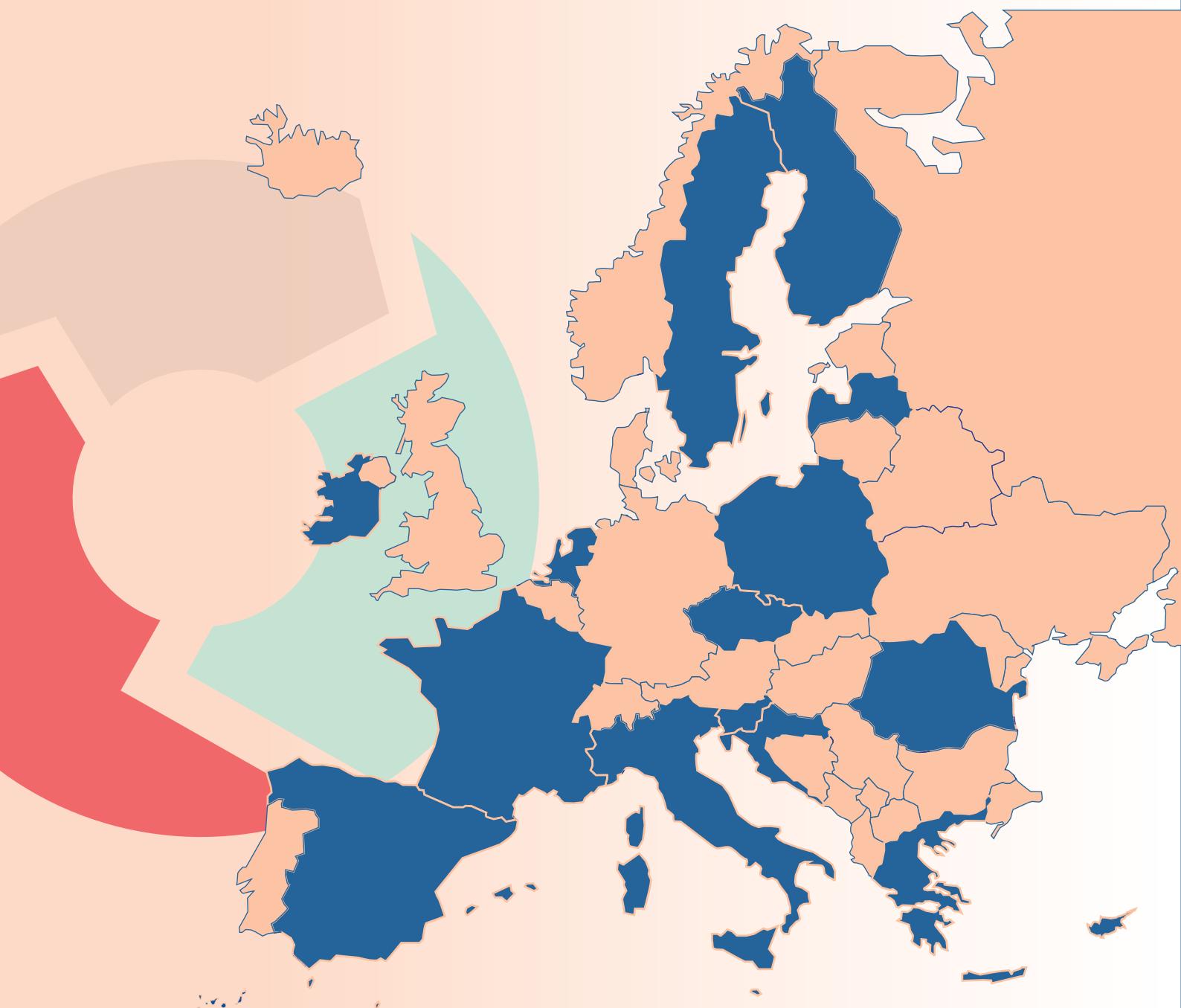


European Social Services Index 2025

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 PUBLICATION

This publication contains the findings of a cross-country comparison of data concerning social services in 16 European countries.

ESN collected this data through a dedicated Working Group within the framework of the European Social Services Index, an initiative we launched in 2023, which remains the only tool at European level to provide a national and European overview of social services legislation, expenditure, and coverage.

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This publication was written by **Cassandra Simmons**, *Independent Consultant*, and edited by **Adriana Masgras**, *ESN Policy and Project Officer*, and **Alfonso Lara Montero**, *ESN Chief Executive Officer*.

Simon Gibbons, *ESN Senior Communications Officer*, and **Domenico Iannone**, *ESN Communications Officer*, contributed to the production and publication of this document.

NATIONAL CONTRIBUTORS

We would also like to thank the national contributors who took part in the **2025 European Social Services Index Working Group**:

Croatia

Snježana Franković, Ministry of Labour, Pension System, Family and Social Policy; **Zorana Uzelac Bošnjak**, Zagreb City Council - Department for Social Protection and People with Disabilities

Cyprus

Despina Cochliou, University of Nicosia

Czechia

Jiří Horecký, Association of Social Care Providers

Finland

Riikka Väyrynen, Finnish Institute for Health and Welfare

France

Arnaud Lopez, National Association of Directors of Social Care and Health in County Councils

Greece

Fotini Marini, University of West Attica - Social Administration Research Laboratory

Ireland

Caroline Strong, Irish Association of Social Workers

Italy

Federica Mancini, National Institute for Public Policy Analysis

Latvia

Līva Ševčuna, Ministry of Welfare; **Martins Moors**, Riga City Council - Department for Welfare

NATIONAL CONTRIBUTORS CONT.

Malta

Sandra Abela, Foundation for Social Welfare Services;
Renzo de Gabriele, Active Ageing and Community Care

Netherlands

Marcel van Druenen, Association for Professionals in the Public Social Domain (SAM); **Larissa van Es**, Association of Directors of Social Services (Divosa)

Poland

Pawel Rabiej, Korczak University

Romania

Ana Radulescu, Centre for Training and Assessment in Social Work

Slovenia

Špela Zupan, Association of Centres for Social Work

Spain

Ana Belén Domínguez Milanés, General Council of Social Work

Sweden

Graham Owen, Swedish Association of Social Services Directors;
Matilda Hansson, National Board of Health and Welfare

COUNTRY ABBREVIATIONS

Croatia	HR	Latvia	LV
Cyprus	CY	Malta	MT
Czechia	CZ	Netherlands	NL
Finland	FI	Poland	PL
France	FR	Romania	RO
Greece	EL	Slovenia	SI
Ireland	IE	Spain	ES
Italy	IT	Sweden	SE

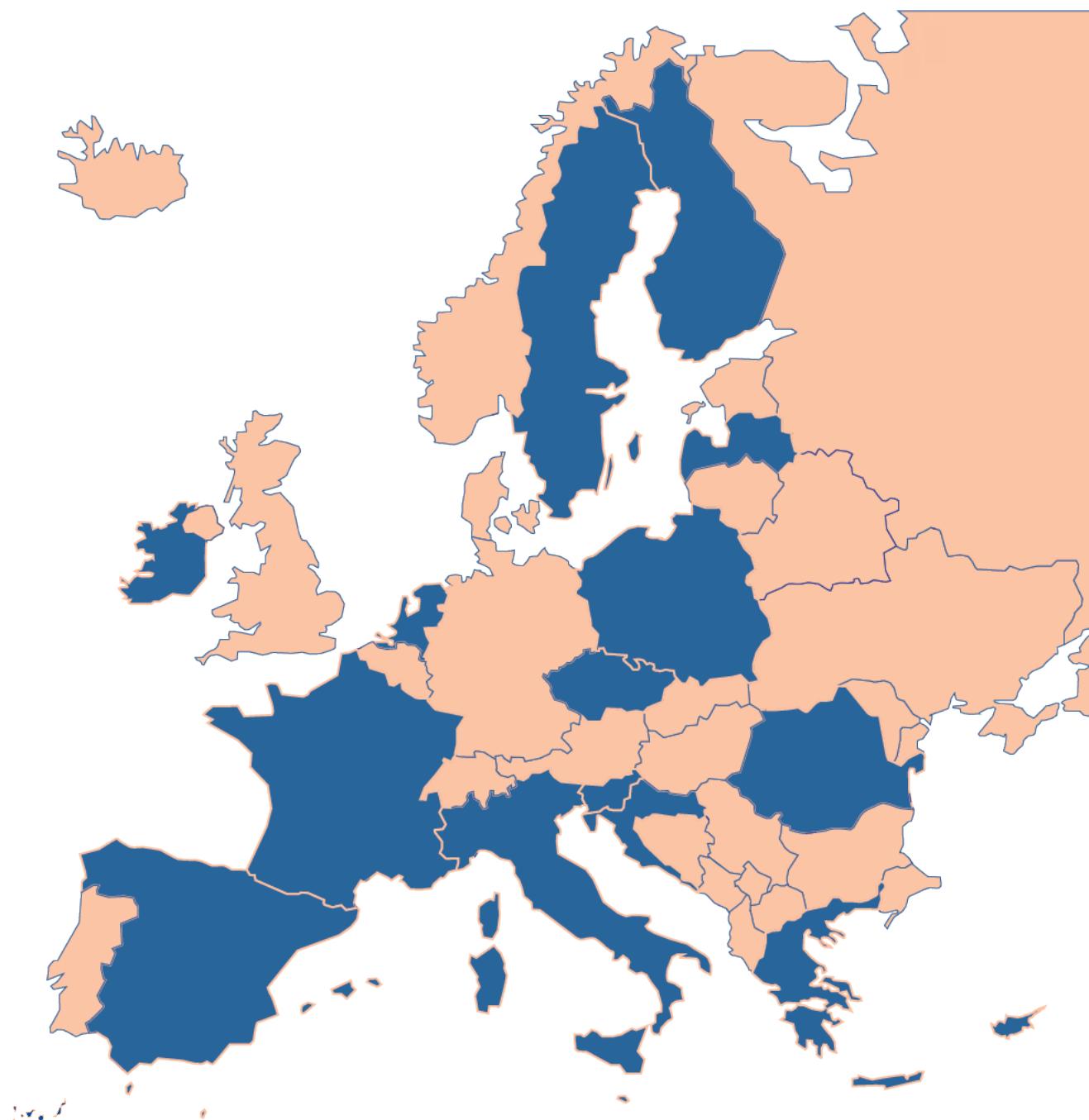
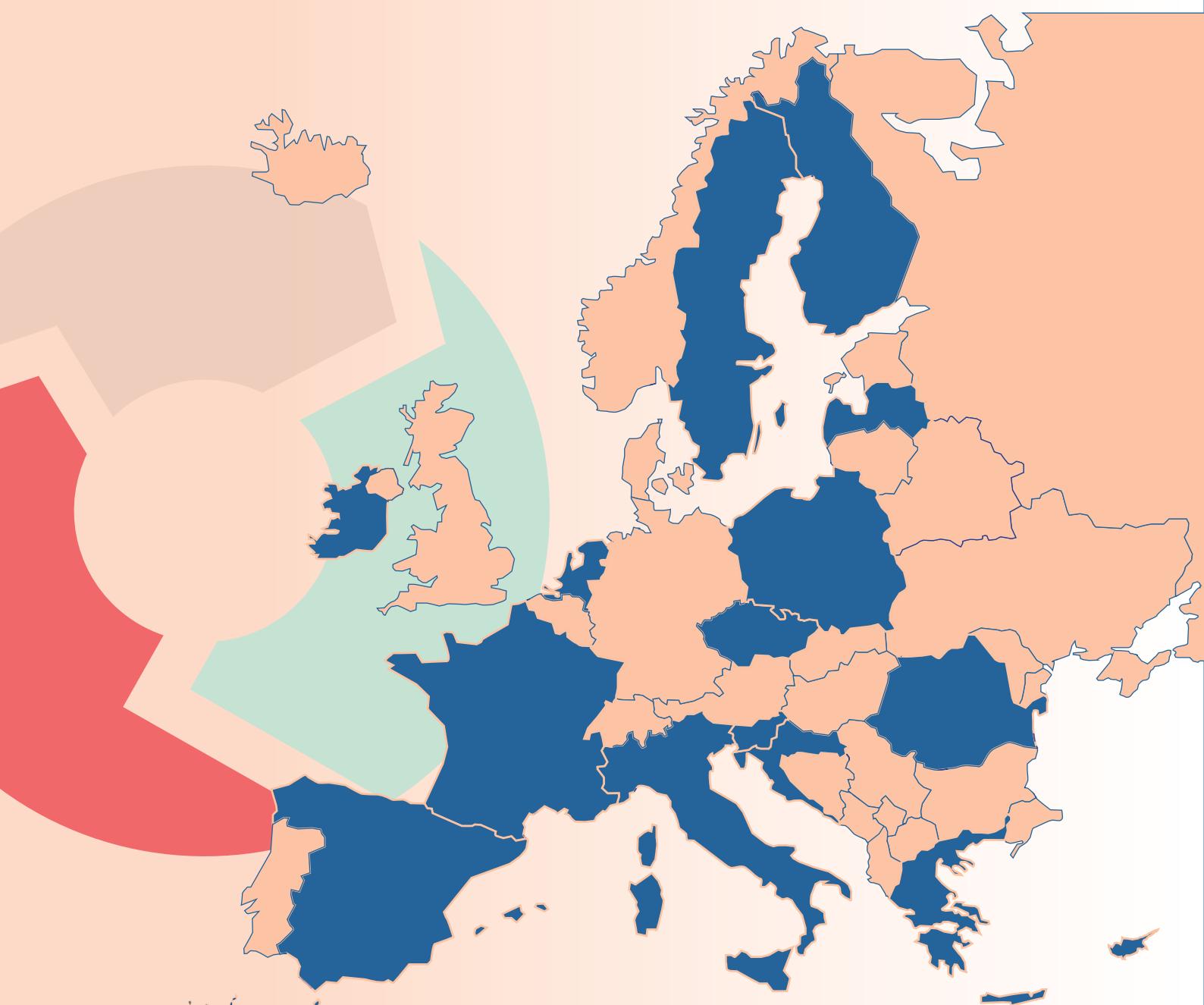


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Methodology

CROSS-COUNTRY ANALYSIS



1. METHODOLOGY

This comparative report is a cross-country assessment of key common themes identified across the 16 national factsheets that address the situation of social services in the 16 European Union (EU) Member States featured in the **2025 European Social Services Index Working Group**. Members of the Working Group included representatives from national associations of public social services directors and social workers, universities, research and training centres, as well as national and local authorities.

The countries represented in 2025 were **Croatia, Cyprus, Czechia, Finland, France, Greece, Ireland, Italy, Latvia, Malta, the Netherlands, Poland, Romania, Slovenia, Spain, and Sweden**.

Through an online questionnaire, we asked members about social services legislation, expenditure, and coverage in their own countries to better understand and compare the situation of social services across Europe and identify areas for improvement. We also asked members to provide one recommendation for their national government, highlighting one area of highest priority.

All 16 National Factsheets can be viewed and downloaded on [ESN's website](#).

