

Living conditions and quality of life
**Social services in Europe:
Adapting to a new reality**



Social services in Europe: Adapting to a new reality



European Foundation
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Conditions

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Abbreviations

EWCS	European Working Conditions Survey
EQUASS	European Quality in Social Services
EWCTS	European Working Conditions Telephone Survey
GDP	gross domestic product
MFF	Multiannual Financial Framework
NACE	Nomenclature of Economic Activities
OECD	Organisation for Economic Co-operation and Development
PPE	personal protective equipment
RRF	Recovery and Resilience Facility
RRP	recovery and resilience plan
VEQF	Voluntary European Quality Framework

Executive summary

Introduction

The COVID-19 pandemic disrupted the provision and use of social services across the EU, forcing providers to adapt and to develop new ways of delivering their services. This report seeks to identify the lessons learned from these experiences, with a view to providing insights on developing the sector in the face of new social risks and building its resilience to deal with future crises.

For the innovations and lessons of the pandemic to have a lasting impact, appropriate funding, resourcing and consolidation will be essential. In this context, trends in social expenditure in the EU over the past two decades are examined in order to highlight Member States' priorities. The report also discusses the relevance of the post-pandemic recovery package, NextGenerationEU, to the development of social services in the future.

Policy context

The EU's long-term budget for 2021–2027 aims to modernise the EU, prioritising digital transformation, investment in research and innovation, and the intensification of efforts to address climate change, with a view to improving the EU's ability to cope with future shocks and emerging social risks. The temporary financial package NextGenerationEU, worth over €800 billion, was set up by the European Commission to fund this agenda. To access the funding, the Member States have developed and submitted recovery and resilience plans. Some Member States announced national programmes to strengthen the resilience of society in the aftermath of the pandemic; recent challenges related to the green transition, technology and geopolitical change have also underscored the importance of resilience across the EU. Social services are being adapted to tackle long-term and emerging challenges through measures related to the European Pillar of Social Rights, the European Care Strategy, the social economy and the forthcoming sectoral social dialogue committee on social services.

Key findings

Impact of the COVID-19 pandemic on social services

- Social services were ill-prepared for the pandemic. Not only did the sector lack the capacity, medical equipment and personal protective equipment to respond to the demands of the crisis, structural weaknesses impeded its ability to function effectively. These weaknesses include underfunding, staff shortages, poor working conditions, and challenges in ensuring the availability, accessibility, affordability and quality of services.
- The pandemic resulted in an urgent need for the digitalisation of social services and facilitation of telework. The transition to telework, however, was improvised and had considerable drawbacks. It was particularly challenging for services that had previously provided direct face-to-face assistance to their target groups.
- New ways of providing support services were established; for example, there was an increase in the provision of mental health and well-being counselling through helplines and apps. These new channels for providing information and support could play a role in maintaining society's resilience to challenges in the future.
- Participation in training fell during the pandemic. The use of digital devices at work was found to correlate with the likelihood of receiving training. While the healthcare sector is more digitalised than other sectors on average, about a fifth of workers in care sectors never use digital devices at work and may be missing out on the benefits that digitalisation, automation and robotics could bring to their jobs.

Social expenditure

- Social expenditure – governments' expenditure on social protection, education and health – accounts for the highest share of expenditure in the EU. It reached 34.9% of gross domestic product (GDP) in 2020, of which 21.9% went to social protection, 8% to healthcare and 5% to education. The estimate for 2021 is lower, but still substantial at 33.4% of GDP. Such sums are indicative of how much the Member States prioritised the social dimension in managing the pandemic.

- In terms of year-on-year change, social protection expenditure grew most: if both public and private expenditure on social protection are considered, it increased by 8.7% from 2019 to 2020, the largest ever annual increase (compared with 3.8% in 2018–2019). Spending decreased somewhat in 2021.
- Expenditure on healthcare and education as a proportion of GDP in the EU27 was steady between 2004 and 2019. Spending on both increased in 2020 (the first year of the pandemic) compared with 2019. There was a slight decrease in spending on education in 2021, whereas spending on healthcare retained momentum, increasing from 8% of the EU's GDP in 2020 to 8.1% in 2021.

Planning for recovery and resilience

- The Recovery and Resilience Facility (RRF) was set up to build a stronger and more resilient EU in the aftermath of the pandemic. However, most resources will be allocated to digitalisation and the green transition, and it appears that the boost will be smaller for, or less specific, to measures for social and economic resilience.
- The overall impact of this fund will probably be greater on smaller economies with lower current social expenditure, while it will at most be complementary for countries with bigger economies and higher expenditure.

Policy pointers

- Given the negative effects of the pandemic on the provision of social services and the lessons learned during this time, the development of contingency plans for service providers and methodologies to assess these plans must be a priority.

- The inclusion of various social service providers and stakeholder groups, including informal carers, in needs assessment and policy planning is essential: the pandemic showed the importance of their contacts with service users and first-hand knowledge of the situation and users' needs.
- The need for, relevance of and accessibility of training for social services workers need to be assessed to ensure they have the skills to carry out their jobs, to improve their career prospects, and to ensure training and guidance is accessible during crises.
- Support measures, such as helplines, for social services staff exposed to emotional demands or adverse social behaviour in their jobs should be mainstreamed.
- The role and potential of digitalisation and technological change in all jobs in social services sectors should be assessed, especially in the one-fifth of care jobs where digital devices are never used.
- Major challenges that emerged in the aftermath of the pandemic have created a changed environment to which social services must adapt; they must embrace technological change and proactively participate in the implementation of policies and measures that can support this change.
- The implementation of the RRF's objectives needs to be balanced, and information on targets and investments made should be readily available to enable the monitoring of progress. Improving the capacity of social services to access this funding mechanism would contribute to advancing the adaptation of these services to the new reality.

Introduction

Objectives of the study

The purpose of the current study is to examine the effects of societal challenges on the social policy sphere, with a particular focus on the COVID-19 pandemic and the use of social services in the Member States and the EU as a whole in responding to the crisis. The study seeks to identify the lessons learned from the challenge to adapt service provision during the pandemic, with a view to developing the sector's resilience against future risks. To this end, the report has three key objectives (covered in the respective three chapters): to highlight the rationale for having strong social services (in a broader social policy context) as a means for contemporary societies to respond to social risks – to be actively prepared for challenges (foreseeing difficulties) rather than merely repairing unforeseen damage; to examine how the specific crisis of COVID-19 affected provision and use of social services and to draw lessons from this experience; and to review the trends in social expenditure in the EU27.

Pursuing these three objectives was complicated by the uneven granularity of the information available on social services from various data sources. Nevertheless, the report seeks to highlight what the different perspectives offer to understanding trends in social services and their adaptation to circumstances. Chapter 1 provides a conceptual discussion of the role social services play and how this role is adapting to emerging challenges or risks. Chapter 2 investigates how specific types of services functioned during the pandemic using the data available on specific sectors and subsectors, as well as information gathered by service providers. With the aim of assessing the funding of social services, Chapter 3 examines the data on social expenditure, grouped into the broad statistical categories of social protection, education and health.

