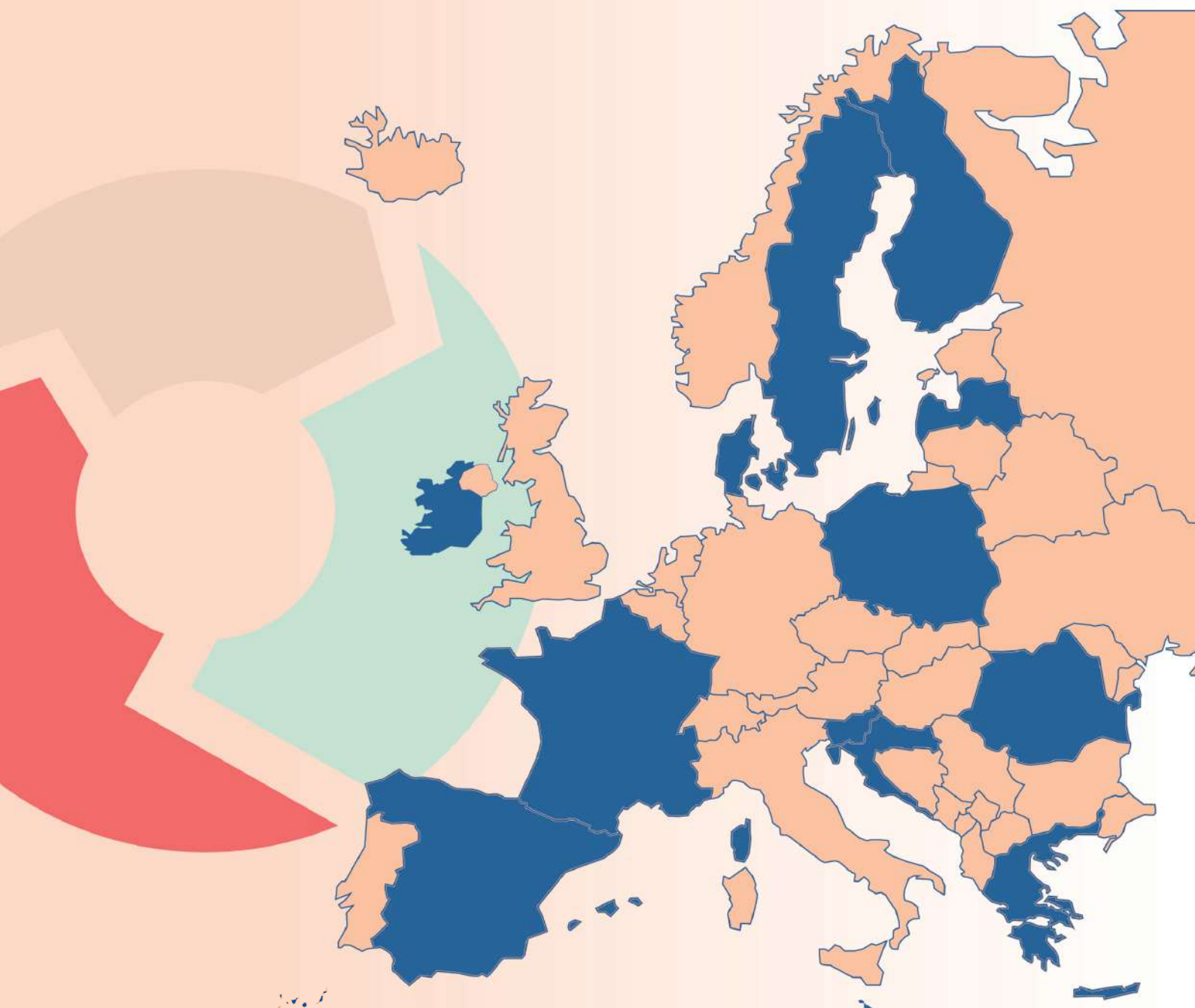


Social Services Index 2024

CROSS-COUNTRY ANALYSIS



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ABOUT THE EUROPEAN SOCIAL NETWORK (ESN)

The **European Social Network (ESN)** represents the voice of public social services as employers, managers, funders, planners, deliverers, and inspectors of social services in Europe.

ESN inspires social services leaders to improve the lives of people in the community through the development and exchange of knowledge to improve policy and practice in public social services, including all support and community-based services fighting poverty, promoting social inclusion and autonomy, child protection, protection of people with disabilities, care and support for older people, homeless people, as well as people and families in disadvantaged socio-economic situations.

ABOUT THIS REPORT

The cross-country analysis includes a summary of cross-country findings on national social services legislation, expenditure, and coverage.

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Country Abbreviations

Croatia	HR
Denmark	DK
Finland	FI
France	FR
Greece	GR
Ireland	IE
Latvia	LV
Malta	MT
Poland	PL
Romania	RO
Slovenia	SI
Spain	ES
Sweden	SE

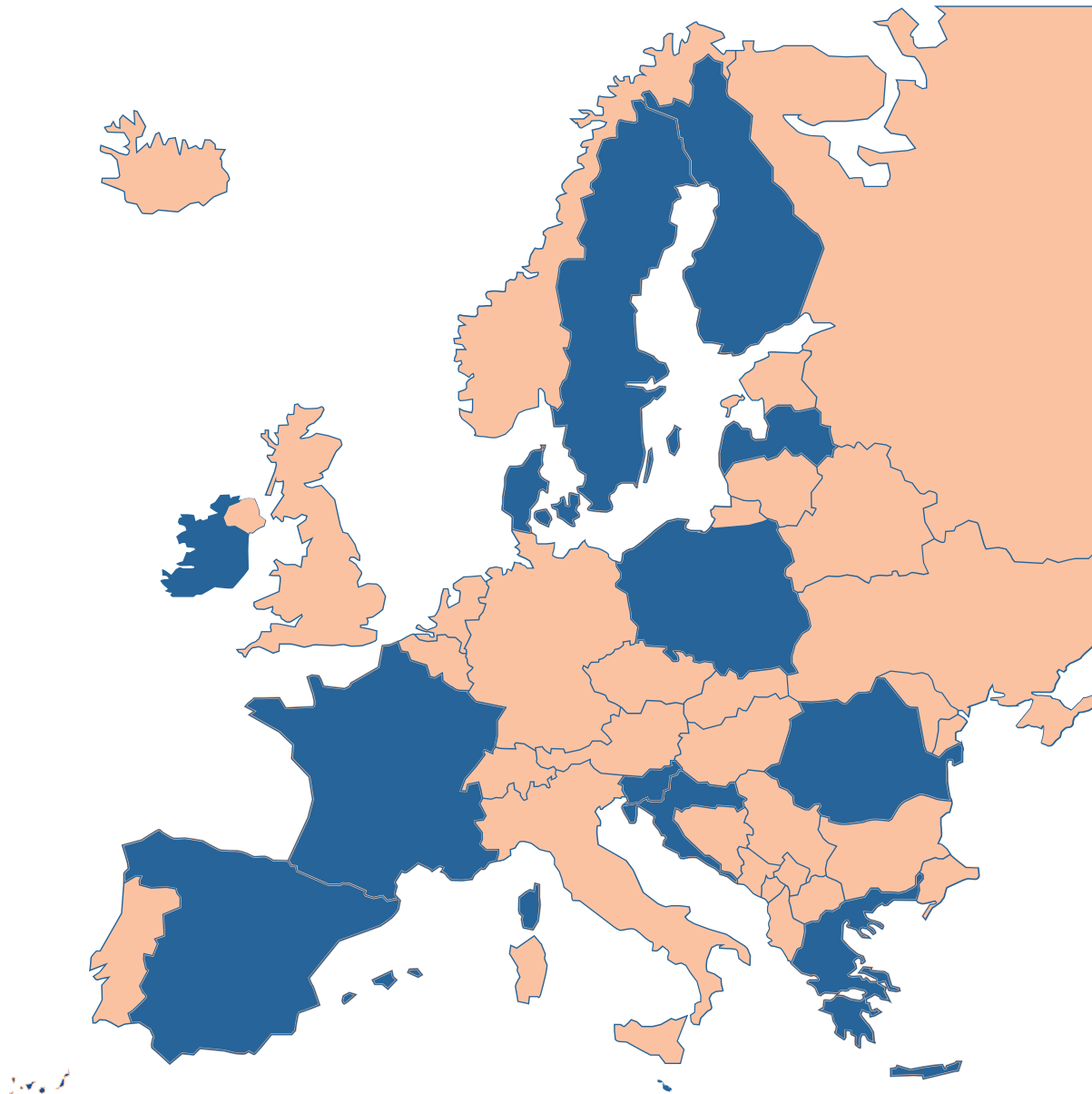


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1. WHY A EUROPEAN SOCIAL SERVICES INDEX

The **European Social Network (ESN)** is the network for public social services in Europe. Its mission is to inspire social services leaders to improve the lives of people in their communities. For ESN to be able to fulfil its mission, we gather the information and data that can help us assess the situation of social services across Europe. We do so through the Social Services Index, where we gather data from social services on a yearly basis to contribute to the European Semester cycle of policy coordination between the European Commission and national governments.

In the past, there has not been a European level tool that assessed the situation of social services within and across countries. [Eurostat](#) compares certain aspects such as [social protection expenditure per GDP](#) with a specific focus on pensions, minimum income and social benefits, but this does not provide a broader overview on social services expenditure. The [European system of integrated social protection statistics \(ESSPROS\)](#) was jointly developed in the late 1970s by [Eurostat](#) and representatives of EU Member States to provide statistics on social protection-related issues, but again this focuses on comparing social protection benefits, not on social services such as long-term care, homelessness support, services for people with disabilities, or alternative care.

There are other ad-hoc reports such as the OECD's 2023 report titled [Social Services in Europe: Adapting to a new reality](#), but they are one-off initiatives and do not systematically compare key indicators related to access to social services, social services expenditure, and coverage.

Therefore, ESN launched the **Social Services Index (SSI)**, which is the only tool at European level that provides a national and European overview on social services legislation, financing, and coverage. This information is relevant for the European Commission in the context of the European Semester, both in terms of the national reports European Commission officials write to help them assess social policies and to provide country-specific social services recommendations in the framework of the European Semester.

2. METHODOLOGY

This report compares data from 13 National Factsheets drafted on the basis of 13 questionnaires completed by the members of the **ESN Reference Group on the European Semester** from the following countries:

Croatia, Denmark, Finland, France, Greece, Ireland, Latvia, Malta, Poland, Romania, Slovenia, Spain and Sweden

Respondents included national social services directors' associations, social work professionals' associations, research centres, representatives from national ministries and local authorities' social services, and independent experts. The questionnaire was designed to collect data on social services legislation, expenditure and coverage.

On **legislation**, we asked if national legislation acknowledges social services access as an individual right, if and how social services are defined by law, if there is a national catalogue of social services or a strategic social services plan, how responsibilities between national, regional and local levels are distributed, and any recent legislation changes in the distribution of responsibilities.

On **expenditure**, we asked about social services expenditure at all administrative levels, as well as the types of services that were included in those budgets, as countries may have different interpretations of what social services are.

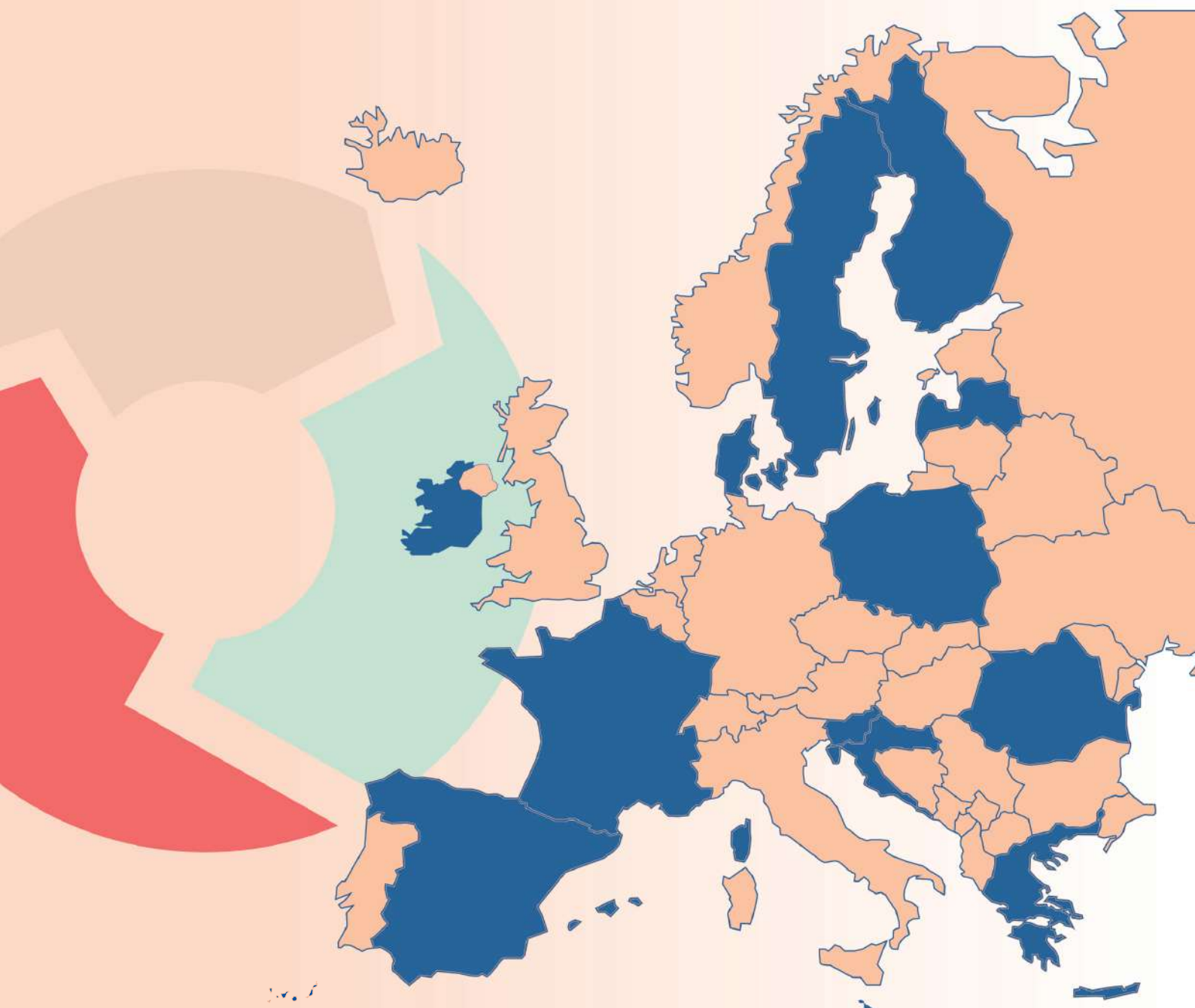
On **coverage**, we asked about the number of full-time active social workers, availability of key social services, such as long-term care, child protection, support for women victims of domestic violence, and homelessness support.