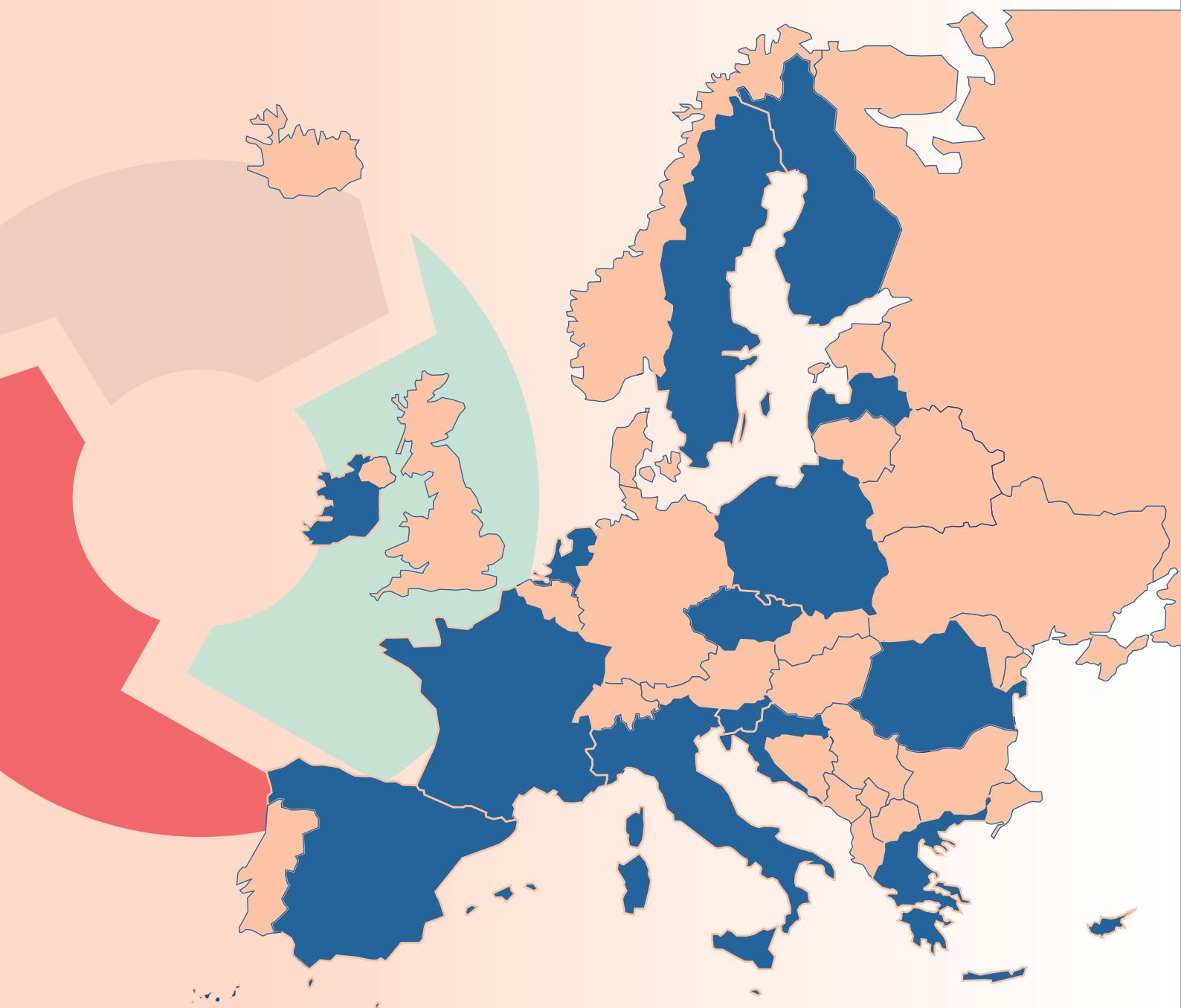
The data collected helps us provide evidence for the European Commission to formulate needs-based recommendations to national governments within the framework of the European Semester – an annual review of national economic, social, and budgetary policies aimed at identifying socio-economic challenges in EU Member States and proposing solutions to address these. The data collected also provides evidence for national governments to monitor key indicators of social services, including in comparison to other countries.

The data provided across countries varied substantially due to differences in the way it was collected, the years the data referred to, conceptual definitions, and the quality and availability of the data. Efforts were made to verify the data to ensure reliability; however, some sources were provided in confidence, and thus their accuracy lies with the members of the European Social Services Index Working Group.

Where necessary, quantitative data was transformed and standardised to ensure cross-country comparability. Where data remained incomparable, differences in methodologies, measurements, or definitions are noted. Throughout the report, flow values (i.e., data accumulated over a year) are distinguished from stock values (i.e., figures measured at a specific point in time), which are identified by the month and year to which they pertain. For qualitative data, the analysis focused on identifying common themes shared across countries. Where data proved too disparate for comparison, information was presented at the individual country level instead.

Social Services Legislation

CROSS-COUNTRY ANALYSIS



2. SOCIAL SERVICES LEGISLATION

In this section, we present cross-country information on five areas related to legislation: whether national legislation guarantees the right to access social services and provides a definition of social services, the availability of a publicly accessible national social services catalogue, the existence of a national social services strategic plan and accompanying budget, and the distribution of social services responsibilities across governance levels.

2.1 Right to Access Social Services

National legislation that recognises people's right to access social services is crucial as it ensures equal opportunities to meet basic needs through services and promotes equity and inclusion. Embedding this right in national legislation provides a legal foundation and strengthens accountability of government and service providers to meet social needs.

Of the 16 countries featured in the 2025 European Social Services Index, **eight countries** have one piece of legislation guaranteeing the right to access social services (**CZ, FI, FR, HR, LV, RO, SE, SI**), while in **four countries**, this right is enshrined across multiple pieces of legislation (**IE, IT, MT, NL**), with provisions often dispersed according to the different social services areas.

Of the **four countries** without national legislation (**CY, EL, ES, PL**), one recognises the right to a dignified standard of living but stops short of referencing social services to achieve this (**CY**), one guarantees the right only to social care in legislation (**EL**), and in another, the right to social services is regulated in regional laws rather than at national level (**ES**).

Does your country have national legislation recognising people's right to access social services?

CROATIA	■	LATVIA	■
CYPRUS	■*	MALTA	■
CZECHIA	■	NETHERLANDS	■
FINLAND	■	POLAND	■
FRANCE	■	ROMANIA	■
GREECE	■**	SLOVENIA	■
IRELAND	■	SPAIN	■***
ITALY	■	SWEDEN	■

*
**

No, but right to dignified standard of living
No, but right to social care
No, legislation at regional level

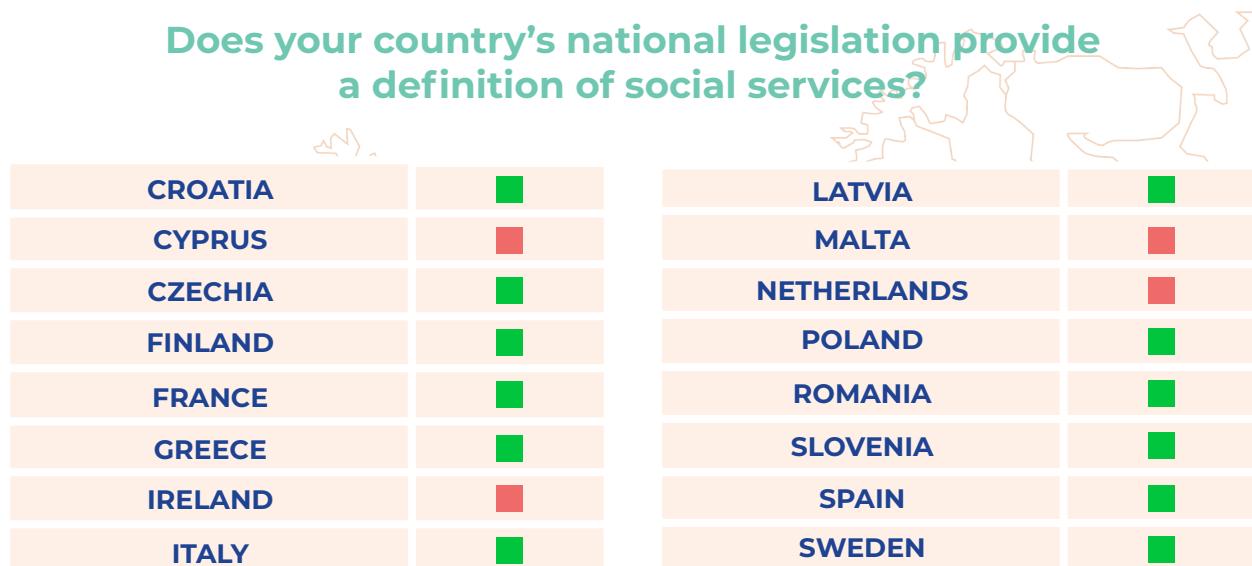
2.2 Definition of Social Services

Having national legislation that defines social services is essential as it establishes a clear and consistent understanding of which services people are entitled to and eligible for, and provides a legal foundation for accountability.

11 of the 16 countries have a clear definition of social services in their national legislation (**CZ, EL, FI, FR, HR, IT, LT, PL, RO, SE, SL**).

In **Spain**, because responsibility for social services is decentralised to regions, each region defines them differently. However, a 2023 draft law approved by the Council of Ministers (pending in parliament) aims to establish a national definition.

The remaining **four countries** do not have a single, universally agreed-upon definition of social services in national legislation (**CY, IE, MT, NL**), although in **Malta** and the **Netherlands**, there is a broadly accepted definition, referring to support that addresses needs related to disability, ageing, and other social or financial difficulties.



Improving **quality of life and wellbeing** and ensuring a decent standard of living are key aims highlighted in a number of definitions (**EL, FI, HR, PL, RO**), while promoting **participation** in society, **social inclusion**, and **cohesion** are key goals of others (**CZ, EL, FI, RO**). In some countries, the role of social services is highlighted as **supporting the family and individuals** (**EL, HR, PL**). **Prevention** and **addressing social problems** are key defining features of social services in around one-third of countries (**EL, FR, HR, IT, PL, SI**). Seven countries highlight specific services or sectors, in most cases providing a fairly comprehensive list (**EL, FI, FR, LT, PL, SE, SI**).

2.3 National Social Services Catalogue

A national social services catalogue is a single document or website accessible to the general public that lists all the social services and benefits available to the citizens of a country and provides information on how to access them. In addition to improving awareness of and access to services, a national social services catalogue can strengthen coordination across sectors or departments.

Six of the 16 countries have a national social services catalogue (**CY, CZ, EL, ES, HR, MT**), with comprehensive social services coverage. However, in the case of **Greece**, the catalogue was noted as not easily accessible to the public and containing incomplete information.

Does your country have a national social services catalogue?

	TYPE OF SERVICE INCLUDED						
	LTC FOR OLDER PEOPLE (65+)	LTC FOR ADULTS WITH DISABILITIES (18-64)	CHILD PROTECTION	DOMESTIC VIOLENCE SUPPORT SERVICES	MINIMUM INCOME SCHEMES	HOUSING & HOMELESSNESS SUPPORT	
CROATIA	■	X	X	X	X	X	X
CYPRUS	■	X	X	X			
CZECHIA	■	X	X	X	X		X
FINLAND	■						
FRANCE	■						
GREECE	■	X	X	X		X	X
IRELAND	■						
ITALY	■						
LATVIA	■						
MALTA	■	X	X	X		X	X
NETHERLANDS	■						
POLAND	■						
ROMANIA	■						
SLOVENIA	■						
SPAIN	■	X	X	X	X	X	X
SWEDEN	■						

Note: Green = yes; Yellow = no, but information on social services is consolidated/available in some form or at a different level of governance; Red = no information on social services is consolidated anywhere.

In **8 of the 10 countries** without a national social services catalogue, information on social services is consolidated in some form, such as in national legislation, or is available at a different governance level (**FI, FR, IT, LT, NL, PL, RO, SE**). In the absence of a national social services catalogue, however, information stated in legislation is not likely to be clear and accessible to the broader population.

In **Italy**, the Information System for the Provision of Social Services collects data on the types and characteristics of social services; however, it is primarily designed for data purposes. In **Sweden**, information is decentralised to municipalities, which can present information on social services they offer on their own websites. In the **Netherlands**, several online platforms are available for municipalities to use voluntarily to inform citizens about the services and benefits they may be entitled to in their region/municipality.

2.4 National Social Services Strategic Plan

A national social services strategic plan outlines a country's vision, goals, and targets for social services development, as well as the means required to achieve these. Having such a plan symbolises a country's commitment to strengthening social services and can provide a clear framework for setting priorities, allocating financial and human resources, and coordinating efforts across different levels of government and service providers.

Of the 16 countries, **11** have at least one broader social service strategic plan at the national level (**CY, CZ, ES, HR, IT, LV, MT, PL, RO, SE, SK**), covering numerous types of social services. Specific budgets are reported in some countries with strategic plans. In **Latvia**, as much as €12.12 billion was allocated over six years to implement the Social Protection and Labour Market Policy Guidelines 2021-2027. In **Spain**, €198.7 million was allocated to the Family Protection and Child Poverty Relief Programme - Basic Social Services Benefits for 2024. In some countries, the strategic plans clearly specify particular target populations (**IT, LT, PL**). **Two countries** are noted as having two separate strategic plans relevant to social services (**LT, MT**).

In **France**, due to the decentralisation of social services planning to the county councils, each county council must develop its own plan defining the framework of the social services they are responsible for.

Improving quality of services and strengthening quality systems for social services is highlighted in **four countries'** national social services strategic plans (**HR, LT, SE, SK**). In a few countries, these plans specify the responsibility of particular **governance levels** or public institutions (**ES, PL, RO**), while in others, affordability and eliminating means-testing are highlighted as key aims (**CY, SE**).

Does your country have a national social services strategic plan?

	SOCIAL SERVICES STRATEGIC PLAN (YEARS COVERED)	REPORTED ACCOMPANYING BUDGET
CROATIA	■ (2021-2027)	
CYPRUS	■ (2019)	
CZECHIA	■ (2016-2025)	
FINLAND	■	
FRANCE	■ COUNTY COUNCILS	
GREECE	■ SERVICE-SPECIFIC (NO DATE YET)	
IRELAND	■ SERVICE-SPECIFIC (2025)	
ITALY	■ (2024-2026)	Several different financing sources mentioned
LATVIA	■ (2022-2024); (2021-2027)	€12.12 billion over six years for implementing the Social Protection and Labour Market Policy Guidelines 2021-2027; €161.3 million for the Social Services Improvement and Development Plan 2022-2024
MALTA	■ (2035); (2025-2030)	
NETHERLANDS	■	
POLAND	■ (UNTIL 2030 - WITH PERSPECTIVE UNTIL 2035)	Dedicated financial instruments established by the responsible Ministry
ROMANIA	■ (2022-2027)	Covered by local funds allocated from the national annual budget
SLOVENIA	■ (2022-2030)	
SPAIN	■ (2024) ■ SERVICE-SPECIFIC	€198.7 million allocated to the Family Protection and Child Poverty Relief Programme - Basic Social Services Benefits for 2024 (0.01% of GDP)
SWEDEN	■ (NEW ACT – 2024) ■ SERVICE-SPECIFIC	€~109 million (0.02% of GDP) for 2025; €~200 million for 2026-2028

Note: Green = yes at national level; Red = no; Light Blue = yes at regional or local level; Dark Blue = specific services plan.

Four countries report national strategies specific to a particular area of social services (**EL, ES, IE, SE**), two of which are additional to national social services strategies (**ES, SE**). In three of these countries, the specific social services plans pertain primarily to long-term care and disability services (**EL, ES, IE**). In **Sweden**, there are multiple national strategic plans targeting specific groups of the population, financed by municipalities.



2.5 Responsibilities of National, Regional, and Local Authorities

A clear distribution of responsibilities for social services is essential to ensure transparency, accountability, and equitable access in their planning, funding, delivery, and oversight.