Sectors examined

The study focuses on personal social services – including health and care services and social work – since their delivery was impeded severely by the pandemic's health risks as well as the measures adopted to limit the spread of the virus by restricting face-to-face contacts. Some relevant data were available from sources that apply the European statistical classification of economic activities (NACE). Other information regarding the adaptation of care provision and support was not organised along such lines or necessarily summarised at all – for example, on the proliferation of help or support lines. Furthermore, comparative information on funding social services in

the Member States is available at the rather broad level of 'expenditure on social protection', posing the challenge of distinguishing the allocation to personal social services. Therefore, attempts were made to discern the implications for the funding of social services by, for example, distinguishing funding for social benefits and social services in kind.

In addition to coverage of personal social services, this study sought to provide information on education and healthcare due to the relevance of these sectors from a policy perspective, for two reasons. First, these are also sectors whose services are largely provided face to face, and therefore their functioning was also highly restricted by the pandemic. Second, information on these public services can contextualise the data on care, social work and related services and provide an opportunity for comparison. These sectors, therefore, are examined in the report where data were available and relevant (although it was challenging to provide this information consistently).

The economic activities central to this study are classified in NACE division Q (human health and social work activities), specifically groups 86 (human health activities), 87 (residential care activities) and 88 (social work activities without accommodation). Information on subsectors of education services (NACE division P) is provided for the purposes of contextualisation and comparison where available and relevant.

While the economic activities included in group 86 are relatively straightforward ('Hospital activities', 'Medical and dental practice activities' and 'Other human health activities'), NACE group 88 is extremely diverse. For example, the subcategory 88.9 'Other social work activities without accommodation' includes activities ranging from child day-care to debt counselling to vocational rehabilitation and habilitation activities for unemployed people. Nevertheless, data available by sector at the two-digit level of NACE are informative for assessing key issues in working conditions in the main types of social services (see Chapter 2).

With regard to the availability and quality of healthcare and social services, the statistics based on NACE offer either very specific information or information that is only indirectly relevant to the objectives of this study. For example, if information on labour shortages in services is used as a proxy indicator for how services can meet existing demand, statistics are available for registered job vacancies or unemployed people or jobseekers in the NACE groups 86, 87 and 88. However, in many countries, shortages in the health and social care sectors are common, and this affects job-seeking

and recruitment behaviours: vacancies are often not registered with labour market administrations, meaning that official statistics depict the labour market situation inadequately.

As a result, the explanatory power of these statistics is limited in the case of more specific research questions. For that reason, the availability and quality of services, especially during the COVID-19 pandemic, are analysed based on reports by the service providers, literature review and expert interviews. This makes it possible to take into account developments that are not reflected in the statistics yet, for example those that occurred during the second year of the COVID-19 pandemic, in 2021. Of course, surveys that are designed to deliver ad hoc results quickly are often not representative; therefore, the report points out the limitation of the sources whenever pertinent.

Defining social expenditure

Chapter 3 presents an overview of the significance and evolution of social expenditure in the EU and the Member States. In different contexts, alternative terms for 'social expenditure' are used, including 'social protection', 'social benefits', 'social transfers' or 'social services expenditure'. Moreover, terminology is not always unequivocal within one country: in Ireland, for example, the term 'social benefits' might seem to refer to handouts only, but it actually also covers the government's purchase of social services from service providers. Social benefits theoretically differ from social transfers in the sense that the former are paid to address a particular risk or need, such as old age, sickness or family situation, while the latter include the social benefits that households receive and the social contributions that households pay (CSO, 2021).

Compiling data from different countries further complicates matters, as the terminology reflects the set-up of the social welfare system in those countries and translation might not reflect the original meaning of a term. Bearing these limitations in mind, the terms 'social expenditure' and 'social spending' were used interchangeably for the purpose of this research to encompass investments in social protection, education, healthcare and personal social services.

Structure of the report

To sum up, the analysis and findings are presented as follows.

- Chapter 1 provides the conceptual framework for the study, defining social services in the context of the study and outlining how these services relate to social risks. It describes a number of contextual factors that are changing social risks in post-industrial society. It also describes the concept of social investment and its role in inclusive growth.
- Chapter 2 describes the impact of the COVID-19 pandemic on social services, in terms of both working conditions and negative and positive effects on the provision and use of services. It sets out a number of lessons learned by social services from the experience of the pandemic.
- Chapter 3 includes an analysis of the development of social spending in the EU27 and a brief overview of the specificities of spending in the Member States. In addition, it addresses the spending as part of a temporary financial package set up in the EU to mitigate the effects of the COVID-19 crisis.

The conclusion highlights the most relevant findings and presents concrete policy pointers.

1 Role of social services in times of changing social risks

Social services aim, through the provision of support and assistance, to improve the living conditions of individuals and to enable them to exercise their fundamental rights on the basis of social inclusion. To this end, social services are intended to respond to various needs arising from certain social risks (such as old age, disability, poverty, low skills levels, gender inequality and climate change), which are largely beyond the control of individuals, but which render them more vulnerable. These risks are managed by social protection policies that combine the efforts of the state, the market and households.

The social protection (or welfare) regimes of the EU Member States are diverse, and the organisation of social services differs. In recent years, however, social investment has been increasingly seen as a means to mitigate social risks and gradually achieve greater equality and social cohesion. Nevertheless, considerable challenges remain in relation to regional differences, sociopolitical circumstances and social policy traditions, which, in turn, have an impact on the funding, organisation and delivery of social services in Europe.

Evolution of EU social policy

Interest at EU level in the role of social services has expanded alongside the increasing prioritisation of the social dimension in policymaking. In 1957, the founding members of the European Economic Community – the predecessor of the European Union – agreed that social policy would remain strictly in the domain of nation states (Anderson, 2015). The following decades of economic growth enabled the extension of national welfare states, with the main focus on distributive policies mitigating social risks and the effects of market failures. However, the challenges faced by nation states have become increasingly complex and interconnected. Addressing challenges such as demographic change and changes in the social fabric, unemployment (including youth unemployment), migration and the effects of digitalisation often requires coordinated policy responses (Windwehr, 2022). Therefore, social policies have become an important part of the EU's objectives and agendas since the 1990s.

Social objectives have been incorporated increasingly into treaties and policies. The European Employment Strategy, formalised in 1997, sought to promote the development of labour market policies to upskill

workers and increase employability (de la Porte and Jacobsson, 2011). Article 136 of the Treaty of Amsterdam (1997) went further, setting down common objectives in areas of social affairs such as employment, social protection and quality of life, while requiring that these objectives be compatible with national practices (Follesdal et al, 2007). The Lisbon Strategy (2000) and Europe 2020 (2010) constituted comprehensive approaches in the endeavour to achieve competitiveness and economic growth, stating that growth policies need to take into account the ecological, economic and social contexts.

