the Act on the Social and Legal Protection of Children⁴. The amendment, adopted in 2014, regulates basic aspects of social and legal child protection, such as the best interest and wellbeing of the child and the mutual right of parents and children to parental care. This amendment introduced the implementation of social work tools,

such as the assessment of the situation of vulnerable children and their families, the creation of individual child protection plans and case conferences that facilitate cooperation among all relevant agencies and professionals.

The country also developed a National Strategy for the Protection of Children's Rights in 2012 and an action plan for implementation. From 2014 to 2019, the action plan was implemented through the development of new social and legal child protection instruments and the emergence of new services for vulnerable children and families. New services included parenting support, therapeutic support for families and educational and training programmes for children.

However, challenges persist regarding the provision of social services for families. A 2017 analysis of the national strategy for the development of social services identified that there is a systemic lack of services to support families with children regarding the development of basic parenting skills. Availability of services for families with children also varies by region. There is no guaranteed 'minimum' network of services nor any form of design or clear responsibility for the creation of such network⁵.

2. Long-term care



2.1. Key figures

According to a 2018 European Commission projection, the forecast of population ageing by 2070 in the Czech Republic follows the same trend as the European average. This implies that the number of people needing long-term care will increase in the years to come. It is predicted that the number of people in need of residential care will increase by 186% and the number of people in need of care in their own homes by 153%⁶. According to estimates from ESN member, the Czech Association of Social Services providers (Asociace Poskytovatelů Sociálních Služeb ČR), the number of places in nursing homes should increase from 35,594 in 2016 to 84,146 in 2050. Importantly, the increase in the capacity of social care services is directly linked to an increase in the number of employees in social services. For instance, the government aims to have at least 11,000 additional employees by 2030.

2.2. Key policies

The term long-term care (LTC) is not mentioned in Czech legislation. Furthermore, to date, the Czech Republic does not have an integrated system of health and social care and there are various challenges related to the provision and access of long-term care.

The 2016-2025 national strategy for the development of social services contains four specific objectives in the area of LTC⁷, however, none have been met to date.

Table 3: Breakdown of children removed from parental care and placed in care 2016-2018³

Year	Children removed from parental care	Children placed in residential care	Children returned to parental care
2016	3,841	3,432	1,144
2017	3,766	3,468	1,213
2018	3,666	3,354	1,262

* <https://www.mpsv.cz/web/cz/statistiky-1>

The national strategy does not include any analysis or planning for LTC services capacities. The responsibility for creating an accessible social services network is delegated to the regions. However, the national Ministry of Labour and Social Affairs does not coordinate regional policies.

The Czech association of social services providers released a study that assesses the current structure of long-term care services as well as a forecast of social services needs from 2019 to 2050. According to the study, the Czech Republic performs below the European average for both. For instance, it ranks 21 regarding the number of beds per 1,000 inhabitants aged over 65 years, with an average of 40.81. Belgium ranks first with 70.01 beds⁸.

3. Addressing homelessness



3.1. Key figures

To date, it is estimated that there are 21,230 homeless adults and 2,595 homeless children in the Czech Republic. Statistics furthermore indicate that another 100,000 people are at risk of becoming homeless⁹.

A survey conducted by the Social Housing Platform found that the housing emergency is usually concentrated in cities with half of households in need of housing living in 14 cities across the Czech Republic¹⁰.

3.2. Key policies

There is a plan for preventing and addressing homelessness. Drafted in 2013, it lays down a strategy for tackling homelessness in the country through to the end of 2020¹¹.

In 2019, a report on the implementation of the plan on preventing and addressing homelessness was published. This report suggests that several regulations needed in the field of social housing have not yet been implemented. These include national and municipal responsibilities, definition of target groups, and creation of financial instruments for social housing³.

In the Czech Republic, there is no definition of 'social housing'. This leads to a lack of transparency in housing support with no clear responsibilities attributed to the different levels of government. The report, "Regulatory Impact Assessment: Social Housing in the Czech Republic", developed by the Office of the Government of the Czech Republic and the Ministry of Labour and Social Affairs, suggests that cities and municipalities have different types of housing for different target groups and that this leads to inequality in terms of access to social housing across the country¹².

NGOs dealing with homelessness have repeatedly requested a Social Housing Act. The Social Housing Platform did a survey in 2019 which produced a number of findings. Firstly, given the lack of distribution of responsibilities between the different levels of government, cities generally do not have an overview on the number of people in need of housing in their territory. They do not take the necessary steps to collect this

data regularly. Only seven cities out of the 25 that answered the survey had an overview of the number of people in need of housing. Furthermore, municipalities which provide social housing often do not have the necessary funds to respond adequately to social housing needs. In conclusion, the Social Housing Platform finds that there is a need for a law that defines the distribution of responsibilities between the national and local levels and ensures stable financing of measures aimed at preventing and addressing homelessness¹³.



DENMARK

1. Child poverty, childcare, children's support



National Social Appeals Board investigated the extent to which the municipalities comply with legal requirements when dealing with cases concerning vulnerable children and young people.²

According to the 2018 wellbeing survey of children and young people in care, only 27 % felt involved in deciding where to live, and the longer they had been placed in care, the less they felt involved. The number of children and young people placed in care decreased by 9% between 2011 and 2018 with a slight increase of 3% in foster family placements.³

1.1. Key figures

Several studies have shown that vulnerable children and young people in care in Denmark do not feel heard and involved in their out of home care placement. Most recently, the 'Child Case Barometer' study conducted by the National Social Appeals Board (Ankestyrelsen) has shown that the obligation to hold an interview with the child before making a decision is only observed in 56%¹ of cases. In this study, the

1.2. Key policies

The government is preparing a new child law with three components, the first, earlier interventions and placements based on the best interest of the child. The second, greater involvement of the child in placement decisions. Finally, the third, better transition support and services to adulthood for young people leaving care.

This will mean seeing placements as a way to prevent harm to the child. The interest of the child will therefore be prioritised over the interest of parents. Children will be better consulted and involved in placement decisions and will have the right to refuse contact with their biological parents. Placements shall also become more stable, ensuring a reduction in multiple placements during a child's time in care, and shall happen preferably in family settings. In addition, foster families who wish to adopt a placed child will be able to do it more easily. Placed adolescents will receive support to improve their adulthood transition through volunteer mentors and developing friendships with families and other unpaid interpersonal relationships, thereby enabling better access to housing, jobs and education.⁵

2. Long-term care



2.1. Key figures

LTC has gradually shifted from residential to home care since the 1990s⁶. In 2019, 41,000 persons aged people 65+ were living in a care home⁴ and 122,000 older persons received long-term care at home⁷.

Along the lines of this shift, the number of places in care homes has decreased from 43 to 38 places per 1,000 inhabitants aged 65+ between 2011 and 2016. While the population of older people has continued to grow in the period 2008-2018, the proportion of older people receiving home care fell in the same period from 19% to 11% for the age group 65-79 and from 50 % to 34 % for the age group 80+⁵. The proportion of older people who receive home support for practical tasks, such as cleaning, fell from 43% in 2007 to 25% in 2017⁸. This is due to the fact that those older people cared for at home receive less support. This is viewed as a positive development as more and more older people can manage without support while living at home longer, but it can also be a consequence of stricter regulations to be able to access care.

In the meantime, more Danes are struggling with mental illness and poor mental health. Between 2010 and 2017 there was an increase of 3.2 percent in the proportion of people with poor mental health, especially youth and women. Figures from the 2017 National Health Profile indicate that approximately one in five men and one in four women between the ages of 16 and 24 are in bad mental health.

Graph 1: Children and young persons placed in out of home care placements⁴

Age: 0-17 years | Administrative municipality | All Denmark





Table 4: Number of residents in care homes, assisted living facilities, private care homes at the age of 65+ (2016)⁹

	2011	2012	2013	2014	2015
Care home	6.830	6.270	5.126	4.438	4.411
Assisted living facilities mainly for elderly people	32.761	33.335	34.094	34.959	35.744
Private care homes	378	403	531	600	624
Total	39.969	40.008	39.751	39.997	40.779

Note: The information is collected by Statistics Denmark for one week during the year in question. The figures are thus an expression of the number of places in the week in question for the data collection and do not cover an average over the year. The number of dwellings and the number of inhabitants cannot be easily compared, as they are calculated in different ways.

Source: Statistics Denmark, RESP01, 10.02.16

2.2 Key policies

An aging population and increasing life expectancy are considered major challenges as the number of older people aged 80+ continues to rise. Demographic developments will put an additional financial strain on municipalities as services for older people are organised and managed at local level. Currently these services account for the largest part of their budgets. To cope with this, recent LTC policies have been created to enable older people to stay in their own homes for as long as possible. This has led to a decrease in the number of people in care homes.

Municipalities and hospitals cooperate closely to secure a smooth transition in hospital discharge into the community. Health care services previously based in hospitals have now switched to the

person's own home, or care homes. For example, monitoring of chronic obstructive pulmonary disease and intravenous treatments.

The growing aging population has led to new, innovative thinking in securing qualitative solutions in health care and wellbeing. For instance, the municipality of Esbjerg has created designated housing and community-based services for older people including accessible care facilities such as access to general practitioners.

In response to the increase in mental ill health in 2018, the Danish government issued an action plan on mental health¹⁰. The plan focused on better use of staff and resources in psychiatry, higher quality of treatment for patients with the most severe mental illnesses, strengthened quality and competences in social psychiatry, better coherence in treatment, strengthened

cooperation between police and psychiatry and improved research.

Cooperation between municipalities (local social services) and regions (responsible for psychiatric hospitals) has improved, and this is a positive sign. However, many municipalities are under economic pressure due to the increase in the costs of support for people with disabilities and mental health problems.

3. Addressing homelessness



3.1. Key figures

Homelessness increased by 33% between 2009 and 2017¹¹. Since then, the number has remained stable. Within the homeless population, there has been a slight shift from younger to middle-aged and older people over the last two years¹². Increasing rents have made it more difficult to find housing solutions for the homeless. Social benefits have been decreasing, especially for young people, who have seen their minimum-income benefits cut considerably¹³.

3.2 Key policies

The Danish homelessness strategy dates to 2009. It aims to fight homelessness by following a Housing First approach combined with home support implemented by the municipalities through the provision of housing under the social services law¹⁴. Not all municipalities have transformed their model into a Housing First approach yet¹⁵. There has been a reduction in the

number of homeless young people as a result of a joint strategy implemented by the municipalities and NGOs in recent years¹⁶. In 2018, an action plan aimed at reducing homelessness during 2019-2021 was also adopted¹⁷.

NGOs traditionally play an important role in support for the homeless and national legislation obliges municipalities to reimburse NGOs for their social support actions. Some municipalities feel that, although they must finance social NGOs, they are not sufficiently involved in their strategic planning and prioritisation. This means that municipalities sometimes must fund NGO activities which do not necessarily match their expectations and long-term priorities, such as integrating the homeless back into the labour market.

ESTONIA

1. Child poverty, childcare, children's support



1.1. Key figures

In 2018, 2,448 children were placed in alternative care in Estonia; of these 36.4 % were living in an institution or in care homes for children while 63.6% were in foster families. Since 2016, the percentage of children placed in foster families has increased by 2.3 %. However, according to the government, “family-based care has

developed more modestly than expected”.¹ In 2018, Estonia was still far from the self-set goal of 73% alternative care placements in family settings by 2020.² This is also due to a decline in the number of foster families, which decreased from 138 to 98 between 2016 and 2018.³ For the programming period 2020-2023, the target for 2023 was revised and set at 69%.⁴

Table 5: Children in alternative care: residential and institutional care and foster care, 2017 and 2018⁵

	2017			2018		
	Total	F	M	Total	F	M
Residential and Institutional care	949	416	533	899	396	503
ages 0-17	824	361	463	803	352	451
ages 18 and older	125	55	70	96	44	52
Foster care	161	84	77	124	67	57
ages 0-17	144	75	69	114	61	53
ages 18 and older	17	9	8	10	6	4
On the aftercare service	x	x	x	46	26	20

1.2. Key policies

Alternative care for children is one of the 13 compulsory social services local authorities must provide according to the Social Welfare Act⁶. Experts claim that the responsibilities of municipalities in the provision of social services, of which the provision of alternative care is part of, need to be further clarified regarding costs and implementation. The lack of a common regulation leads to differences in implementation of welfare provisions across the different municipalities.⁷

Municipalities are the agencies responsible for managing alternative care services that are implemented by social workers or child protection specialists, together with the Social Insurance Board (a state agency under the Ministry of Social Affairs). Services are provided mainly by NGOs.