Responsibility for social services refers to:

- **Planning:** identifying population needs and determining the capacity of social services required. This differs from policymaking, which involves developing overarching policies and legislation.
- **Funding:** raising, allocating, and/or managing financial resources needed to provide social services.
- **Delivery:** organising the provision of (and/or directly providing) services to beneficiaries.
- **Regulation and inspection:** ensuring the compliance of social services providers with quality standards/requirements (e.g., through licensing, registering providers, issuing penalties, carrying out inspections).

Responsibilities for social services are highly divided across governance levels in **15 of the 16 countries**. In some cases, responsibilities for certain functions are shared, or interconnected, across governance levels, or may be distributed according to service type. The exception to this is **Malta**, where all functions of social services are carried out at the national level, likely due to its population and geographic size.

Responsibility for **planning** social services varies extensively across countries. In some countries, planning is done strictly at the national level (**EL, MT, PL**) or is decentralised to regions, county councils, or local authorities (**ES, FR, IT, NL, SE**). In most countries, planning responsibilities are shared across governance levels, occasionally split according to service area.

National authorities are involved in **funding** social services in most countries (**CY, EL, ES, FI, IE, IT, LT, MT, NE, PL, SE, SL**), although this national responsibility is commonly split with municipalities/local authorities (**LV, NL, SE, SL**) and/or regions (**ES, FI, IT**). Funding is the sole responsibility of national authorities in **four countries (CY, EL, MT, PL)**. Where regions or municipalities are involved in financing, they typically raise supplementary funds or decide how budgets are allocated across services.

Delivery of social services is often decentralised to regions, local authorities/municipalities, county councils, or a combination thereof. National authorities are involved in the delivery of social services in select cases (**CY, CZ, EL, IE, LV**). The third sector, non-governmental organisations, or private providers were explicitly highlighted as involved in the delivery of social services in **11 countries (CY, EL, ES, FI, HR, IE, IT, PL, RO, SE, SL)**.

Finally, **regulation and inspection** of social services is centralised in most countries, with national authorities having full oversight (**CY, IE, MT, NL, RO, SE, SL**). In **Malta**, regulation of social services is divided between two different national agencies, according to the type of services. Regulation of social services is strictly delegated to regions in **Italy** and **Spain**. In **4 countries (EL, FI, HR, LV)**, the responsibility for regulation and inspection is divided across governance levels, with different specialised roles between authorities.

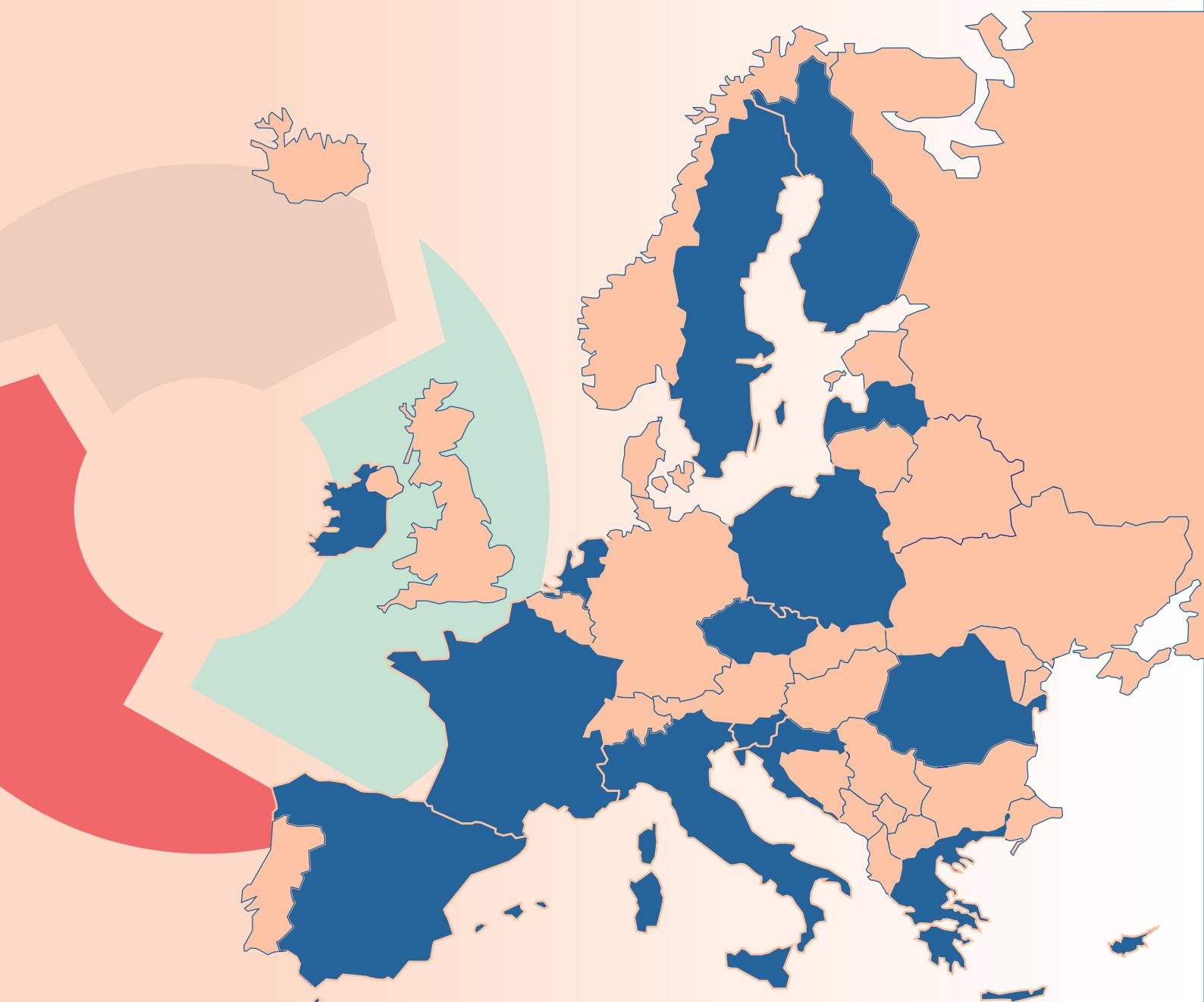
Division of responsibilities of public authorities across governance levels

	PLANNING	FUNDING	DELIVERY	REGULATION AND INSPECTION
CROATIA	NATIONAL, REGIONAL, CITY OF ZAGREB	REGIONAL, LOCAL AUTHORITIES	NATIONAL, REGIONAL, CITY OF ZAGREB	NATIONAL, REGIONAL
CYPRUS	NATIONAL (DISTRICT WELFARE OFFICES)	NATIONAL	NATIONAL (DISTRICT WELFARE OFFICES)	NATIONAL
CZECHIA	REGIONS, MUNICIPALITIES	NATIONAL	REGIONS, MUNICIPALITIES, COUNTIES	REGIONS, MUNICIPALITIES
FINLAND	NATIONAL, WELLBEING SERVICES COUNTIES	NATIONAL, WELLBEING SERVICES COUNTIES	WELLBEING SERVICES COUNTIES	NATIONAL, REGIONAL
FRANCE	COUNTY COUNCILS	NATIONAL	COUNTY COUNCILS	COUNTY COUNCILS
GREECE	NATIONAL	NATIONAL	NATIONAL, REGIONAL (SOCIAL WELFARE CENTRES)	NATIONAL, REGIONAL, MUNICIPALITIES
IRELAND	NATIONAL, REGIONAL	NATIONAL, REGIONAL	NATIONAL, LOCAL AUTHORITIES	NATIONAL (INDEPENDENT BODY FOR LTC SERVICES)
ITALY	REGIONS	NATIONAL, REGIONAL	MUNICIPALITIES & TERRITORIAL AREAS	REGIONS
LATVIA	NATIONAL, MUNICIPALITIES	NATIONAL, LOCAL	NATIONAL, LOCAL	NATIONAL, MUNICIPALITIES
MALTA	NATIONAL	NATIONAL	NATIONAL	NATIONAL
NETHERLANDS	LOCAL AUTHORITIES (MOST SERVICES)	NATIONAL, LOCAL AUTHORITIES	LOCAL AUTHORITIES	NATIONAL
POLAND	NATIONAL	NATIONAL	LOCAL AUTHORITIES (MUNICIPALITIES, COUNTIES)	LOCAL AUTHORITIES
ROMANIA	REGIONAL / LOCAL AUTHORITIES	REGIONAL / LOCAL AUTHORITIES	REGIONAL / LOCAL AUTHORITIES	NATIONAL
SLOVENIA	LOCAL	NATIONAL, LOCAL	LOCAL AUTHORITIES (MUNICIPALITIES)	NATIONAL
SPAIN	NATIONAL, REGIONAL, LOCAL AUTHORITIES	NATIONAL, REGIONAL	REGIONS, MUNICIPALITIES	REGIONS
SWEDEN	COUNTRY COUNCILS / REGIONS, MUNICIPALITIES	NATIONAL, MUNICIPALITIES	COUNTRY COUNCILS / REGIONS, MUNICIPALITIES	NATIONAL

In **five** of the **11 countries** with available data (**ES, FI, IE, NL, PL**), responsibility for social services and policymaking on social services and related benefits is fragmented across multiple ministries, typically divided by service type. This high level of fragmentation of responsibilities for policymaking and oversight challenges the coordinated development of policies across social services.

Social Services Expenditure

CROSS-COUNTRY ANALYSIS



3. SOCIAL SERVICES EXPENDITURE

In this section, we present data on total public spending on social services and social benefits in several ways. For all indicators, higher amounts of public spending reflect a government's commitment to funding social services and the extent of coverage.

We first present spending on social protection as a percentage of gross domestic product (GDP) across all **16 countries**, according to the ESSPROS (European System of Integrated Social Protection Statistics) classification, the only comparable data on social spending available for EU countries, disaggregated by cash and in-kind benefits. Social spending under the ESSPROS classification encompasses expenditures on sickness/health care, disability, old age, survivors, family/children, unemployment, housing, and other social exclusion. Cash benefits refer to financial transfers, while in-kind benefits refer to goods and services provided.

In-kind spending is an imperfect proxy for social services expenditure, as it may include goods and services beyond this report's scope and exclude cash benefits used for services. Still, it offers comparative insight into the scale of countries' social services expenditure.

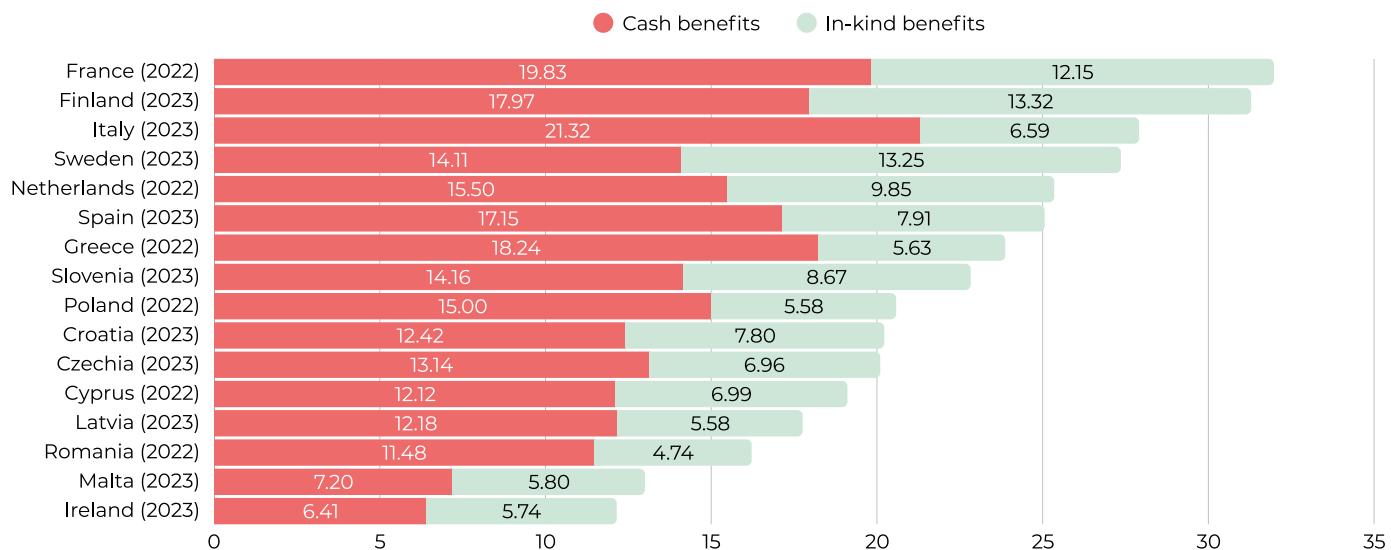
We also present per capita spending on social protection in-kind benefits (including disability, old age, survivors, family/children, unemployment, housing, and other social exclusion) based on the ESSPROS classification, excluding expenditure on health care, to provide a clearer picture of potential spending on social services.

Ten countries spend at least 20% of their GDP towards social protection. **Ireland** spends the least on social protection annually, as a percentage of GDP (12%), while **France** spends the most (32%).

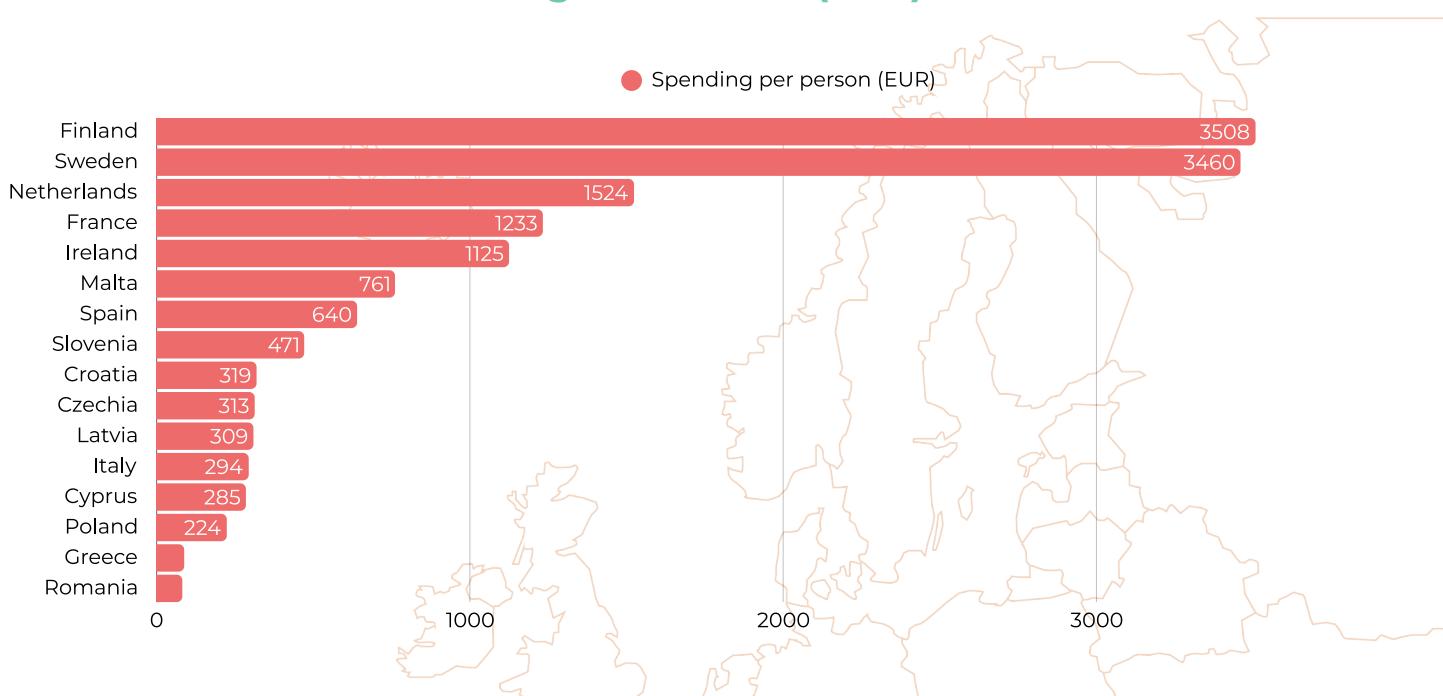
All countries spend more on cash benefits compared to in-kind benefits (goods and services). **Finland** spends the most on the in-kind component of social protection relative to its GDP (13.32%), followed closely by **Sweden** (13.25%), and **France** (12.15%). **Romania** spends the lowest share of its GDP on in-kind benefits (4.74%).