Examples of questions included statistics on the number of publicly funded long-term care places for people with disabilities covering home, residential and day care, or the number of children in alternative care, covering both foster families and residential children's homes. We also enquired about the number of places in emergency support for women victims of domestic violence and homeless persons.

Finally, **ESN Members** were asked to provide recommendations that, in their opinion, the European Commission should address with their national governments within the framework of the European Semester to improve the situation of social services in their country.

Social Policy Policy and Legal Framework

CROSS-COUNTRY ANALYSIS



3. SOCIAL SERVICES POLICY AND LEGAL FRAMEWORK

Within this section, we wanted to find out whether there is a specific legislation that defines social services and acknowledges the right to access them, the availability of a social services catalogue and strategic plan, how responsibilities are distributed across government levels, and any recent legislative reforms.

1. Access to Social Services as an Individual Right

First, we asked our respondents whether there is a national state level social services legislation in their country and whether this legislation acknowledges access to social services as an individual right.

Does your country have legislation that recognises access to social services as an individual right?

CROATIA	■
DENMARK	■
FINLAND	■
FRANCE	■
GREECE	■
IRELAND	■
LATVIA	■
MALTA	■
POLAND	■
ROMANIA	■
SLOVENIA	■
SPAIN	■
SWEDEN	■

According to the respondents, in **9 out of the 13 countries** covered, there is a national state level legislation that acknowledges people's individual right to access social services.

Where such right is acknowledged, this is done via the constitution (**IE**), national social services, social assistance or social welfare act (**DK, HR, FI, LV, RO, SI, SE**) or a different legislation (**FR**).

There are cases where this right is not acknowledged in national law because social services are the competence of regional and local government (**ES**), or because it is not possible to identify such a right in national legislation (**GR, PL**). In Malta, there is no social services act. Instead, access to social rights is recognised through individual acts.



2. Social Services Definition

We also asked respondents how social services are defined in national legislation to support efforts to provide a definition at European level.

Are social services defined by law?

CROATIA	■
DENMARK	■
FINLAND	■
FRANCE	■
GREECE	■
IRELAND	■
LATVIA	■
MALTA	■
POLAND	■
ROMANIA	■
SLOVENIA	■
SPAIN	■
SWEDEN	■

In **11 out of the 13 countries** covered, social services are defined in national legislation such as national social services, social action, social care, or social welfare acts (**DK, ES, FR, FI, GR, HR, LV, PL, RO, SE, SI**).

In **ES**, they are defined in a different piece of legislation. Also in **ES**, a national social services legislation has been drafted but not yet taken to Parliament.

Common elements of social services definitions

Most definitions include outcomes such as **wellbeing, prevention, inclusion, equality, autonomy**, and **community participation** (DK, ES, FI, RO, SE, HR, SI, GR).

Promotion of Wellbeing

Most definitions emphasise enhancing the wellbeing and quality of life of people, families, and communities (DK, ES, FI, GR, RO, SE).

Prevention and Support

A common focus is on preventing social distress and providing support services that help people and families overcome difficulties and vulnerabilities (DK, FI, HR, RO, SI).

Inclusion and Equality

Many countries highlight the importance of promoting social inclusion and ensuring equal access to social services for all, particularly marginalised or vulnerable groups (DK, ES, RO, SI).

Empowerment and Autonomy

There is an emphasis on preserving individual autonomy and empowering people to take personal responsibility, as well as enhancing personal and community resources (ES, RO, SI).

Addressing Specific Needs

Services are tailored to address specific needs, such as mental health support, family assistance, and protection for vulnerable populations (e.g. children, older people) (DK, FR, FI, PL, RO, SI, SE).

Community Participation

Active participation in community life is often a goal, reflecting the importance of social integration and community support networks (ES, GR, SE).

Diverse Range of Services

Definitions encompass a broad spectrum of services, including counselling, rehabilitation, home care, support for people with disabilities, and emergency support (DK, FI, FR, GR, HR, LT, PL, RO, SI).



Core elements in social services definitions per country

Social services...

...Promote well-being and social integration. Key services include prevention and counselling, support for people with disabilities and older individuals, social housing, mental health support, and employment support **(DK)**.

...Recognise and solve problems faced by individuals and families, with services including needs assessment, counselling, and home care **(HR)**.

...Provide services for children with disabilities, child protection, home care for vulnerable populations, and emergency shelters **(FR)**.

...Enhance the functional capacity and well-being of individuals and families. Services include social work, home services, supported housing, rehabilitation, and mental health support **(FI)**.

...Include protection and rehabilitation programmes that promote equal participation and a dignified standard of living. It includes primary, secondary, and tertiary social care levels **(GR)**.

...Include social work, social care, and rehabilitation **(LV)**.

...Encompass a wide range of support for individuals with various needs, including family support, social assistance, health promotion, and environmental protection **(PL)**.

...Address the social needs of individuals, families, or groups. The goals include preventing and overcoming difficulties, preserving autonomy, protecting individuals, preventing marginalisation and social exclusion, promoting social inclusion, and enhancing quality of life **(RO)**.

...Prevent social distress and provide self-help assistance. Specific services include personal assistance, victim support, family assistance, residential care, home care, and protected employment for people with disabilities. The law also recognizes social security rights related to these services **(SI)**.

...Promote personal, emotional, and social development throughout an individual's life, aiming to enhance autonomy, improve quality of life, and foster community inclusion, particularly for those facing social, relational, or functional vulnerabilities. Social services are traditionally defined by regional laws **(ES)**.

...Promote economic and social security, equality in living conditions, and active community participation. The approach emphasizes individual and group responsibility while focusing on enhancing personal resources and capabilities **(SE)**.

3. National Catalogue of Social Services

Within the questionnaire, we asked respondents whether there is a social services catalogue in their countries. A social services catalogue describes in one single document all social services available to the citizens in a country, area or community.

Is there a national catalogue of social services describing social benefits and social services?

CROATIA	■
DENMARK	■
FINLAND	■
FRANCE	■
GREECE	■
IRELAND	■
LATVIA	■
MALTA	■
POLAND	■
ROMANIA	■
SLOVENIA	■
SPAIN	■
SWEDEN	■

According to respondents, **3 out of the 13 countries** have developed a social services catalogue.

In **HR**, the e-citizens portal lists social services in a catalogue that includes information on rights and services from the social welfare system.

In **FR**, a 2002 law defines the missions of services and facilities as well as the types of services in the field of social support for children, people with disabilities, older people, labour market integration and other social services.

In **ES**, the national social services reference catalogue brings together in a single document the services that people can access throughout the state, also establishing common principles of quality.



The key elements of social services catalogues, as illustrated by these examples include:

Comprehensive listings of available social services.

Access to information for social workers, community organisations, and individuals seeking support to easily locate and access the services they need. They also inform about eligibility criteria, application processes, and contact details for service providers.

Categorisation of services Services are often categorised based on specific needs or demographics.

User-friendly interface The catalogues are designed to be accessible and easy to navigate, often through public websites.

Respondents from **9 countries** reported that in their countries, there is no social services catalogue. However, respondents from **DK, LV, and SE**, noted that their national social services acts include comprehensive lists and descriptions of social services.

Respondents from **GR** highlighted that the Ministry of Social Cohesion and Family presents some general information on its website, but it is rather vague and not particularly 'user friendly'. The Greek National Centre for Social Solidarity (EKKA) has launched a public [e-platform](#) with information on social care services, but it is not up to date.

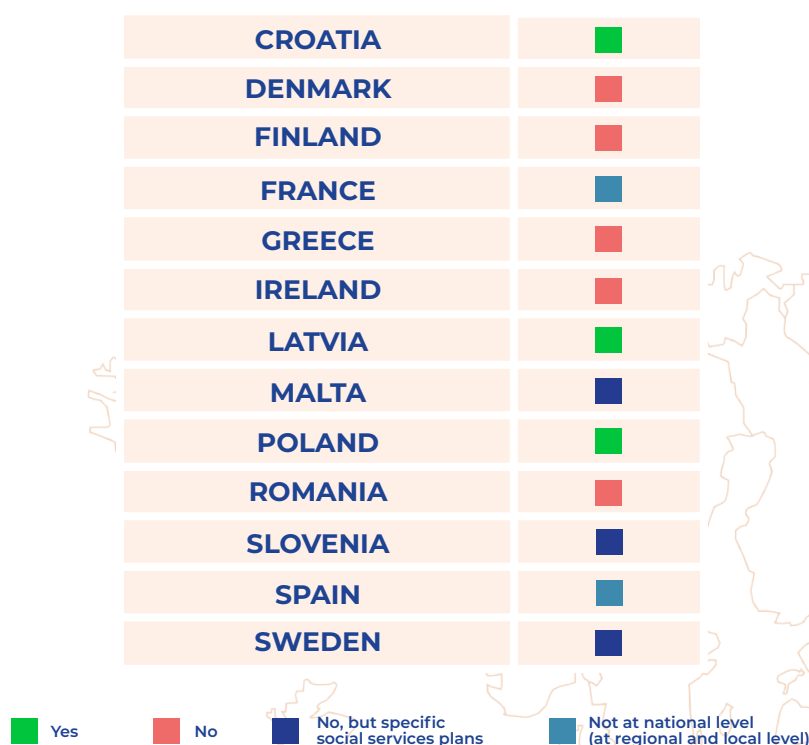
The respondent from **RO** reported that an [interactive online map](#) published by the Ministry of Labor and Social Justice enables citizens to see which services are available in their geographic area.

4. National Strategic Plan for Social Services Development

We also asked respondents whether there is a national strategic plan for the development of social services in their respective countries. A social services strategic plan outlines the vision, goals, and targets as well as the means (services, resources) required to achieve them.

Having such plan can help ensure that financial and human resources are allocated for the purpose of its implementation, foster cooperation across agencies and help public authorities to respond to changing societal dynamics.

Is there a national strategic plan for social services development?



According to respondents, **4 out of 13 countries** covered have national strategic plans for social services development.

In two countries (**RO, SE**), there is not a national social services development plan but there are several specific social services plans (e.g. population-based social services plans). In two countries (**FR, ES**), social services development plans are developed at regional or local level. In five countries (**DK, MT, IE, GR, FI**), there is no national social services development plan. In **DK**, responsibilities for social services are decentralised at local level and the municipalities may develop their own plan, but this was not clarified.

Where strategic plans exist (either at national or local level), most of them have also a budget for implementation (**HR, LV, SI, SE**). But in some countries (**PL, RO**), there are no funds for the implementation of the social services strategic plan.

5. Distribution of Social Services Responsibilities across Governance Levels

12 out of 13 countries confirmed that responsibilities for social services are shared between national, regional and local administrations except **MT**, where social services are centralised at national level.

Asked about the responsibilities of different government levels on specific aspects such as social services **planning, funding, delivery** and **inspection**, respondents indicated that planning, funding and supervision are mainly led at national level, where delivery is mostly implemented at local level. In some cases, responsibility for planning and funding overlap.

FI and **FR** are a particular case as counties, which sit between local and regional authorities, are responsible for both delivery and funding.

How does national legislation in your country define responsibilities/ roles of national, regional and local authorities?