Since 2010, the EU has gradually broadened its competences in the field of social policy. With its legal initiatives, the EU focuses foremost on setting regulatory boundaries to the distributive policies of its Member States, for example issuing a common framework for occupational health and safety or ensuring the compatibility of pension rights between the Member States. Furthermore, its strategic initiatives create a shared frame of reference in which the Member States are expected to provide comprehensive protection against traditional and new social risks, fighting poverty and social exclusion, while promoting competitiveness in the labour market. The implementation of regulations and strategies in the Member States is reinforced by employing the open method of coordination, sustaining deliberations in different dialogue formats and providing funding, for example through the European Social Fund (Schmidt, 2021; Windwehr, 2022).

However, such efforts have not been without challenges. On a systemic level, EU policymakers need to accommodate the wide variety of social policy institutions that have been built over time and the range of players in their Member States (Schmidt, 2021). Furthermore, while the increasing demand for more and a greater variety of social benefits to cope with the adverse effects of societal changes requires an increase in social expenditure, the EU has to balance these needs with the constitutive principles of its monetary union concerning public debt and public spending. In addition, between 2004 and 2022, the EU has had to withstand several shocks: a global financial crisis, the refugee crisis, the withdrawal of the United Kingdom from the EU (Brexit), the COVID-19 pandemic and Russia's invasion of Ukraine, leading to a refugee and energy crisis.

In such crises, the social risks for individuals, such as unemployment, illness and disability, can exacerbate poverty or social marginalisation. Therefore, it is important to learn how the provision of social services that offer, for example, reskilling and upskilling opportunities to disadvantaged people, long-term care for older people or support for children with learning disabilities has been affected by long-term societal developments such as digitalisation and short-term external shocks arising from the COVID-19 pandemic in recent years. However, analysis of the context in which social services are adapted needs to bear in mind that their modernisation does not constitute self-contained and consistent development. Rather, it is a combination of structured long-term strategy-making processes and ad hoc responses to external shocks. Furthermore, in the EU, such changes are determined through a complex system of multilevel governance (Anderson, 2015; Schmidt, 2021).

Defining social services

Official statistical sources use the term ‘social services’ to denote economic activities in the field of residential care and non-residential social work, both the public sector part of social services and the non-profit and for-profit parts, performed by non-governmental organisations and private companies (Eurofound, 2020a). In contrast to this provider-oriented definition, the European Commission stresses the variety of needs of service recipients and the public interest by stating that social services are a type of services of general interest, which encompass ‘services provided directly to the person, such as social assistance services, employment and training services, childcare, social housing or long-term care for the elderly and for people with disabilities’ (European Commission, 2013a, p. 2). Thus, social services are interventions to support people’s welfare directly, compared to monetary support (cash transfers) provided by the state in terms of social benefits (European Commission, 2022a), and actively aim to prevent situations of risk and vulnerability. Accordingly, solidarity and equal access constitute the main principles of social services (Guagliardo and Palimariciuc, 2021).

As an essential part of the welfare state, social services have substantial political significance. However, their organisation differs considerably depending on the degree of development of welfare provision in each country, the origin of the services and the set-up of the welfare system (Manow, 2021). Their structures reflect the intrinsic ‘values, culture, constitutional traditions and economy’ of a given society (European

Commission, 2022a, p. 15), making the definition and nature of social services across EU Member States pluralistic and contextual (Windwehr, 2022). The extent to which they are regulated – in terms of the level, form or type of regulation – has a significant impact on how the elements of social services are defined within a Member State and, beyond that, shapes discussions and developments in their quality and organisation, including trends towards ‘more integrated services and the decentralisation of social services’ (European Commission, 2022a, p. 55). The multiplicity of national approaches and rationales used by the Member States to define and organise social services makes it impossible to distinguish a single approach to categorisation that would be applicable at EU level (European Commission, 2022a).

Nonetheless, social services represent the core of welfare provision, and their socioeconomic value within the social welfare system gives them an essential role in achieving social justice and cohesion. The academic observers Saari and Välimäki (2007) contended that, by presenting clearer and more determined visions for the social sphere, the EU could considerably enhance its legitimacy. The European Pillar of Social Rights, which was introduced in 2017, seeks to promote a social model for individuals that enables them to live with dignity and autonomy, based on a social investment approach (European Commission, 2017). In this context, social services play an essential role in the implementation of some principles of the Pillar, as they aim ‘to respond to the social needs of individuals, particularly those who are in specific vulnerable and complex situations that cannot be solved without support ..., while at the same time trying to foster the active social and labour market inclusion of these individuals’ (European Commission, 2022a, p. 160). However, the European Commission (2022a) recognises that the contribution of social services to ensuring the social rights of individuals depends on the availability and quality of services, which are a function of their funding.

It therefore appears that the societal importance of social services is linked to their objective of dealing with social risks, which are evolving and becoming increasingly complex in our modern post-industrial society (compare with Beck, 1986).¹ During the COVID-19 pandemic, the demand for social services increased across Europe, along with the need to develop new forms of services and new processes to deliver them. In response to the pandemic, many Member States increased financial resources, drawn from both national funds and EU funds, for supporting and adapting their social services (European Commission, 2022a; see Chapter 2).

¹ The post-industrial society is the socioeconomic system that developed after the industrialisation of the 18th century, which is focused on services and is heavily influenced by the interconnection of national markets as an essential feature of the global era (Bell, 1976; Cohen, 2009).

In the economic sphere, the providers of these services as representatives of the social economy contribute significantly to job creation (EESC, 2019), with their employees representing 5% of the total EU workforce (Turlan, 2019). However, their contribution goes beyond the number of formally employed service providers, as these services have the potential to support vulnerable and traditionally excluded people in accessing employment and have an indirect impact by relieving the pressure on informal carers, such as family and friends (EASPD, 2021a).

To summarise, social services refer to means of personal assistance that provide welfare at individual and collective levels. They do so by meeting the needs of people at risk or in situations of vulnerability. In communities, social services provide care for a considerable number of people who experience difficulties in caring for themselves and in receiving adequate support from interpersonal relationships with family and friends (Hadley and McGrath, 2021). The following sections analyse the risks that social services aim to address and the management of these risks.

Social risks

Social risks are a complex and dynamic phenomenon that has been widely studied in the social sciences. Their sources are manifold: causes may be natural (e.g. natural disasters), technological (e.g. industrial pollution and accidents), biological (e.g. epidemics), economic (e.g. financial crises), demographic (e.g. population ageing), political (e.g. political transformations and wars) or health-related (e.g. disease or accidents) (Lupu, 2019). The various social risks that people face in their life course can be individual (e.g. illness, unemployment, and physical and mental limitations arising from different causes), but if they result in loss of income, poverty or social marginalisation, this can have consequences for society as a whole. While some risks affect all individuals eventually (e.g. old age), others depend on social class (e.g. poverty) and individual circumstances (e.g. childhood or disability) that can lead to precariousness.² Consequently, Esping-Andersen (1999) identifies three types of social risks: (1) class risks, which refers to the unequal distribution of risks based on social stratification or occupational status; (2) life course risks, which include the disparity between needs and income at two stages – childhood and old age; and (3) intergenerational risks, linked directly to class risks and referring to a lack of opportunities compared with others that may be inherited.