Per capita public expenditure on in-kind benefits, excluding health care, varies substantially across countries but remains low among most. **Romania** spends as little as €82 per person annually, while **Finland** spends the most at €3,508 per person, nearly 43 times more. Nine countries spend less than €500 per capita on in-kind benefits annually, excluding health care.

Public expenditure on social protection (% of GDP)



Per capita public expenditure on in-kind benefits, excluding health care (EUR)



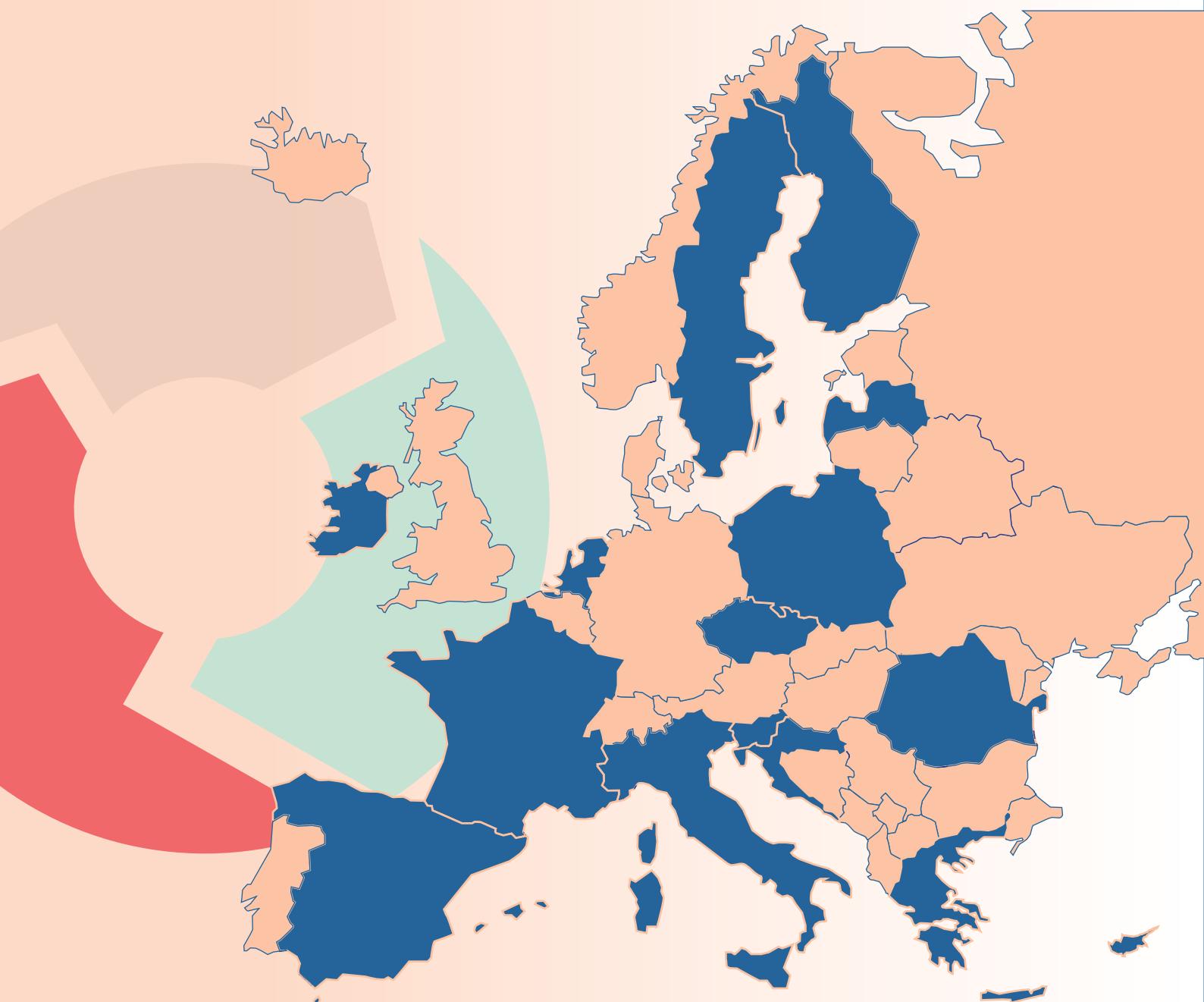
Information on the division of expenditure across governance levels is available for **three countries (ES, FI, HR)**, indicating variation in the extent to which expenditure decisions are decentralised. In **Finland**, in 2023, social protection expenditure was primarily funded by the state (45.4%) and employers (30.1%), with only a marginal contribution from insured persons (14.6%), municipalities (4.2%), and other sources (5.6%). In **Croatia**, 91.6% of the total public expenditure on social services in 2024 was spent at the national level, with the remainder distributed among regional and local levels. In **Spain**, the 2022 Concerted Plan of Basic Social Services Benefits amounted to €2.561 billion, primarily funded by the Autonomous Communities and Cities (55.1%), local enterprises (40.5%), and at the national level by the Ministry of Social Rights, Consumer Affairs, and 2030 Agenda (4.2%).

Data on social services spending at either the regional or municipality level is available for **three** other **countries (FR, IT, LV)**. In **France**, county councils spent €43.6 billion on social and health care services in 2023 (1.49% of GDP). In **Latvia**, municipalities' expenditure on social services in 2024 totalled €175.1 million (0.6% of GDP), while in **Italy**, municipalities' 2021 net expenditure on social services amounted to €8.4 billion (0.5% of GDP).



Social Services Coverage

CROSS-COUNTRY ANALYSIS



4. SOCIAL SERVICES COVERAGE



In this section, we examine social services coverage, which refers to the range of available social services and benefits, designed to address people's social needs and improve their social wellbeing. We focus on:

- Social services workforce
- Long-term care services for older people (65+)
- Long-term care services for adults with disabilities (18-64)
- Child protection
- Domestic violence support services
- Minimum income schemes
- Housing and homelessness support

4.1 Social Services Workforce

An adequately staffed workforce is the foundation for ensuring access to essential social services. Higher numbers of professionals working in social services correspond with increased availability and access to services.

Differences in definitions, roles, administrative structures, and data type and availability limit cross-country comparisons of figures on the social services workforce. In some cases, data combines public and private workers or include health care staff, while differing timeframes further hinder comparability.

We present figures on social workers due to the profession's prominent role in social services, as well as figures on professionals working in social services more broadly. However, role definitions vary by country, and all data reflects each nation's own classification of social workers and other social services professionals.

To improve comparability, we calculate the figures on social workers relative to population size (per 100,000 population), distinguishing between total social workers and those registered (i.e., certified or belonging to an association).

Size of the social services workforce

	NUMBER OF PUBLIC SOCIAL WORKERS	NUMBER OF REGISTERED / LICENSED SOCIAL WORKERS (PUBLIC AND PRIVATE)	NUMBER OF PROFESSIONALS IN PUBLIC SOCIAL SERVICES (INCLUDING SOCIAL WORKERS)	NUMBER OF FTE PROFESSIONALS IN PUBLIC SOCIAL SERVICES
CROATIA	1,753 (DEC 2024)		2,241 (DEC 2024)	
CYPRUS			4,900 (2020)	
CZECHIA	2,732 (DEC 2024)		54,594 (DEC 2024)	
FINLAND		7,536 (2024)	83,501 (2023)	
FRANCE	33,710 (DEC 2023)		123,101 IN SOCIAL AND HEALTH CARE SERVICES (DEC 2023)	
GREECE		3,920 ^a (MAY 2025)	2,166 (2023)	
IRELAND		5,741 ^b (JUNE 2025)	382,500 IN HEALTH AND SOCIAL CARE ACTIVITIES (PUBLIC AND PRIVATE) (2024 Q4)	
ITALY	13,621 (2023)			
LATVIA			7,034 WORKERS IN LOCAL GOVERNMENT INSTITUTIONS PROVIDING SOCIAL SERVICES/ASSISTANCE (2024); 3,264 WORKERS IN STATE LTC AND REHABILITATION CENTRES (DEC 2024)	
MALTA		460 (MAY 2025)		
NETHERLANDS			149,200 EMPLOYEES IN HEALTH CARE AND WELFARE SECTOR (2024 Q1); 64,800 EMPLOYEES IN SOCIAL WORK SECTOR (2024 Q1)	
POLAND	22,046 (2024)		132,333 (2024)	
ROMANIA		13,115 VALIDLY REGISTERED (AUG 2025)	85,300 (PUBLIC AND PRIVATE) (2020)	
SLOVENIA				1,339.66 FTE WORKERS IN CENTRES FOR SOCIAL WORK AND CRISIS ACCOMMODATION (2024)
SPAIN		51,768 (JUNE 2024)	756,510 (PUBLIC AND PRIVATE) (Q4 2024)	
SWEDEN	29,000 ^b (NOV 2024)		41,000 (NOV 2024)	

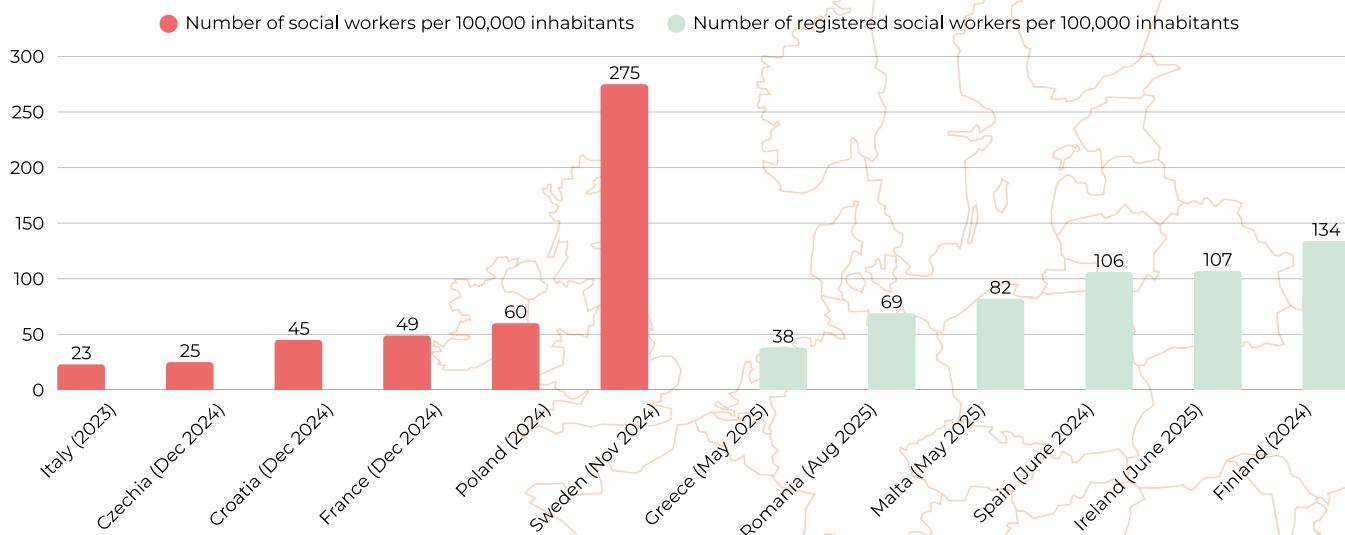
^a In Greece, this refers to registration with the Hellenic Association of Social Workers.^b This figure excludes social care workers on the basis of a different professional profile.

The types of roles/professions included in the social services workforce vary substantially across countries, limiting their comparability. Notably, **Spain** and **Ireland** both have a substantial social services workforce, with 756,000 and 382,500 workers, respectively, in health and social care activities as of the last quarter of 2024. Relative to population size, **Croatia** has a small social services workforce of 2,241 workers.

Most countries report the size of the social worker population at a given point in time. Of these, **Sweden** had the largest workforce, with 275 social workers per 100,000 inhabitants in November 2024, while **Czechia** had the fewest, 25 in December 2024. **Italy** and **Poland** reported 23 and 60 social workers per 100,000 inhabitants in 2023 and 2024, respectively, which may overestimate the workforce at a given time due to fluctuation in and out of the sector.

Figures for registered social workers are likely higher in comparison, as they represent workers in both public and private services, as well as those registered but no longer active in the field. Of these countries, **Finland** had the highest number of registered social workers, at 134 per 100,000 inhabitants, throughout 2024. Of countries reporting registered social workers at a given point in time, **Ireland** had the most, 107 social workers in June 2025, while **Greece** had the fewest, 38 social workers in May 2025.

Number of social workers per 100,000 inhabitants



Note: 'Registered social workers' refers to social workers that are registered to work, most often in a registry or professional association.

4.2 Long-term Care Services for Older People

Long-term care (LTC) services play a vital role in meeting the care and support needs of older people, enhancing their quality of life and promoting their independence. Developments in LTC have emphasised a shift from residential care models and a preference for community-based services.

We present indicators on the coverage of different LTC services by type (residential care facilities, day care centres, home care services, personal assistants, and telecare services), relative to the estimated population of older adults (aged 65+) with care needs. To ensure a comparable baseline denominator population across countries, we estimate the size of the older population with assumed long-term care needs by multiplying the size of the population aged 65+ by the probability of having some or severe limitations for this age group, based on Eurostat data.

As the definition of community-based care often varies by country and target group (i.e, older people versus adults with disabilities), to ensure comparability, any overnight stay in shared settings is classified as residential care.

Additionally, we summarise data on average waiting time from assessment to receiving services and present the capacity of residential and community-based care (number of beds/places per 100,000 older people).