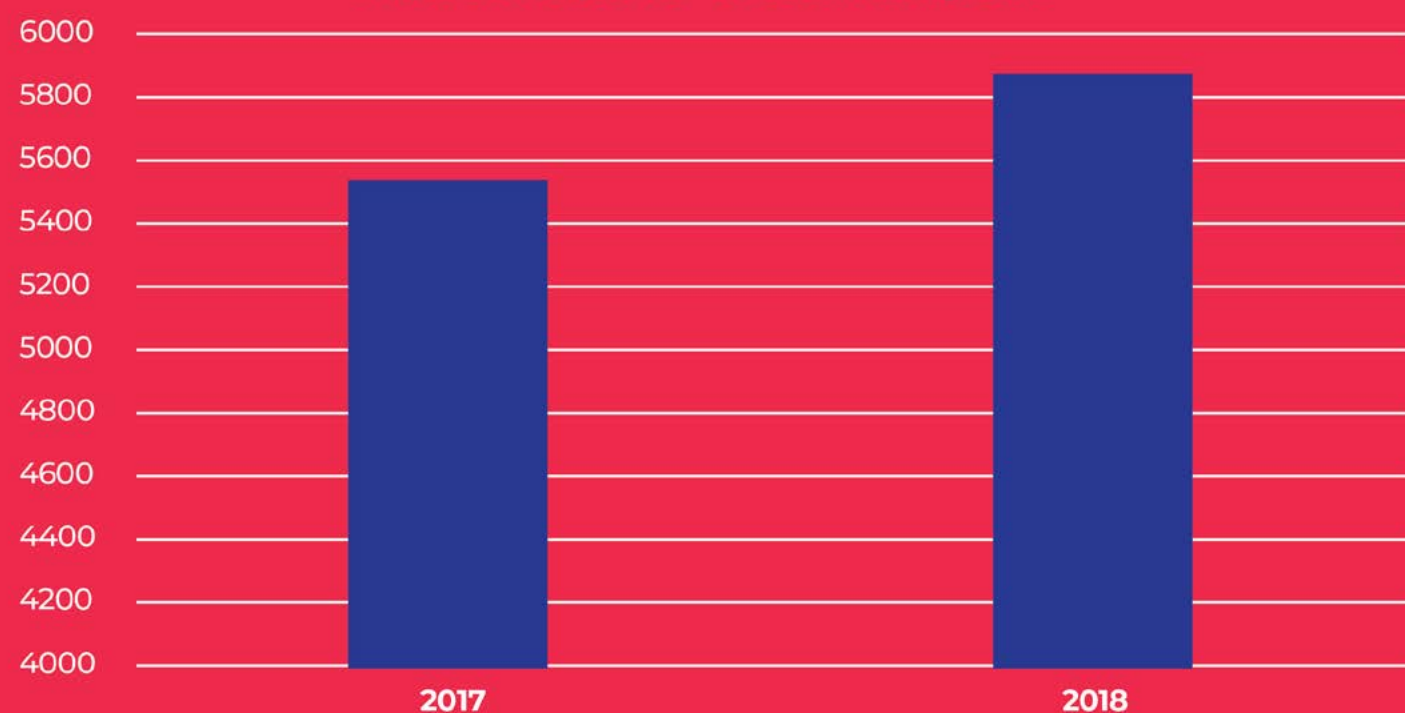
The long-term target for alternative care is a reduction to zero institutional placements. To achieve this target practitioners and officers in municipalities are trained by the National Institute for Health Development⁸.

The Ministry of Social Affairs has provided several recommendations, such as better mapping of needs for alternative care, providing sufficient family-centred care services, supporting their development and sustainability, and starting planning for the after-care phase while the young person is still in care.⁹

In 2014, a formal document on alternative care policies was published by the Ministry of Social Affairs to provide guidelines for professionals working in the system.¹⁰

In 2018, a new service called “aftercare” or “continued care” service was put in place to support care leavers transitioning into their adult life and preparing their further professional and personal development, with a major implication of municipal social services.¹¹ In 2019, guidelines were published by the government to support municipalities in the implementation process.¹²

Graph 2: People 65+ in domiciliary care¹⁵



2. Long-term care



2.1. Key figures

The provision and development of welfare services have moved in the direction of de-institutionalisation and developing support services that are closer to the community.¹³ For example, the number of people aged over 65 receiving domiciliary care has increased by 6.2%, from 5,540 to 5,881 between 2017 and 2018.¹⁴

2.2 Key policies

LTC duties are shared across welfare and healthcare sectors. Services are provided by both NGOs and for profit providers.^{16 17 18}

Municipalities are responsible for the implementation of long-term care services jointly with the Social Insurance Board. The Board carries out the assessment of needs, especially with regards to special care services aimed at people who, due to

their long-term care needs, need guidance, counselling, assistance and supervision in their daily lives by the special care supervisors, and who cannot be provided with the necessary assistance by other care support measures.¹⁹ The National Institute for Health Development carries out training sessions for the practitioners implementing the services.

The provision of services that support independent living is mostly organised by the municipalities. Relevant legislative acts at national level are the Social Welfare Act²⁰, the Social Code Act²¹ and the Family Law Act. The latest national Welfare Development Plan dates to 2016.²² One of its goals is to increase the number of people in out-patient care and to reduce the number of people receiving institutionalised care by 2023.

Currently, a majority of people in long-term care receive day-and-night care in large institutions from the Soviet era²³. Not all municipalities provide domiciliary

care services, although this form of care is less expensive. Sometimes municipalities provide allowances to informal carers as an alternative. Periodic and occasional care services outside the home or in the home environment are not always available.²⁴

One of the main challenges in Estonia is the capacity of municipalities to provide quality long-term care services.²⁵ Often people cannot choose a service suitable for them due to lack of availability or because the municipality is only able to finance the cheapest provider. Users often lack knowledge about the services, their content, purpose, and how they are provided.²⁶ In smaller municipalities and rural areas, there is also a lack of trained specialists in long-term care.

3. Addressing homelessness



3.1. Key figures

Estonian legislation has not defined homelessness and no statistics are collected about homeless people. Small municipalities state that they have a good overview about the numbers of homeless people in their municipalities while bigger cities did not report.²⁷

Considering that homeless people often require social assistance, the number of homeless social service users may give an indication of the general trend in the country. For instance, in 2018 1,443 homeless persons used public shelters, a decrease of 103 persons compared to 2017.

Since 2012, the percentage of people in absolute poverty has fallen by almost 3% and amounts currently to 3.3% of the population.²⁸ Therefore, it can be assumed that the risk of becoming homeless should have decreased during the same period.

3.2 Key policies

According to the Social Welfare Act³⁰, municipalities are responsible for the provision of services and interventions to prevent homelessness. Some of these services are governmental, some local. Some services are outsourced and may be far from where people are based to be able to use the service.³¹ Examples of services supporting people at risk of poverty/homelessness are personal support services, shelters, safe housing, provision of accommodation or debt counselling.³² In addition, the central government provides a subsistence benefit.³³ According to media reports, several social housing facilities have been renovated over the last years^{34 35 36}. However, municipalities report that more investment in renovating and building social housing is required.³⁷

Table 6: Homeless persons in Estonia 2017/18²⁹

Number/ Year	2017	2018
Homeless persons	1,546	1,443

FINLAND

1. Child poverty, childcare, children's support



1.1. Key figures

According to the Finnish Institute for Health and Welfare, in 2018, in Finland around 60% of children aged 1-6 participated in early childhood education and care, benefitting from services funded by the municipality. This percentage has been increasing compared to previous years.¹

In 2019, 1,6% of children aged 0-17 were placed in state care for child protection concerns. Of all children in care, around 38% were placed in foster care, around 33% were placed in residential care and 29% in family type homes.²

1.2. Key policies

In 2014, the Finnish Ministry of Social Affairs and Health and the Association of Finnish Local and Regional Authorities issued a set of recommendations on quality for child welfare which were updated in 2019. The document includes quality criteria for alternative care for children outside their home, and monitoring criteria with a strong

focus on cross-sectoral cooperation and multi-sectoral teams as these best support children and their families and guarantee quality care.

Finland is currently preparing a National Children Strategy.³ This strategy aims to find solutions to challenges such as low birth rates, ageing of the population and child poverty. A parliamentary committee was set up to prepare the national child strategy, which will be based on the UN Convention on the Rights of the Child.⁴

National policies and strategies regarding children's policies are deemed satisfactory. Considerable developments, including the implementation of a systemic approach to child protection is happening at local level. However, a number of challenges persist. Increasing demand of services for children and their families at local level is meeting decreasing resources at national level. More specifically, there is an increasing demand of placements of children outside the home which needs to be addressed. Furthermore, an increasing need for multi-agency and multi-professional practices is emerging at local level. Therefore, there is a need to improve integrated social and health care services, as there is evidence that multi-agency interventions under single service plans increase the quality of care services

for children. This is particularly needed in services managing the arrival and care of unaccompanied children.

2. Long-term care



2.1. Key figures

According to the Finnish Institute for Health and Welfare, in 2018 in Finland around 96% of people aged 65 and over were living at home. The remaining 4% was either living in residential homes, service housing with assistance, or at hospital. Specifically, in 2018, there were 4,416 older people in need of long-term care living in residential homes while 38,441 older people in need of long-term care were provided with service housing with 24-hour assistance.⁵ This is illustrated in the graph 3 below.

2.2. Key policies

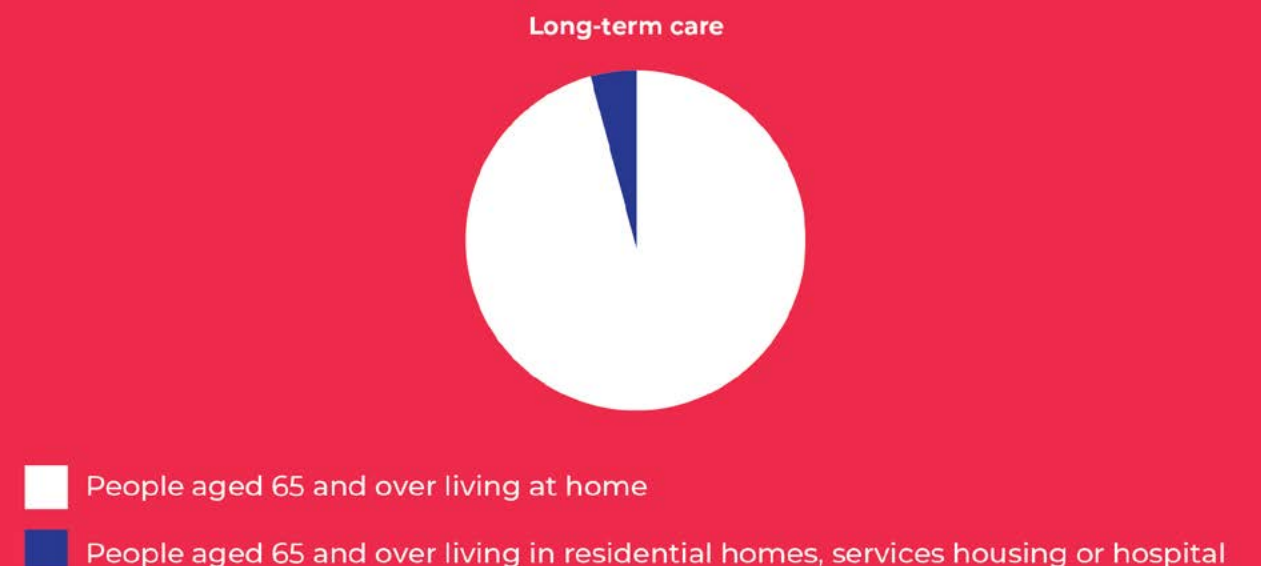
The Finnish Ministry of Social Affairs and Health and the Association of Finnish Local

and Regional Authorities issued sets of recommendations to improve the quality of services for older people in 2001, 2008 and 2013. In 2017, the recommendations were updated based on the work of a working group.⁶

Generally, the national policy for older people focuses on making sure they can live in their own home and maintain their own individual and independent lifestyle for as long as possible. Policies for an active lifestyle are in place, encouraging older people to participate in community activities. Moreover, attention is placed on the prevention of unfavourable physical, social and psychological conditions, isolation, loneliness and social exclusion. Active participation in voluntary work is therefore encouraged. Standards regarding quality of long-term care are very advanced and monitored continuously by Regional State Administrative Agencies and the National Supervisory Authority for Welfare and Health.

National policies and strategies regarding long-term care are deemed satisfactory.

Graph 3: People 65+ living at home and other settings



However, a number of challenges persist. The COVID-19 pandemic has seriously endangered the local and national economy. The government and municipalities have fewer possibilities to realise and implement the ambitious targets included in the governmental programme for services for older people. At regional level there is a growing gap between national standards and overall conditions and quality of services. At local level there are challenges related to a shortage of qualified professionals. But the biggest challenge is the decreasing amount of resources for an increasing demand of services, given a rapidly ageing population. Alarming, restrictions of public expenditure at local level are widening the gap between legal standard requirements and actual possibilities for maintaining quality standards in long-term care.

3. Addressing homelessness



3.1. Key figures

The Finnish Institute for Health and Welfare estimated in 2018 that per 1,000 inhabitants, 0.8 were homeless. This number represents a slight decrease in comparison to previous years.⁷

3.2. Key policies

In Finland, the number of homeless people has been declining over the last two decades. This has been possible through the collaborative work of the state, municipalities, NGOs and volunteers

working together to reduce homelessness.

Since 2000, the state has funded programmes aimed at reducing homelessness which have in particular addressed the situation of the most vulnerable long-term homeless people. Through these programmes, municipalities and organisations have provided social housing for the homeless and reformed services.

There is strong consensus in Finland on the assumption that the first support measure should be the provision of housing. In order to implement this principle, constructing and purchasing new, affordable social housing was one of the most important goals of the Finnish National Programme to reduce long-term homelessness. Furthermore, there is a strong preference in Finland for a cross-sectoral approach in the provision of support and services provided by the state or the municipality to homeless people.⁸

While Housing First has been well implemented and has led to decreasing homelessness, challenges remain regarding the issue of hidden homelessness. Furthermore, national financing measures focus too often on big cities so the situation in smaller municipalities is sometimes not known. Statistical data are not always up to date and with the COVID-19 pandemic, it is feared that homeless services might be cut.



GERMANY

1. Child poverty, childcare, children's support



1.1. Key figures

In Germany the children's right to welfare is granted through educational assistance and child protection instruments.

Educational assistance consists of professional counselling and care or assistance inside or outside the family. One third of all assistance services are provided by youth welfare offices in local authorities, while two thirds are provided by voluntary welfare associations or private providers of independent youth welfare services. According to the German Federal Bureau for Statistics, in 2018 educational assistance was provided for 1,003,000 children, a 1.8% increase in comparison to 2017.¹

In 2018, parental overburdening was listed as the most common reason for taking a child into care (24%). Indications of physical and/or psychological child abuse (8.3%) were the second and third most common reasons for having a child taken into care, while signs of neglect (8.1%) was the fourth reason. In more than half of all

cases, (provisional) protective measures for children and young people in 2018 were initiated by social services and youth welfare offices (57%). In 2018, 90,000 children were living in foster care while 140,000 children were in residential care.²

According to a report issued by the German Federal Bureau for Statistics, in 2018, 12,201 unaccompanied children were (provisionally) taken into care. This number is 50% lower than in 2017 (22,492) and only a quarter of the number in 2016 (44,935).³

According to the German Federal Bureau for Statistics, in 2018, 17.3% of children under the age of 18 were living in poverty or social exclusion.⁴

1.2. Key policies

Currently there is a political debate on article 35a SDH (VIII) on the Youth Welfare Act, which divides the responsibility for supporting children with disabilities between the youth welfare and the social welfare sectors.⁵ This division creates issues for everyone involved, as a comprehensive assessment of needs is crucial for determining the type of support that will be made available for the child, however this is jeopardised under the current article. It is also expected that the law reform will

strengthen both educational assistance and child protection in the country.