Individual social risks are considered collective risks when they are regarded as having adverse effects on the welfare of society as a whole or are the product of factors exogenous to individuals, which are therefore beyond their control (Esping-Andersen, 1999). Managing collective social risks is an important task for society, and therefore social protection systems have been established to provide monetary transfers to alleviate their effects. As such protection has been available in European countries for a considerable time, these risks can be considered ‘traditional’. According to Esping-Andersen (1999), social protection systems are based on three pillars: the state, the market and the family. However, state intervention is necessary to counteract information failure (difficulty predicting catastrophes, such as degenerative diseases or economic crises), market failure (unequal distribution of resources by the market that makes it difficult for the most vulnerable, for example, older people, people with disabilities or less skilled workers, to access welfare) and imperfect competition (price-distorting monopolistic practices that affect access to welfare services).

An important characteristic of social risks is their dynamic nature (Esping-Andersen, 1999). Societal transformations often lead to the emergence of new social risks (Lupu, 2019; Hemerijck and Ronchi, 2021). Therefore, the literature on this subject distinguishes between the old or traditional social risks that were prevalent in the industrial society (Esping-Andersen, 1999; Nullmeier and Kaufmann, 2021) and the new social risks resulting from the transition to the post-industrial society (Taylor-Gooby, 2005; Hemerijck and Ronchi, 2021). In the industrial society, characterised by mass production and a predominantly male low- and medium-skilled workforce, social risk management focused on the immediate needs of the time: namely, the protection of the male worker as the centre of family welfare (also known as the ‘male breadwinner model’) (Armingeon and Bonoli, 2006). Socioeconomic transformations that have in recent decades led to major demographic changes, and the individualisation, feminisation and transnationalisation of the labour market have changed the life course patterns of individuals and present challenges for social risk management, for example in the case of risks associated with old age (e.g. long-term care and pensions) (Esping-Andersen, 1999; Taylor-Gooby, 2005; Zutavern and Kohli, 2021).

Several contextual factors are increasingly affecting the nature of social risks, including demographic changes, the digital society, changes in the labour market and employment, and decarbonisation. These factors and the possibilities for managing them are discussed next.

² It is important to clarify that the classification of old age, disability or childhood as a risk is not stigmatisation but is based on the limited or lack of capacity of these groups to provide for themselves. This reduced or lack of capacity means that, without adequate support, their livelihood is at risk.

Demographic changes

Globally, life expectancy at birth increased from 65.4 years in 1990 to 72.7 in 2019 (World Bank, 2021). The average life expectancy at birth is even higher in developed countries such as the EU Member States, which have also seen decreases in mortality and fertility rates (Eurostat, 2021a, 2021b). These demographic changes entail new risks for the post-industrial society. For example, the ageing society will require greater resources, for example in terms of pensions and long-term care (Béland et al, 2021; Badell et al, 2022) – some Member States are already struggling with considerable staff shortages in the care sector (Eurofound, 2022a). Due to the decline in fertility, a smaller economically active population will have to bear the costs.

Moreover, the increased presence of women in the labour market has led to a departure from the male breadwinner model and the associated traditional division of household tasks (Béland et al, 2021), leaving a gap in informal care. In this situation, new social risks have emerged for lower skilled women who cannot afford to outsource their household tasks and thus find it difficult to balance work and family responsibilities (Cantillon et al, 2020, cited in Taylor-Gooby, 2005). In addition, in recent decades there has been an increase in the number of divorces and single parents, which has generated new social risks with regard to childcare and housing (Nieuwenhuis and Maldonado, 2018).

Thus, demographic changes trigger significant changes in the existing practices of providing informal social care, especially concerning the gender-specific division of tasks. In this situation, the traditional roles of the family, state and market need to be reconsidered. The understanding of these demographic shifts has led the European Commission to push for the adoption of different initiatives, such as the European Care Strategy, accompanied by the Council Recommendation on access to high-quality affordable long-term care (Council of the European Union, 2022a), to contribute to the implementation of the European Pillar of Social Rights, and the subsequent adoption of the Work–Life Balance Directive (European Commission, 2021a).

Finally, migration entails considerable social risks. In recent years, the Russian invasion of Ukraine in 2022 has generated an influx of refugees into Europe, in addition to migrants crossing the Mediterranean Sea or EU borders. Migrants and refugees may experience unemployment and poverty if efforts are not made to improve their social inclusion through social services. At the same time, their appropriate integration could help to mitigate the pressures on the pension system caused by population ageing (Béland et al, 2021). However, migrants and refugees still continue to occupy low-skilled, low-paid and very often informal jobs (Scarpa et al, 2021). If not addressed, this translates into intergenerational risks and can lead to homelessness.

Digital society

Information and communication are at the core of contemporary societal developments. Digitisation (converting data from a physical format to a digital format) has enabled information to be made available at all times and everywhere. This has been made possible through the creation of increasingly powerful devices that allow data to be exchanged immediately over the internet (Rice et al, 2020).

Digitalisation – the integration of digital technologies and digitised data across the economy and society – has led to important advances and offers great opportunities, but it also has negative effects. For example, it accentuates the digital divide, with consequences for people who are not digitally literate; and it is also associated with ethical, political and funding issues, as well as impacts on the labour market and services (Iclaves, 2021).

Besides the opportunities arising from the extensive digitalisation of almost all spheres of life, applications of algorithmic management and artificial intelligence have also created issues of bias, for example, in determining eligibility for social benefits (Eurofound, 2023).

Risks are emerging to the well-being of specific groups, too, such as young people, especially if they see the new digital media as key to their identity. Studies show that an extensive focus on digital forms of communication and interaction can have adverse impacts on users' mental health, leaving them vulnerable and prone to impulsivity, dysphoria, depression, drug use and even suicide (Meier et al, 2020; Rice et al, 2020). Furthermore, the widespread and diverse virtual spaces for interaction enable the proliferation of technology-facilitated sexualised violence (Henry and Powell, 2016).

While social work practitioners have encountered these developments in their work for several years, in some countries the formats of and standards for the services to deal with these issues are only just beginning to be systematically considered (see, for example, Vobbe and Kärger (2022), who present recommendations for social work practitioners dealing with sexualised violence in the digital sphere in Germany).

Finally, the development of digital platforms has enabled the provision of innovative services that also result in some challenges for social protection. Specifically, an increase in the number of short-term rentals for tourism and leisure in residential areas has introduced obstacles to accessing affordable housing, in big cities mainly, which not only reduces the number of houses available for long-term rental but also influences rental prices (Franco and Santos, 2021) and presents challenges for the hotel industry and its employees (Zervas et al, 2017).

Labour market and employment changes

In the transition to the post-industrial society, both the labour market and employment have undergone major changes that present several challenges in contemporary societies. One of the main drivers of this transformation is the incorporation of new information and communications technology (ICT), which has influenced the organisation of work, the means of production and the concept of a worker (Castells, 2011), coupled with a volatility of employment that requires greater skills and more flexibility (Schmid, 2015). On the one hand, the transition to a post-industrial information economy has placed greater emphasis on services and increased demand for better skills, strengthening the link between education and employment (Taylor-Gooby, 2005). In this context, many low-skilled jobs have been eliminated, adapted with technological advances (such as artificial intelligence) or transferred to low-wage economies. On the other hand, the transition has brought greater labour flexibility, generating atypical forms of employment such as part-time work, temporary work and fixed-term employment (Béland et al, 2021).