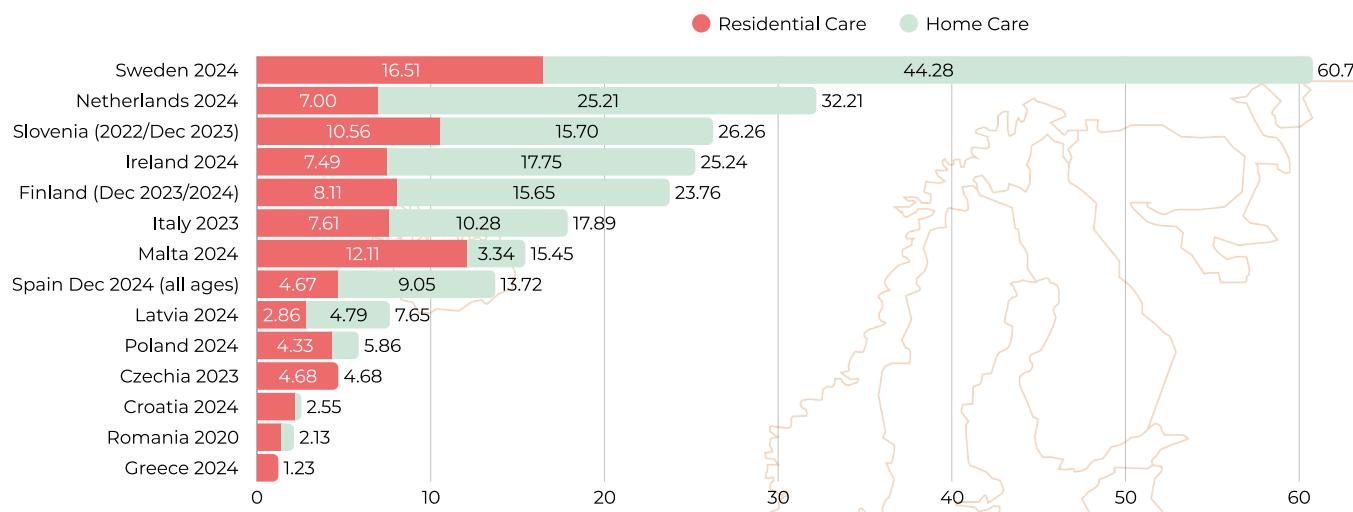
Of the 16 countries covered, **eight countries** have data on average waiting times from assessment to service provision. While highly variable across countries, long waiting times indicate a need to expand the availability of LTC services and streamline processes for granting eligibility, ensuring timely access to services. For the eight countries lacking this information, there is a need for governments to invest in determining whether the waiting time is excessive. For residential care, waiting times are typically as short as 4-6 weeks in **Ireland** and can exceed a year in **Greece** for public services. In **Slovenia**, waiting times can be longer than a year for those with dementia waiting for single rooms. At the extreme end, it can take from 1 to 10 years to receive LTC services in **Croatia**.

12 countries have data on residential care use among older people, and **ten countries** have data on home care, enabling a calculation of coverage rates for older people. This suggests that several countries still require investment in data monitoring and collection to gain a comprehensive understanding of the situation in their countries regarding LTC coverage. None of the countries for which we have data comes close to covering the entire estimated older population with LTC needs.

Based on annual data, coverage is most extensive in **Sweden**, with every three in five older adults with care needs receiving either residential or home care (61%), followed by **Ireland** (25%). Based on data provided at a single time point, coverage is also high in **Slovenia** (26%) and **Finland** (24%), although these figures are not representative of the total number of beneficiaries in a given year. Coverage is comparatively low in **Latvia** (8%), **Poland** (6%), **Czechia** (5%), **Croatia** (3%), **Romania** (2%), and **Greece** (1%).

In most countries with sufficient data, home care exceeds residential care, reflecting a shift toward community-based care, though residential care remains significant. Exceptions include **Poland**, **Croatia**, and **Romania**, where residential care remains the predominant type of provision within overall low LTC coverage.

Share of older population (65+) with care needs receiving residential and home care (%)



Note: These figures exclude meal distribution services to prevent potential double-counting. Some data explicitly includes privately funded services (e.g., EL, MT, RO, SI). Different years of data are used for Slovenia (residential care: December 2023; home care: December 2022) and Finland (residential care: December 2024, home care: December 2023). No age-specific data is available for home care in Czechia or Greece. Latvia's residential care data refers to individuals aged 62 and above.

Data on the use of day care centres among older people is available for **eight countries**. The coverage of day care services among older people is generally low across countries, with the exception of the **Netherlands** (7.4%), followed by **Malta** (6.7%) and **Italy** (5.76%). In the remaining countries, fewer than 1% of older adults use day care centres. Personal assistants are also not commonly used across countries among the **seven countries** with age-disaggregated data, although, notably, 1 in 5 older adults use these services in **Malta**.

Only **five countries** have age-disaggregated figures (**FR, HR, IE, MT, SE**) on the use of telecare services among older people, referring to security alarms in cases of falls or emergencies (**MT, SE**), personal alarm monitors (**IE**), remote assistance devices (**FR**), or GPS and two-way communication devices (**MT**). At the higher end, nearly 43% of older adults (~290,000) use security alarms in **Sweden**, while as few as 5.8% use a personal alarm monitor in **Ireland**.

Share of estimated older population (65+) with care needs receiving services (%)

	DAY CARE CENTRES	PERSONAL ASSISTANTS	TELECARE SERVICES
CROATIA (2024)	0.09	0.28	0.12
GREECE (2024)	0.14		
LATVIA (2024)	0.1	2.91	
POLAND (2024)		0.33	
SLOVENIA (DEC 2023)		0.22	
ROMANIA (2020)	0.75		
CZECHIA (2023)		0.9	
FINLAND (2024)		1.93	
IRELAND (2024)			5.81
NETHERLANDS (2024)	7.4		
ITALY (2023)	5.76		
MALTA (2024)	6.66	20.54	10.9
FRANCE (2024)			12.0*
SWEDEN (2024)			42.92
SPAIN (2024)	2.7		
CYPRUS (2024)			

*This figure was provided directly by the Working Group member and refers to the share of the general population aged 75+, rather than to the share of estimated older people (65+) with care needs.

All but three countries (FI, HR, NL) have information on the number of beds in residential care settings for older people. France has the highest number of beds at 52.5 beds per 1,000 older people aged 65 and above, followed by Slovenia (48.4), Malta (43.8), Sweden (40.7), Ireland (39.0), and Spain (32.9). Latvia (32), Czechia (27.3), and Italy (21.9) have moderate capacity in residential care, while Greece and Cyprus have as few as 2.5 and 2.9 beds per 1,000 older people, respectively.

Three countries have information on the split between public and private provision (IE, RO, SI). Private beds comprise the majority of residential care provision in Ireland (~84% of all beds) and Romania (78%), but less in Slovenia (~30%).

Number of residential care beds per 1,000 older people aged 65+



Note: The figure for Poland includes residential care beds for all ages.

Information on the number of day care spots for older people is available for **four countries (ES, FR, HR, SI)**, all of which indicate low capacity. Less than one place is available per 1,000 older people in **Croatia, France, and Slovenia**, while 2.17 places are available in **Spain**.

4.3 Long-term Care Services for Adults with Disabilities

LTC services for adults with disabilities provide the daily support necessary to maximise quality of life, promote independent and dignified living, and support participation in community life.

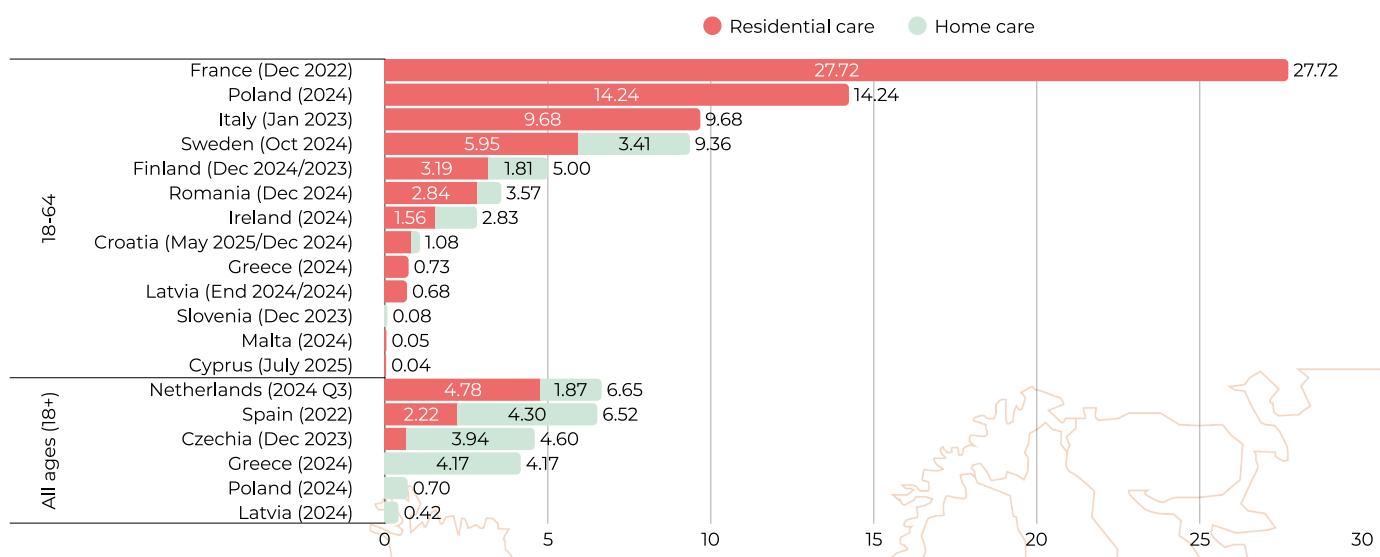
We present the same LTC indicators, with the same definitions and operationalisation as for older people, but targeted at people with disabilities aged 18-64 (or the population aged 18+ generally, where data is not age-specific). We focus on the coverage of different LTC services by setting/type, relative to the estimated population of adults with disabilities, extrapolated from Eurostat data. We highlight average waiting times from assessment to receiving services and present the capacity of residential and community-based care (number of places per 100,000 adults with disabilities).

Age-disaggregated data on residential care use among people with disabilities aged 18-64 is available for **all but four countries (CZ, ES, NL, SI)**, but data for home care services is available in only **five countries (FI, HR, IE, RO, SE, SI)**.

Coverage among people aged 18-64 with LTC needs is highest in **France**, with over 1 in 4 receiving residential care (28%). Coverage in **Poland** is also comparatively high, with 14% of the estimated population with disabilities receiving residential care. Although data is incomplete for **Cyprus, Greece, Latvia, Malta, and Slovenia**, coverage is extremely low, with less than 1% of adults with disabilities receiving services.

In countries where age-disaggregated data is available for both residential and home care (FI, HR, IE, RO, SE), home care comprises a lesser share of provision in all countries. Across countries, LTC coverage for adults with disabilities is low relative to need, while residential care still occupies a disproportionately large share.

Share of adult population with disabilities receiving residential and home care (%)



Note: Comparable home care data for ages 18-64 is not available for six countries, CY, CZ, EL, FR, IT, and PL. Home care data is not available for people with disabilities in Malta. Some residential care data explicitly includes provision by private providers (CY, ES, MT, PL, RO). Romania's home care data includes day care centres and cannot be disaggregated. Ireland's data includes both home care and personal assistants. Home care data for Poland is understated as it excludes services covered through the social protection system. Data for Sweden combines LTC covered under the Social Services Act (ages 0-64) and the Act on Support and Services for Certain People with Disabilities (23-64).

Six countries have non-age-disaggregated data for adults of all ages (including older people) on home and residential care coverage and are thus compared relative to the size of the population with LTC needs aged 18+. In these countries, coverage collectively reaches 6.65% in the **Netherlands**, 5.6% in **Spain**, and 4.6% in **Czechia**, with home care being the dominant type in the latter two. Coverage of home-based care among people 18+ with estimated LTC needs is 4.17% in **Greece** and critically low at 0.7% in **Poland** and 0.4% in **Latvia**.

Data on the use of day care services and personal assistants is available for **10** and **8 countries**, respectively. Across countries, the use of day care centres is low relative to the estimated number of people with disabilities aged 18-64. **Ireland** (4.1%) and **Sweden** (3.9%) stand out with the highest use of day care centres among adults with disabilities, while less than 1% of the population with disabilities use day care services in **Croatia**, **Cyprus**, and **Latvia**.

People with disabilities more frequently use personal assistant services compared to home care, although rates are still low relative to the estimated need. As high as 2.6% of people with disabilities have personal assistants in

Latvia, and 2% in **Slovenia**. Coverage is critically low in **Greece** (0.4%), although these services are being piloted, with the aim of scaling up. Very few use personal assistant services in **Sweden** (0.2%).

Only **Sweden** has age-disaggregated data on telecare, where 12,505 people with disabilities aged 0-64, or 1.1% of the estimated population with disabilities, use, for instance, security alarm services.

Seven countries have non-age-disaggregated data on the use of day care centres, personal assistants, and/or telecare (**CV, ES, HR, IT, LV, NL, SE**). Where this data exists, capacity among these services is generally low, with the exception of the use of personal assistants in **Italy** at 5.57% of the population with LTC needs aged 18 and older, and 6.32% of the population using telecare in **Spain**.

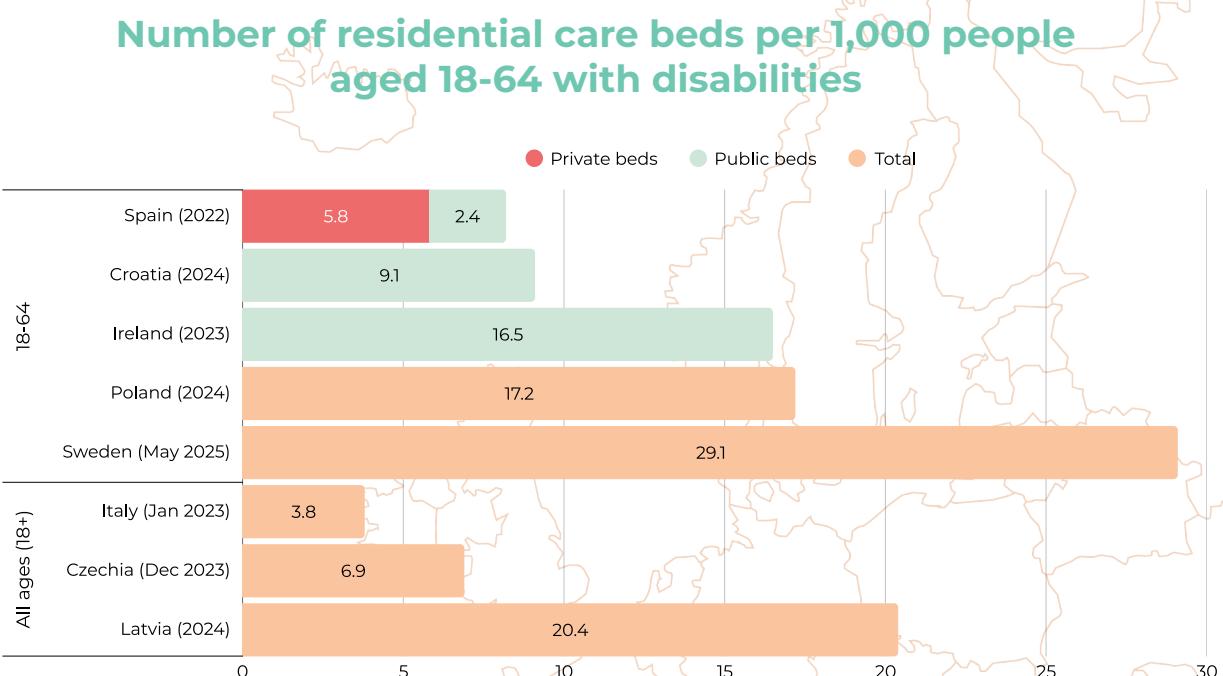
Share of estimated adult population with disabilities receiving services (%)

	DAY CARE CENTRES	PERSONAL ASSISTANTS	TELCARE SERVICES
18-64			
CROATIA (DEC 2024/2023)	0.45	1.04	
CYPRUS (JULY 2025)	0.83		
SWEDEN (OCT 2024)	3.88		1.1
GREECE (2024/APRIL 2025)	1.1	0.44	
FINLAND (DEC 2024)	1.06		
LATVIA (2024)		2.55	
POLAND (2024)	1.0	1.35	
MALTA (2024)	1.54	1.42	
SLOVENIA (JAN 2024)		2.04	
ITALY (2018/2023)	2.07		
IRELAND (2024)	4.13		
CZECHIA (DEC 2023)			
ALL AGES (18+)			
CROATIA (2023)			0.05
SWEDEN (DEC 2024)		0.12	
LATVIA (2024)	0.37		
CZECHIA (DEC 2023)		0.48	
NETHERLANDS (Q3 2024)	1.41		
SPAIN (2022)	1.33	0.13	6.32
ITALY (JAN 2023)		5.57	

Waiting times for services for people with disabilities vary substantially, yet are significant in most countries where data is available. For residential care, people with disabilities may wait as little as several weeks in **Poland**, or more than a year in **Greece**, for public provision. However, geographic inequities exist in **Poland**, where waiting times can exceed a year in certain regions and cities. In **Croatia**, high volumes of requests have resulted in waiting times exceeding the legal requirement of issuing a decision within 30 days of a valid request.