	PLANNING	FUNDING	DELIVERY	SUPERVISION & INSPECTION
CROATIA	<i>National, Regional</i>	<i>Regional, Local</i>		<i>National</i>
DENMARK	<i>Local</i>	<i>National, Local</i>	<i>Local Authorities</i>	
FINLAND	<i>National</i>	<i>National & Welfare Counties</i>	<i>Local Authorities, Third Sector Providers, Welfare Counties</i>	<i>National</i>
FRANCE	<i>County Councils</i>	<i>County Councils</i>	<i>County Councils</i>	<i>County Councils</i>
GREECE	<i>National</i>	<i>National</i>		<i>National, Regional</i>
IRELAND	<i>Local</i>		<i>Local Authorities, Third Sector Providers</i>	<i>National</i>
LATVIA	<i>National</i>	<i>National, Local</i>	<i>Local Authorities, Third Sector Providers</i>	<i>National, Local</i>
MALTA		<i>National</i>	<i>National, Third Sector Providers</i>	
POLAND	<i>National</i>	<i>National</i>	<i>Local Authorities, Third Sector Providers, Counties, Municipalities</i>	
ROMANIA	<i>National</i>	<i>National, Local</i>	<i>Local Authorities</i>	<i>National</i>
SLOVENIA	<i>Local</i>	<i>National</i>	<i>Local Authorities, Third Sector Providers</i>	
SPAIN	<i>National, Regional, and Local</i>	<i>National, Regional</i>	<i>Local Authorities, Third Sector Providers</i>	
SWEDEN	<i>National</i>	<i>Local</i>	<i>Local Authorities, Third Sector Providers</i>	<i>National</i>





6. Recent Reforms of Social Services Legislation

Has your country recently passed new social services legislation?



Respondents indicated that in at least **10 out of 13 countries** recent reforms have led to changes in terms of public authorities' responsibility in social services. We highlight some examples below:

In **ES**, a new social services law was passed by the national government in 2023 but has yet to be taken to Parliament. In **SE**, a new social services act is expected to be introduced in 2025.

In **FI**, legislation was passed five years ago to transfer payment of basic social assistance from municipalities to the Social Insurance Institution (Kela). A more recent legislation transferred social services from the municipalities to newly created welfare counties and the city of Helsinki.

In **HR**, two years ago the government introduced a new social welfare act that transferred local government the responsibility to determine the criteria for social services provision for all providers, as part of the country's further decentralisation policy.

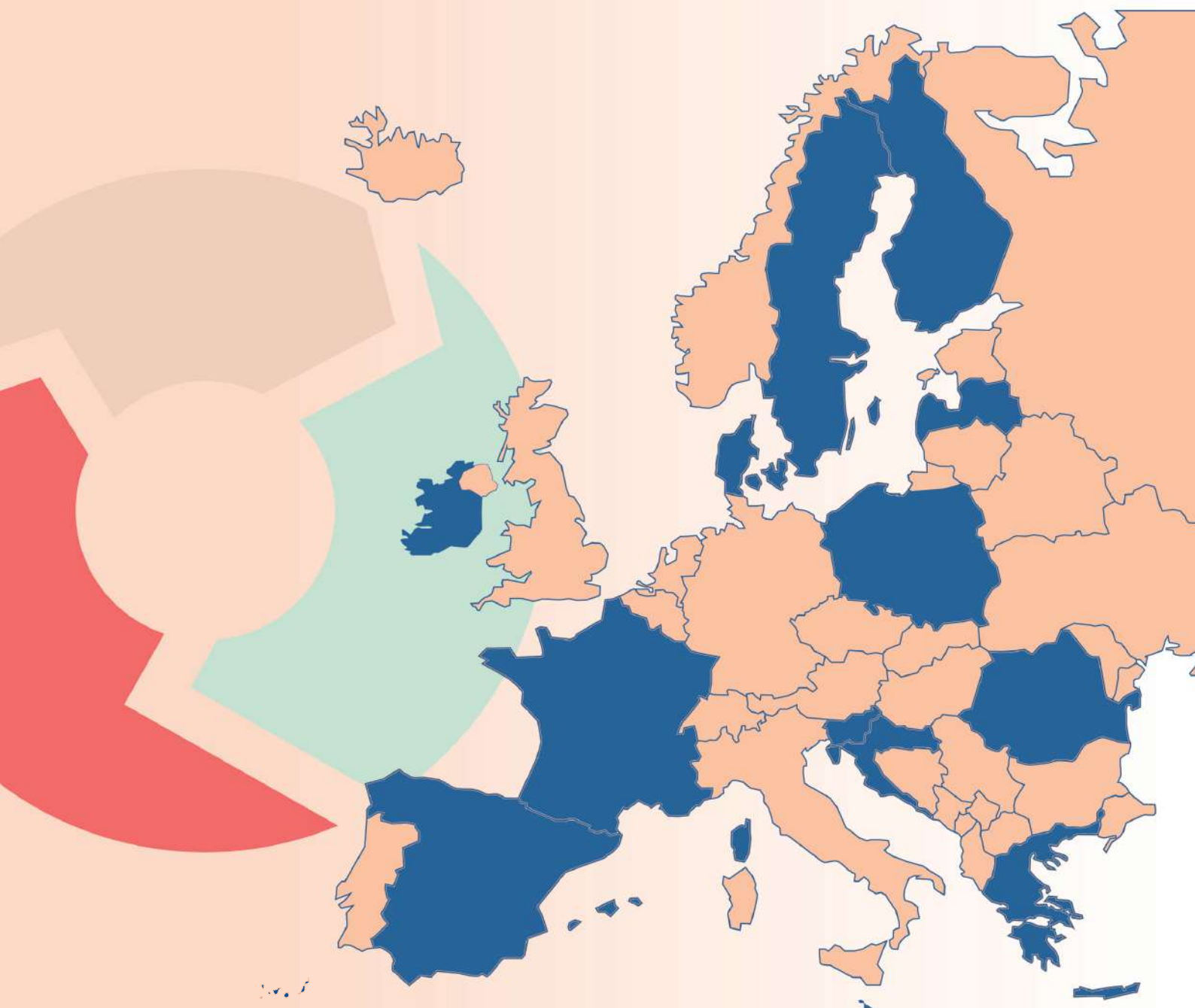
In **LV**, the Law on Social Services and Social Assistance is currently under review to establish a minimum set of social services that municipalities must provide.

Finally, in **RO**, a 2024 legislation brought new rules for accreditation and licensing of social services, stipulating that public social services present the local authority an assessment of the community's social needs, who then drafts a community action plan to combat poverty and social exclusion, including social services. A second legislation clarified prevention responsibilities in social services run by local authorities.



Social Services Expenditure

CROSS-COUNTRY ANALYSIS



4. SOCIAL SERVICES EXPENDITURE

Social Services expenditure is an indicator of how much a country invests in the social wellbeing of its most vulnerable populations and their ability to deal with challenging life situations such as disability, ageing, domestic violence or homelessness.

Social services expenditure is not the same as expenditure in social protection benefits, such as minimum income, or social security benefits, such as pensions. While an attempt was made to collect data on social services expenditure, understanding these as 'in-kind' services rather than 'benefits', in many cases statistics on social services expenditure were not available as separate figures from social benefits. This undermines the quality of this section's data, and highlights the need for administrations to collect specific data on 'in-kind' social services so the situation in relation to social services investment can be better understood.

This section examines the budget allocated to social services per inhabitant, along with figures and percentages of social services expenditure in relation to national gross domestic product (GDP).

We received data from **2021 (GR, SI, SE)**, **2022 (HR, FI, IE, MT, PL)** and **2023 (DK, FR, LV, RO, ES)**, which makes it difficult for us to compare the data across countries within a specific year.

Social services are primarily funded by a mix of national government budgets, supplemented by regional and municipal budgets. Therefore, we asked for the accumulated expenditure of all levels of government. Most countries were not able to provide these figures. While some countries provided data on social services expenditure (**HR, RO, ES**), others provided data on total social protection or social security expenditure (**DK, FR, IE, GR, MT, PL, SE, SI**).



Social Services Financing Snapshot

Croatia

In 2022, expenditure in social services reached €274 million, equivalent to 0.41% of national GDP. National expenditure in social services was €220 million and local and regional social services expenditure was €53 million.

Denmark

In 2023, expenditure in social benefits and in-kind services reached €53 billion, equivalent to 14% of national GDP. This includes cash benefits and in-kind social support.

Finland

In 2022, expenditure in social protection amounted to €48.6 billion, equivalent to 22.05% of national GDP. This includes expenditure in social and health services related to aging amounting to €34 billion.

France

In 2023, expenditure in health and social services was €41.5 billion, equivalent to 1.8% of national GDP. Social protection expenditure in 2022 amounted to €849 billion, equivalent to 32.2% of national GDP.

Greece

In 2021, expenditure in social security, including pensions, amounted to €80 billion, equivalent to 28.7% of national GDP. This figure includes €378 million expenditure in 'social benefits in kind'.

Ireland

In 2022, Ireland spent €58.8 billion on social protection, equivalent to 11.6% of national GDP.

Latvia

In 2023, expenditure in municipalities' social assistance (means-tested benefits) amounted to €68.7 million, equivalent to 0.1% of national GDP. Municipalities' expenditure in social services (incl. LTC, women's support, night shelters for homeless people) amounted to €149 million or 0.3% of national GDP.

Malta

In 2022, expenditure in social benefits and services amounted to €1.8 billion, equivalent to 9% of national GDP.

Poland

In 2022, expenditure in social assistance amounted to €28 billion, equivalent to 5.4% of national GDP.

Romania

In 2023, the Ministry of Labour spent €27.5 million in social services. This includes a) grants to associations and foundations, b) financing of investments, capital repairs and equipment for day care and residential centres, and c) financing of 38 types of social services for older people. This is equivalent to 0.01% of national GDP.

Spain

In 2023, the National Concerted Plan of Social Services foresaw €198 million for social services. Regional and municipal budgets supplement this based on their respective obligations and local needs. Spain's social expenditure including social benefits accounts for 1.5% of its national GDP.

Slovenia

In 2021, expenditure on social security and on social protection together amounted to €13.1 billion, equivalent to 24% of its national GDP.

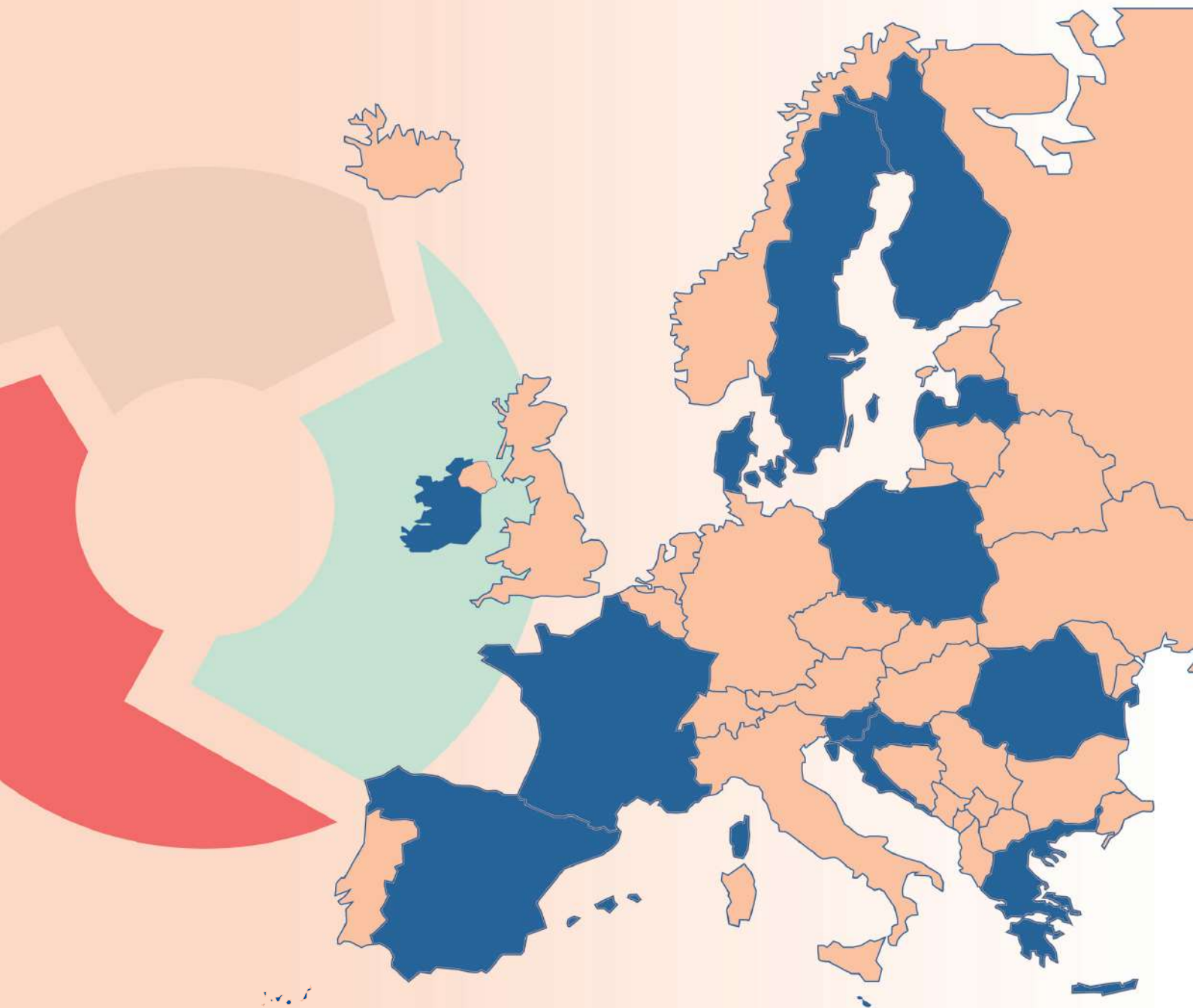
Sweden

In 2021, expenditure on social security and on social protection together amounted to €134.1 billion, equivalent to 24.8% of its national GDP.