As indicated by a report issued by the German Federal Bureau for Statistics, children and young people who migrate to Germany without their parents must be taken into temporary care by the Youth Welfare System. To decide which youth welfare office is responsible, a nationwide distribution quota has been put in place. Taking into consideration the welfare of the child, a guardianship is then set up and the place of accommodation and the type of support the child needs is agreed.⁶

2. Long-term care



2.1. Key figures

According to the German Federal Bureau for Statistics, in 2017, 3.41 million people in Germany were in need of LTC. This number represents an increase of 19% in comparison to 2015. The sharp increase is however largely due to the introduction of a new, broader concept of long-term care in January 2017.

At the end of 2017, 2.59 million people (76%) in need of LTC were cared for at home. Of these, 1.76 million were cared for by relatives. A further 0.83 million people lived in private households but were cared for partially or entirely by outpatient nursing services. 0.82 million people (24%) in need of LTC were in nursing homes.

At the end of 2017, 81% of people in need of LTC were of 65 years of age or older

with more than 35% older than 80. The majority of those in need of nursing care were female (63%).⁷

2.2. Key policies

In Germany, stakeholders active in the LTC field understand long-term care to be mostly assistance for elderly people. The need of younger people or people with disabilities for long-term care has been given less attention.

In many municipalities there are public contact points and counselling services for people needing LTC for themselves or relatives. However, it has not yet been possible to establish these services as a public offer equally throughout Germany.

One of the most urgent problems Germany is facing in the field of LTC is the shortage of skilled care staff. It is becoming increasingly the case that new enquiries for care cannot be met or certain services have to be discontinued. Strategic planning for the future at all levels of government must take this problem into account and develop specific actions. Nursing professions must be made more attractive and corresponding training courses must be adapted to the interdisciplinary needs of the field. Cross-sectoral cooperation between facilities and services needs to be promoted more strongly.

Related to this, the support of staff and domestic help coming from other European countries is seen by many people in need of LTC and their relatives as a flexible and valuable support. However, it must be examined how foreign carers can be protected from precarious employment

and how professionalism and quality assurance of care arrangements are implemented.

3. Addressing homelessness



3.1. Key figures

Currently, there is no official statistical system on homeless people at federal level. However, the German Federal Government has decided to implement a specific reporting system from 2022. The Federal Association of Services for the Homeless estimates that in the course of 2018 approximately 678,000 people were homeless in Germany. This number represents an increase of 4.2% compared to 2017.

While around 70% of homeless people are single, around 30% live with partners and/or children. The Association estimates that 218,000 (92%) homeless people are adults, while 19,000 (8%) are children. According to the Federal Association of Services for the Homeless, the main reasons for the rising number of homeless people are the insufficient supply of affordable housing, the shrinking of the social housing stock and raising poverty.⁸ This is illustrated in table 7 below.

3.2. Key policies

The Homeless Statistics Act is a draft law that provides for the introduction of statistics on homeless people on 31 January of each year by the German Federal Bureau for Statistics.⁹

The regions, or Länder, are responsible for legislation and financing of social housing. However, there are social investment programmes for social housing construction at federal level that can also be used by local authorities for local social housing programmes.¹⁰ After a period of selling public housing stock in the context of neoliberal policies in the late 1990s and early 2000s, several local authorities have started rebuying housing and are increasing social housing programmes.

Table 7: Disaggregated data on Homelessness in Germany in 2018

Homeless people in Germany in 2018	Single	Partner or families	Adults	Children	Men	Women
%	70	30	92	8	73	27



GREECE

1. Child poverty, childcare, children's support

1.1. Key figures

In 2014, 85 institutions across Greece were caring for an estimated 2,825 children, including those placed through the child protection system and children with disabilities. The majority of these institutions (57) were privately run. Many relied heavily on donations and private sponsorships, while at the same time most supplemented salaried professionals with volunteers. A few were operating officially on volunteers alone. According to the Greek NGO Roots Research Centre, four institutions accommodate around 100 children and only two appear to have fewer than ten. Most institutions are estimated to house around 30 children.

Few institutions would therefore appear to comply with the UN Guidelines for the Alternative Care of Children, according to which the maximum number of children per unit should be eight or fewer. Foster care remains hugely underdeveloped – an estimated 309 children in care were living

with foster carers in 2014.¹ According to latest data from the National Centre for Social Solidarity, on 15 March 2020 there were 5,232 unaccompanied children in Greece (93.1%, boys) and 8.7% are children under the age of 14.

1.2. Key policies

In 2014, the European Commission noted Greece as one of the 12 EU Member States with an urgent need to implement deinstitutionalisation reforms.² In recent years, the Greek government has been working on the introduction of a national deinstitutionalisation policy. A new law on foster care that was adopted in 2018 (Law 4538/2018) enables the development of family-based forms of care for children.³ It also includes the 2019-2023 action plan for the provision of community-based services and preventing institutionalisation, mainly of children and older people.⁴

The policy is also expected to help reduce the procedural burden of foster care proceedings and to ensure the possible development of quality family-based care in Greece. As part of this initiative, the Greek government has announced a new policy on fostering and adoption - 'A family for every child'. This initiative will introduce

a new information system to assist with connecting children and prospective parents.

2. Long-term care



2.1. Key figures

Eurostat estimated that long-term care beds in nursing and residential care facilities for every 100,000 inhabitants in Greece were amongst the lowest in the EU in 2017 (39,4 for every 100,000 inhabitants)⁵. Therefore, informal care is still an important part of the Greek LTC system. Due to the traditional central role of the family as a provider of care for older people, financial difficulties and lack of support for provision, families are increasingly resorting to the use of migrant carers.

2.2. Key policies

In recent decades, strategies to support community-based services have been developed to replace traditional models of care. Public community care for older people is provided through the Open Care Centres for Older people (KAPIs), the Day Care Centres for Older People (KIFIs), the 'Aid at Home' programme, and the 'Aid at Home of Pensioners' programme.⁷

KAPIs provide home support for older people who live alone permanently or for some hours a day and cannot adequately take care of themselves. It also provides home support for disabled people who face isolation, exclusion or family crisis.⁸

KIFIs are day care facilities for older people who cannot fully care for themselves (due to mobility problems, dementia, etc.) and whose families are unable to care for them because they work or they face serious

Graph 4: Long-term care beds in nursing and residential care facilities per 100.000 inhabitants in 2017⁶



social and economic or health problems.⁹

The 'Aid at Home' programmes include the "Domestic Social Care" programme, which is intended for uninsured older people and persons with disabilities, and the "Home Nursing" programme, which aims at post-hospital care and recovery of patients in their own home.¹⁰ It is estimated that there are 62 KIFIs operating nationwide providing services to approximately 1,500 people¹¹ while in 2016, there were 750 KAPIs and 860 'Help at Home' schemes in operation, run by 282 agencies (municipalities, municipal enterprises, non for profit organisations). These provided services to about 71,563 beneficiaries while some outpatient services are provided by rehabilitation centres.¹²

Recent policy developments include the adoption of a national deinstitutionalisation policy, the 2019-2023 Action Plan for the Provision of Community-Based Services and preventing institutionalisation, and the creation of the National Observatory for Alzheimer's and Dementia.¹³

Recently the Ministry of Labour and Social Affairs introduced a new administrative scheme, named OFILI (Integrated Care for the Elderly). A total of 150 such units will be established in 150 Community Centres. This scheme is designed to be part of the Community Centres' platform thus extending possibilities for better targeting and adequate coverage of those in need.¹⁴ It will provide information and support for older persons and coordinate three existing municipal structures: the 62 Day Care Centres for the Elderly (KIFI), the approximately 750 KAPIs and the 'Home Help' scheme with 3,500 workers.

3. Addressing homelessness



3.1. Key figures

There is no official data on homelessness in Greece. Therefore the total number of homeless people is unknown.¹⁵ Data from the latest population-housing census conducted in 2011 by the Hellenic Statistical Authority indicated that 3,381 people were homeless (of these, 1,288 were rough sleepers and 2,093 were living in hostels and shelters), while 42,942 were living in inadequate housing conditions.

In 2018, the Ministry of Labour, Social Insurance and Social Solidarity (in collaboration with Panteion University) attempted to record through a survey the homeless population living in Athens, Piraeus, Nea Ionia in West Attica, Thessaloniki, Heraklion on Crete, Trikala in Central Greece and Ioannina in Epirus.¹⁶ The survey recorded a total of 1,645 homeless, with 691 of them living on the streets and 954 in homeless shelters. The majority of homeless people were Greek men between 18 and 44 years old. Most survey respondents said that the main reason that led them to the streets was severe financial difficulties and unemployment. They also said that before finding themselves on the streets, they were living either with relatives or in their own homes or in rental accommodation.¹⁷

3.2. Key policies

There is a wide range of support services for the homeless in Greece. These have been on the increase since the economic crisis of 2008 and are primarily emergency accommodation and other support services. The main providers are local authorities supported by non-governmental organisations, the Church and charitable organisations. The role of the providers is limited to service delivery. They have no involvement in planning, coordination, monitoring or evaluation. The responsibility for planning and coordination, funding, monitoring and evaluation lies with the relevant Ministries. Thus, besides governance, one basic problem of the strategy is the top-down approach from the national government.

In 2018 a new National Strategy for the Homeless was announced by the Minister of Labour, Social Security and Social Solidarity. It aims to

1. Record homelessness through the creation of appropriate indicators as well as reduction of targets on an annual basis
2. Record and update the entire relevant legal framework, and
3. Create a separate sub-mechanism to coordinate and link all the relevant stakeholders. A related short-term Action Plan for 2019-2021 includes an allocation of EUR 20 million per year to help finance the operation of relevant structures and the provision of support services.¹⁸

From 2015-2019 the government operated the 'Housing and Reintegration' programme, followed by the 'Housing and Work for the Homeless' programme, which is currently in implementation phase. It is addressed to cities with a population higher than 100,000 inhabitants. The UNHCR-led 'Emergency Support to Integration and Accommodation' (ESTIA) programme, was introduced in 2016 specifically for refugees and migrants. As of 22 June 2020, the total number of places for refugees and asylum-seekers created under this programme is 25,803.¹⁹

IRELAND

1. Child poverty, childcare, children's support



2003 and the 2010 Draft National Quality Standards for Residential and Foster Care Services for Children and Young People².

The International Protection Act 2015 is the primary legislation governing the international protection process and assigns responsibility to Tusla³ for unaccompanied children seeking international protection. Once an unaccompanied child is referred to Tusla, the Child Care Acts 1991 to 2013, Child and Family Agency Act 2013 and other legislation relating to the care and welfare of children apply⁴.

There are issues pertaining to both staffing and waiting lists for placing children into care, and for children who do not have an allocated link to a social worker. Also, children with disabilities need enhanced support, as do children with mental health issues. Furthermore, the Child Law Project⁵ cites severe mental health issues among teenagers, the appropriate jurisdiction to hear child protection cases and particular problems of vulnerable and/or migrant parents as issues that require attention in their analysis of the latest volume of case reports.

Regarding unaccompanied children in care, implementation challenges include amongst others the practice of moving

unaccompanied children to foster care placements following periods spent in residential units. Some children may be moved far from where they were initially housed, resulting in disruption to integration into local communities and relationships built with other young people and care staff.⁶

2. Long-term care



2.1. Key figures

Between 1996 and 2016, the population aged 65 and over grew by 54% (just under 224,000)⁷. The report, Health in Ireland – Key Trends 2019⁸, highlights estimate population change regarding the age

structure of the population over time for 2015 - 19⁹. It states that even in the context of rapid population growth, the ageing of the population is apparent with the proportions of the population in the 0-14 and 15-44 age groups falling over time and the proportions in the 45-64 and 65+ age groups rising over time. Further to this, the table below describes the LTC residential support figures in relation to this growing older population.

2.2. Key policies

LTC provision in Ireland is mainly organised in terms of health service-related provisions and income support. Therefore, Ireland has a relatively integrated health and care system since all public health and social care services come under the remit of the Health Services Executive (HSE) either

Table 8: LTC residential support figures in Ireland 2015 to 2018¹⁰

	2015	2016	2017	2018	%change	
					2015-2018	2017-2018
Number of beds	30.106	30.396	30.674	31.340	4.1	2.2
Number of Patients Resident at 31/12	22.273	23.086	23.154	23.529	5.6	1.6
Average age of Resident	82.9	82.7	82.6	83.1	0.2	0.6
Age Distribution (as % of total)						
Under 65	4.8	5.3	5.5	5.5	14.6	0.0
65-69	4.1	4.2	4.2	4.3	4.2	2.4
70-74	7.2	7.4	7.6	7.8	9.0	2.6
75-79	12.9	12.7	12.7	12.7	-1.8	0.0
80-84	20.8	20.9	20.5	20.5	-1.2	0.0
85+	50.2	49.4	49.5	49.2	-1.9	-0.6

Source: HIQA (Number of beds), Nursing Homes Support Scheme, HSE.

Notes:

- (i) The 'number of beds' refers to beds registered with HIQA in designated centers for providing residential care for older people and also include beds used for short term care
- (ii) The 'numbers of patients resident' is reported by the NHSS and is administrative data that captures all residents covered by the Nursing Home Support scheme (NHSS). Residents in long-stay units who are not covered by the scheme are not included here.
- (iii) Age distribution data is based on those resident in December of the year in question

through direct service provision or the funding of social care.