Data on the capacity of residential care services is available for **eight countries**. Of these, **Sweden** has the highest number of beds at 29.1 per 1,000 people aged 18-64 with disabilities, followed by **Poland** (17.2), **Ireland** (16.5), **Croatia** (9.1), and **Spain** (8.2). The division between public and private capacity is only available for **Spain**, indicating that 71% of available beds are with private providers.

For **Czechia**, **Italy**, and **Latvia**, the figures include beds for all adults aged 18+ and are therefore not comparable to the other countries. Among these, **Latvia** has the highest capacity, with 20.4 public beds per 1,000 people aged 18+ with disabilities, followed by **Czechia** (6.9) and **Italy** (3.8%).



Data on the number of places in day care centres for people aged 18-64 is available for **two countries**. In **Ireland**, there were 37.9 beds per 1,000 adults aged 18-64 with disabilities at the end of 2023. In **Sweden**, 1.9 publicly funded spots were available in 2024 per 1,000 adults aged 18-64 with disabilities, 88% of which were publicly owned.

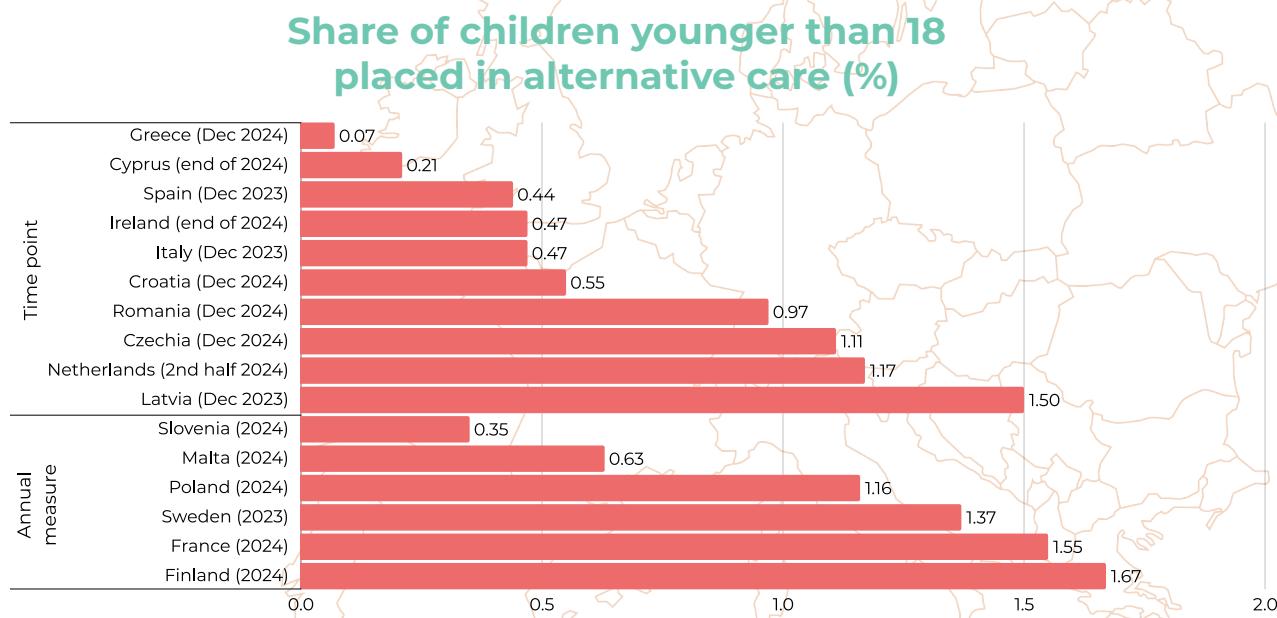
4.4 Child Protection



Child protection services are crucial for safeguarding children's fundamental rights to safety, dignity, and healthy development. They serve as a safety net when children face abuse, neglect, exploitation, or unsafe living conditions. EU frameworks emphasise a need to shift away from institutional care toward family- and community-based alternatives.

For comparability, we present figures on the number of children under 18 years of age placed in alternative care and the distribution of placements among residential, foster/family, and other care settings, to provide an indication of progress in promoting family- and community-based care.

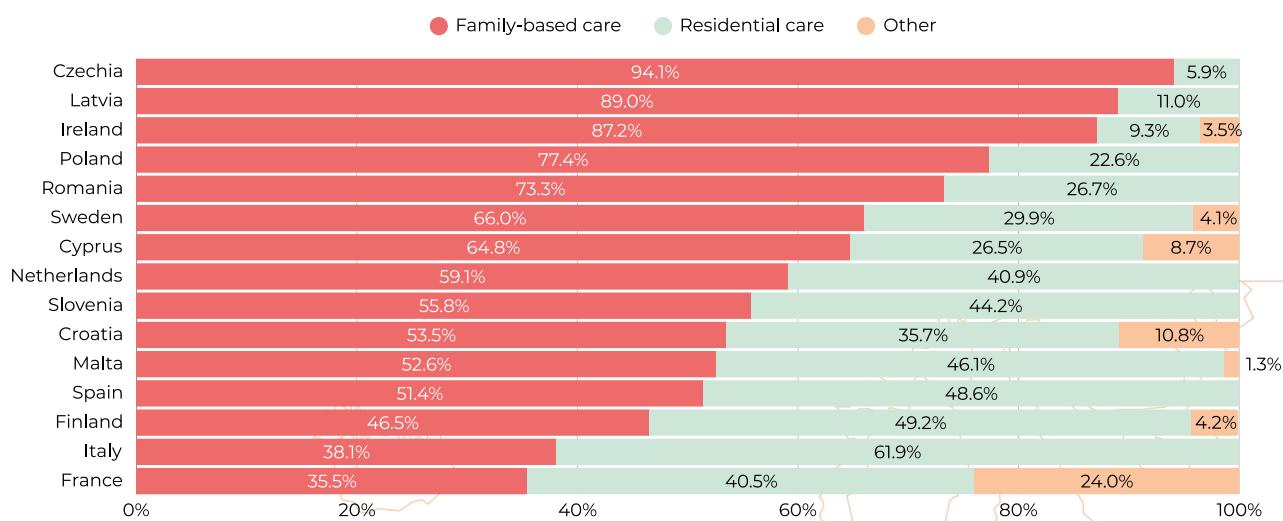
The data indicates that over the course of a year, as many as 1.67% of children are placed in alternative care in **Finland** annually, compared to as few as 0.35% in **Slovenia**. Where data is provided at a given point in time, or for part of the year, **Latvia** has the highest share of children below 18 placed in alternative care (1.5%), compared to **Cyprus**, which has the lowest (0.21%).



Note: The figures for Greece exclude foster care due to a lack of annually disaggregated data, and therefore, are likely understated. Between 2020 and 2024, approximately 680 foster care placements occurred in Greece. Unaccompanied children are explicitly excluded in some countries (HR, IT).

Other data on the number of new child protection cases or on ongoing/open cases is available for some countries. In **Czechia**, there were 85,478 new cases in 2024, a high figure relative to the size of the population under 18 (~2.1 million). As of December 2024, there were 134,988 open family cases. In **Ireland**, there were 22,839 open cases at the end of 2024, with 75% allocated to a worker and the rest awaiting allocation. The **Netherlands** had 26,435 ongoing child protection measures, while nearly 65% of cases were still open in **Malta** at the end of 2024. Finally, in **Spain**, 51,972 children were involved in the public child protection system, with 34% under review, and the rest under guardianship or custody by the end of December 2023.

Distribution of family-based, residential, and other care placements



Note: The “Other” category for France includes care arrangements for independent adolescents and young adults, as well as boarding schools, placements with future adoptive families, and placements with a trustworthy third party. No further disaggregated data is available for this category.

Family-based care accounts for the majority of care in **12 countries** (CY, CZ, ES, HR, IE, LV, MT, NL, PL, RO, SE, SI). **Czechia** has the highest share of family-based care, with over 94% of cases placed in these settings, while **France** (35.5%) and **Italy** (38.1%) have the lowest share.

Residential care placements are highest in **Italy**, comprising nearly 62% of all alternative care placements. **Finland**, **France**, **Malta**, the **Netherlands**, **Slovenia**, and **Spain** similarly still place a large share of children in residential-based care, with residential care comprising more than 40% of all placements.

While only **four countries (EL, FR, NL, PL)** have data on average waiting times, these indicate there are long waiting times, inadequate capacity, and a lack of available places. In **Poland**, average waiting times vary by region, with placement times as long as 6 months or more in some areas. In the **Netherlands**, 81% of young people in the system waited an average of around ten months for a placement in 2021. In **Malta**, there were 896 children on a waiting list with child protection services at the end of 2024.

4.5 Domestic Violence Support Services

Addressing gender-based violence and supporting survivors of domestic violence is essential for upholding human rights and gender equality. Social services are crucial for supporting women who are victims of domestic violence through emergency assistance, overnight accommodation, counselling, and more.

We present indicators on the rate of domestic violence experienced by women, the number of women assisted by support services, and the capacity of emergency accommodation (number of places) for women experiencing domestic violence, all relative to population size per 10,000 inhabitants. For comparability, we only include figures based on the number of women reporting abuse or receiving services, rather than total contacts, to avoid the possibility of double-counting. These provide an overview of the scale of domestic violence and how well services address gender-based violence, allowing for an analysis of the gap between the two.

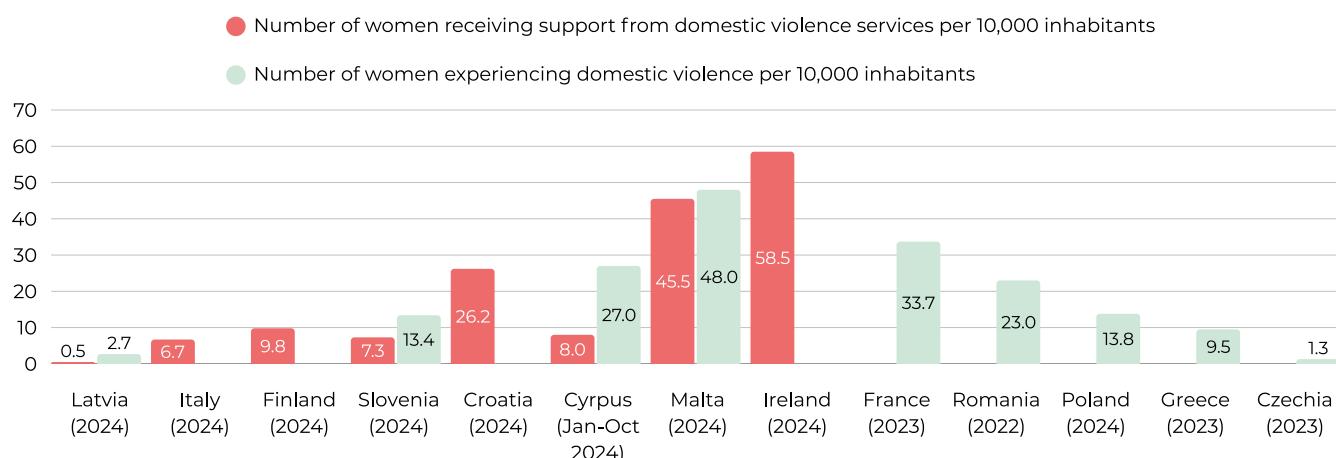
Ten countries have comparable data on the number of women experiencing domestic violence (**CY, CZ, EL, FR, HR, LV, MT, PL, RO, SI**). All of this data, apart from **Malta**, is reported to or recorded by policy/security authorities within the country and likely underestimates the true scale of domestic violence, due to underreporting out of fear, stigma, lack of trust, etc.

The rate of women experiencing domestic violence is as low as 1.3 women for every 10,000 inhabitants in **Czechia**, while as high as 48 in **Malta** (although we note that the figure for Malta includes reported incidences and/or use of services).

Seven countries have data on the individual number of women (and/or children) receiving support services for domestic violence (**CY, FI, IE, IT, LV, MT, SI**), although this data varies in terms of the type of services provided and included. All of this data refers to services broader than shelters (e.g., counselling, safety plans, general support work), apart from **Finland**. The provision of support for women experiencing domestic violence services ranges from as low as 0.5 women per 10,000 inhabitants in **Latvia**, to as many as 58.5 in **Ireland**.

Of countries where gaps in services can be inferred, **Malta** provides support for the majority of women reporting experiencing domestic violence, according to police reports. Gaps in the provision of services relative to reports of domestic violence among women are larger in **Cyprus** (gap of 19), **Slovenia** (6.1), and **Latvia** (2.2). Beyond highlighting the need for robust data collection on women and children accessing social services due to domestic violence, the data indicates a need for expanding these services to ensure all women experiencing domestic violence receive support.

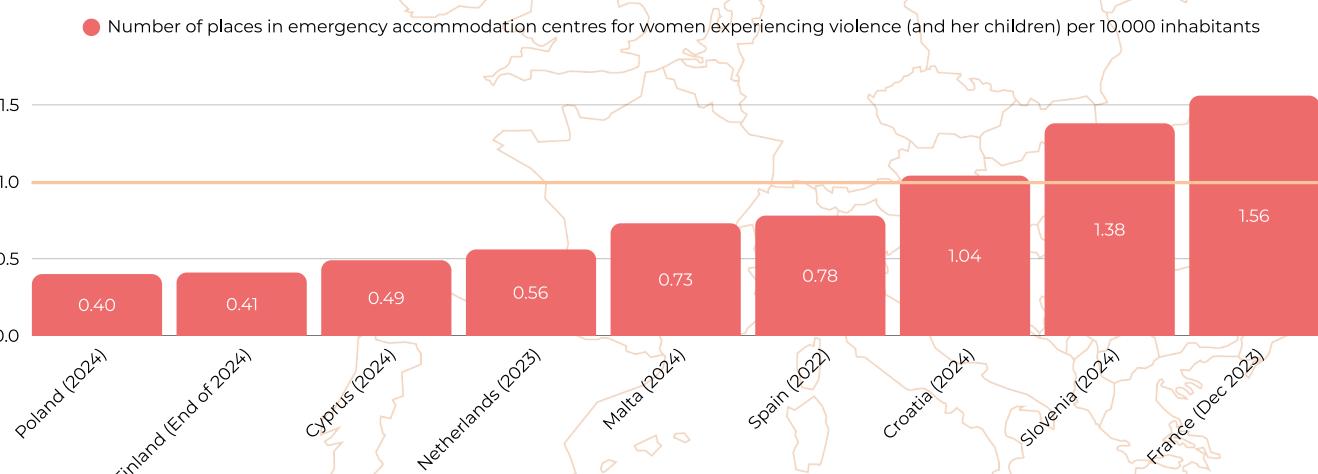
Number of women experiencing domestic violence according to police reports and receiving support through domestic violence services, per 10,000 inhabitants



Note: The number of women experiencing domestic violence in Malta includes both those reporting experiencing domestic violence and/or making use of services.