Social Services Coverage

CROSS-COUNTRY ANALYSIS



4. SOCIAL SERVICES COVERAGE

Social services coverage refers to the extent to which a population or community has access to a range of social services designed to address their social needs and improve their individual and overall wellbeing.

This section compares across countries the coverage of the following social services-related areas:

Workforce
Long-term care for older people & people with disabilities
Alternative care
Support services for women victims of domestic violence
Services for homeless people

1. Workforce

Availability of a qualified social services workforce is a key condition for adequate social services coverage in a country. This can be measured by number of professionals per 100,000 inhabitants.

Professions / Professional Profiles

The social service workforce consists of a number of professions such as social workers, social assistants, social carers, personal assistants, nurses, social administrators, social educators, and social support staff.

Focus on Social Workers

In this report, we have collected data on social worker coverage. There is no common legal definition of what a social worker is in Europe. Each participant provided the information according to their own countries' social workers definition and statistics.

Full-time Equivalents

As part-time work is widespread in the sector, we enquired about the number of active social workers, as well as the full-time equivalents (FTEs) to have a more accurate picture.





Data availability on social workers coverage

	SOCIAL WORKER FTEs	NUMBER OF SOCIAL WORKERS	NB OF REGISTERED SOCIAL WORKERS	DATA ON EMPLOYEES IN SOCIAL SECTOR	NO DATA
CROATIA		■			
DENMARK				■	
FINLAND			■		
FRANCE		■		■	
GREECE		■			
IRELAND		■			
LATVIA				■	
MALTA			■		
POLAND	■	■		■	
ROMANIA					■
SLOVENIA					■
SPAIN			■		
SWEDEN		■		■	

11 out of 13 respondents provided relevant data on social worker coverage, as follows:

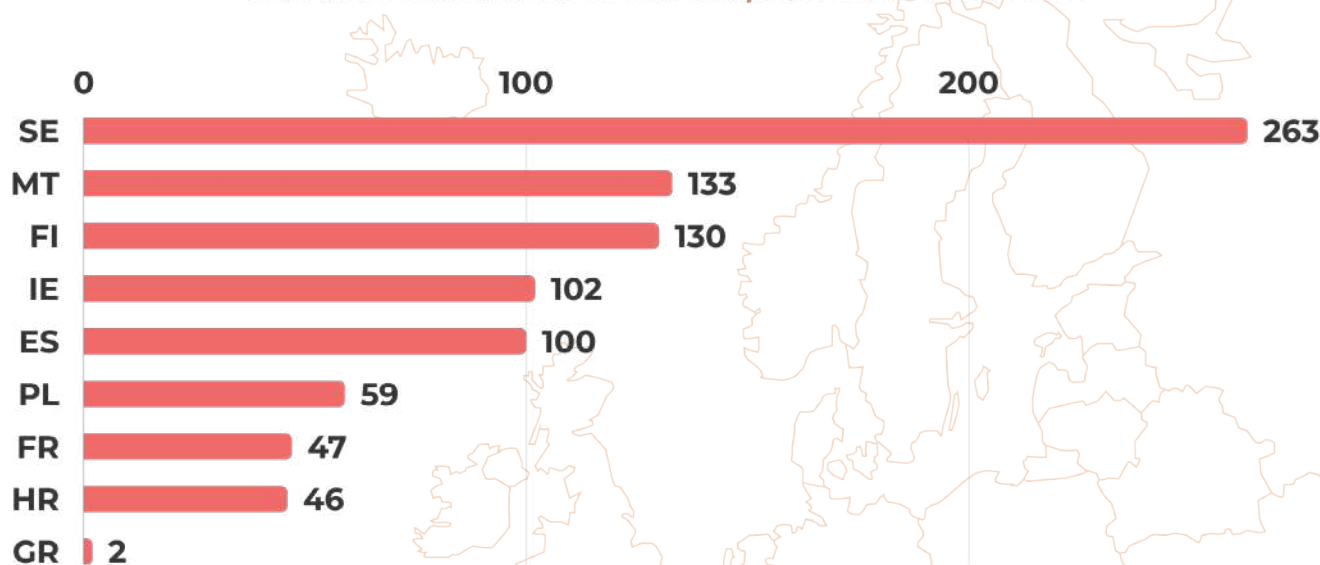
1 out of 13 respondents provided data on social worker FTEs.
5 out of 13 respondents provided the total number of social workers.
3 out of 13 respondents provided data based on registration lists of professional bodies.
5 out of 13 respondents provided data on professionals in the social services sector.

Data on social worker coverage – absolute numbers

	SOCIAL WORKER FTEs	NUMBER OF SOCIAL WORKERS	NB OF REGISTERED SOCIAL WORKERS	DATA ON EMPLOYEES IN SOCIAL SECTOR	NO DATA
CROATIA		1,780			
DENMARK				164,782	
FINLAND			7,200		
FRANCE		31,900*		974,200	
GREECE		250			
IRELAND		5,243			
LATVIA				1,470	
MALTA			693		
POLAND	21,789	22,309		132,000	
ROMANIA					-
SLOVENIA					-
SPAIN			48,605		
SWEDEN		27,700		99,000	

* For France, we only obtained the number of social workers in the public sector.

SOCIAL WORKERS PER 100,000 INHABITANTS



Comparing the coverage of social workers, **SE** leads by far with 263 social workers per 100,000 inhabitants.

MT (133) and **FI** (130) are placed second and third, followed by **IE** (102) **ES** (100) **PL** (59), **FR** (47)* and **HR** (46). **GR** (2) is on the last place. For **FR**, we did only obtain the number of social workers in the public sector, hence the ratio is not truly comparable to other countries.

As we used different types of sources: national registers (**ES, FI, MT**), annual statistics (**FR, IE, HR, PL, SE**), estimates of social workers organisations (**GR**), the numbers can only be compared with certain limitations.



2. Long-term Care for Older People

Long-term care (LTC) responds to social and health needs of the EU's increasingly aging populations, and this is partly provided by social services.

Measuring coverage and availability of long-term care

Coverage of long-term care

We analysed the coverage of long-term care services by looking at:

Overall availability of services for populations in need of LTC
Share of different types of care, notably home and residential care
Whether LTC is part of social services

We measure the availability of LTC services per population in need (people older than 65+ and people with disabilities), through the share of each population covered by LTC services.

Long-term care availability by type

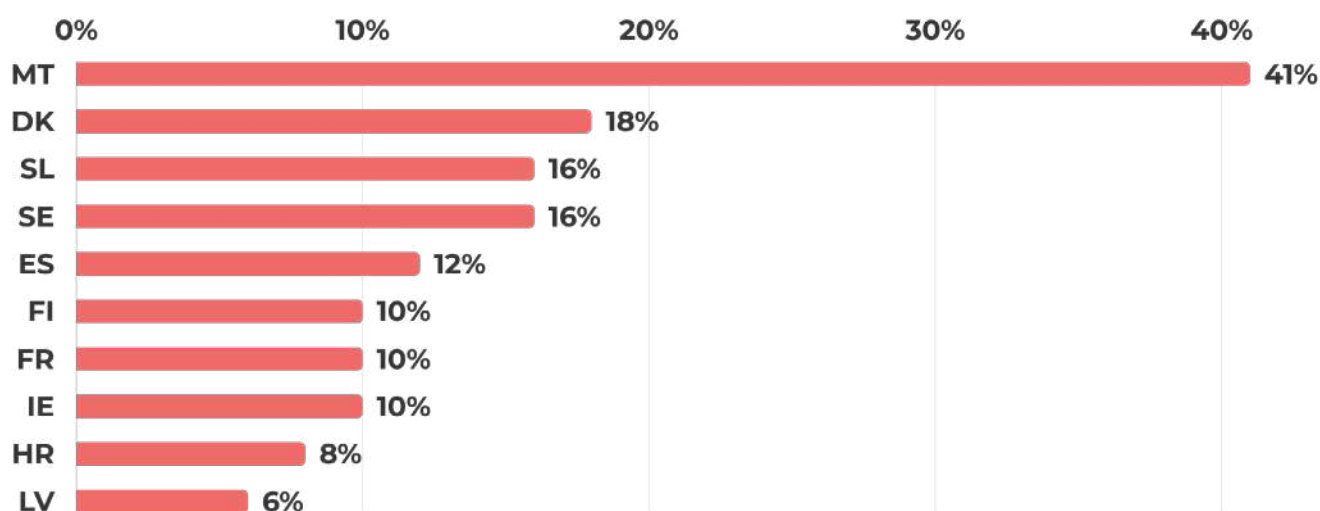
Principle 18 of the [European Pillar of Social Rights](#) stresses the right to affordable long-term care services of good quality, in particular home care and community-based services.

Therefore, we looked not only at the availability of residential, but also community-based services such as home, day and telecare services.

Finally, we analysed whether long-term care is part of social services.

Overall availability of LTC services for populations in need of LTC

OLDER PEOPLE COVERED BY LTC CARE (%)



When comparing the percentage of older people covered by LTC across the countries that answered the questionnaire, **MT** stands out with over 40% of the older population (65+) receiving LTC services.

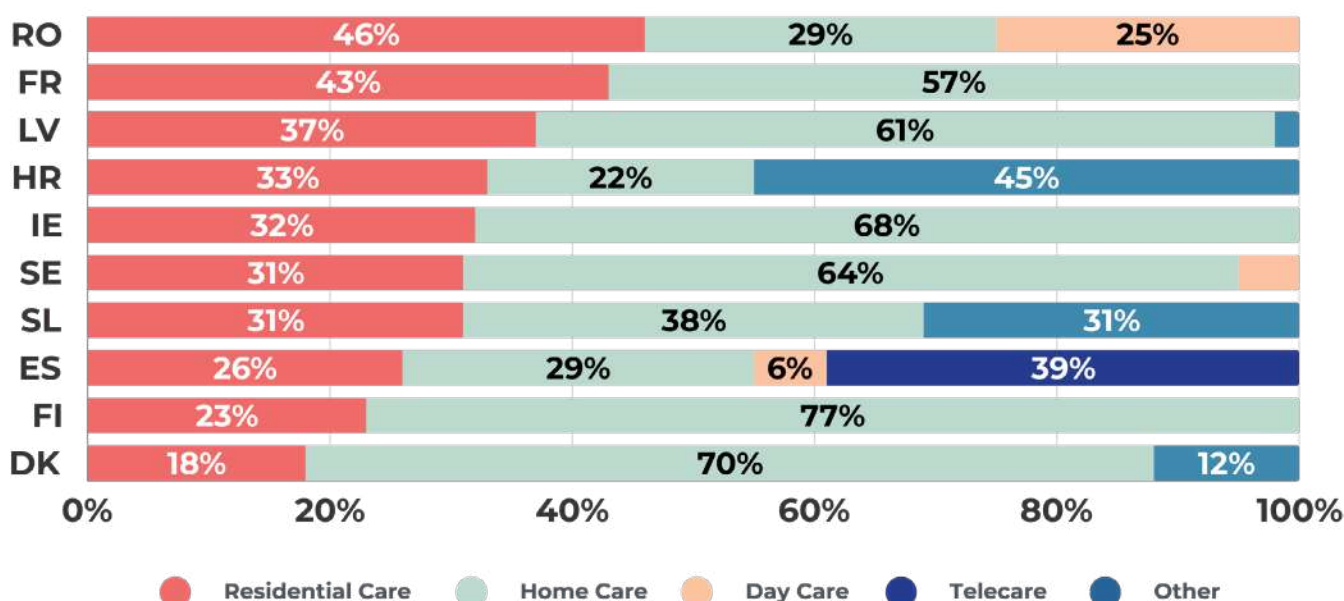
However, this high percentage may include situations where services may have been counted twice due to the same person receiving several services at the same time. The lowest share of older people covered by long-term care services can be observed in **RO**, where only one percent of older people are covered by long-term care services. Also, in **PL** the percentage of older people receiving long-term care is particularly low at just three percent. This may be explained by the high prevalence of informal care provision in both countries.

Respondents from **HR** included financial care allowances, yet **HR** is still at a low coverage level at under 10%. **SI**, together with **FI** and **DK**, are at the top of the comparative table. However, **SI** also reported the payment of care allowances in the provision of LTC, increasing its coverage by about 5 percentage points.

SE and **DK** are both at the top of coverage with a share of 16 – 18% of older people covered. Both reported on direct provision of LTC services.

Share of different types of care

SHARE OF LTC FOR OLDER PEOPLE BY TYPE



When comparing the share of different types of LTC provided, we can observe large differences in the percentage of residential, home, day care and telecare.