All this means that there has been a shift from traditional forms of work to more atypical forms, which in the digital age continue to expand with the rise of the gig economy (Lepanjuuri et al, 2018), also known as platform work. Platform work refers to a new employment model that operates through specific, short-term, sporadic jobs directly interconnected with digital platforms. Platform workers are usually young, low-skilled people who find it difficult to enter the labour market through traditional means or simply prefer the autonomy and freedom that the 'gigs' offer to determine their work schedules. However, in order to access more gigs, these workers usually provide their service for a low cost. The companies are not obliged to cover work benefits, so workers are responsible for covering their own pensions, insurance and so on (Thompson, 2020). To defend themselves against criticism regarding the responsibility for providing work benefits, these companies claim to be technology companies rather than genuine providers of transport, delivery or home-cleaning services. They argue that they recognise themselves not as direct employers but as mediators between the client and the worker or as intermediaries that facilitate the demand and supply relationship (Woodcock and Graham, 2020). Ambiguity around the status of platform economy workers may compromise their entitlement to social protection, including eligibility for social services over the life course.

Furthermore, advances in ICT have an impact on work organisation. They enable telework and ICT-based mobile work, understood as a 'work arrangement where workers work remotely, away from an employer's

premises or fixed location, using digital technologies such as networks, laptops, mobile phones and the internet' (Eurofound, 2020b, p. 1). Telework spread moderately up to 2020, but during the COVID-19 pandemic it was widely adopted to reduce social contact and thereby avoid contagion. However, some studies have noted the potential effects of remote working on gender inequality, with women more likely than men to report difficulties maintaining work-life balance (Tomei, 2021), and higher levels of job dissatisfaction linked to low career progression (European Parliament, 2021). Furthermore, this work arrangement exposes workers to the risk of 'virtual presenteeism', where workers feel compelled to be connected with work at all times. Breaking down the boundary between work and personal life in this way can result in overworking. This can have consequences for the worker's mental health and leads them to continue working when ill, if the illness does not impede their ability to perform tasks (Eurofound, 2020b; European Parliament, 2021).

On a more positive note, telework appears to open up opportunities to access work for people with disabilities who are not able to be present in an office on a regular basis. However, it can also create inequalities between those who have the resources or skills to work remotely and those who do not (European Parliament, 2021).

Decarbonisation

The EU's green transition strategy will make significant advances in many areas but may also result in the emergence of new social risks, which could deepen existing inequalities if their adverse effects on society are not quickly addressed. The strategy is centred on decarbonisation – that is, the process of reducing carbon emissions, especially emissions of carbon dioxide, into the atmosphere, with the aim of mitigating the effects of global warming. While this is critical to maintaining societies and saving the planet, from a social perspective, it is a complex process that could give rise to several social risks (Gough and Meadowcroft, 2014). Firstly, inaction on climate change could lead to further environmental degradation, threatening ecosystems and the jobs that depend on them, with consequences for individuals. People could face risks such as job losses, natural disasters, disease and food shortages (Ackerman and Stanton, 2006; Gough and Meadowcroft, 2014). Secondly, the transition to cleaner energies that emit no carbon is sustainable but could also have adverse social effects if it is not accompanied by financial measures to support individuals directly and indirectly affected by the transition (such as employees and service users) (European Commission, 2019). In summary, both inaction and pursuit of a green transition could result in a substantial increase in the need for social provision, in terms of both cash transfers and social services programmes.

The decarbonisation of existing social services must also be taken into account and the carbon footprint of the welfare state, such as the carbon emissions produced by healthcare services, considered (Gough and Meadowcroft, 2014).

Social investment and inclusive growth

The transition to the post-industrial society brought about major changes in all aspects of socioeconomic life. The relative size of a service economy based on knowledge and information as a driver of productivity has grown over time, and services make up a major part of the current European economy. Consequently, educational attainment became a highly relevant factor within the labour market, posing new risks to low-skilled workers (Taylor-Gooby, 2005). Likewise, other social risks have emerged that are linked not to income but to societal transformations resulting from climate change, population ageing, family restructuring, technological advances and automation (Ahn and Kim, 2015).

While the old welfare state used mainly cash transfers to mitigate social risks, the new welfare state in the context of the modern economy prioritises the provision of services when addressing new social risks (Huber and Stephens, 2007). Against this background, the strategy of social investment has emerged as an approach to social policy that concentrates on developing human capabilities from childhood to old age (Alcidi and Corti, 2022). It seeks to anticipate potential risks, focusing on preparing for the damage of the precariousness that people may encounter throughout their lives rather than on repairing it (Garritzmann et al, 2021). Consequently, the strategy has led to greater attention being placed on social policies and services for individuals and families (Kersbergen and Vis, 2020), seeking to increase their resilience in the face of unexpected situations of vulnerability arising from changing employment conditions.

According to Giddens (2013), the reform of the welfare state must begin with the recognition that risk management should seek not only to protect against vulnerabilities but also to provide the resources that allow individuals to build their resilience. This suggests that social services need to focus on continuous education and training resources that support human development, coupled with employment services and an increase in women's presence in the labour market (Alcidi and Corti, 2022). Therefore, the benefits of social investment are not limited only to their social impact but also have a significance for economic growth and increased productivity in a stronger and more inclusive labour market (Rinaldi, 2016). The impact of social services includes, for example, their contribution to job creation, reducing the informal economy, improving

social protection for actual providers of care and gender equality (see, for example, ILO, 2022).

Hemerijck (2014) establishes three interdependent functions that characterise social investment:

- boosting and maintaining human capital and its capabilities (stock) through educational and vocational training systems and programmes together with permanent learning opportunities
- allocating labour resources more efficiently to increase market participation (flow)
- providing adequate social protection

This implies that the welfare state has the capacity to increase socioeconomic growth rates through providing better services for human development, enhancing individual opportunities and boosting collective growth. In order to reduce periods of unemployment and increase the employability of individuals, social policies must aim to create a skilled labour force (Abrahamson, 2010). In this context, the welfare state would become the 'social investment state' due to its strong focus on activating human capital development (McCashin, 2019).

The social investment strategy is one of the most important reference frameworks for addressing social risks. The EU has expressed its interest in further modernising the European welfare state with the adoption of the Lisbon Strategy (2000), the Social Investment Package (2013), and the European Pillar of Social Rights (2017) and the action plan for its implementation, as well as Europe 2020, which aimed to ensure sustainable and inclusive growth (Hemerijck et al, 2020). More recently, the European Care Strategy highlights that investment in long-term care is a social investment, with positive returns for the individual, society and the economy. The 2023 report by the High-Level Group on the future of social protection noted that social policies have a preventive role vis-à-vis risks of social vulnerability and exclusion, highlighting life course transitions (European Commission, 2023a).