Access to health and social care services, apart from long-term residential care, is the same for those aged over 65 years as those under 65 years. The official policy approach on LTC is that older people are recognised, supported and enabled to live independent full lives¹¹. In 2012, a National Carers Strategy was published¹²; in 2013, the new National Positive Ageing Strategy was published, and 2014 saw the first National Dementia Strategy¹³. Each of these are framed in the context of the strategy around Future Health and Healthy Ireland – A Framework for Improved Health and Wellbeing 2013-2025¹⁴.

However, there has been little change regarding community services for older people – there continues to be a lack of resources to provide the quality services that they need. A considerable number of older persons still rely on family members to provide long term in their own homes – as do most persons with disabilities. Care remains a problem for older persons and people with disabilities – a group who are at considerable risk of poverty and are also impacted by the lack of facilities (e.g. lack of adaptations in public transport) to provide this group with a means to seek and sustain employment and live independent lives.

3. Addressing homelessness



3.1. Key figures

In February 2020, the Irish government reported that 10,148 individuals (adults and dependents) were accessing publicly managed homeless emergency accommodation (Department of Housing, Planning & Local Government, 2020¹⁵).

This is a slight decrease from the 10,264 individuals that were similarly reported in February 2019. This represents an arguably negligible decrease of just over 1%, compared with a more sizeable increase of 457 (over 4%) from the previous year (in February 2018 there were 9,807 individuals accessing publicly managed homeless emergency accommodation)¹⁶.

This is the statistic used to represent homelessness by the government. However, it is an under-reporting of the total scale of homelessness as it excludes cohorts experiencing homelessness such as those in hospitals, prisons, domestic violence shelters, inappropriately sharing family accommodation, or street sleepers.

3.2. Key policies

Rebuilding Ireland¹⁷ is the overarching national housing policy. This broad-based action plan seeks to deliver an additional 50,000 social housing units in the period to 2021. The policy is implemented through five pillars: Addressing Homelessness, Accelerate Social Housing, build more

Homes, Improve the Rental Sector and Utilise Existing Housing.

In 2019 there was a Reform of tenancy rights nationally for residential properties, known as the Residential Tenancies (Amendment) Act, 2019¹⁸. Further guidance is offered to the local level, in particular to municipalities, through the Housing First policy¹⁹. The Act promises some encouraging measures to reduce the number of evictions and to extend the time a tenant has to search for alternative rental property should an eviction happen.

Ultimately, the major stumbling block for each of the listed policy initiatives is the lack of housing stock available. This has the effect of driving up demand and therefore cost. The current government plan for addressing the housing crisis has a heavy reliance on accessing accommodation through the private rental market. However, as allowable rents under the Housing Assistance Payment (HAP) tend to be significantly below market rent, this has a low impact on reducing the numbers of individuals experiencing homelessness.

There has also been discrimination in the housing market affecting people's ability to access private rented accommodation²⁰ with discrimination evident on race, ability, and family status grounds. Having a reliance on the private market to deliver on social services can have the effect of excluding those most in need. While the introduction of the Housing First Implementation Plan is a welcome step, the plan will only be as successful as the availability of accommodation allows²¹. The plan involves the cooperation of the Health Service Executive, local authorities,

and the Peter McVerry Trust (Housing NGO). The plan represents a system on interagency cooperation and a focus on the maintenance of tenancies for people with complex needs.

ITALY

1. Child poverty, childcare, children's support



1.1. Key figures

The number of children in the care system on 31 December 2017 increased 8.4% to 32,185 (from 29,692 in 2016) ¹. About half are in foster care. On 31 December 2019, there were 6,054 unaccompanied children, a 43.9% decrease compared to December 2018 ². 94.5% are placed in reception facilities while 5.4% are placed in private households. According to the national register, there are 1,060 reception centres for migrant children ³. The Italian regions with the largest number of residential facilities are Sicily (21.2%), Lombardy (13.5%), Emilia-Romagna (8.9%), Lazio (8.4%), Campania (6.3%), Tuscany (6.1%) and Piedmont (5.4%).

1.2. Key policies

The process of social services' regionalisation, without a definition of essential levels of support at national level, has contributed to increasing heterogeneity of local services. For children and young people, growing up in one region can mean having fewer guarantees, public protection or opportunities for social mobility than in another.

The economic crisis of 2008 led to a significant reduction in funds for services for families and children. These took the form mostly of financial transfers despite the fact that financial measures to fight poverty, such as the citizenship income have not proved to be very effective for families with children compared to single adults.

An Observatory for Children and Adolescents was established coinciding with the COVID-19 emergency. A specific working group was set up to evaluate the impact of the pandemic on the lives of children, and to come up with measures to be adopted in the Family Act.

2. Long-term care



2.1. Key figures

In Italy there are 7,058,755 older people aged 75 and over. This represents 11.7% of the total population (60% of whom are women).⁴

There are 382,634 adults supported by social and health services. Of these 75.2% are at least 65 years old, 19.3% are aged between 18 and 64 years, and 5.5% are young people under the age of 18. The reason for placement in residential facilities is mainly linked to disability or psychiatric illness (in 66% of cases). Delivery of residential care is mainly outsourced to private providers (70% of cases) especially non-profit (48%). In total 13% of residential facilities are managed by religious organisations while the public sector is responsible for managing around 16% of residential services ⁵. There is a considerable lack of homogeneity between regions, with the highest levels of provision in the northern regions (64% of available places) and low provision levels in the South (10.4%).

Regarding home care at national level, in 2016 a total of 456,799 persons (327,103 people aged ≥65) were supported at home with still a significant lack of homogeneity between regions ⁶. From 2003 to 2017, the cost of home care for people with disabilities increased by 137% and the cost of job placements by 117%.

2.2. Key policies

Resources for an adequate functioning of social and health services for older people are not commensurate with real local needs. This leads to challenges in the implementation of the national plan supporting people with dependency needs. The plan ⁷ does not guarantee an adequate link between essential levels of social benefits at national and regional levels. The strong regional heterogeneity of authorisation and organisational models, and methods of service delivery, have been highlighted as a constraint.⁸

3. Addressing homelessness



3.1. Key figures

According to latest figures from 2015, there were 55,000 homeless people^{9 10}. Data shows that most homeless people are men, non-Italian and younger than 54 and that there has been an increase in long-term homelessness. Most people became homeless due to unemployment, job loss, separation, etc. Half of the total are immigrants, while 6.9% are homeless since birth.

The economic crisis of 2008, especially in big cities, led to an increase in evictions. The regions with the highest proportions were Lombardy (34%) followed by Emilia Romagna, Tuscany and Lazio in 2017^{11 12}. There were different ways in which people in these emergency situations were supported. These included public

housing, subsidised housing, facilitated housing, city-sponsored housing, regional rent contributions, vouchers, temporary housing, co-dwellings, and social housing.

Public housing can satisfy the needs of just 650,000 people compared to a real demand of 1.7 million. Social housing, compared to the total residential assets, accounts for a very low share of just 3%¹³. Social housing is decreasing because of the stock's bad condition or because of being illegally occupied (mainly in big cities). In addition, this housing stock is increasingly sold to private individuals because in the short term it is more financially convenient.

3.2. Key policies

Law 132/2018 abolished humanitarian protection and dismantled the Sprar system (Protection System for Refugees and Asylum Seekers), leading to an increase in irregular immigration and an immediate increase in people without any form of international protection (from 67% in 2018 to 80% in 2019). This may have also led to an increase in homelessness among migrants.

Housing First and social housing projects are increasingly popular. In November 2015, the Ministry of Labour and Social Policies issued 'Guidelines to Fight Serious Adult Marginalisation' with the aim of carrying out joint programming between the Government, Regions and Local Authorities to invest public funds in innovative services and housing strategies.



LATVIA

1. Child poverty, childcare, children's support



1.1. Key figures

In 2019, 4,276 children were placed under guardianship¹, 1,099 of them in the capital Riga. 1,355 children were placed in foster families and 621 in a childcare institution. While the number of children placed under guardianship or placed in foster families increased compared to 2017, the number of children placed in institutions decreased.

In the same year, 1,438 families were reported by the courts to municipal social services or to other responsible agencies for not sufficiently ensuring the upbringing and development of their children. This number also represents a decrease from 1,662 families in 2017 and 1,567 in 2018. In 2019, Riga social services carried out social work interventions with 2,833 families.

1.2. Key policies

In Latvia, the Ministry of Welfare is responsible for promoting the development of a child and family-friendly environment in the country, monitoring of compliance and passing regulations related to children and family rights. National authorities are also responsible for financing certain social rehabilitation programmes. In 2018, the budget for social rehabilitation services for adult victims of violence was €211,449, while the budget for accommodation for unaccompanied asylum-seeking children amounted to €5,224 per year.

Local authorities are responsible for the provision of social services for families with children to strengthen family capacity, develop social skills and reduce the risk of children entering out-of-home care. In Riga, in 2019 while €990,959 were targeted for social and psychological services for families with children, €4,218,453 were budgeted for childcare residential facilities, which shows still a significant focus on intervention approaches and the costly nature of these services.

In the field of child protection, several challenges hinder the promotion of child and family wellbeing. Firstly, a common standard of child welfare has not yet been

defined. There is a lack of integrated activities involving agencies from different fields with responsibility for children (education, health care, social field). There are however some pilot projects. For example, the 'Barnahus' model, piloted in 2017, represents a collaborative way of working with children victims of sexual abuse, bringing professionals from different sectors together to support the child and hopefully preventing children from entering alternative care, a model that could be adopted widely in the country. A final challenge is represented by the lack of professionals in the children's social services sector.

2. Long-term care



2.1. Key figures

In 2019 Latvia provided home care to 17,239 people². Social care services provided at home are offered by the 106 home care providers registered in the country³.

In the municipality of Riga in 2019, 11,052 people benefitted from social care services delivered at home. This number is up compared to 2017 when 9,545 people received home care. The budget of the municipality of Riga has increased to finance these services, from €11,294,456 in 2017 to €16,400,570 in 2019⁴.

2.2. Key policies

In Latvia the Ministry of Welfare is responsible for defining general requirements for social service providers and for maintaining a providers' register.

Municipalities are responsible for ensuring availability of social services and social support for their residents. They may provide services directly or outsource them. Social services are financed from the municipal budget but depending on the service and municipal regulations, people using the service may also pay for part of the costs. However, access to LTC remains a challenge for older people, people with disabilities and people with mental ill health.

One of the biggest challenges is the lack of adequate pensions. The average amount of monthly old-age pensions paid in the 4th quarter of 2019 was €359.59. This leads to a high number of people at-risk-of-poverty. The at-risk-of-poverty rate for an adult aged 65 or over is 79.9%. With the average cost of a place in residential care being €700 per month, this makes it unaffordable for many older people and people with disabilities or mental ill health and leaves them very much dependent on their municipalities' economic possibilities. For example, the city of Riga has long waiting lists for places in LTC residential facilities. This problem is not only due to a lack of public finances but also a lack of LTC places available offered by providers.

3. Addressing homelessness



3.1. Key figures

Housing benefit is a mandatory means-tested financial benefit. In 2018, 82,986 people, or 53,705 families received this benefit. During the same year, in Riga, 9,167 people, or 6,559 families received the benefit⁵. Over the years, the number of people receiving the housing benefit has decreased. This is because average social indicators are improving while the main criteria for receiving social assistance have not.

In Riga, the municipality supports agreements between clients, rental companies and the city to support people on housing debts and prevent their eviction. In 2019, 47 people (costing a total of €13,509.90) were supported through this measure.

Since 2017, the number of homeless people in (night) shelters has increased. In 2017, 4,464 people were registered in (night) shelters while this number increased to 4,616 in 2019. The main reasons for the increase are unemployment or low-income employment, a shortage of affordable housing, and affordable alcohol in combination with lack of social skills and personal motivation⁶.

3.2. Key policies

There is no official definition of homelessness nor a national housing and homelessness strategy.

According to legislation in Latvia, it is the duty of local authorities to provide social assistance and social services for homeless people. The municipality of Riga provides the following services for the homeless: shelters and night shelters, social rehabilitation services, day centres, mobile unit for social work with homeless people in the streets, assisted living service and a soup kitchen service.

Since 1995, the municipality of Riga has been providing shelter-care services. With increased demand for night shelters, since 2003 the municipality has started to outsource night shelter services to NGOs. In 2019 the night shelter service, mobile unit and day centre were managed by the municipality while social rehabilitation services, assisted living services, the soup kitchen service and five night-shelters were delivered by NGOs.



MALTA

1. Child poverty, childcare, children's support



1.1. Key figures

On 1 January 2020, 505 children were living in alternative care, 220 of them in residential care. In total 226 were living in foster or specialised home-based care, and 59 with family or friends.

In total, 277 families received support from the Agency for Community and Home-based Therapeutic Services to prevent family breakdown and children coming into care. Of these, 99 interventions were with individuals within the family and 178 concerned the entire family. Meanwhile, family support services supported a total of 1,165 families.

1.2. Key policies

On a national level there are several legal acts related to child and family policy, such as the Alternative Care Act, which includes the Minors Protection Act introduced in July 2020 and legislation on adoption¹. The intention of the legislation is to provide professionals working in the field with the

necessary authority to work with children and families in the best interest of the child.

As a response to this legislation, the Maltese Child Protection Services have revised their mission and put in place new services. New assessment tools, such as the Framework for the Assessment of Children in need and their families (2002), the National Risk Assessment Framework, the Structured Decision Making (SDM) manual and training for child protection workers were also introduced.

There is growing demand for home-based family therapy services that aim to support families in preventing placement of children in alternative care. These services also work with families whose children have already been removed from their parents' care or are placed with foster and/or adoptive families. While the demand for home-based family therapy services has increased over the years, there is limited supply of therapists and professionals trained to work with families with multiple needs.

2. Long-term care



2.1. Key figures

As many other countries in Europe, Malta has an ageing population. Nearly a quarter of the Maltese population is over the age of 60 and the percentage is increasing. In 2019, according to the Active Ageing and Community Care, which promotes the independence of the elderly and provides care services in the community², 1,862 social work and home help assessment cases were performed while 426 people benefitted from a carer in their own homes and 4,133 from care at home. Furthermore, 7,934 people were reached through telecare.