With 46% and 43% respectively, **RO** and **FR** have the highest percentage of residential care provision of the countries compared. **DK** at 18% and **FI**, which has set the goal of ending institutional LTC by 2027, at 23% have the lowest shares for residential LTC provision.

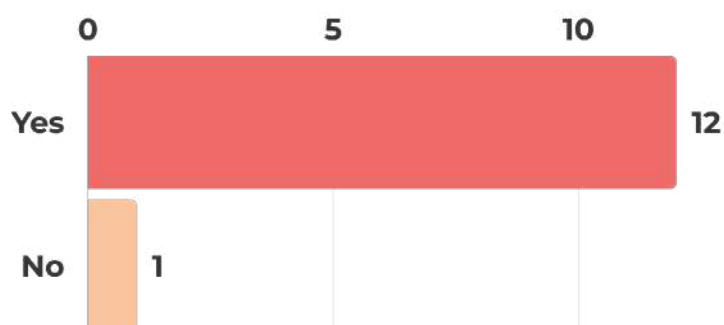
Only **one respondent** was able to provide data on telecare provision (**ES**).

Only **four respondents** were able to provide data on day care (**ES, HR, RO, SE**). **HR** & **SI** included provision of care allowances which impacted the data. For instance, for HR, provision of care allowances counts for 45% of LTC services provided by the state.

Data from **GR** could not be included as only data on residential care was provided. Respondents from **PL** could not provide data broken down by type of service.

Assessing whether LTC is part of social services

IS THE SYSTEM OF LONG-TERM CARE INTEGRATED IN THE SOCIAL SERVICES SYSTEM?



Asked if long-term care is integrated in the social services system, only **1 of 13 respondents (PL)** replied that LTC is not integrated within the social services/social care system.

This could also be observed when we analysed the long-term care statistics available from the Health and Social Affairs Ministry, which provide ambiguous data about the coverage of LTC services in **PL**.



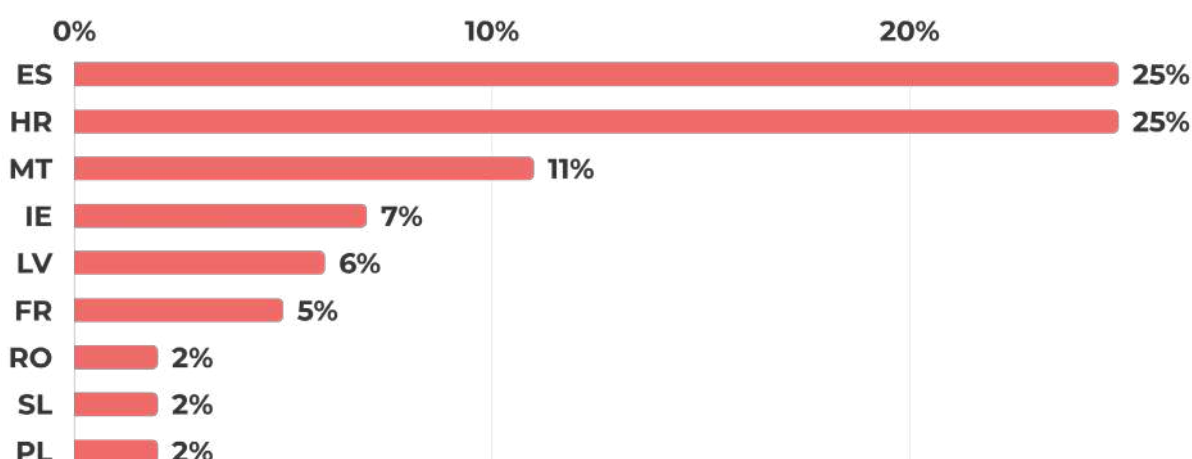
3. Long-term Care for People with Disabilities

In our analysis of support services for people with disabilities, we looked at the number of beneficiaries receiving long-term care support compared with the total number of people with disabilities.

We also assessed the capacity of residential facilities for people with disabilities in relation to the overall population of people with disabilities.

Furthermore, we examined the number of home care hours among people with disabilities and the availability of publicly financed places at day centres.

PEOPLE WITH DISABILITIES IN LTC (%)



Only **9 out of 13 respondents** could provide comparable data on LTC for people with disabilities. **FI, SE, DK** do not have a central register for people with disabilities. Therefore, it is not possible to compare across all the countries involved the total share of people with disabilities who receive LTC.

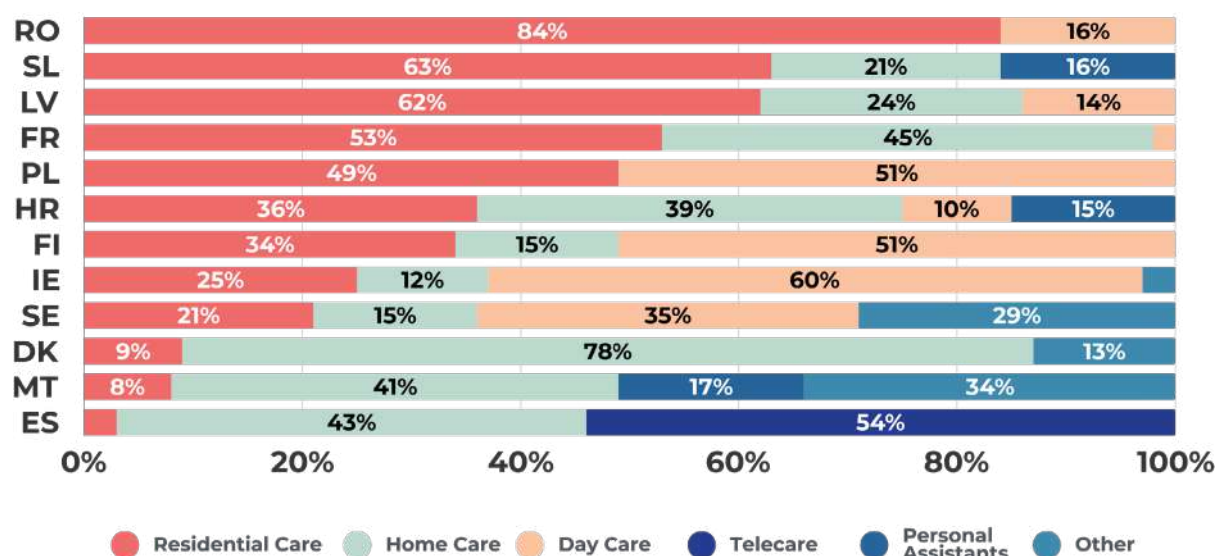
While respondents from **GR** were not able to access any statistics on disability, respondents from **HR** counted allocations of disability allowances as long-term care provision. This increased significantly the number of people receiving LTC in **HR**. In the other countries such allowances were not counted as part of the provision of LTC. Without allowances, only 2% of the population with disabilities in **HR** would be covered by LTC services.

Respondents from **MT** provided data based on a very cautious estimate of the population of people with disabilities, as there is no central register. Respondents from **DK, FI, and SE**, did not provide data on the total number of disabilities at all, as this is not collected by their national statistics office.

Only respondents from **ES** reported on telecare, which counts for about 53% of the LTC services provided to people with disabilities and as a result of this **ES** has one of the highest LTC coverages.

ES and **HR** have the highest coverage of LTC services for people with disabilities. The high coverage in **ES** is reached due to the availability of telecare, which is provided to over 500,000 people with disabilities while for **HR**, the highest coverage is due to the inclusion of financial benefits. **PL, RO, and SI**, with 2% each are the countries with the lowest coverage.

SHARE OF LTC FOR PEOPLE WITH DISABILITIES BY TYPE



IE, SE, DK, and MT provided categories of LTC that could not be added under the areas analysed, therefore they appear under '**Other**'. For **SE**, '**Other**' involves different types of home and housing support besides home care. For **IE**, '**Other**' includes respite care. For **MT**, '**Other**' includes 'community long-term care support'. For **DK**, '**Other**' includes respite and short-term residential care.

RO has the highest share of residential care in comparison to other countries. Coverage of homecare for people with disabilities in **RO** is not measurable due to missing data of this type of care. In **SI, LV, FR**, residential care is the most recurrent form of long-term care for people with disabilities. This shows that community-based solutions such as home care still require further development in these countries.

In **PL**, the share of residential care is just below 50%, but coverage of home care is not measurable as in **RO** due to conflicting data provided by the social and health ministries, which emphasises the need to have a centralised authority collecting home care data for all populations and the further development of this service.

Respondents from **SI** and **MT** provided data on personal assistants as part of LTC provision, while the respondent from **ES** was the only one that provided data on telecare. The inclusion of telecare in the calculation leads to a very low share of residential care provision in **ES**. But even without telecare the share of residential care would be at 7% of the total long-term care provided to **ES** people with disabilities.

The countries with the lowest share of residential long-term care for people with disabilities were **ES, MT, DK, SE, and IE**. Those countries seem to be a good way towards community-based LTC provision for people with disabilities, which is a key indicator of good LTC coverage.



4. Child Protection

Alternative care in social services refers to various forms of care provided to children who cannot live with their parents due to various reasons, such as abuse, neglect, or other family issues.

Alternative care can include foster care, kinship care (where a relative takes care of the child), and residential care.

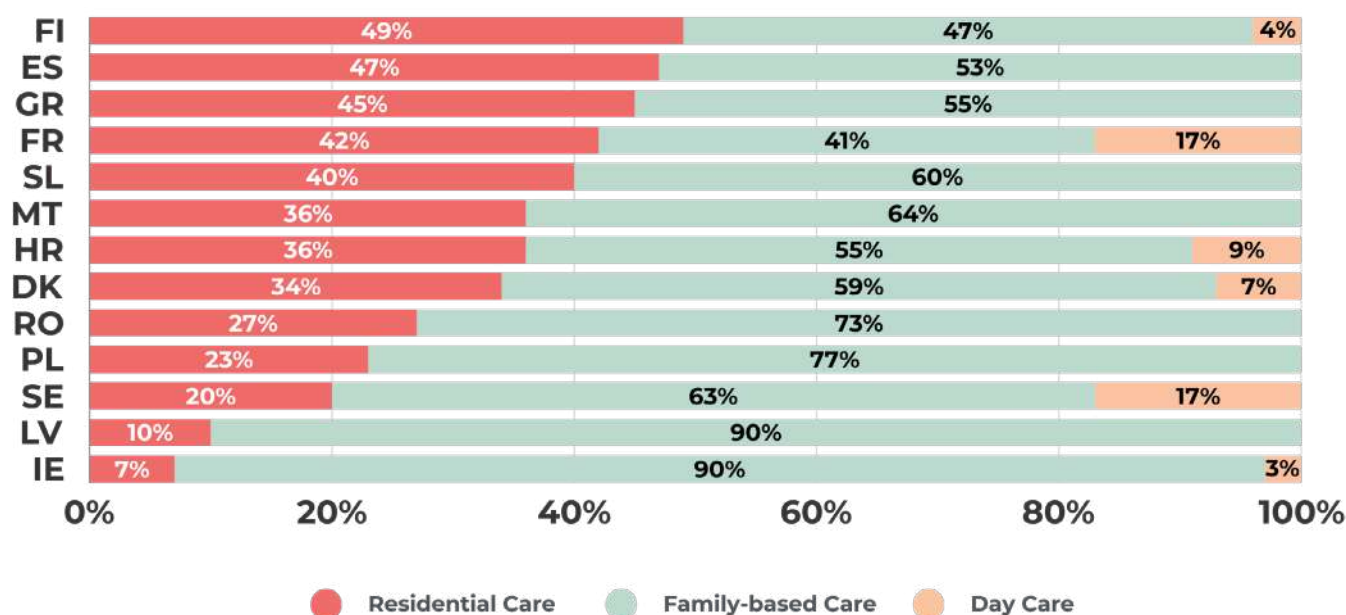
The European Union and its Member States have committed to deinstitutionalise child protection services. According to the latest European Commission Recommendation on developing and strengthening integrated child protection systems in the best interests of the child, EU Member States should take all measures to ensure the prioritisation of family-based and community-based care for children.

Measuring coverage and availability of child protection services

We analysed the percentage of children in residential and foster care and the waiting time for permanent placements.

Share of children family-based alternative care

ALTERNATIVE CARE PROVISION BY TYPE



Based on the answers to the questionnaire, we concluded that **FI**, **ES**, and **FR** have the highest levels of residential care provision for children in alternative care, while **IE**, **LV**, and **SE** have the lowest share.

In some instances, respondents mentioned that children in residential care are mostly aged 13 to 17, and if they have been there for more than 6 months they prefer to stay in a children's home. This, together with the lack of foster carers highlighted by several national representatives, explains why it is particularly difficult to find foster families for children in this age range.

Waiting time before placement in family-based care

The waiting time for a child to be placed in family-based care is an indicator of how well a country is covered by alternative care services. The shorter the waiting time, the better the coverage.

Some respondents reported legislative limits for waiting time (**SE**). Although legislation in **SE** calls for placements to be made within 3 months of a decision, the waiting time for a long-term placement in alternative care can, however, be longer.

In **PL** though, the situation varies per region, and the decision-making process to place a child in alternative care is regularly delayed by the courts.

In **SI**, decisions by family courts can take a long time with no clear definition of length provided. However, until a decision is taken, a court can issue a temporary order for placement in a crisis centre, foster and kinship care.