There is a vast literature on the differences between welfare regimes in Europe, and their importance for how social services are organised, funded and delivered. It has also been debated whether social policy, a prerogative of Member States, has gained any tangible role at EU level, at least when compared with the much more advanced Europeanisation of policies governing the economy. However, through an increase in discussions, coordination and learning resulting from the crises over the last decade, the importance of the social dimension of policies has gained more recognition in the EU. This, arguably, contributes to the emergence of a common social policy space, manifesting in initiatives such as the European Pillar of Social Rights. While the characteristics of national welfare systems and prerogatives remain part of the

reality, the process of creating a common social policy space should not be underestimated (Leruth, 2017), and a coordinated response to various crises should be prioritised, for example through building on the social investment approach that has stimulated the social policy debate in the EU.

The social investment paradigm highlights the role of social services that enable individuals to strengthen their capabilities and become more resilient to adverse events or periods of adversity. In this sense, public spending on social policies is arguably focused more

towards ensuring the availability and accessibility of good-quality services rather than cash transfers alone. The next chapter will analyse the situation of and challenges to the adaptation of social services in the midst of the COVID-19 crisis. This was a period when, on the one hand, social expenditure increased considerably in the form of monetary support provided for labour market measures and social benefits, and, on the other hand, the operation of personal social services was restricted to an extraordinary extent by the health risks and measures to curb the pandemic.

2 Social services during the COVID-19 pandemic: Challenges and adaptations

In March 2020, the World Health Organization declared the outbreak of the COVID-19 virus to be a pandemic (ECDC, 2021). The subsequent health and social emergency not only overwhelmed healthcare systems in Europe and the rest of the world but also disrupted public services and social services of general interest, including long-term care, social care, social work services and education. This emergency evolved into a socioeconomic crisis that raised the risk of social exclusion and exposed the fragility of public services in general (UNICEF, 2021). The COVID-19 pandemic aggravated existing weaknesses in social cohesion and put further strain on them.

All of this was highlighted by the European Commission when it acknowledged the vulnerabilities of the EU and its Member States related to sufficient staffing and medical materials, emergency preparedness, adequate budgets, safe working conditions and other issues during the outbreak of the virus (European Commission, 2020a). However, the pandemic should not be seen as an isolated disruption, because the social services sector was already struggling with structural weaknesses that the emergency situation exposed, such as staff shortages due to the unattractiveness of social services jobs, the ageing workforce, long working hours, shortages of medical equipment and poor working conditions (Council of the European Union, 2022b; Allinger and Adam, 2022). Furthermore, since the beginning of the pandemic, there has been an increase in the demand for social services, an increase in staff shortages, rising levels of stress and depression among service providers, and challenges concerning funding

(EASPD, 2021a). The issue of financial resources encompasses the insufficiency of funding and its distribution before the pandemic and the additional costs of the health measures in 2020 (such as personal protective equipment (PPE) and investments in facilities), which at times had to be covered by service providers (Allinger and Adam, 2022).

To draw lessons from how social services functioned during the pandemic, this chapter begins with an overview of working conditions in the sector across the EU. It then examines the impact of the pandemic on the provision and use of particular services, and discusses adaptations that could inform future policies for the sector.

Working conditions

The examination of working conditions in social services is based on the results of the European Working Conditions Survey (EWCS). The original fieldwork for this survey was disrupted by the pandemic in early 2020, which led the researchers to instead conduct a telephone survey edition in 2021 (the European Working Conditions Telephone Survey (EWCTS)) one year after the start of a new regime of living and working. The social services analysed include the NACE healthcare and long-term care sectors, as well as selected subsectors (social work activities without accommodation and pre-primary education) for the purposes of providing context and facilitating comparison (Table 1).

Table 1: NACE sectors used in the analysis of working conditions

Short name used in the report	Full name in NACE Rev. 2	NACE code	Unweighted count in EWCTS 2021
Social services			
Healthcare	Human health activities	86	3,784
	Hospital activities	86.1	
	Medical and dental practice activities	86.2	
	Other human health activities	86.9	
Long-term care	Residential care activities	87	1,654
	Residential nursing care activities	87.1	
	Residential care activities for mental retardation, mental health and substance abuse	87.2	
	Residential care activities for the elderly and disabled	87.3	
	Other residential care activities	87.9	
	Social work activities without accommodation for the elderly and disabled	88.1	
Social work	Other social work activities without accommodation	88.9	791
	Child day-care activities	88.91	
	Other social work activities without accommodation n.e.c.	88.99	
Other NACE sectors used for context and comparison purposes			
Education	Pre-primary education	85.1	753
	Primary education	85.2	1,363
	Educational support activities	85.6	314

Note: n.e.c., not elsewhere classified.

Source: Authors

Physical and psychosocial risks

Some social services jobs involve emotional demands, while many care-related services jobs require workers to handle infectious materials or to lift heavy loads or people. Physical load is among the key factors in the development of musculoskeletal disorders. Some social services, such as long-term care, have a relatively high proportion of older workers; the risk of musculoskeletal disorders and their impact could be higher for these workers, which could subsequently affect their capacity to carry out their tasks. This exacerbates the overall challenge of having an ageing, soon-to-retire workforce.

High exposure to infectious materials is another common workplace risk in a number of social and healthcare sectors. This and other demanding working conditions are prevalent in female-dominated subsectors and occupations in social services (see Eurofound, 2022b, p. 31, for details of the sectors with the highest exposure to infectious materials and

the proportion of women employed in them). Arguably, the risk of higher-than-average exposure to infectious materials increased further due to the pandemic.

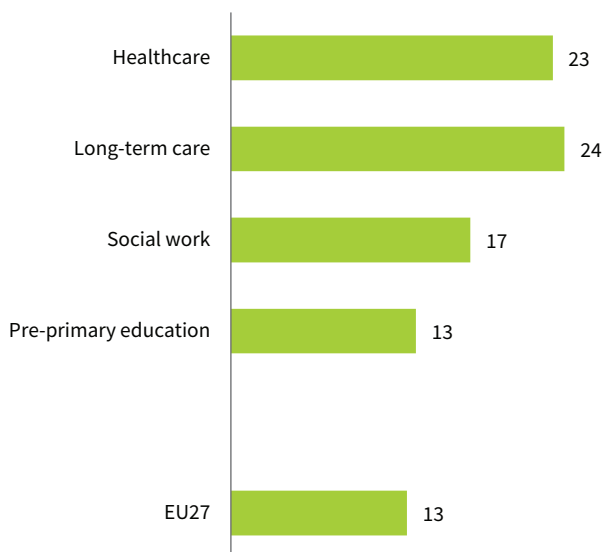
Adverse social behaviour

Delivering social, health and care services involves a considerable amount of interaction with clients and exposes workers to emotionally demanding work situations. A specific risk is adverse social behaviour, either by clients or colleagues. In this study, exposure to adverse social behaviour is defined as reporting at least one of the following: verbal abuse or threats; unwanted sexual attention; or bullying, harassment or violence. Such behaviour can negatively affect workers' health and well-being (Eurofound, 2015, 2019, 2022d). Female workers tend to be more exposed to this workplace risk.³

Figure 1 shows that the proportion of workers in healthcare and long-term care reporting adverse social behaviour is much higher than the EU average.