2.2. Key policies

Community care needs to be given priority. The National Strategic Policy for Active Ageing has a section focused on community care services³. However, the budget allocated to these services might not be enough to ensure that community services meet the specific needs of older adults.

The country has also developed a National Strategy for Dementia⁴. This strategy was introduced to ensure the wellbeing of people with dementia in the community and to monitor and diminish premature admissions to residential care facilities, thus strengthening the importance of timely diagnosis and person-centred care. Various challenges arise in the implementation of this policy. A major challenge is the lack of people trained specifically in caring for people with dementia. Other challenges

relate to support for people with dementia who are living with no caregiver and in general the complex "bio-psycho-social" difficulties people with dementia face.

Despite the challenges, the University of Malta is planning to conduct a longitudinal study starting in 2020 to scientifically measure outcomes of a service specifically focused on working with people with dementia, the Dementia Intervention Team, and its effect on families living with this condition in the community. The study will highlight the achievements and shortcomings of the service and will guide the team and policy makers on how to develop the service to meet future challenges.

Malta also formulated a National Policy on the Rights of Persons with Disabilities⁵. This policy, developed in 2014, has de-institutionalisation and independent living as the key objective. The policy was developed as a roadmap and the strategy is awaiting its formal launch later this year and will also include an Independent Living Fund. However, there are still challenges related to social perceptions from some people with disabilities and their families resulting in some resistance to access support and rehabilitation services in the community or within their homes instead of residential sheltered care.

3. Addressing homelessness



3.1. Key figures

In 2019, the Intake and Family Support Services reported 274 new or re-opened cases where the primary problem was homelessness and 90 new or reopened cases where the primary problem was housing related. The same year, the Housing Authority, the public authority responsible for the evaluation of social housing applications and allocations, reported that out of 296 applications for social housing, 105 allocations were approved⁶.

3.2. Key policies

There are several structural problems related to housing and homelessness. These issues are compounded by additional difficulties faced by homeless people finding and maintaining a job, as well as income stability and individual factors like criminal records and mental and physical health. Affordable housing supply and shelter availability are further structural challenges. A high number of homeless people are migrants from African countries, often in unskilled jobs, not legally employed, earning less than the minimum wage and in working conditions that do not guarantee regular and stable income.

Community services collaborate with the Housing Authority, the Elderly Department, Health Department, Schools and NGOs working on this issue. Recently the country has increased budget allocations in the funding of homelessness services, housing

for families and social housing.

Community services work to decrease the number of homeless people, prevent evictions and help service users access affordable housing. NGOs are vital for assisting people in need of housing. Assistance is given in the form of shelter, rents, or cash grants for home adaptations.



THE NETHERLANDS

1. Child poverty, childcare, children's support



1.1. Key figures

Local spending on childcare in the Netherlands increased by 40% per child between 2015 and 2018. Over the same period, applications for care increased by 13% while the percentage of young people in care rose from 8.5% to 10% of the total population of children.¹

In 2019, 443,000 children and young people up to the age of 23 were in care. Also, the duration young people are in care is growing with the average length of time in care per person up from 299 days in 2015 to 361 days in 2019.²

There are large differences when it comes to the use of care between municipalities. In municipalities in the northeast and in the centre of the country, more than 15% of young people under the age of 18 received child protection support.³

1.2. Key policies

In 2015, the national government made municipalities responsible for youth care while at the same time the budget was cut by 25%. Most municipalities are struggling with a large gap between their budgeted and their actual expenditure on youth care. For instance, in 2018 municipalities forecasted approximately €4 billion expenditure. However, the costs eventually amounted to €5.1 billion.⁴

In spring 2019, the Ministry of Health, Welfare and Sport made extra money available for youth care for three years adding an extra €1 billion. The ministry also commissioned an investigation into whether municipalities need additional resources to pay for youth care. This study will be finalised in autumn 2020 and may prompt a subsequent cabinet to make additional resources available for the municipalities.

2. Long-term care



2.1. Key figures

The number of older people in the Netherlands is growing rapidly, but the number of older people in a care or nursing home or other (care) facilities is falling. In 1995, 17% of the over-75s lived in a care facility compared to 10% in 2014. In that same year, 2014, 95% of the over-65s lived at home, which is nearly 2.8 million people.⁵

This means that in 2015 approximately 117,000 older people lived in a nursing or care home. The majority were women aged 80 or older (over 60%). Female residents of nursing and care homes are on average 87 years old and on average five years older than male residents. Although most residents are widowed, almost one in five have a partner, who often lives independently.⁶

It is expected that by 2030 there will be more than 2 million older people aged 75 years or above (12% of the population). Within the group of older people, the number of over-85s will also grow considerably from approximately 375,000 in 2018 to nearly 560,000 in 2030. The increase in the number of older people also means that there is an expectation that the demand for care will increase.⁷

2.2. Key policies

In 2015, the Netherlands introduced a LTC reform to ensure better quality of care and support, greater involvement of the community and financial sustainability of LTC and support. Consequently, the number of older people living in nursing homes has dramatically dropped.

People nowadays stay much longer in their home as they can get community care, informal care and adapted housing support for longer independent living. This means that, for example, housing companies adjust their houses to the needs of older people who live in them so that they can stay in their communities for longer. Therefore, many care homes have been closed or repurposed. In some situations, these, mostly small, apartments are now partly occupied by students and young people. They pay a relative low rent and in return engage with and support older people living in former retirement settings. Though the reform focusses on keeping people at home for as long as possible, older people who cannot live without support can access specialist nursing homes.

The most recent evaluation of the reform was published in 2018. Data from this evaluation shall serve as a baseline for future evaluations, such as periodic insights on the achievement of the long-term care reform goals.⁸ There have been several results of the long-term care reform. Frail people and people with disabilities can live more independently, participate more in their communities, and live in their own homes for longer, and they wish to do so. People are willing and able to take increased care of each other. Local

authorities and professionals are willing and able to place greater demands on the capacities of citizens and their networks. Local authorities, health insurers and care providers are willing and able to work together in a more integrated approach.⁹

These results are not based only on national policy but also on local policies and cooperation between all local stakeholders, as the responsibility for implementation lies at local level. Local government and health insurers have the most financial benefit from this change while care providers are having to adjust their ‘business model’ to this new situation.¹⁰

3. Addressing homelessness



3.1. Key figures

The number of homeless people grew from 17,800 in 2009 to 39,300 in 2019 according to a recent Statistics Netherlands (CBS) report.¹¹ The number of homeless people aged 18-30 tripled in this period. Eight out of 10 homeless people are male. Over 37% of all homeless people in the Netherlands live in one of the biggest four cities: Amsterdam, Rotterdam, The Hague and Utrecht. 57% of the homeless in the age of 18 to 65 are migrants.¹²

The need for social housing is increasing but the number of available housing units is decreasing. The national network of housing associations in the Netherlands (AEDES) reports that the number of available social housing units decreased

by 100,000 between 2013 and 2018. It is especially hard for young people, single people and households in lower and middle incomes to find affordable housing.

The national government is aware, but due to limitations in the construction sector, particularly in or around large cities, it will take many years to address this situation. Nonetheless, the availability and affordability of housing varies significantly between regions.¹³

3.2. Key policies

In order to reverse the trend in growing number of homeless young people, the Ministry of Health, Welfare and Sport started a three-year Young Homeless Action Programme.¹⁵

The main action points of the programme are:

- exchange of best practices and developing guidelines
- support and advice for local authorities
- creative sessions to rethink existing structures and habits
- intervention on complex situations by the national government/ ministry
- active participation of young homeless people¹⁶

Twelve municipalities (Almere, Amsterdam, Alkmaar, Arnhem, Den Haag, Dordrecht, Enschede, Haarlem, Leiden, Purmerend, Rotterdam and Utrecht) have started an action programme focused on helping young homeless people. The programme is supported by the Ministry of Health, which

Table 9: Age breakdown of homeless adults in the Netherlands (in thousands)¹⁴

Year	18 – 30 years	30 – 50 years	50 - 65 years
2009	4	10,1	3,7
2010	6,1	12,7	4,6
2011	6,4	13,2	4,7
2012	6,4	15	5,9
2013	7,2	12,8	4,7
2014	6,8	14,3	5,8
2015	8,3	16,4	6,2
2016	12,4	13,1	5
2017	10,8	18,1	5,6
2018	12,6	19,2	7,4

is also keen to intervene when necessary. The goal of this programme is to ensure that 100% of homeless young people are neither homeless nor in a shelter for more than three months. Homeless young people are supported by a personal social worker, who is responsible for coordinating all the services.

ROMANIA

1. Child poverty, childcare, children's support



1.1. Key figures

According to recent figures in 2019, there are 3,645,267 children in Romania. Of these, 52,783 are cared for by the child protection system. Of these, 17,096 children are cared for in child residential services while 35,687 children are placed under family services (17,835 foster carers and 13,133 with extended family or kinship carers)¹. Moreover, 25% of the 20,000 unaccompanied asylum-seeking children registered in the EU in 2018 were in Romania². However, in 2019, Romania did not take specific measures for the protection of unaccompanied refugee-seeking children.

1.2. Key policies

There have been several policy changes concerning children in 2019. In January, the Government issued order 26/2019 which sought to ensure the application of minimum quality standards for family counselling social services. This policy was developed specifically to ensure the quality of the services provided for children in child protection services³. In the National Strategy for the Protection of Children Rights for 2016-2020⁴, Romania has established a priority concerning the transition to community based services that should respect the child's right to be raised and cared for within a family environment.

2. Long-term care



2.1. Key figures

Latest statistics from September 2020 provided by the Ministry of Labour and Social Protection highlight the numbers of people who are receiving support and the provider (public or private body) that provides this support.

2.2. Key policies

There is no strategic plan for LTC in Romania. The services provided within the LTC system are regulated, coordinated and monitored by two separate ministries, the Ministry of Labour and Social Protection and the Ministry of Health. There is National Strategy for Promoting Active Aging and Protection of the Elderly 2015-2020⁶, which only partially covers LTC.

Worryingly, there has been limited progress to ensure that LTC supports older people to remain in their homes longer, and there

are no indicators for monitoring progress. In May 2020 there were only 260 home care services for older people throughout Romania: 68 public and 192 private and only 128 community care services for older people, 29 of which were public and 99, private⁷.

The National Strategy for Sustainable Development 2013-2020-2030 planned to achieve 60% coverage of the needs for palliative care for eligible people by 2020. Nevertheless, the National Association of

Palliative Care writes in its latest report in 2018 that only 11.6% of the needs for palliative care are covered⁸. Further to this, in the latest report of the Ministry of Health dated in 2017, over 172,000 (81,121 in urban areas and 91,541 in rural areas) patients needed palliative care annually, but in almost half of Romania's counties (17) there is no such service available. Nationwide there are 1,779 palliative care beds. Most palliative care beds (45%) are in the Northeast Region (815 beds). It should be noted however that almost half of these beds (370) operate in private hospitals, in a paid system, so they are not accessible to the entire population.

3. Addressing homelessness



3.1. Key figures

A World Bank publication from 2015 highlights that only 1,542 people were registered as homeless. However, even the most optimistic estimates, in Romania, are at least three times higher. According to the World Bank publication, 95% of homeless people live in urban areas across the country, with a third living in Bucharest. More than three quarters are men of working-age. Alarming, children represent more than one in ten homeless people⁹.

According to another 2010 study by Samusocial Romania, there were about 5,000 homeless people living in Bucharest. 83% of them were male¹⁰. With COVID-19, most of the data on the numbers of homeless has been collected locally. For example, of the 900 accommodation places

available for homeless people in Bucharest, it is estimated that at the beginning of March there were 822 homeless places occupied, of which 179 people were in DGASPC shelters¹¹, 294 people in the shelters financed by the city administration with the remaining 349 people living on the street¹².

3.2. Key policies

In 2019, Romania adopted new legislation on minimum quality standards for the accreditation of a wide range of social services, including those for homeless people. Legislation also sought to support the provision of community-based services and integrated services¹³. Examples of such community and integrated services falling under the new legislation include meeting social, educational, employment and housing needs as well as helping to obtain identity documents.

However, the current COVID-19 pandemic has had a profound effect on homelessness in Romania, particularly in Bucharest. Specifically, NGOs have been most affected and the services they provide to homeless persons have faced a lack of resources, including masks and disinfectants. Further to this, some NGOs have discontinued support services due to the physical and mental exhaustion of staff working in these centres.



SLOVENIA

1. Child poverty, childcare, children's support



1.1. Key figures

Current 2020 data from the Ministry of Labour, Family, Social Affairs and Equal Opportunities show that there are 473 children in foster care¹. Slovenia has in total 599 individual foster parents of whom 93 are professional². In recent years, the Centres for Social Work have been struggling to place children in foster families. This is due to a number of factors including lack of places, the reluctance of foster families to accept a child with behavioural difficulties, and a preference of foster families to take young children. As a matter of urgency promotion of foster care and support of foster carers is needed.

In June 2020, there were 16 unaccompanied and separated children (UASC), who either have been granted protection or are having their case assessed by the authorities³. There are a further 20 to 30 UASC who have yet to start their protection claim currently residing in residential centres⁴. Children are supposed to be placed in foster families after their status is assessed

and a decision is made⁵. In July 2020, a special accommodation centre was set up to accept 4 UASC under the age of 10; however, these children are still to be placed in this centre.

1.2. Key policies

Currently, the Family Affairs Directorate of the Ministry of Labour, Family, Social Affairs and Equal Opportunities is responsible for the creation, implementation, and coordination of family policies, including mainstreaming children's policies and rights⁶. The National Programme of Social Protection for the Period 2013-2020, adopted in April 2013, includes programmes for children and youth deprived of a suitable family life, programmes for children and youth with behavioural problems, as well as specialised programmes for psychosocial assistance for children and families.