5. Support Services for Women Victims of Domestic Violence

Social services play a vital role in supporting women who are victims of domestic violence through various means, including immediate assistance to women in crisis situations through access to emergency shelters.

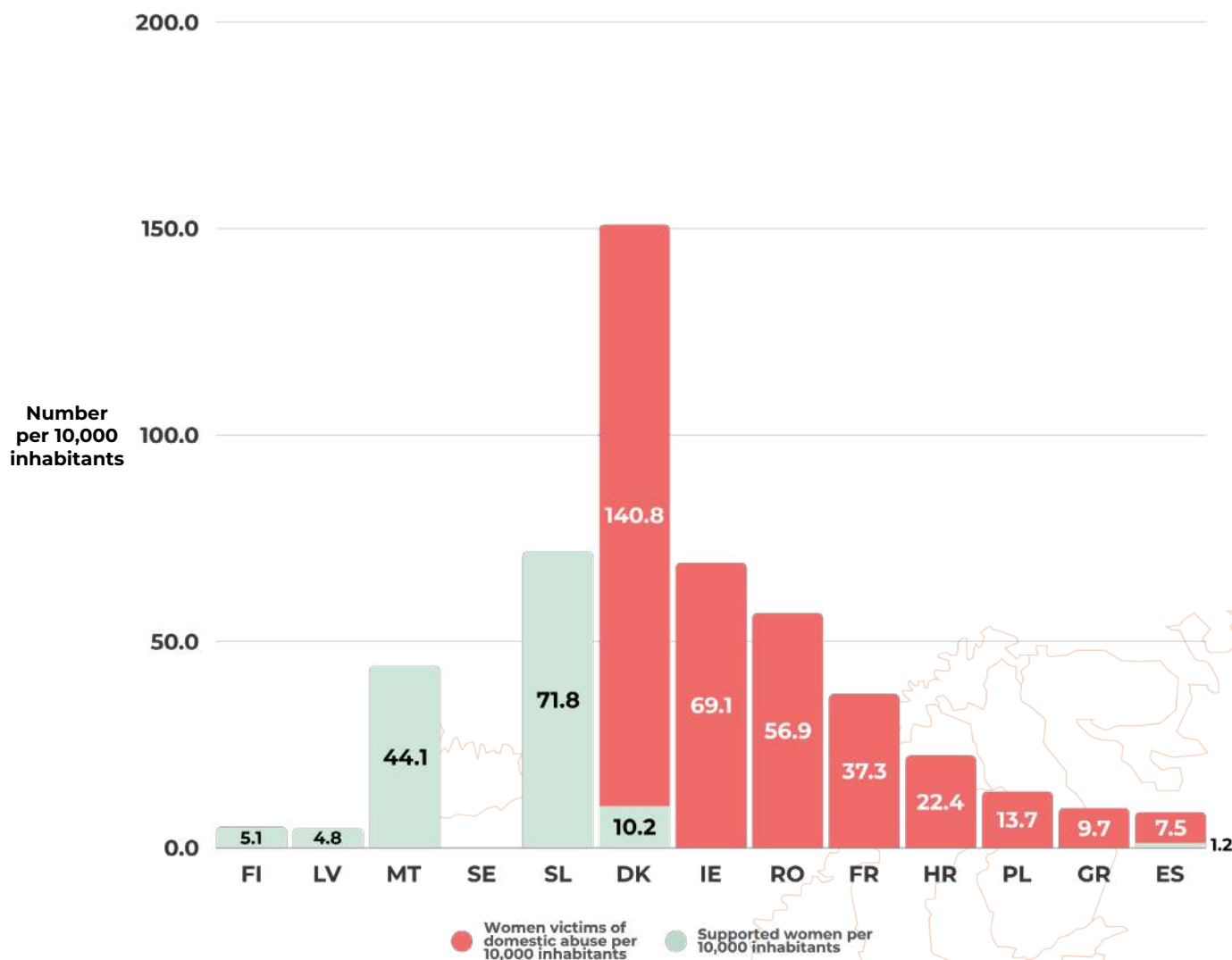
Therefore, sufficient availability of emergency support services for women victims of domestic violence is key in addressing gender-based violence.

Measuring coverage

To measure coverage of women's support, we compared the number of women victims of domestic violence with the number of women supported by services for victims of domestic violence.

With the aim of measuring the coverage of this service, we also enquired about the number of places in shelters for women victims of domestic violence per 10,000 inhabitants, which is the minimum coverage standard recommended by the Istanbul Convention.

Ratio of women victims of domestic violence and those supported per 10,000 inhabitants



Data about the number of women victims of domestic violence was provided for **8 out of 13 countries (DK, IE, RO, FR, HR, PL, GR, ES)**. Data about the number of women supported by domestic violence services was provided for **6 out of 13 countries (DK, ES, FI, LV, MT, SI)**. Only two respondents could provide data both on the number of victims and the number of women supported (**DK, ES**).

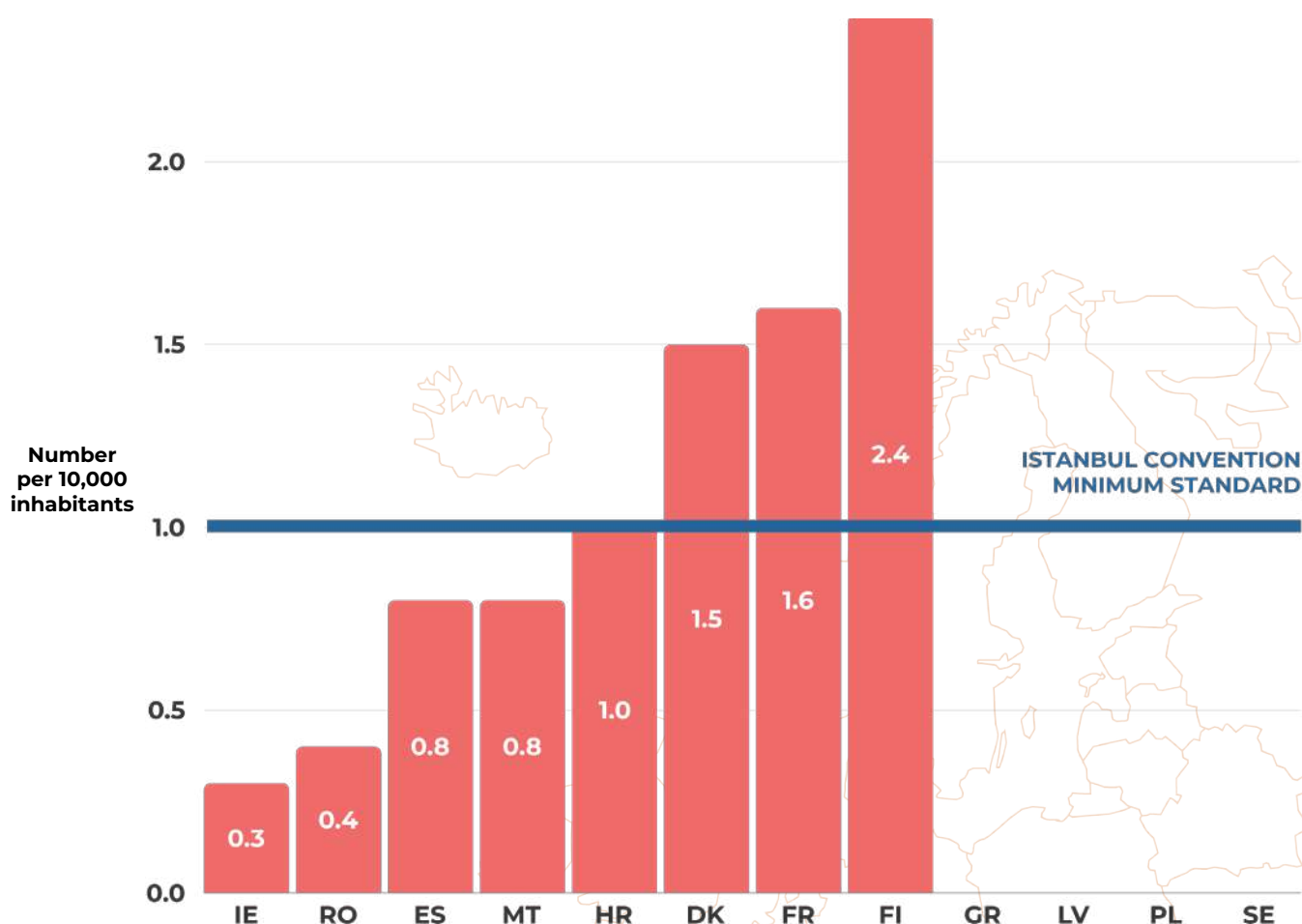
For both countries, where data on the number of women victims of domestic violence and the number of women supported by services for victims of domestic violence were provided, there seems to be an important mismatch between the potential need for support and the actual support provided.

Despite its extensive network of crisis centres, **DK** faces a notable gap between the number of women affected and those who receive support. An estimated 82,000 women in **DK** are victims of domestic violence (2020), equating to 141 per 10,000 inhabitants, yet only 2,953 women, or 10.2 per 10,000 received assistance. This means that only 3.5% of the estimated number of women victims of domestic violence receives support services.

In **ES**, the reported number of 36,582 women victims of domestic violence equates to 7.5 cases per 10,000 inhabitants (year 2022), yet only 5,548 women or 1.2 per 10,000 received assistance. This means that only 15.7% of the women victims of domestic violence receives support services.

In **SI**, although there is no data on the total number of female domestic violence victims, 15,212 women receive support through services like maternity homes and safety houses. Interestingly, some countries like **FI**, **LV**, and **MT** report data on the number of women supported by domestic violence services despite not having available data on the total number of women who are victims.

Ratio of places in shelters for victims of domestic violence per 10,000 inhabitants



Data on the number of places in shelters for women victims of domestic violence was provided for **8 out of 13 countries (DK, ES, FR, HR, IE, MT, RO, SI)**.

In **GR** and **LT**, the absence of comprehensive data does not allow to measure coverage of those services. **GR** lacks clear figures on how many women are supported or the capacity of its shelters, while **LV**'s services are harder to quantify due to the absence of shelters specifically dedicated to women, making it difficult to assess service availability for domestic violence victims.

The ratio of shelter places per 10,000 inhabitants reveals significant differences in coverage. **4 of the 8 countries with available data** meet or exceed the minimum ratio of one place per 10,000 inhabitants recommended by the Council of Europe Istanbul Convention (**DK, FR, HR, SI**). **SI** ranks highest with approximately 2.4 places per 10,000 people, followed by **HR** (1.7), **FR** (1.6) and **DK** (1.4). **IE, RO, ES**, and **MT** do not match the minimum standard. **IE** and **RO** have the lowest coverage.

RO, one of the countries with the highest rates of domestic violence, has only 784 shelter places, which is 0.4 places per 10,000 inhabitants, highlighting a severe mismatch between the need for support and actual support - a situation similar to **IE**, which has an even lower rate (0.27).

Although **ES** provides a wide range of services, including shelters and emergency homes, 36,582 victims equating to 7.6 per 10,000 inhabitants, still face coverage issues due to limited shelter capacity. With 0.8 places available per 10,000 inhabitants, the high occupancy rates reported highlight an urgent need to expand these services to better meet demand.

In **HR**, there are 25 centres and 370 shelter places, equating to 1 place per 10,000 inhabitants. According to the respondents, available accommodation has been reduced as the country increasingly relies on alternative interventions, such as counselling and legal measures.

Although no quantitative data could be provided, the respondents from **SE** highlighted unequal access, as shelters are primarily concentrated in urban areas, leaving rural regions underserved.





6. Services for Homeless People and Social Housing

Ensuring adequate shelter and support for homeless people is key to addressing homelessness and providing stability for those in need. Social services play a crucial role in supporting individuals experiencing homelessness.

Their responsibilities typically include, among others, housing assistance, helping individuals find stable housing through various programmes, including emergency shelters, housing benefits, and permanent supportive housing such as social housing provided by the state.