Nine countries have information on the number of places in emergency accommodation centres/shelters. According to the Istanbul Convention's recommended benchmark of one place in emergency accommodation for every 10,000 inhabitants, only three of the nine countries have sufficient capacity (**FR, HR, SI**). As of December 2023, **France** had 1.56 places in emergency accommodation per 10,000 inhabitants, while **Slovenia** and **Croatia** had respectively 1.38 and 1.04 spots per 10,000 inhabitants over the course of 2024. The remaining countries for which we have data, **Cyprus, Finland, Malta, the Netherlands, Poland, and Spain**, do not meet this minimum ratio, with Finland and Poland having the lowest coverage at 0.4 places per 10,000 inhabitants.

Number of places in emergency accommodation centres for women experiencing domestic violence (and their children) per 10,000 inhabitants



For countries without data on the number of places, **three** have data on the number of accommodation centres. In 2024, **Ireland** had 159 refuge units for victims of domestic violence, relative to 65,000 police contacts and 41,432 disclosures of domestic abuse to Women's Aid. In 2024, **Romania** had 132 centres (emergency, recovery, protected housing, maternity centres), against the backdrop of nearly 44,000 women reporting domestic violence to police in 2022. **Sweden** had 282 sheltered accommodations (2019 data), which 6,500 adults and 6,200 children used for at least one night in the prior year.

The low capacity of emergency accommodation centres and the mismatch between the scale of domestic violence and the provided support services indicate that there is a need to continue expanding social services for women experiencing domestic violence across most countries.

4.6 Minimum Income Schemes

Minimum income schemes are a key instrument for preventing poverty and social exclusion, providing a safety net for individuals and families who lack sufficient resources to meet basic needs.

In this section, we present coverage of minimum income schemes by estimating the share of the population directly receiving such benefits, as well as the share of individuals benefitting directly and indirectly from such schemes (i.e., based on household or family size).

As the type, activation measures, and target groups vary considerably across minimum income schemes, we focus the comparison on primary benefits targeting unemployed individuals or those with incomes below the threshold and exclude secondary benefits, such as family/child benefits and energy and housing subsidies and allowances.

All 16 countries have national minimum income schemes, based on means-testing or income below a certain threshold, with the aim of combatting poverty and social exclusion. **A majority of countries (12)** have more than one national minimum income scheme.

In general, minimum income schemes aim to target those with insufficient income to meet their basic needs or the needs of their family (**CZ, ES, IE, SI**), to ensure a minimum socially acceptable standard of living (**CY**), and to cover daily expenses (**LV**) or basic living costs (**NL**).

All schemes are centralised at the national level, with the exception of **Spain**, where there is variability in access requirements, duration, or amount by region.

Five countries have minimum income schemes for unemployed persons with incomes below the threshold (**IE, IT, MT, NL, PL**), which are sometimes combined with employment support, such as job placement processes (**ES**) or support for training and employment (**IT**).

Five countries have minimum income schemes that are targeted based on age and/or disability. They either target older people who are not pension beneficiaries (**EL, HR**), people unable to work due to age or disability (**PL, SI**), or young people with disabilities or illnesses to encourage their integration into the labour market (**NL**).

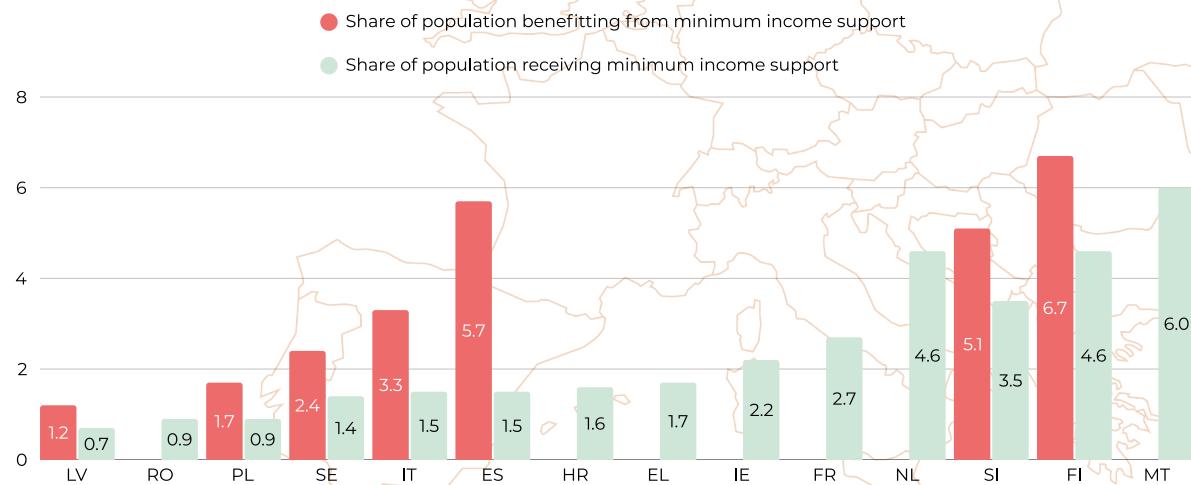
Some schemes are specifically targeted to families (**IT**), consider eligibility at the household level (**SE**), or are based on household composition/size (**CY, DR, HR, SI**).

In a few countries, assets/savings are also considered as part of eligibility (**FI, SI**). In **two countries**, the legally defined poverty threshold is used for determining eligibility (**EL, SI**).

Comparable data on beneficiaries of minimum income schemes is available for **all but two countries (CY, CZ)**. In **Malta**, up to 6% of the total population receives some type of minimum income scheme, followed by 4.6% in **Finland**. Only 0.7% of the population in **Latvia** and 0.9% in **Romania** receive such benefits. These figures, however, exclude family/child benefits and energy subsidies, which are quite sizable for some countries. 12% of the population in **Malta** receives family/child benefits, as do 0.6% in **Romania**.

In **8 countries**, information is available on the combination of those directly and indirectly benefitting from the minimum income scheme (i.e., including dependents, cohabitants, etc.), providing a more comprehensive view of their impact. As much as 6.7% of the population in **Finland** and 5.1% in **Slovenia** benefit from minimum income schemes, while just 1.2% in **Latvia** do.

Share of population benefitting directly and indirectly from minimum income schemes (%)



Note: Child benefits/allowances, energy subsidies, housing allowances, and one-off payments are excluded. The data for Spain and the Netherlands combines data from two separate time points for two separate schemes.

4.7 Housing and Homelessness Support

Homelessness and access to adequate, affordable housing remain urgent social challenges in the EU, directly affecting people's wellbeing, health, and social inclusion, as well as their access to employment and social services.

We present information on the number and characteristics of housing support allowances across countries, including their coverage as a percentage of the population/households receiving them. We additionally present figures on the number of homeless people relative to population size and the number of people accessing emergency accommodations per 100,000 inhabitants.

11 of the 16 countries have housing support allowances separate from minimum income schemes at the national level (**CZ, EL, FI, FR, HR, IE, LV, MT, NL, PL, SE**). In **Italy**, some municipalities and regions have implemented additional measures to support young workers and families, including subsidies for rental costs or the provision of public housing. In **Romania**, housing support is only available for displaced people from Ukraine. No such allowances are noted at the national level for **Cyprus, Spain**, and **Sweden**.

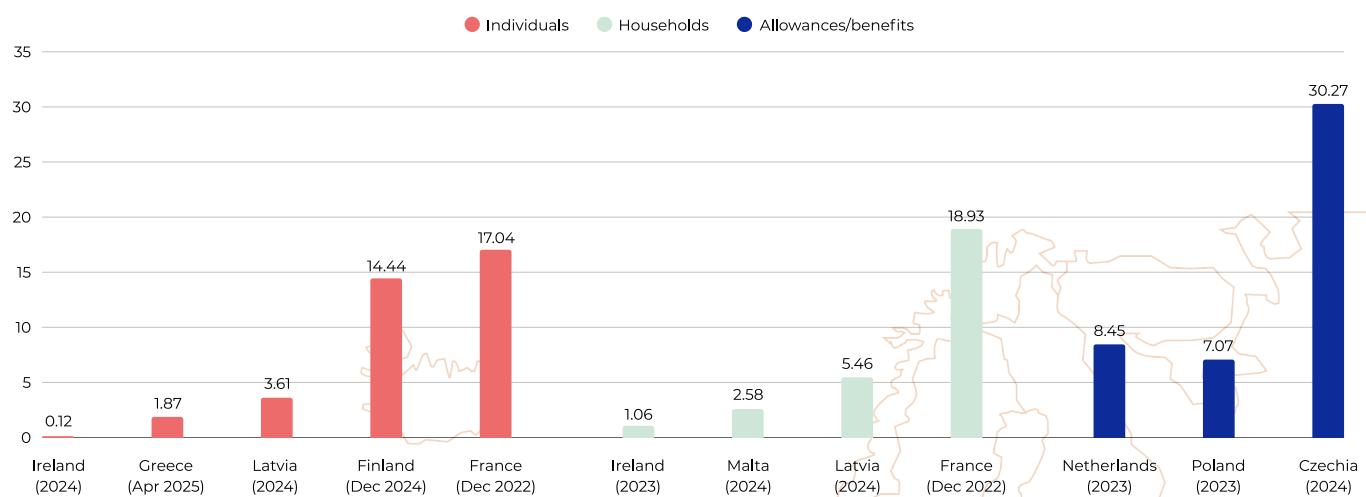
Six countries are noted as having multiple housing support allowances (**FI, FR, IE, MT, SI**), which support different target groups or reimburse different aspects of housing.

Housing support allowances across countries can be:

- Means-tested (**EL, FR, LV, MT, NL, SI**), based on (low) income (**EL, FI, IE**), ability to pay (**IE**), or housing costs (utilities like gas and electricity) (**CZ**).
- Based on household size (**EL, NL**) or composition (**FR**).
- Based on specific rent criteria (**NL**).
- Paid directly to the landlord while the beneficiary pays a weekly contribution to the local authority (**IE**) or reimbursed directly to landlords by authorities (**SI**).
- Non-taxable and non-contributory (**LV**).
- Targeted to specific population groups, such as families with dependents, students, and young people (**FR**).
- Specified to cover private rented accommodation (**EL, IE, MT, SI**), subsidised and public housing (**FR, PL**), or costs in cases of own home ownership (**CZ**).
- Connected with receipt of minimum income benefits (**HR**).
- Used to cover a larger range of costs than rent alone, such as utility bills, heating costs, water services, sewage, and waste disposal (**CZ, HR, PL**).
- Used to increase energy efficiency (**HR**).
- Used to assist buyers/tenants in becoming homeowners (**MT**).

Nine countries have information on the number of beneficiaries of housing support allowances or the number of allowances granted, for at least one type of scheme. Of the data provided, **France** provides widespread coverage, with 17% of the population and 19% of households benefitting from these schemes as of late 2024. **Czechia** also provides wide coverage of housing support allowances, with the number of individual allowances/benefits granted equivalent to 30% of the population.

Share of individuals or households receiving housing support allowances (%)



Note: 'Individuals' refer to the total number of people benefitting from housing supports, typically regarded as all the people within benefitting households. 'Allowances/benefits' are calculated as the number of benefits granted relative to population size. There are two figures for Ireland, one capturing a rent subsidy to individuals (2024) and the other highlighting beneficiaries at the household level (2023).

Seven countries (**FI, FR, IT, MT, NL, PL, SE**) have data on the number of homeless people, based on a more comprehensive definition of homelessness that extends beyond accommodation-based figures (e.g., including rough living, makeshift accommodations, etc.), but still varies in its scope. Based on these figures, the share of the estimated homeless population is less than 0.26% in all countries, except for **France**, where this figure is 1.61%. Additional figures of those living in very difficult housing conditions were also available in France, amounting to over 2.8 million individuals.

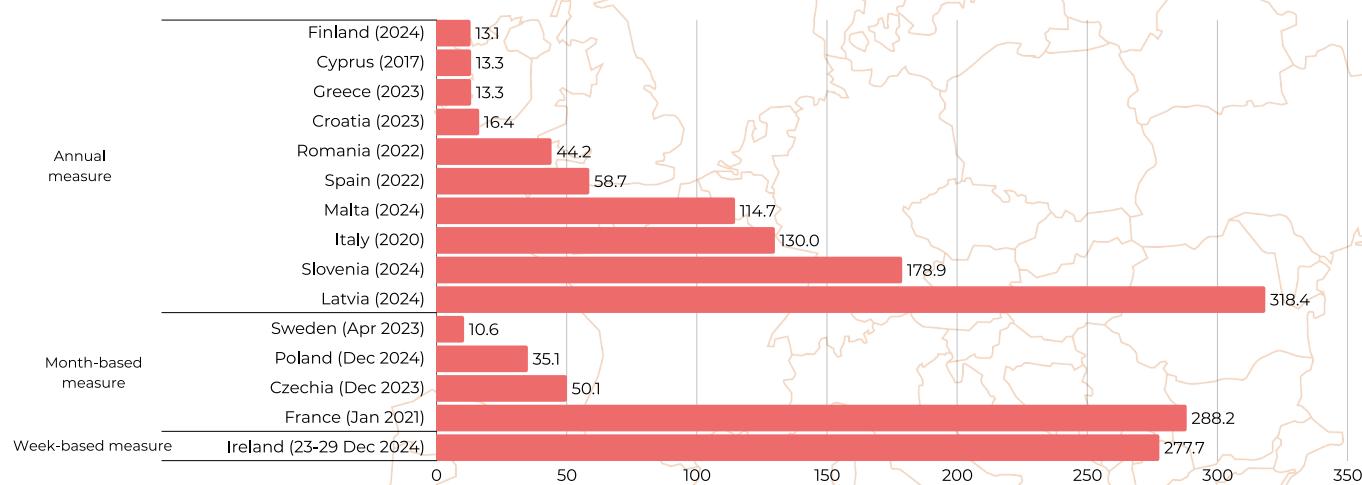
Number of homeless people across countries where data coverage is comprehensive

	APPROXIMATE SHARE OF TOTAL POPULATION (%)
FRANCE (2023) ^a	1.61
CZECHIA (2023)	0.65
SWEDEN (APRIL 2023)	0.26
NETHERLANDS (1 JAN 2023)	0.17
ITALY (DEC 2021)	0.16
MALTA (2024)	0.13
POLAND (28 FEB 2024)	0.08
FINLAND (2024)	0.07

^a The figure reported for France was noted as being based on the prevalence of homelessness in 2013 but extrapolated for 2023 based on population size.

Nearly all countries (15) have data available on the number of homeless people accessing (emergency) overnight accommodation. Annually, **Finland** houses as few as 13.1 homeless people per 100,000 inhabitants, while **Latvia** houses as many as 318.4. Based on monthly figures, **France** supports 288.2 homeless people in shelters per 100,000 inhabitants, while **Sweden** supports 10.6 in overnight accommodation. **Ireland** stands out as the sole country with a weekly-based measure of recipients of overnight accommodation services, with 277.7 homeless people per 100,000 inhabitants accessing these in the week of 23-29 December 2024.