Among the Programme's aims, there is a focus on preventing the inter-generational transmission of poverty, alleviation of poverty in families with dependent children, and enabling the social inclusion of children. Workforce shortage of social workers has been a problem for some years. Within the Centres for Social Work, the lack of skilled professionals has been an issue for more than a decade.

2. Long-term care



2.1. Key figures

Latest figures related to LTC in the country date back to 2017 when the budget amounted to €521 million (1.21% of GDP). Compared to 2016, there was a slight increase in the share of home-based LTC expenditure. In 2017, there were nearly 1,800 more recipients of LTC than in 2016. The share of recipients receiving LTC in residential facilities was the largest at 35.5%, or around 22,900. They were followed by recipients of LTC at home at 34.9% or almost 22,500. Finally, the third group consists of those who receive cash allowances to cover different care services at 25% or around 18,500 recipients⁷.

2.2. Key policies

At present, long-term care is the responsibility of the Ministry of Health and is regulated under different legal acts, including pensions (Pension and Disability Insurance Act, War Veterans Act and War Disability Act), health care (Health Care and Health Insurance Act), as well as social and family care (Social Assistance Act, Social Assistance Benefits Act, Exercise of Rights to Public Funds Act, Parental Protection and Family Benefit Act, and Act on Social Care of Persons with Mental and Physical Impairments).

However, there is no single, overarching legislative act specifically regulating long-term care⁸. This means that at present LTC is provided through different routes across the health, social care, pension and

disability sectors, with different entry points and varying procedures for the assessment of entitlement to benefits and services to cover long-term care needs.

On 21 August 2020, the Ministry of Health submitted a proposal for public discussion on the Compulsory Insurance for Long-Term Care Act. The proposed Act foresees 100% LTC coverage earmarking €305.22 million from existing public sources and an additional €335.85 million to be identified from other sources⁹.

3. Addressing homelessness



3.1. Key figures

Data on the number of people who are homeless and accessing emergency shelter services in Slovenia is very limited. In a 2018 study it was found that for the year 2017, 1,918 people accessed emergency accommodation services in overnight shelters¹⁰. There is no data of the number of people who sleep rough. The same study found that the number of those living in homeless shelters was 1,301, of whom 1,197 were living in women's shelters or refugee accommodation, with the remaining 104 supported through different accommodation types, such as temporary accommodation and transitional supported accommodation¹¹.

3.2. Key policies

Slovenia has no specific national or regional strategic approach to addressing homelessness. However, addressing homelessness is embedded in programmes like the National Programme of Social Protection (2013–2020) and the National Housing Programme (2015–2025). The National Programme of Social Protection identifies objectives for services that already exist and seeks to scale them up and increase their capacity. An example is an increase in the number of shelters for homeless people. The National Housing programme aims to provide housing for the most socially excluded, with a focus on the homeless or those at risk of becoming homeless, though usually housing is only provided on a temporary basis.

Despite these programmes, social housing remains a problematic area which is not covered properly because of a lack of coordination between the different sectors with responsibility on this matter. This dearth of coordination is particularly troublesome in larger cities where the demand for social housing is greatest.



SPAIN

1. Child poverty, childcare, children's support



1.1. Key figures

According to data at the end of 2018¹, there were more than 550,000 children in the child protection system (an increase of 5.2% compared to 2017), 69% of whom are between 6 and 17 years old. Children in residential care increased from 17,527 in 2017 to 21,283 in 2018 while the number of children in foster care has gone down from 19,004 in 2017 to 19,545 in 2018.

In 2018, foster care for children with a disability almost doubled (up by 99%) in relation to 2017. A total of 12,437 UASC were in the child protection system in 2018, an increase of 398% from 2016 with the highest numbers in the regions of Andalusia, the Balearic Islands, Catalonia, Madrid, and the Basque Country. Of these 98% of UASC, most of them boys (95%), are in institutional care while just 2% are in foster care.

According to the [National Statistics Institute](#), 26.2% of children (under 16) are at risk of poverty. Data from the last quarter of 2019 compiled by the High Commissioner for the Fight against Child Poverty shows that there were 126,900 households with at least one child that did not have an income from paid employment. This represents 22% of all households without income.

1.2. Key policies

The public system of social services also includes child protection, with competences passed on to the regions to enact legislation with the best interest of the child as guiding principle. The latest national plan was the [II National Strategic Plan for Childhood and Adolescence 2013-2016](#) integrating all childhood and adolescence policies. In child protection, it promotes the adaptability of foster care and speeds up adoption. The regions, responsible for legislation and implementation, have all established plans for residential and family care, with all regions prioritising family care.

The High Commissioner for the Fight against Child Poverty has created a [Territorialised map](#) of child poverty to better understand the levels in the different regions and focus resources and policies accordingly. In 2019 the Government allocated a total of €3,645 million to social services policies² (38.6% more than in 2018) of which €30 million were allocated to the regions to care for unaccompanied children (though this figure is lower than in previous years). A further €25 million in aid and food was allocated for children at risk of exclusion, and €266 million aimed primarily at fighting child poverty.

The regions have developed their own legislation and policies. For instance in Asturias, in northern Spain, the regional ministry implements prevention and community intervention programmes including positive parenting, family support, family therapy, family meeting points, socio-educational programmes with children, day support for children and families, and day care so that children can remain with their families. When this is not possible, foster care is prioritised as well as a reunification programme with the biological family. For those who have been

in care aged 16 to 18, there is a programme to prepare them for independent living or transition to adult life.

Catalonia has developed a family plan including coverage of basic needs (employment, social support, food, basic goods, education, health, mobility) and emotional support for families in times of change. The plan also includes prevention and support for families with special needs (mental health, addictions, personal autonomy, disability, conflict and domestic violence, gender-based violence and interculturality) as well as co-responsibility, reconciliation, care, and work. Other relevant resources include centres for family integration (ICIF) that promote foster care and support to foster families, home care for vulnerable families, non-residential socio-educational services for children and adolescents, support for grandparents and relatives that care for

children, and small residential facilities to care for children.

2. Long-term care



2.1. Key figures

In December 2019, there were 1,894,744 applications for dependency and autonomy support, of which 1,385,037 had been assessed to receive support⁴. A total of 1,115,183 people received some form of social care and support in December 2019 (61,000 more than in 2018). However, 269,854 had not yet received any care despite being evaluated as having dependency needs. The regions with the highest waiting lists are Catalonia, the Canary Islands, La Rioja, and Andalusia.

Table: 11 Example of child protection support services in the region of Catalonia³

Child Protection System in Catalonia: Breakdown of support mechanisms

Children and adolescents who have an open file in the Childhood and Adolescence Information System of Catalonia (Sini@)	12.9‰ Rate per 1,000 children and adolescents with an open file in the protection system			
Distribution according to the type of file opened	18,096	Information 522 (2.9%)	Unaccompanied children under 14 years of age 68 (13.0%)	Financial benefit 808 (24.2%)
		Serious risk (with open intervention) 6,847 (37.8%)	Socio-educational commitment 3,338 (48.8%)	
		Neglect (under study) 3,579 (19.8%)	Study without separation of the family 1,586 (44.3%) Study involving separation of the family 1,993 (55.7%)	Children and adolescents with a protective measure 9,141
		Guardianship 7,073 (39.1%)	Administrative 70 (93.3%) Judiciary 5 (6.7%)	
		Custody 75 (0.4%)		
		Child and adolescent population separated from their family due to child protection	6.5‰ Rate per 1,000 children and adolescents admitted to the protection system with a protection measure 50.5% Percentage of children and adolescents in protection measures with respect to those who have an open file	

In 2019, the benefits and services offered for the care of dependent people were: economic benefit for family care (30% of applications assessed), home care service (18%), telecare (17%), residential care (12%), service-related economic benefit (11%), others (12%). According to the [State Association of Directors of Social Services](#) in their [2019 report](#), the average number of days for making a decision on whether the applicant receives care is 426 days. This has meant that more than 30,000 people died without being informed as to whether their application had been successful⁵.

Implementation varies across regions. Just to mention a couple of examples, in Asturias, home care covers just 1.12% of the total population, while telecare covers 0.80%⁶. In Catalonia, out of 51,564 people assessed to receive support with their dependency needs in 2019, 33,447 were provided with home care while 23,347 were provided with telecare out of a population of 6 million (approximately 0.56% and 0.4% respectively)⁷.

2.2. Key policies

The contribution of the national government to the implementation of the dependency system is determined by the number of beneficiaries. Financing is supposed to be split 50% by the national government and 50% by the regional governments. However, the contribution of the national government is significantly lower. For instance, in 2018 in Catalonia the contribution of the regional government stood at 83.7% while the national government contributed 16.3%. All regional authorities underline the need for the national government to improve its financing contribution for the full implementation of legislation on dependency and the promotion of autonomy.

The National Institute for Older People and Social Services (IMSERSO) assigned €117 million

in 2019 for the National Alzheimer Plan and manages the National Strategy for the Elderly and Active Aging coordinating participation of all public authorities. The Ministry manages specific programmes for people with disabilities with funding for implementation mostly distributed to 3rd sector organisations.

In 2010 IMSERSO published a [Guide of Services for the Elderly, Dependent People and People with Disabilities](#) describing the resources and care services for the elderly, dependent people and those with disabilities. The most widely implemented resources are residential facilities and home care. According to the [Report 'Envejecimiento en red'](#) (CSIC, 2019), there are a total of 5,417 residential facilities (71% of them, private). In terms of innovation, there have been private co-housing initiatives as an alternative to conventional housing and institutional facilities⁸⁹.

3. Addressing homelessness



3.1. Key figures

Since 2004, only two national surveys have been carried out the latest of which was in 2018. Altogether, 18,001 people (4,566 of them women) were housed daily in homeless care centers, 9.5% more than in 2016. Currently, there are 20,133 accommodation places: 68% in hostels, 28% in flats and 3% in hostels. There were 48,573 food services served per day, 10.7% more than two years before. Exactly 24.4% of the centres were public, although 82.4% were fully or predominantly financed by public administration. A total of 301 flats were allocated to homeless people in June 2017 and 373 homes in December 2017. Most common groups in the centres are immigrants/

asylum seekers (39,5%), people with addictions (19,8%), and people with mental health issues (15,5%). The surveys only capture the reality of the homeless population who have had contact with social services.

According to the 2018 [Annual Report 'Protected housing and social rent in Spain' of the Ombudsman](#) (published in 2019), since 2011 there has been a downwards trend in the provision of social housing. According to data from the [Ministry of Transport, Mobility and Urban Agenda](#), there was a reduction in social housing units from 53,332 in 2012 to 5,167 in 2018. In 2017, only 4,938 social housing units were delivered, 9.2% of all finished homes.

There has been a rapid increase in the number of people in inadequate and insecure housing. The number of evictions carried out by the courts in the last quarter of 2019 went down with respect to the previous year¹⁰. The number of evictions prevented due to social services intervention is not available, while the government approved a law in 2019 to prevent evictions when tenants are in situation of social or economic vulnerability.

3.2. Key policies

In November 2015 the Spanish government approved the first [Comprehensive National Strategy for the Homeless 2015-2020](#) to create a comprehensive framework of action at national level. There are also strategic developments in the regions. Asturias' [Social and Health Plan 2019-2020](#) for example sets up measures to address homelessness including monitoring protocols and the development of Housing First approaches. The regional government also signed a cooperation agreement with the Asturian federation of Local Councils to identify vulnerability situations (children, disability, older people, unemployed) and develop a

coordinated action to assist when there are evictions.

Catalonia has developed an integrated strategy for tackling homelessness. The programme monitors the number of people living in a range of circumstances. This includes those who are in homeless centres, those in the streets who spend the night in hostels, those homeless with an individual care programme or those homeless who are allocated social housing or are supported after they have been provided with accommodation.

Galicia has developed a plan for homelessness (2019-2023) funded partly with the European Social Fund (ESF) and income tax. The plan (along the lines of Housing First) has developed cooperation protocols between health and housing, regional and local authorities who are responsible for supporting people in need, and social emergency. The plan faces implementation challenges because of the need for housing and support staff. Access to rental housing in the private market is difficult for people with low income, mainly in urban areas, and the public supply of housing is limited. In addition, Housing First requires stable collaboration and financial support for long periods, while contracts with NGOs are usually annual. Therefore, it has been realised that there is a need of new funding management formulas.

SWEDEN

1. Child poverty, childcare, children's support



1.1. Key figures

The latest available figures regarding alternative care for children are for 2018. During 2018, 38,000 children and young people received care outside their parental home. Just below 30% of these were unaccompanied children. Approximately 70% of all children and youth in care were between the ages of 15-20. For unaccompanied children, the figure was 90%. The most common type of placement was in foster care (48%) with 60% of them boys and 40% girls. The second most common placement was provided in residential care homes for children and young people (30%). In these,

boys accounted for 77% and girls for 23%¹.

Another type of placement is 'supported living' for young people over 18 and under special circumstances from age 16. In this placement, boys accounted for 86% of the total. Supported living is a form of accommodation halfway through to independent living used when less supervision is required. Of all placements under the age of 18, 77% were voluntary while the remainder were made with compulsory care orders².

Statistics for children and young persons receiving support from social services are measured by the number of individual recipients on a specific date. They receive individual interventions based on a formal decision by social services and do not include measures aimed at groups or general preventive actions. On 1 November 2018, 33,800 children and young people received these individual measures. This represents an increase of 1,200 from 2017. Half had also accessed other forms of support, such as programmes aimed at reducing violence and criminal behaviour⁴.

1.2. Key policies

The government decided on 6 April 2017 to appoint Margareta Winberg as special investigator to carry out a review of the Social Services Act and the tasks of social services. This is the most important ongoing review in the sector, and it is likely to have a significant influence on services provision when it is presented. Over the years, the provisions and level of detail in the Social Services Act has increased. Much of social services' effort has been spent on bureaucratic investigations to determine the right to receive services. This has meant, among other things, that long-term and structural prevention has not been a priority or given enough attention. Detailed regulation and various guidelines have reduced professionals' room for manoeuvre and made individual assessment difficult.