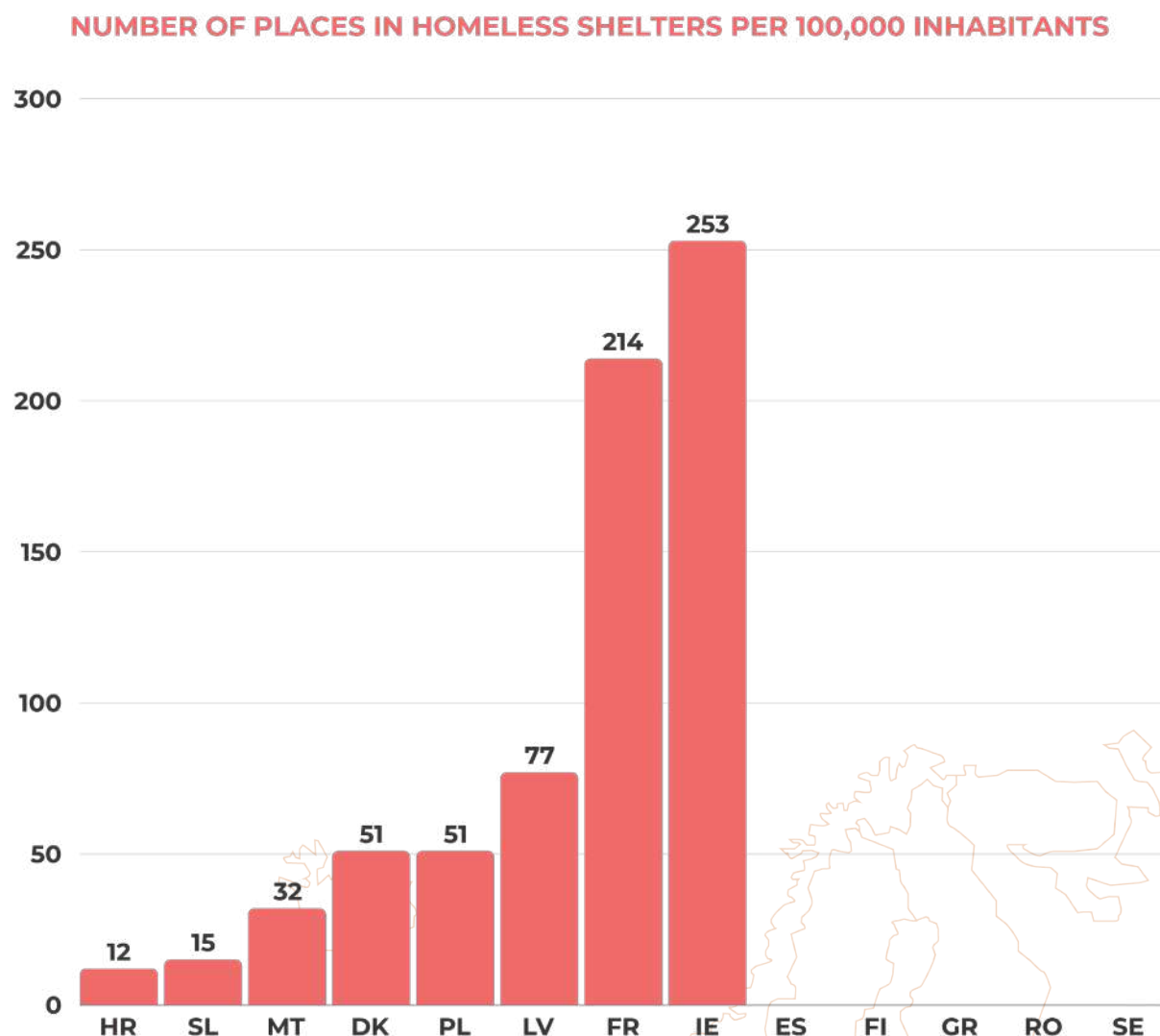
Measuring coverage

To understand the coverage of immediate homelessness support services, we asked respondents about the number of accommodation places for homeless people in shelters per 100,000 inhabitants. This metric is crucial in assessing a country's capacity to provide immediate shelter and track the scale of homelessness.

We also explored the availability of housing support allowances. This is an important indicator of whether countries offer targeted financial support to prevent homelessness.

To evaluate the coverage of services preventing homelessness or preventing becoming homeless again, we collected data on the availability of social housing. An indicator of how well social housing supply responds to the demand of people for supported housing is the waiting time to access social housing.

Coverage of immediate homelessness support services



Data about the number of accommodation places in shelters for homeless people was provided for **8 out of 13 countries (DK, FR, IE, HR, MT, LV, PL, SI)**. **RO, GR, ES, SE, and FI** do not have available data of places in shelters, raising concerns about the lack of data on their homeless accommodation services.

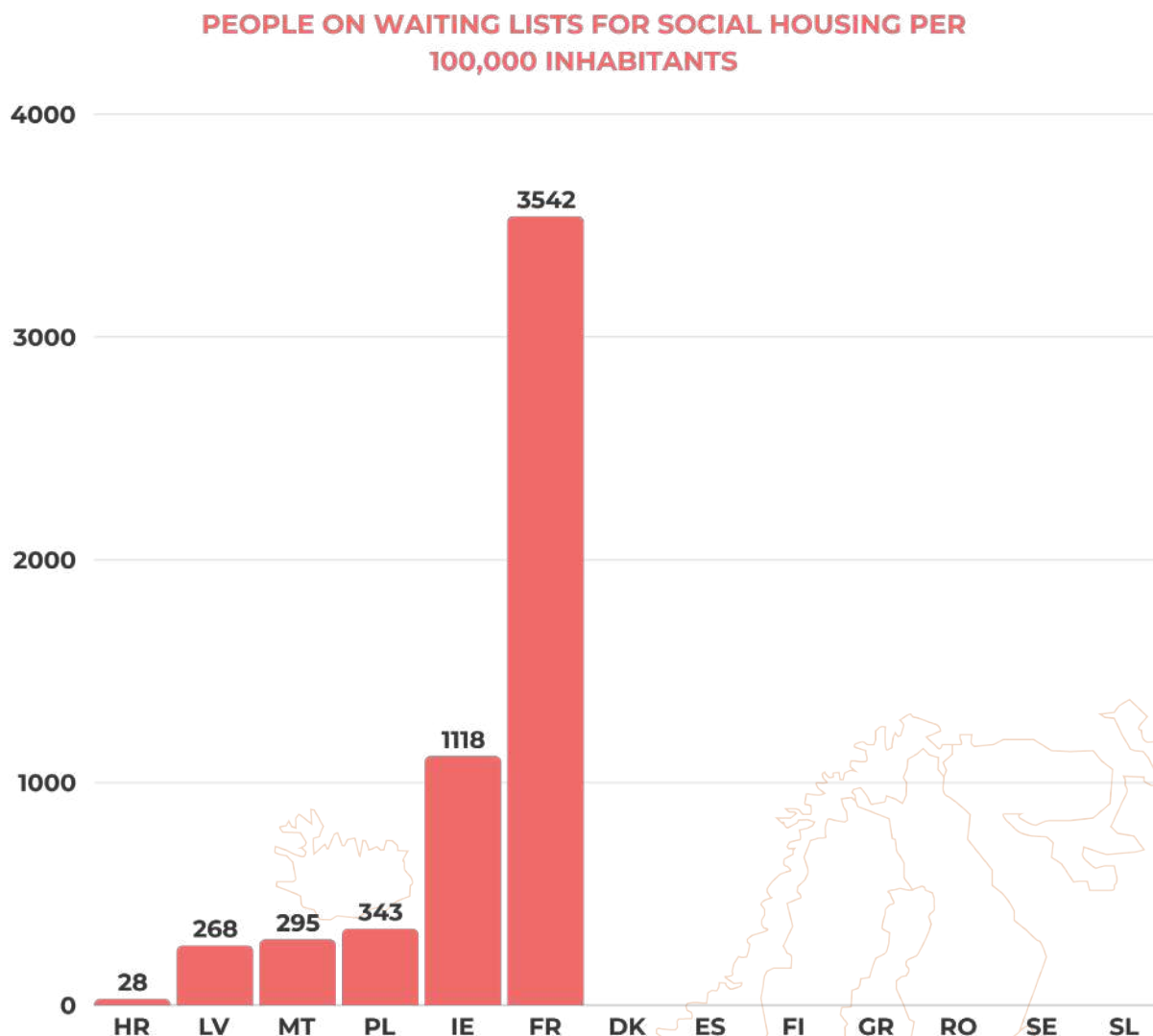
IE and **FR**, with 253 and 214 places per 100,000 inhabitants have the highest accommodation capacity of the countries with available data. **LV** with 77, and **DK** and **PL** with 51 places respectively per 100,000 inhabitants have a much lower coverage, while **MT** (32), **SI** (15) and **HR** (12), have the lowest.

Housing support allowances

11 out of 13 countries indicated that they have housing support allowances in place to support people to access housing, in addition to minimum income support provided to people with lack of income.

In contrast, **FR** and **FI** do not have housing support allowances in addition to their minimum income programme.

Social housing – data on waiting lists and time

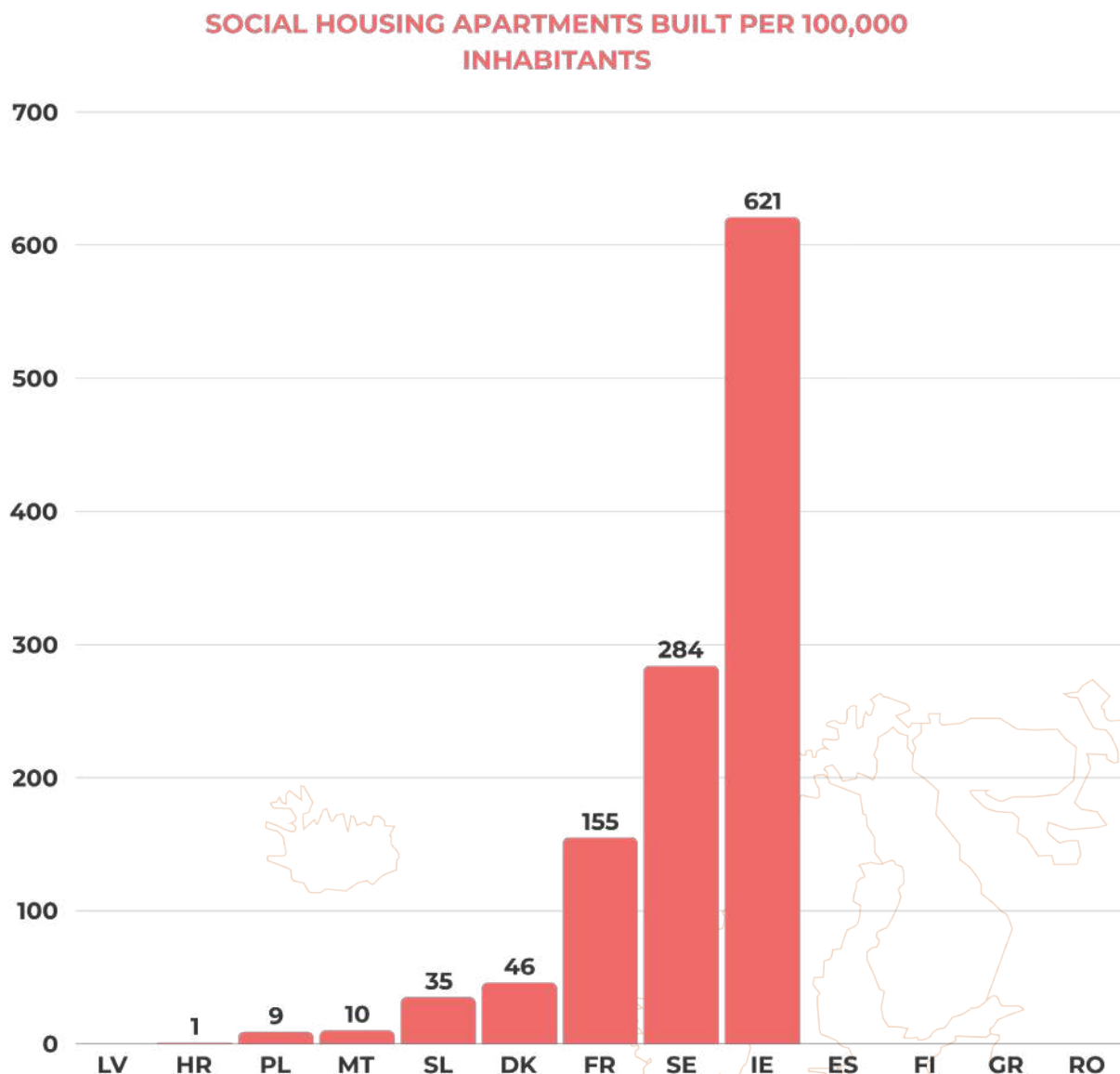


Social services help connect people with available social housing options, guiding them through the application process and assisting with paperwork.

They often work with local governments, housing authorities, and non-profit organisations to enhance housing options and resources.

Data gathered on social housing waiting lists from **FR**, **IE**, and **PL** indicate a high demand for social housing in those countries. In **FR**, there are 3,542 per 100,000 inhabitants on waiting lists for social housing. In **IE** this rate is at 1,118 per 100,000 inhabitants. In **PL** (343), **MT** (295), and **LV** (268), the demand for social housing is lower, indicating and better coverage. In **HR**, only 28 per 100,000 inhabitants stand on waiting lists for social housing, which is the lowest rate among the countries compared.