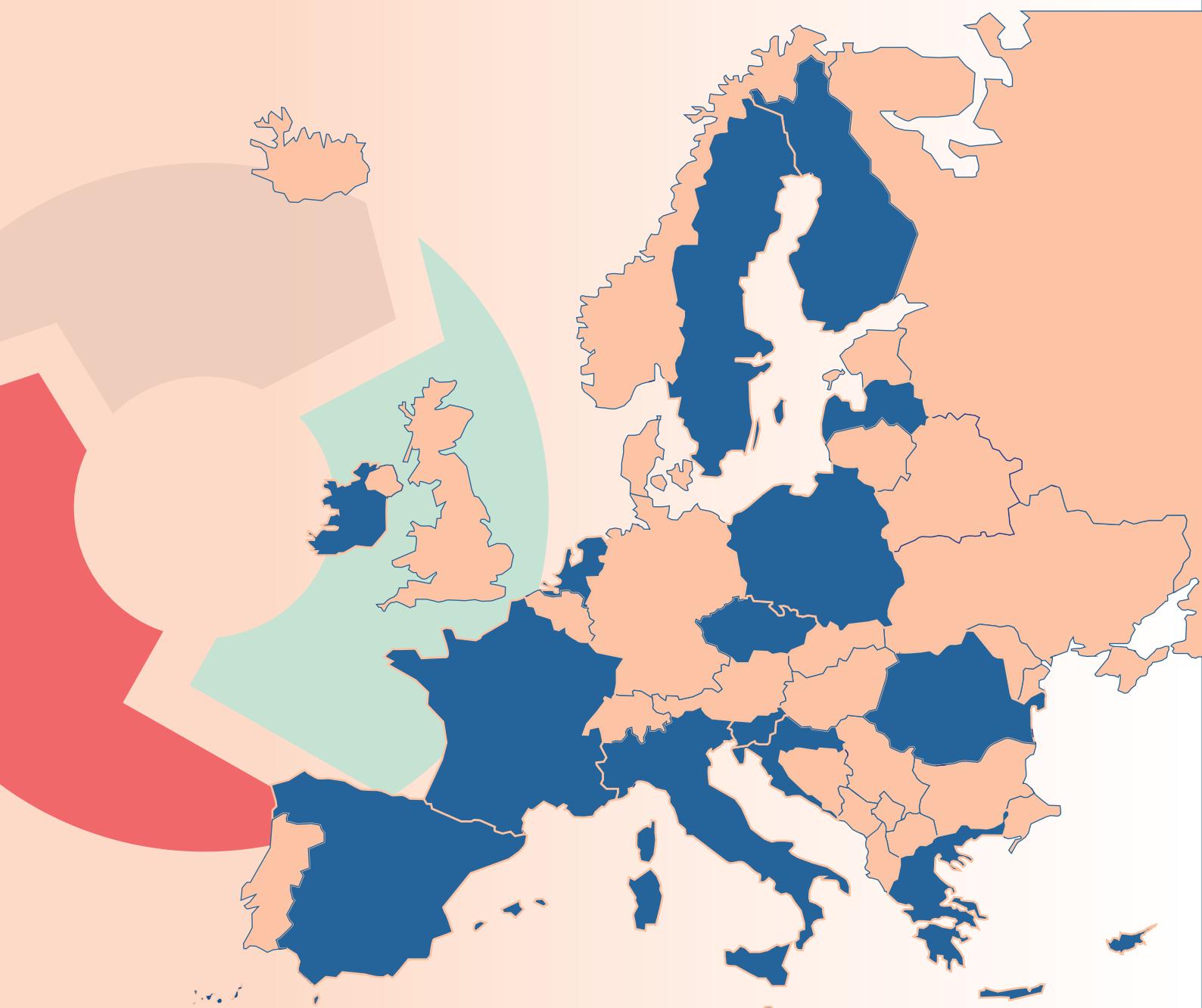
Number of people accessing overnight accommodation per 100,000 inhabitants



Note: The data for Finland refers to homeless people living alone but excludes 110 homeless families. The figure for Slovenia includes beneficiaries of social assistance programme in shelters/homeless day centres and thus likely overestimates overnight stays. The figures for Sweden include those living in shelters.

Moving Forward

CROSS-COUNTRY ANALYSIS



5. MOVING FORWARD

5.1 National Level

Legislation

Countries without a national social services legislation should have a specific law together with a national social services catalogue, which is clear, accessible, and regularly updated to ensure a framework that is nationally acknowledged and clear information on types of available services and eligibility, so people can access them no matter where they are based in the country.

Expenditure

Expenditure on social services should be increased across most countries to expand coverage of services and reduce waiting times for accessing services. Within this context, consideration should be given within countries on how financing and allocation mechanisms can be better coordinated with local or regional levels, to reflect investments that align with community needs.

Coverage

Countries should invest in a **social services workforce** strategy, including having in place disaggregated data by service type and profession to identify gaps and guide workforce planning, registration, career development and professionalisation, training and accreditation, and working conditions.

Long-term care services for both **older people** and **adults with disabilities** should be substantially expanded in most countries, with a focus on increasing community-based care services. Specifically, there is a pressing need to scale up community-based and home care, as well as personal assistants, to support independent living. Expanding capacity and coverage, as well as streamlining administrative processes, should be prioritised to reduce waiting times and enable access to services from the moment the assessment is completed.

An expansion of **child protection services** in the community is needed, alongside greater investment in prevention, to reduce the number of children entering alternative care or requiring child protection measures. Additional investment is needed to attract foster families and ensure a sufficient workforce so that open cases are managed effectively, decisions on placements are made in a timely manner, and waiting times to secure permanent placements are reduced.

Countries with **domestic violence** emergency accommodation capacity below the Council of Europe's Istanbul Convention benchmark of one shelter place per 10,000 inhabitants should expand capacity. Countries lacking reliable data on women accessing domestic violence support services should invest in data collection to measure gaps between reported cases and available support for women experiencing domestic violence.

Minimum income schemes should continue to be targeted to those most in need, ensuring that eligibility translates into actual take-up. Coverage of **housing support allowances** should continue to be expanded to prevent and reduce homelessness and support those most at risk. Data collection efforts on the scale of **homelessness** across countries should capture broader definitions that include rough sleeping and hidden forms of homelessness. This information can be used to plan emergency accommodation and other support services for homelessness accordingly and to target prevention efforts.

5.2 EU Level

The national factsheets provide key information related to the situation of social services in the 16 countries covered in the 2025 European Social Services Index. This information highlights several key areas related to social services where the EU should invest to move forward the social inclusion agenda.

The EU should ensure that the next **Multiannual Financial Framework** includes dedicated funding streams under the ESF+ to strengthen social services in the community, with safeguards in place to prevent the investment of funds in projects promoting institutional care or, more broadly, an institutional culture in care provision.

The EU should review the current **Voluntary Social Services Quality Framework**, which dates back to 2010, to ensure its principles and standards are aligned with current social services trends and models. The European Commission should encourage national governments to collaborate with regional and local authorities to establish frameworks for reviewing the quality of social services programmes, fostering a culture of continuous improvement. This will ensure that social services are available, accessible, and meet the outcomes for which they were established.

The Commission should encourage national governments to work with local and regional authorities to have in place **further disaggregation of social protection spending** (i.e., expanding on the ESSPROS classification). For example, this could be achieved by categorising expenditures based on specific services, target groups, and age to enhance national data and enable countries to identify the most pressing areas and groups in need of investment, as well as to improve the comparability of expenditures across countries.

The EU should launch a **dedicated European strategy for the social services workforce and encourage national governments to develop their own strategies at the national level**. This could include leveraging EU-level financing instruments to invest in social services workforce training, developing a competency framework that recognises skills across borders, and supporting the development of integrated workforce projections and planning tools to better align the supply of workers with population/service demand.

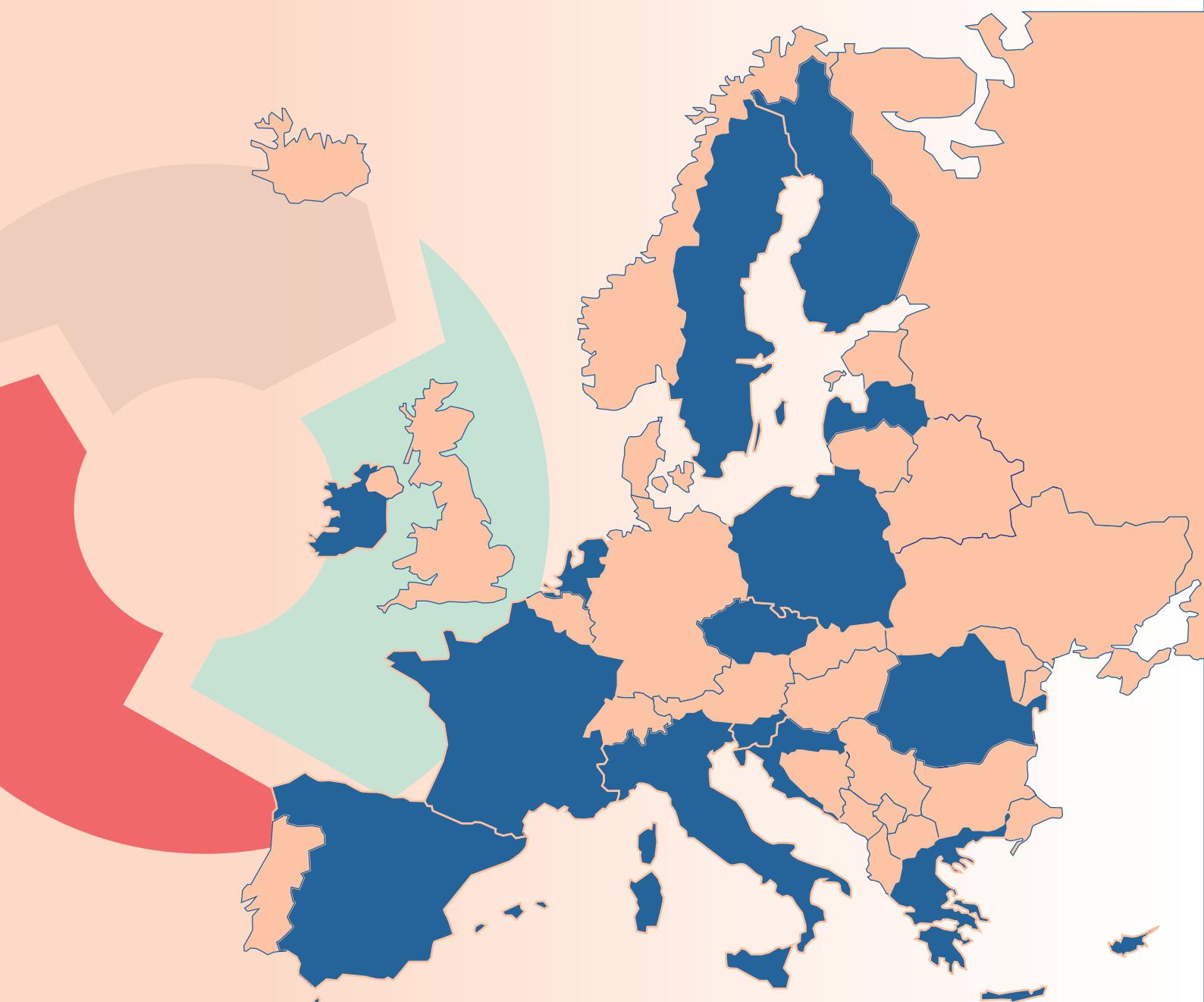
The Commission should utilise the country-specific recommendations within the European Semester to recommend to national governments ways to improve coverage rates across various service areas, as outlined in this report. These include improving waiting times for accessing LTC for older persons and persons with disabilities, as well as child protection placements, increasing the number of personal assistants and foster families, and promoting person-centred services and improved home care, both in terms of intensity and coordination with other services in the community.

The EU could also establish common **data indicators** for reporting by countries across service areas where such do not currently exist, or where there is substantial variation in definitions or data collection methodologies (e.g., child protection, domestic violence, homelessness, measures of community-based care in LTC).



Country-Specific Recommendations

CROSS-COUNTRY ANALYSIS





Croatia

Croatia should further expand community services for children, people with disabilities, and older people, ensuring their financial stability, efficiency, and adaptability to demographic changes, to improve access to social support across the country.



Cyprus

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.



Czechia

Czechia should further develop its outreach, outpatient, and respite care services, including needs identification and care planning, as its current capacity is not sufficient.

These services are a basic prerequisite for supporting people to remain in their own homes as they grow older.



Finland

Wellbeing services counties, which are responsible for organising social services, should harmonise their information systems and integrate them into Kanta Services, the client data collection system for Finland's social welfare and health care services.

This integration will enable improved data-driven social services development and management and enhance monitoring of social services use and practice through the recently created Social Welfare Register.



France

France should engage with its county councils (Départements) on a new social model focused on deinstitutionalisation and a community-based approach to care.

Greece



Greece should adopt a new law on social care that includes:

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

Ireland



Ireland should address, as a matter of urgency, the ever-increasing number of people accessing emergency accommodation, particularly families with children.

Italy



To ensure the full and effective implementation of the essential levels of social assistance (LEPS), which define the set of services and interventions that must be guaranteed to all citizens to address their primary social needs, Italy should pay special attention to needs influenced by demographic and economic factors, such as non-self-sufficiency and poverty.

Strengthening employment opportunities and diversifying the skills and professional roles within social services are, therefore, critical to achieving the LEPS objectives and enhancing the system's capacity to respond to evolving social challenges.

Latvia



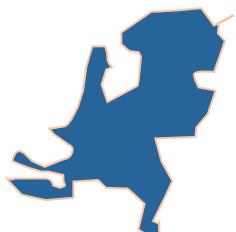
Latvia should prioritise strengthening the municipalities' capacity to provide accessible and high-quality community-based social services across the country through targeted state funding and a long-term workforce strategy.

Although a minimum set of social services is now defined by law, in practice, there are significant disparities between municipalities in terms of service availability and quality. Equal access to services regardless of place of residence must be ensured, alongside improved availability of professional social workers and service providers in all regions.



Malta

Malta should make a concerted effort to attract more people to join the social services workforce at all levels; otherwise, this sector will not be sustainable in the long term. This includes attracting more social workers, youth workers, community workers, care workers, as well as foster carers.



Netherlands

The Netherlands should follow up on the recommendations of the Social Minimum Commission (Commissie Sociaal Minimum) to ensure an adequate, predictable, and secure income for everyone: reform the benefits and tax system so that people have a secure livelihood and work pays off.

Cohesion between laws and simplicity in implementation is crucial for both residents and municipalities. For example, the Participation Act is in need of a fundamental revision: fewer mandatory obligations, more room for personalised arrangements.



Poland

Poland should consider introducing the Social Services Centres model as a mandatory solution in all municipalities. Social Services Centres were introduced in 2019 as an alternative to “old-style” social support institutions, which focused on a narrow range of support, mainly for social groups in difficult life situations. Social Services Centres are rapidly developing social services and changing the paradigm of the social care system.



Romania

Romania should invest in a sustainable system of community-based services for people with disabilities to maintain the quality and relevance of these services in the long term. This would prevent re-institutionalisation and protect the quality of life of people with disabilities, fulfilling the deinstitutionalisation reform that started in 2023.

Slovenia



Slovenia should adopt a systemic regulation of integrated and holistic support services, with a stronger emphasis on prevention. Resources and personnel should be directed toward strengthening preventive work with families and individuals in distress. This requires addressing the existing shortage of professional staff, foster carers, and available places in social services.

Spain



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...

Spain should strengthen resources, streamline implementation, and sustainably increase public funding for its System for Long-term Care and Autonomy. The goal should be to move towards a long-term care system that guarantees equal access to services throughout the country and promotes personalised support, proximity, autonomy, and independent living.

Sweden



Sweden should ensure that any future legislative changes directly or indirectly aimed at social services do not conflict with the three fundamental principles upon which the new Social Services Act is based: prevention, accessibility, and knowledge-based interventions.

National Factsheets for each of the countries discussed in the 2025 European Social Services Index can be viewed and downloaded on [ESN's website](#).



European Social Network
Avenue des Arts 3-4-5
1210 Brussels, Belgium

www.esn-eu.org
info@esn-eu.org
+32 2 511 10 93

 @ESNSocial

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