The review of Social Services legislation has now, as of August 2020, provided its report which includes proposals for new legislation and also proposals for further reviews in specific areas. The proposals will be referred to relevant bodies for consideration in order to obtain feedback before the final proposal is presented to the Swedish parliament in the form of a Government bill. The review places the focus on social services' responsibility for providing early and preventive measures and ensuring an accessible social service for everyone.

A second development is that the UN Convention on the Rights of the Child became Swedish law on 1 January 2020 with the aim of strengthening the rights of children in all decisions made in

municipalities, government, and courts⁵.

A third important area of development is the move towards integrated services. The government requested Socialstyrelsen (The National Board of Health and Social Welfare) and Skolverket (The National Agency for Education) to develop coordination of services at an early stage for children and young people⁶. This 2017-2020 programme looks at ongoing issues, legal considerations, and good practice, including 36 development projects throughout Sweden. These programmes highlight promising ways to integrate services and there is a strong interest in monitoring outcomes. This initiative has been extended until 2023 in recognition of the need to ensure sustainable models of integration of high quality, as well as, increasing the focus to include working with risk groups in specifically vulnerable geographical areas.

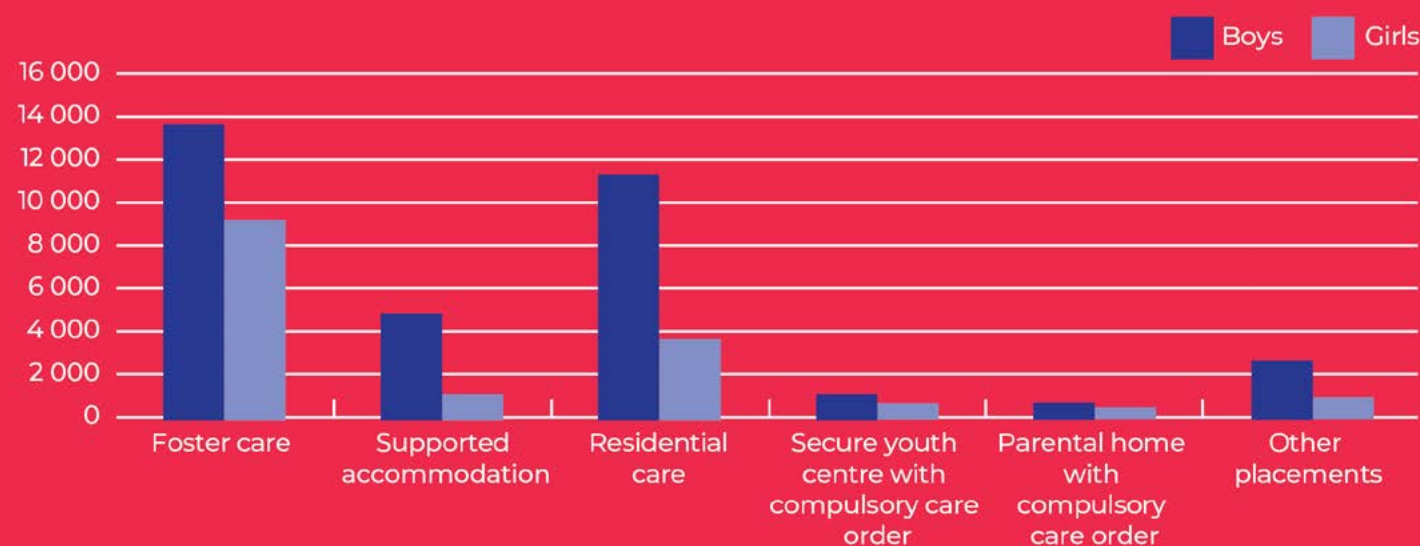
2. Long-term care



2.1. Key figures

The National Board of Health and Welfare is responsible for an annual report on the circumstances of different population groups receiving care and support, including care for older people over 65⁷. Based on the Social Services Act, municipalities are responsible for providing care to older people in need and strengthening the person's potential to live independently. The types of intervention commonly used are home care, LTC, respite care or day care (please see table 12).

Graph 5: Number of children and young people in care per type of service in 2018³



Source: National Board for Health and Welfare

Table 12. Local social service provision as per legislation -
Number (%) of people over 65 years provided with care support services between 2010–2019⁸

Year	Home Care			Residential care			Respite care			Day care		
	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
2010	11.2	6.6	9.1	6.6	3.6	5.3	0.7	0.8	0.7	0.8	0.6	0.7
2011	11.2	6.6	9.1	6.4	3.4	5.1	0.6	0.7	0.7	0.7	0.6	0.7
2012	11.0	6.6	9.0	6.1	3.3	4.8	0.6	0.7	0.6	0.7	0.5	0.6
2014	10.4	6.1	8.4	5.4	2.9	4.3	0.5	0.6	0.5	0.6	0.5	0.6
2015	10.5	6.2	8.5	5.3	2.9	4.2	0.5	0.6	0.5	0.6	0.5	0.6
2016	10.2	6.2	8.4	5.3	2.9	4.2	0.4	0.6	0.5	0.6	0.5	0.5
2017	10.1	6.2	8.3	5.2	2.9	4.1	0.4	0.6	0.5	0.6	0.5	0.5
2018	10.1	6.2	8.3	5.1	2.9	4.0	0.4	0.6	0.5	0.6	0.5	0.5
2019	10.1	6.3	8.3	4.9	2.8	4.0	0.4	0.5	0.4	0.6	0.5	0.5

Since 2010 the percentage of people over 65 in LTC has decreased from 5.3% in 2010 to 4% in 2019. Even in the areas of home care, respite care and day care there has been a fall in numbers. However, 36% of the population over 80 years of age (193,000) currently have social services support. If the needs within this age group continue at this level, by 2030 over 291,000 are expected to need services, an increase of over 50% at a time when the number of people of working age is expected to decrease from 57% in 2019 to 55% in 2030.

During 2018 the cost of older people's care was approximately €50.9 billion. LTC represents 57% of these costs, while services at home account for 42%. Between 2018 and 2019 the waiting time for a place at a LTC facility increased by 14 days and it is currently 67 days. Large differences are evident between municipalities. Costs for municipalities have increased as a result of increased costs for home care, since more people receive services in their own home.

LTC for people with disabilities of all ages is

provided for by the Act concerning Support and Services for Persons with Functional Impairments (LSS). In 2019, 29,609 people received residential care under this legislation. This is primarily offered in small residential units or apartments in the community with access to staff 24 hours a day.

A survey of conditions for the elderly carried out by the national Board found that older people in LTC experience a higher degree of loneliness than the elderly receiving home care. Various surveys have revealed how care of the elderly by relatives and other older people has increased. An estimated 40-50% of all care hours are now provided by other older people, often by partners.

Care of the elderly is the area where municipalities have gained the greatest benefit from technology. The largest increase has taken place in the number of municipalities offering GPS alarms to elderly residents and people with disabilities, as well as nightly supervision using digital technology. In half of municipalities all home

care staff read case files and document their intervention with mobile digital techniques during home visits. The rate of municipalities using video conferencing for planning care after hospital discharge has increased from 38% in 2016 to 83% in 2019.

The recent review of Social Service legislation had a specific directive to look at whether legislation specifically for the elderly was needed. The review concluded that it was not warranted.

2.2. Key policies

The government appointed an investigator in August 2019 to look at introducing a fixed contact for service users receiving home care following a recognition of flaws in the current system due to service users having to navigate through many contacts, making it difficult to access the system. Recommendations for changes in legislation are to be presented in October 2020.

The government gave the National Board of Health and Welfare the task of formulating a national strategy for caregivers who are relatives/families of older people. The aim is to acknowledge the important role of formal and informal caregivers and that the support offered is readily available in all parts of the country. Findings and recommendations will be reported in December 2020.

In July 2019 the government initiated a Welfare Commission with representatives from municipalities, regions and trade unions. The commission's task is to present new methods to address challenges such as the increase in demand for long-term

care and the need for staff with appropriate skills and training. A report is expected in 2021.

The National Board of Health and Welfare has been given the task of supporting and following up the implementation of the IBIC (Individual's Needs in focus) method for determining the level of care individual service users need. By use of structured documentation and measuring individual needs and goals more appropriately, it is expected that they can provide needs-based services. This is seen as a means of increasing quality and effectiveness. In this year's follow-up it was found that 167 municipalities are using IBIC or in the process of implementation. The number of municipalities using the method is gradually increasing. One of the main reasons for municipalities not yet using this method appears to be difficulties in integration with the current digital documentation system.

A 3-year agreement from 2020-2022 has been reached between the government and the Swedish Association of Local Authorities and Regions (SALAR) to extend the use of digitalisation in elderly care. In total €19.4 million have been allocated to this agreement for 2020⁹.

Sweden has adapted the WHO plan on dementia into its national strategy and focuses on developing quality indicators, using digital welfare techniques and developing and facilitating special dementia teams.

3. Addressing homelessness



3.1. Key figures

There is a lack of affordable housing. Rates of homelessness are high. The last extensive report from 2017 pointed to a total of over 33,000 people described as homeless, i.e. without a long-term secure living situation. The number of people in the category acutely homeless was 5,900¹⁰. In the latest report from the National Board of Housing, Building and Planning (Boverket) that assesses the housing market in Swedish municipalities, 212 of Sweden's 290 municipalities report a shortage of housing. A total of 248 municipalities have 20,500 apartments that they rent to individuals and families, so called social contracts .

Although there have been improvements over the past couple of years, there is still a large housing shortfall for groups such as young people, students, people with disabilities and particularly newly arrived migrants.

3.2. Key policies

The Swedish government announced in early May an inquiry into the social aspects of its housing policy. This included the distribution of tasks between state and municipalities and the housing policy tools that municipalities have available to help households that are farthest away from the regular housing market.

There is a recognition that specific actions are required to facilitate entry into the housing market, to combat segregation and improve conditions to ensure equality in living conditions. The inquiry is due to be published in November 2021 .



UNITED KINGDOM

(England only)

1. Child poverty, childcare, children's support

1.1. Key figures

In England, the number of children in need has remained static in 2018/19 compared to the previous year. There were 399,500 children who required child protection support on 31 March 2019, a decrease of 1% from 2018. In 2019, 54% of children in need on 31 March had abuse or neglect recorded as their primary need identified at assessment, compared to 53% in 2018¹. There was an increase of 30% in the number of unaccompanied asylum-seeking children compared to 2018.

All in all, 52,300 children were subject to a child protection plan on 31 March 2019, a decrease of 3% from 2018². However, data published by the Department for Education showed a rise in the number of children in state care. On 31 March 2019, the number of children looked after (CLA) by local authorities in England increased by 4% since 2018 to 78,150 - continuing increases seen in recent years. This is equivalent to a rate of 65 children per 10,000 - up from 64 per 10,000 in 2018 and 60 per 10,000 in 2015³.

1.2. Key policies

The legislation in England is based upon the Children Act 1989 which defines children in need and those in need of protection⁴. A comprehensive data set is in place for children and young people in England with most indicators measuring progress. There are only a few indicators which measure outcomes for children and families. Services for children and young people are heavily regulated by Ofsted, the Office for Standards in Education, Children's Services and Skills.

'Working Together', revised in 2015⁵ gives further guidance on support for children in need or protection⁶. The government publishes an annual data return for services to children and young people each year⁷. Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. The Children and Families Act 2014 outlined new duties in relation to Children with special educational needs as well as adoption⁸.

2. Long-term care



2.1. Key figures

In total, 841,850 adults were supported in 2018/2019, with 636,690 (75.6%) in receipt of long-term support by the end of the year⁹. Of this group, 478,440 clients have been receiving LTC for one year or more¹⁰. Of the 841,850 service users who were supported in 2018/2019, 548,435 were over 65 years. The remaining 293,415 are between 18 – 64 years, a marked increase of 8,390 since 2015/16.

Although the requests for adult social care increased by 4% in 2018/19, the actual number of people receiving long term care fell by 3.2%¹¹. This is in part due to reduced funding for adult social care, adult social care being means tested, and more older people having assets of above €25,769 and therefore having to pay for their own care. Furthermore, the threshold of €25,769 has not been adjusted since 2010 so that in real terms funding has fallen by €4,935.

Another explanation is that Councils in England are working to support independence of clients and their ability to live at home longer. The data supports this with the proportion of adult social care referrals resulting in short-term care increasing from 15.9% to 17.6% in 2018/19, recognising that there are regional and sub regional variations across England¹².

2.2. Key policies

The key legislation for England for long-term care is based on the implementation of the Care Act 2014¹³, Mental Capacity Act 2005¹⁴ and the Mental Health Act 1983¹⁵ as well as legislation to combat domestic abuse through the Preventing and Combating Violence Against Women and Domestic Violence (Ratification of Convention) Act 2017¹⁶. All care in England, including LTC is delivered through 151 local authorities.

The size of each local authority varies from large metropolitan cities such as Birmingham, Liverpool, and Manchester to smaller councils such as Essex and Swindon. Each Council is responsible for the delivery of adult social care in line with the existing national legislation. The delivery of social services is through some 18,500¹⁷ independent providers that include private companies, the voluntary sector, social enterprises, and local authorities themselves. In addition to this, approximately 75,000 direct payment recipients employ their own staff as personal assistants.

3. Addressing homelessness



3.1. Key figures

Between October and December 2019, 67,280 households were assessed as threatened with homelessness or homeless, with nearly two thirds (66.5%) of these being single households. Of these, 36,460 households were able to secure accommodation for 6 months or more. On 31 December 2019, the number of households in temporary accommodation was 88,330, up 57% from 83,540 the previous year¹⁸. Of these, 70.8% included dependent children, with a total of 128,340 dependent children living in temporary accommodation.