³ For information on gender and country differences in relation to adverse social behaviour and their specific types, please see Eurofound (2022c).

Figure 1: Proportion of social services workers who reported adverse social behaviour, by sector, EU27, 2021 (%)



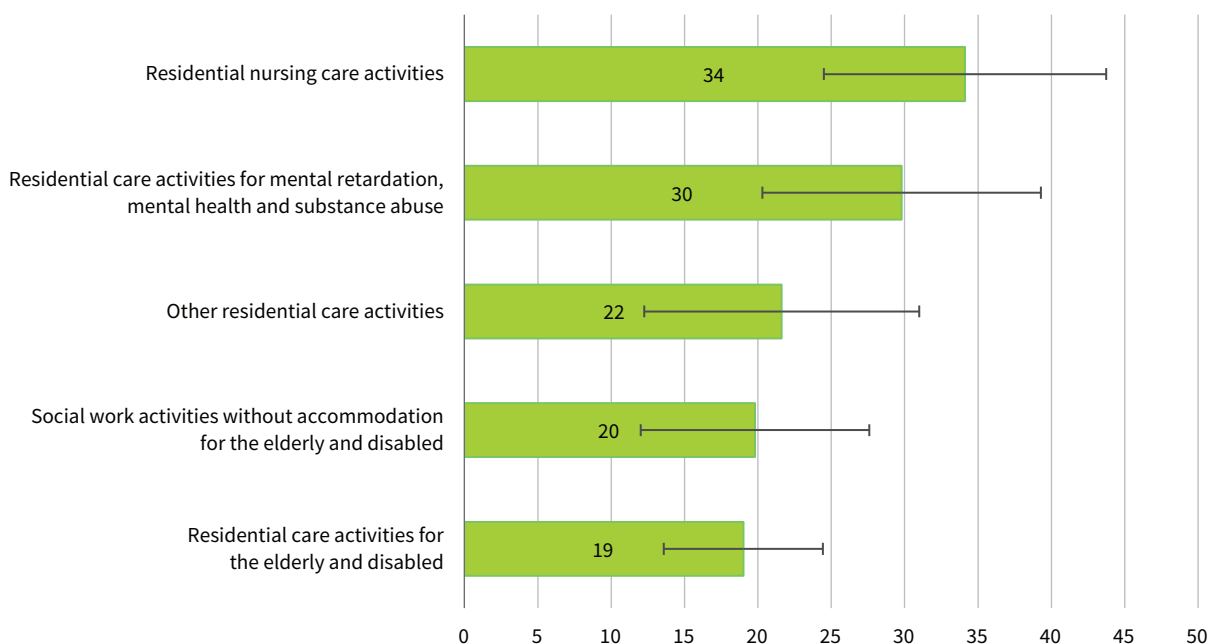
Source: EWCTS 2021

With regard to the subsectors of social services, adverse social behaviour is especially prevalent in residential nursing care (34%) and in residential care activities for intellectual disability, mental health and substance abuse (30%; Figure 2). Prevalence in these subsectors well exceeds the averages for both healthcare and long-term care, as well as the average for the EU as a whole (as shown in Figure 1).

Comparing occupational groups confirms that working in social services such as long-term care results in higher exposure to adverse social behaviour (Figure 3).

It is well established in research, including research based on the EWCS, that exposure to adverse social behaviour is related to negative health outcomes. Workers who have experienced adverse social behaviour also report their jobs to be demanding and poorly resourced, and they state that there is a lack of managerial support. Providing support and resources for workers to reduce or cope with the risks remains a highly relevant area for improving workplaces in social services.

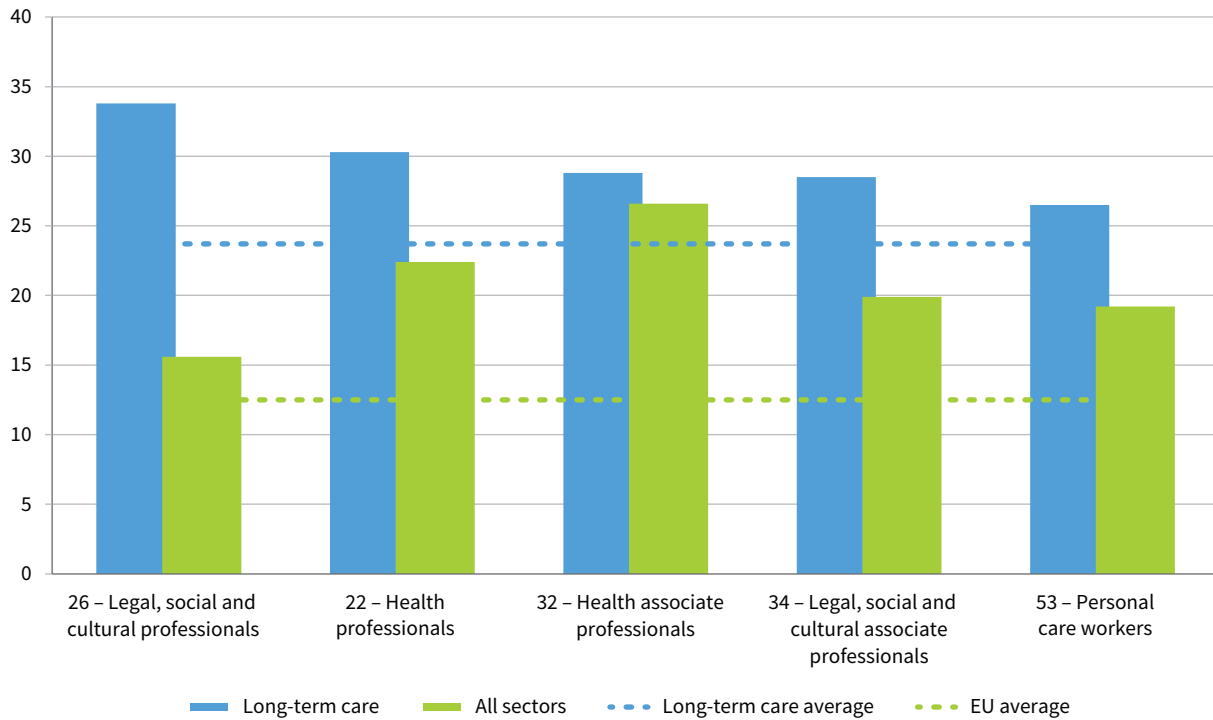
Figure 2: Proportion of social services workers in selected subsectors who reported adverse social behaviour, EU27, 2021 (%)



Note: The figure shows estimates along with lower and upper bounds of confidence intervals.

Source: EWCTS 2021

Figure 3: Proportion of workers in selected occupations who reported adverse social behaviour, EU27, 2021 (%)



Note: The bars represent workers of the same occupation in long-term care (blue) and across all sectors (green). Occupations as defined by the International Standard Classification of Occupations (ISCO), including the ISCO-08 code for each occupation.