Newly built social housing units

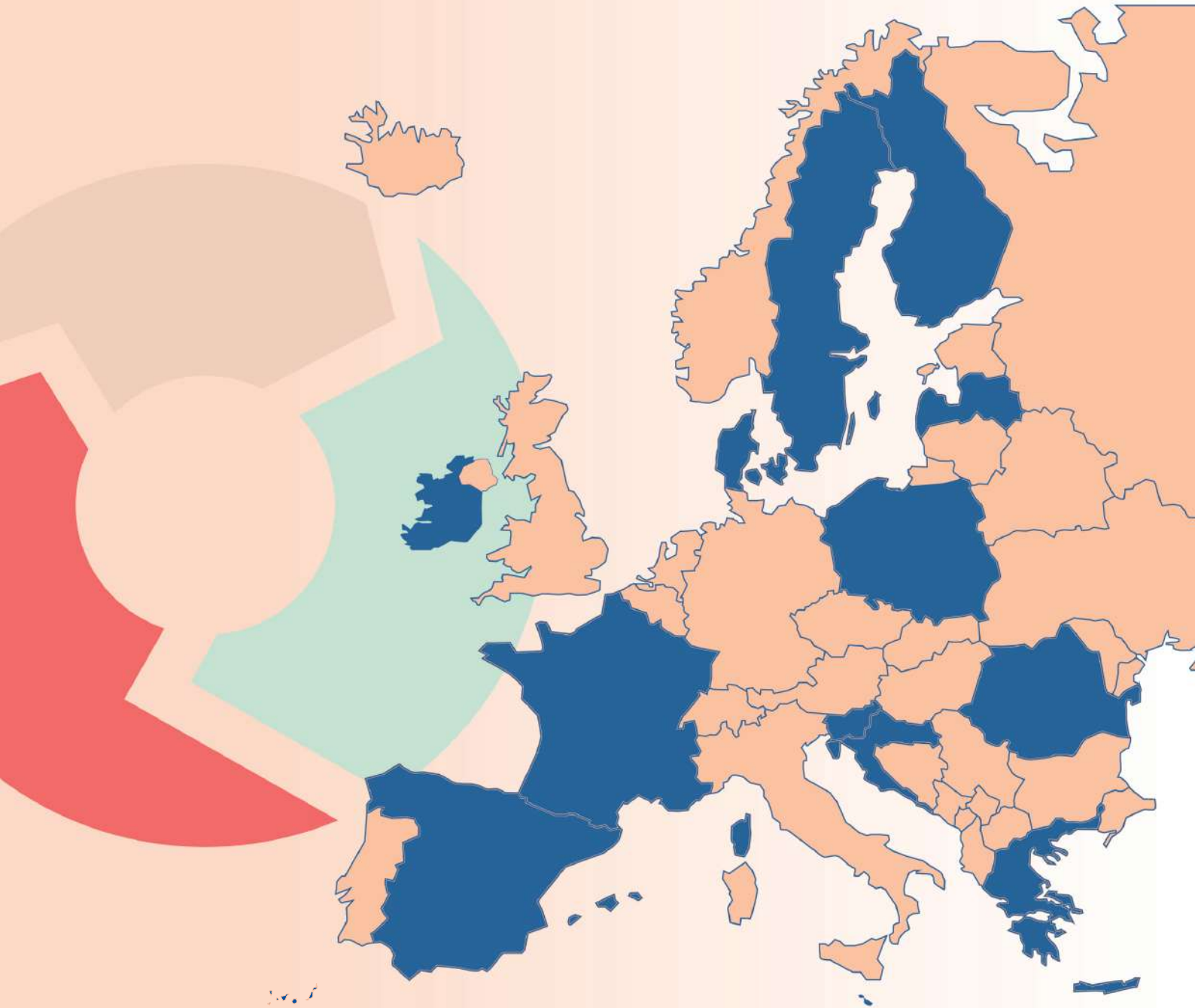


Data on new social housing units built suggests that **IE** (621) is by far the most active in increasing per its social housing coverage per 100,000 inhabitants, followed by **SE** (284) and **FR** (155).

DK (46), **SE** (35), **MT** (10) and **PL** (9) have very low rates of new social housing built. **FI**, **RO**, **GR**, and **ES** did not provide any data on the number of new social housing units built.

Key Points

CROSS-COUNTRY ANALYSIS



Moving Forward at National Level

Legislation and Access to Social Services

The definition of social services varies but they often have common outcomes such as improved wellbeing and quality of life of people in vulnerable situations.

However, very few countries have a catalogue of social services that explains to citizens which services are available to them to cover their social needs illustrating the need to develop such catalogues as part of wider social services strategic plans.

Expenditure

It is difficult to measure social services expenditure as most countries do not collect data specifically on social services expenditure. In the very few where they do, it became clear that social services expenditure is very low in terms of GDP percentage, illustrating the need for further investment.

Coverage

Few countries gather data about the full-time social workers who are currently employed in their countries across all public and non-public sectors, which illustrates the need for a national register that signals who is working where.

In LTC, we see significant differences in terms of availability of community-based services both for people with disabilities and older people. There is a clear case for the development of a wide ecosystem of care including community-based care, day care, home care, respite and telecare.

On alternative care for children, we see how residential children's homes continue to be the most used form of care with a need not just to develop more foster care but also to attract and train families and new household compositions to ensure there are enough foster carers to meet the needs for support.

Half of the countries assessed should increase the availability of women's support shelters to meet international standards and cover the most immediate needs for support.

Close to 40% of the analysed countries could not provide data on the number of accommodation places in shelters for people in homelessness situations, illustrating the need to improve data collected and this form of emergency support.

Moving Forward at EU Level

The national descriptions in this report and the National Factsheets provide the European Commission officials responsible for drafting the country reports published in the framework of the **European Semester** with key information related to the situation of social services in the 13 countries that we covered in 2024.

There are **several recommendations** that we could provide the EU, but some of the most urgent ones relate to social services definition, funding, and its workforce.

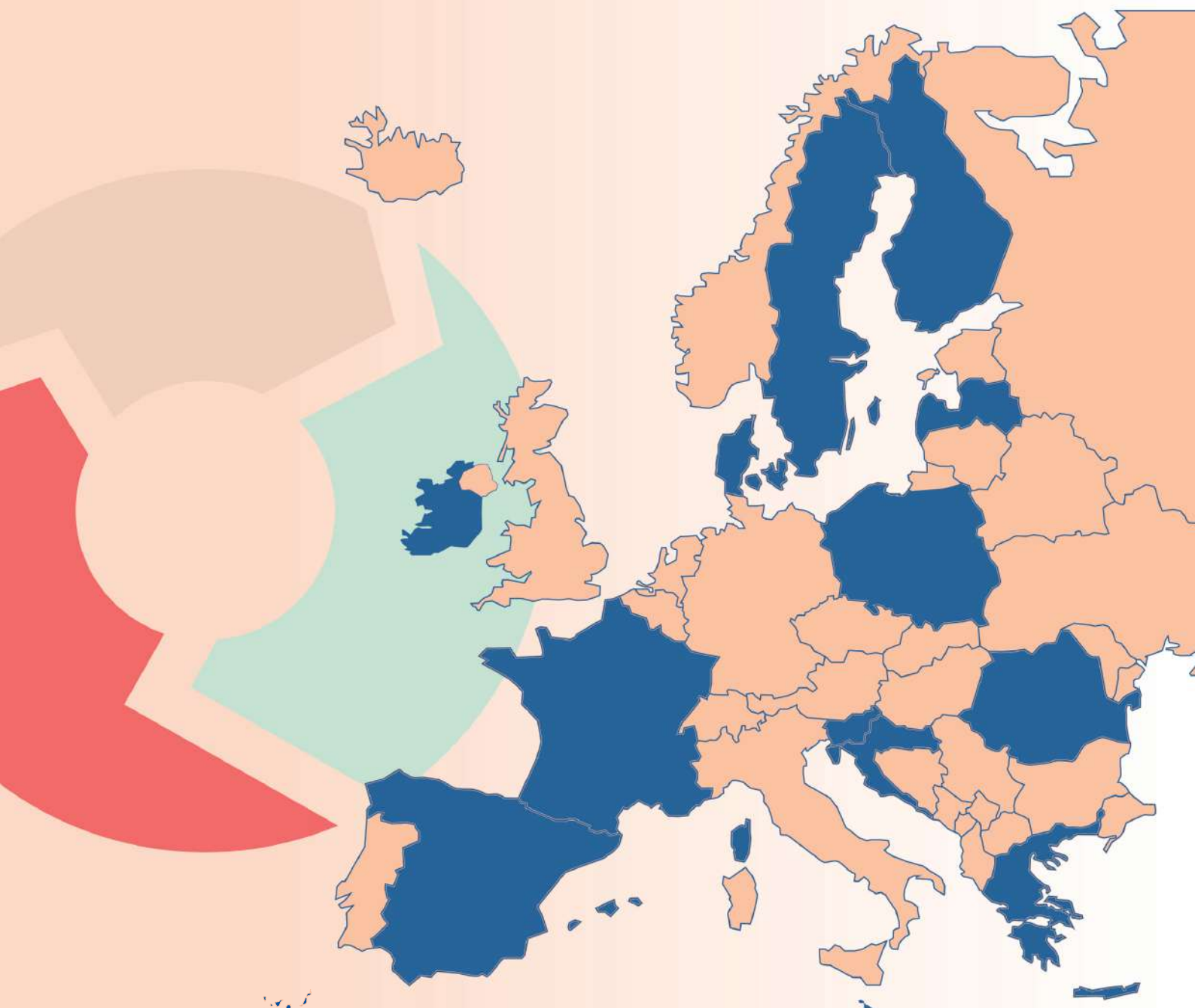
There should be a **common European definition of social services**, which should clearly define services as in-kind, and rather than attempting to cover different services types, the definition should focus instead on the common outcomes that social services across Europe intend to achieve. This discussion is very much linked to the **financing debate**, as it could prompt national governments to work with regional and local authorities to gather data on in-kind services financing and types of services that will help improve the information we currently have.

As for the **social services workforce**, the European Commission should start the conversation around the mutual recognition of qualifications and work with national authorities to establish social work and social care registers so we can have clarity on the number of professionals that are currently active in the profession.



Country-Specific Recommendations

CROSS-COUNTRY ANALYSIS



Croatia



County authorities should improve the adoption of social plans to determine the needs for the development of social services in their respective geographical areas.

This will help improve the assessment of needs, which should then help further develop and expand social services, including long-term care services.

Denmark



The Danish government should put in place a plan to ensure continuing support and development of a sufficient workforce within the social welfare sector. Investing in the training and retention of these essential workers is paramount to ensuring the wellbeing and prosperity of the country.

The government should focus on the implementation of a comprehensive strategy that includes competitive salaries, ongoing professional development, and improved working conditions to attract and retain talent in this vital field.

Finland



Welfare Services Counties (WSC) should be provided with a mandate to monitor the effectiveness and costs of social services.

To achieve this, WSCs should use the data they collect through their client databases. National regulation should be passed to help facilitate this process.

France



Strengthen the prevention and early warning systems for people at risk of poverty and social exclusion, especially for children in vulnerable situations.

Greece



Adopt a new law on social care that includes:

1. Recognising a minimum set of fundamental social services
 2. A network of public social services with nationwide coverage
 3. Basic governance mechanisms covering at least data collection, national quality framework and coordination between social care providers and the national health system
 4. Distribution of responsibilities and funding between national and local authorities
-



Ireland

Ireland should invest in building more women's support centres, as coverage is not meeting international standards set by the Istanbul Convention.

The most recent Census data available shows Ireland would need more than 500 refuge spaces to meet its requirements under the convention.



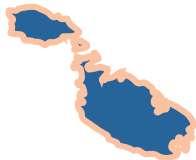
Latvia

Investment in social services should be prioritised to enhance the quality and accessibility of family-based care.

Developing standards of family-based care services and introducing innovative alternative foster care solutions, including comprehensive support for children and foster parents or guardians, would improve the effectiveness of foster care placements.

Establishing various foster family and guardianship options and implementing more flexible financing models can help address the children's unique needs and provide optimal care.

Moreover, improved coordination among relevant agencies, such as the courts, social services, and out-of-family care support centres, is imperative to ensure seamless support for foster families and children in their care.



Malta

The national government should create a national catalogue or social services portfolio describing social benefits and social services which are available in Malta and their eligibility criteria.



Poland

Poland requires a clear strategy for developing social services, including transforming its long-term care sector, which continues partly to be based on institutional care.

The pillars of the strategy should include the definition of a catalogue of community-based services, the establishment of a funding model for service development and principles of payment, and the integration of services provided in the health and social care systems.

This strategy should be developed in dialogue with NGOs that provide services, so they can participate in co-creating services. The transition to community-based care should be made in dialogue with front-line professionals, people receiving care, and their families.

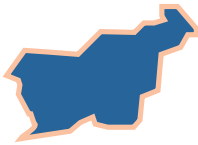
Romania



In coordination with county and local governments, the national government should establish coherent, long-term funding mechanisms for local social services to ensure that communities can sustain and expand essential programmes beyond short-term, project-based funding through a multi-year funding model that provides stability for integrated community-based social services.

Improved funding will also help to address the issue of low, non-competitive salaries which are making it difficult to recruit sufficient LTC workers.

Slovenia



Simplify complex and, above all, lengthy procedures in accessing long-term care.

Spain



The Spanish government should pass the National Social Services Act, which is a milestone of the Recovery and Resilience plan, to consolidate social services as a social right and another pillar of the social welfare state.

This legislation should specifically guarantee the right of citizens to social services, the provision of appropriate funding to ensure implementation, and an adequate level of coverage to fulfil the needs of the most vulnerable populations.

Sweden



An important current development in social services is related to AI.

There should be work in place to support municipalities in the use of AI in social services to ensure that increased use is cost-effective and appropriate for the work of social services and for people using services.

There should be clear regulations in place to cover the legal aspects of its use and implementation in social services.

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