There are 7,330 households in temporary accommodation were living in bed and breakfast (B&B) accommodation, up 10.1% from 6,660 at the same time in 2018. Of these, 1,900 (25.9%) had dependent children or expected children, of whom 530 had been resident in B&B accommodation for more than the statutory six-week limit. This is down 37.6% from 850 on 31 December 2018¹⁹. Over half of the 34,370 prevention duties which ended between October to December 2019 (20,560 or 59.8%) halted because the household secured accommodation for six months or more and their homelessness had been prevented. Of these, 37.3% or 7,670, were able to remain in their existing home.

3.2. Key policies

Housing is devolved to the four UK nations (England, Northern Ireland, Scotland and Wales) and then to each council (municipality). In England addressing homelessness is governed through the Homeless Reduction Act 2018²⁰. This Act highlights that each local authority in England must provide or secure the provision of a service, available free of charge to any person in the authority's district, providing information and advice on prevention of homelessness, rights, services and how to access these services. The Act is further supported by the Rough Sleepers Strategy 2018²¹, which is England's commitment to halving rough sleeping by 2022 and ending it by 2027.



Country Recommendations



Child poverty, childcare, children's support

Long-term care

Addressing homelessness

CROATIA

Ensure ongoing support to civil society organisations in the provision of quality care. In order to ensure quality, promote the standardisation of care through developed and detailed quality standards for children's services.

Adopt clear and targeted strategies to continue the process of deinstitutionalisation for persons with disabilities, while establishing mechanisms to monitor existing institutions and accommodation services in general, with special focus on inspection of family homes for the elderly.

Develop a national homelessness framework and strategy accompanied by adequate resources. The strategy should clearly define homelessness, ensure sufficient capacity in homelessness shelters, develop programmes for the homeless aimed at independent living and inclusion in the labour market, and provide resources to support young people leaving care to remain in accommodation until the age of 26 when necessary.

CZECH REPUBLIC

Develop a support network of social services for families with social and educational needs and those at risk of having their children taken into care.

Accelerate the development of legislation for integrated social and health care services. Challenges related to population ageing including long-term care services capacities should be considered in these developments.

Accelerate the development of a basic legislative framework for social housing, including a clear division of responsibilities between the national and local levels, a definition of groups at risk of losing housing, and tools to prevent and address homelessness.

DENMARK

Ensure a national focus on gathering knowledge and data on the lifecycle trajectory of children in care outside of the home, with a focus on educational achievement and employment.

Ensure a national focus on monitoring the provision of quality home care for older people. Monitoring should ensure that quality support is provided where needed so that older people can be cared for at home.

Make sure there is a stronger focus on education and labour market integration in efforts supporting homeless people. Moreover, ensure data is collected on the placement of homeless people and their ability to maintain the housing placement they receive through the Housing First approach.

Child poverty, childcare, children's support

Long-term care

Addressing homelessness

ESTONIA

Implement a national alternative care regulation to address differences in implementation at municipal level.

Improve integration between the social welfare and healthcare sectors to create a shared long-term care system.

Introduce a system for monitoring the quality and impact of policies aimed at preventing homelessness. Complement this with financial support for municipalities to better equip them for service provision and social housing renovation.

FINLAND

A national social and health care reform is needed for the restructuring of services aimed at children, young people and families at regional level. Municipalities should be granted additional national funding to finance universal services (school, day-care), as local demand keeps increasing.

Ensure greater flexibility in the development of housing policies, including more elderly-friendly housing services. Instead of legislation directed at single services, community care should be promoted.

Ensure the continuation of funding of "Housing First" programmes and NGO activities targeted at supporting homeless people with an extension of these programmes to smaller municipalities to address hidden homelessness.

GERMANY

Ensure the federal government eliminates the separation of administrative responsibilities between sectors according to article 35a SDG VIII and implement inclusive regulation for all children and young people within the Youth Welfare System.

Ensure local authorities should play a strong role in planning and coordination of long-term care services. To date, some federal states have a binding mandate to include long-term planning in their regional care laws. The German Federal Government could strengthen this obligation, e.g. by adding the responsibility for local social planning in article 17 SDB I (Social Code Book I).

Ensure, due to raising homelessness figures, every municipality establishes a special administrative unit for the prevention of housing evictions. This unit should bring different stakeholders working on housing support together to implement a local integrated approach based on social planning.

Child poverty, childcare, children's support

Long-term care

Addressing homelessness

GREECE

The Ministry of Labour and Social Affairs should introduce an Action Plan to increase the number of foster families and thus reduce children's institutional care. This should also ensure the development of local services and training of professionals to support families and prevent unnecessary institutionalisation of children. Quality standards based on internationally recognised child protection guidelines for alternative care should be introduced and used to monitor and evaluate placements, map residential and foster care and improve procedures.

Develop regulatory frameworks and quality standards for the provision of LTC including public, private organisations and NGOs. The framework should include the legal recognition of older person's carers, support for informal carers, a coordination mechanism to link the different long-term care structures and agents for better quality monitoring.

Develop a national database which will be systematically updated so that the homelessness situation can be better monitored and therefore help to develop adequate homelessness policies and services.

IRELAND

Address child poverty, childcare and children's support, ensuring a focus on staffing and waiting lists for placing children into care, and for children who do not have an allocated link to a social worker. In particular, those with disability and mental health needs.

Increase the availability of home care hours for those that require it. This would allow for greater choice for people requiring some level of care and reduce reliance on residential care. This should not push cost on to the care recipient as older people and those with disabilities are at a greater risk of poverty and pushing care costs may make the choice to receive care in their homes prohibitively expensive.

Ensure comprehensive data collection on homelessness. Currently the statistics on homelessness are underreporting the true scale of the problem, with the exclusion of a number of key groups (prisoners, women and children in domestic violence shelters, those in direct provision even after their refugee status has been confirmed, street sleepers etc).

ITALY

Establish a strategic plan which ensures both structural reinforcement of social services and integration between relevant public services and the third sector to support families and children.

Stop financing large residential centres for people with serious health problems and focus investment instead in apartments and small housing communities to promote autonomous life, incentivise personal relationships, favour the maintenance of cognitive functions and encourage links with the immediate community.

Adopt shared and uniform procedures to standardise and fulfil the right to housing and to reduce discrimination. This should also ensure the integration of public housing with other services (social, welfare, health and employment).

Child poverty, childcare, children's support

Long-term care

Addressing homelessness

LATVIA

Clearly define national common standards of child welfare. These standards should also include housing, one of the biggest challenges for young people after out-of-home care.

Improve integrated social and health services and the distribution of responsibilities for long-term care, especially for dealing with people affected by dementia as it is not yet defined who should take care of planning their care process.

Formulate an official definition of homelessness and a national housing and homelessness strategy accompanied by funding to address the housing shortage.

MALTA

Develop more outcome-related measures in child and family services to promote the accessibility of support services for parents of children in care and increase the possibility of children returning to their families. More generally, improve the evaluation of family support provided in their own homes.

Community care needs to be a priority investment. The budget allocated to these services might not be enough to ensure that they meet the specific needs of older adults to stay in their own homes.

Continue developing care plans that complement social housing allocations with support promoting labour and social mobility.

THE NETHERLANDS

Invest in nationally funded prevention programmes to prevent children from being taken into care. Increased investment should support municipalities in their task to both prevent the need for care, and where care is required ensure that it is of the highest quality.

Improve coordination and cooperation between professionals working within different legislative frameworks, ensuring access to care, support and information for people in need of long-term care, and training for local authority assessment officers to fulfil their duty.

Upscale the "The Young Homeless Action Programme 2019-2021", ensuring that it retains its integrated approach and partnership across all agencies involved.

Child poverty, childcare, children's support

Long-term care

Addressing homelessness

ROMANIA

Increase coverage and quality of children's social services and access of vulnerable young people to integrated community services that support their development of digital, social, and vocational skills to improve their access to the labour market.

Develop a comprehensive and inclusive long-term care strategy which provides, regulates and ensures quality care options in the community or specialist settings alongside a continuum of care. This includes enabling vulnerable individuals to continue living in their homes, healthy aging and quality end-of-life (palliative care) in care and nursing homes.

Develop integrated strategies to ensure access to permanent supported housing, social and healthcare support services. Identification of risk and protective factors to prevent episodes of homelessness for at-risk populations and support state and community partners to improve their response to individuals and families experiencing homelessness.

SLOVENIA

Ensure the ongoing funding of preventative social programmes aimed at supporting families and children in care. These programmes should work in unison with existing services provided by public social services.

Develop specific legislation and dedicated policy frameworks which address the issues of long-term care, with such legislation seeking to meet the growing demand for quality long-term care options.

Ensure the collection of disaggregated data on the scale of homelessness. This data should inform a comprehensive housing policy which supports the regulation of housing at local level. Within this policy, special attention should be paid to addressing the long-term challenges of homelessness.

SPAIN

Establish a state pact for children and update the strategic plan for childhood and adolescence to include the necessary resources including reinforcing family support services, the role of municipalities in detecting risks, improving child protection with a focus on prevention, and a law of protection addressing violence against children.

Address obstacles impacting the implementation of the personal autonomy and dependency law, including budget contribution, waiting lists, imbalanced co-payment, lack of emergency palliative care. Also, standardise the portfolio of home care services across the country.

Advance coordination of social and housing services in public administrations e.g. by integrating social workers in housing services.

Child poverty, childcare, children's support

Long-term care

Addressing homelessness

SWEDEN

Based on the social services act review, future legislation for children and families should lead to changes that allow social services in municipalities to provide more proactive preventive interventions and support work without the need for bureaucratised demands and lengthy working methods.

Implement a programme of support for staff training and qualifications development to improve continuity of care in long-term care.

Develop a comprehensive housing reform that on the one hand provides clarity in areas of responsibility between municipalities and central government, and on the other, addresses the persistent problem of availability of affordable and adequate housing.

United Kingdom (England)

A renewed policy focus on, and investment, in children, families and local communities in order to address deep rooted inequalities, particularly those from the most deprived areas and from black, Asian and minority ethnic (BAME) groups, and bring about meaningful and lasting change.

A long-term plan which allows the vision for adult social care to happen and enables the system to deliver the principles of the Care Act. This plan should be accompanied by a long-term settlement including funding, staff, housing, technology, and an informed and engaged public, together with immediate funding to enable local authorities to meet their statutory duties and the increased costs due to COVID-19.

Ensure 90,000 units of social housing to be built each year to reduce poverty amongst families and bring down homelessness.

Concluding remarks



Reference Group on the European Semester

Public social services play a key role in the implementation of European initiatives at local level, in particular the European Pillar of Social Rights (EPSR), and their contribution to the European Semester is vital for monitoring progress on implementation.

ESN Reference Group on the European Semester supports the European Commission in addressing key issues for social services at national level and contributes to the development of policies tackling poverty, growing inequalities and support for vulnerable people in our societies.

In 2020, the Group's analysis focused on three main issues for social services: supporting disadvantaged children and families, investing in long-term care to support people with chronic conditions, and integrated support to fight homelessness. Each country profile provides an overview of these issues and highlights specific policy recommendations from the perspective of local social services.

I. Supporting disadvantaged children and families to advance EPSR's principle 11

Evidence collected throughout the report highlights the need to reinforcing community and family-based care. Several members pointed to the need to establish common national standards or children support pacts, including mapping every agency working with children and families, reinforcing family support services, supporting municipal services in identifying needs and risk, and improving

child protection with a focus on prevention in the community.

II. Investing in Long-Term Care (LTC) to advance EPSR's principle 18

Evidence presented by members in this report highlights a fragmentation between health care and social services hindering the implementation of community-based care for people with chronic conditions. To address this fragmentation, members highlighted the need to build policy coherence between the various levels of government, health and social care authorities and providers. Evidence has also demonstrated the need for funding to invest in integrated community care models rebalancing care towards prevention and supporting older people to stay in their homes for as long as possible by investing in innovative forms of support.

III. Promoting integrated support to fight homelessness to advance EPSR's principle 19

Members presented evidence of an increase in homelessness highlighted by the persistent lack of affordable housing supply and social housing. To address this absence, members emphasised the need to increase affordable housing supply and emergency shelter availability on the one hand, and implementing integrated approaches in preventing evictions and the provision of support for the homeless.

Looking forward

Based on this year's analysis, the following points were made which look to promote and raise awareness on the role of social

services in the implementation of EU social objectives at the local level. Specifically, ESN and its members would like the European Commission to take into account the following points as particularly relevant.

Promote investment in Social Services to support Europe's recovery and resilience

Strong social services act as an effective safety net to protect the most vulnerable against the worse impact of any crisis. As with the current COVID-19 crisis, previous crises have also shown that public social services play a vital role in the economic recovery, through supporting the employment, health, and social inclusion of the most vulnerable in local communities across Europe.

Public social services play a key role in the implementation of European initiatives at local level, such as those supporting the implementation of the principles contained in the European Pillar of Social Rights (EPSR). To make this a reality clear references to social services must be prominent in EU funding guidance, in particular in REACT-EU, the Recovery and Resilience Facility, and ESF+.

Support national authorities to set up a Care Guarantee for All

Support for vulnerable people comes mainly from cash transfers while there is little investment in the provision of individualised and integrated personal social services. A cross-cutting element across the 20 principles of the EPSR is the provision of support to different vulnerable populations. Promoting a guarantee to care

for those who need it is the first step to ensure quality in social services and social care and personalised support for those in need.

A Care Guarantee would complement European initiatives like the Recommendation on Investing in Children and the proposal for a Child Guarantee, the Youth Guarantee, initiatives on long-term care and the European Disability Strategy.

Supporting the workforce to improve quality

Quality of social services and social care depends greatly on its workforce who play a vital role in supporting those in need as we have seen during the current pandemic. There is a lack of standardisation of skills and training for social services and social care professionals and differences in their status across countries. The sector is facing a tremendous recruitment gap and there are issues with poor working conditions and funding, which have become exacerbated by the current COVID-19 crisis.

In light of workforce mobility and economic development, these issues should be jointly tackled at national and European levels; for instance by exploring the possibility of establishing the mutual recognition of social work qualifications across the EU to enhance support for social workers to work in other Member States, improve ratios, promoting accreditation and enhancing the attractiveness of the sector.

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