Source: EWCTS 2021

Training

Research based on the EWCS 2015 found that some sectors within social services, such as long-term care and healthcare, had a much higher percentage of workers who received training compared with the labour force on average (Eurofound, 2020c, p. 48). The EWCTS, conducted during the pandemic in 2021, yielded a somewhat different trend in terms of how social services compare with the rest of the labour force. Healthcare still had a somewhat higher rate of training

than the average across all sectors, but the rate of training in the long-term care sector was about the same as the average (around 45%; Table 2). Within the long-term care sector, most residential care services had a higher rate of worker participation in either employer-provided training (48–56%, compared with the EU average of 45%) and on-the-job training (compared with the EU average of 46%). Social work without accommodation had lower rates of both types of training.

Table 2: Receipt of training, by sector and subsector, EU27 (%)

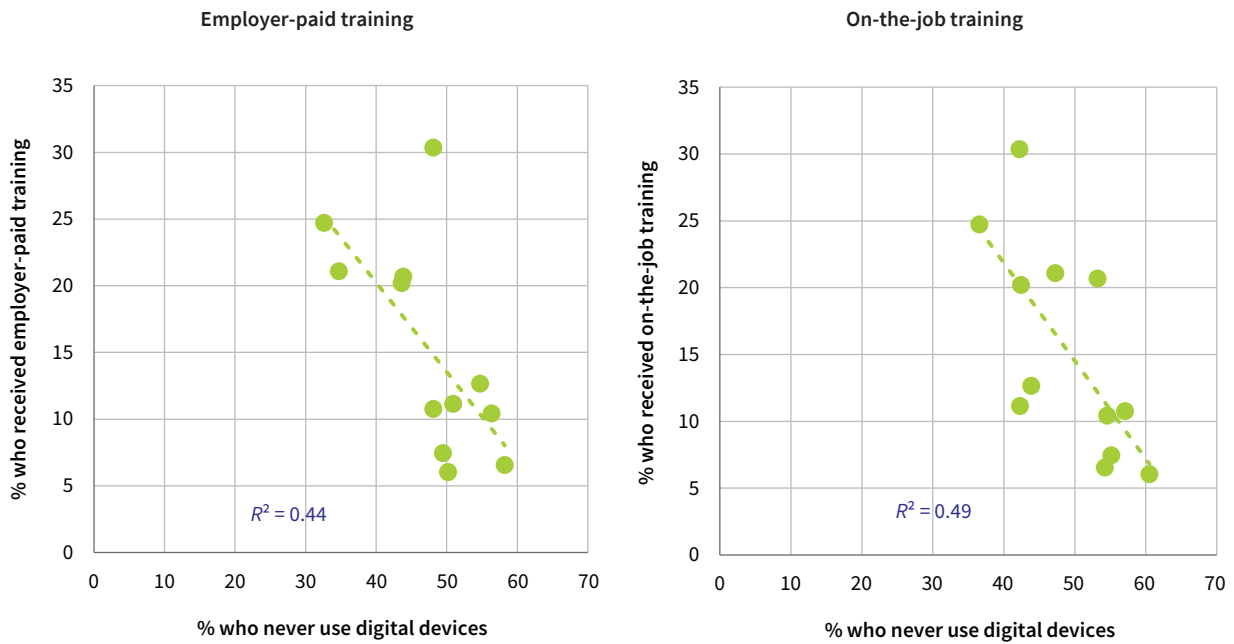
Sector/subsector	Training	
	Employer-paid training	On-the-job training
Healthcare	49	57
Hospital activities	48	57
Medical and dental practice activities	50	61
Other human health activities	49	55
Long-term care	45	44
Residential nursing care activities	56	55
Residential care activities for mental retardation, mental health and substance abuse	51	42
Residential care activities for the elderly and disabled	48	42
Other residential care activities	35	47
Social work activities without accommodation for the elderly and disabled	33	37
Social work	44	42
Pre-primary education	44	53
Primary education	58	54
Educational support activities	55	44
EU27	45	46

Source: *EWCTS 2021*

A more thorough analysis of the factors affecting EU labour force participation in training in 2021 reveals that larger workplace size, having a permanent contract and, especially, teleworking increased workers' likelihood of participating in either employer-provided training or on-the-job training (after controlling for country effects).

The use of digital devices for work also stands out as a very significant factor: on average, an increase in the level of computer use at work by one category (across five categories ranging from 'never' to 'always') increased workers' chance of receiving training by 22%. The effect of using digital devices at work on the likelihood of receiving training is also seen at subsector level: the subsectors with the largest shares of workers who do not use digital devices tend to have the lowest rates of training (Figure 4).

Figure 4: Relationship between prevalence of training and non-use of digital devices at work in subsectors of social services, EU27 (%)



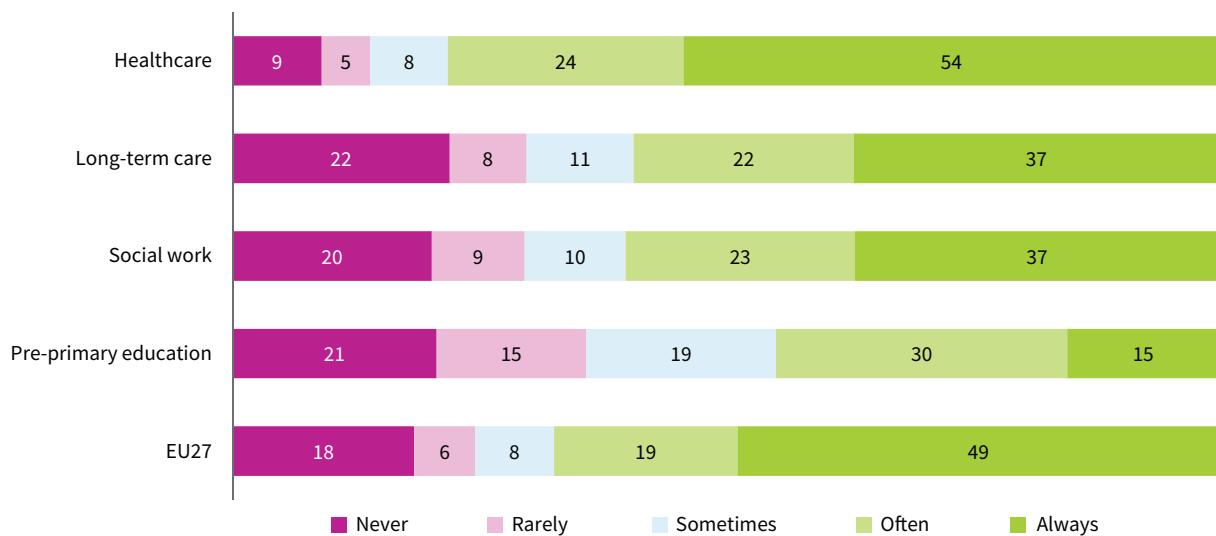
Note: Subsectors used in the analysis are the same as in Table 1 (excluding the overarching categories healthcare, long-term care and EU27).
Source: EWCTS 2021

Use of digital devices

The healthcare sector is more digitalised than the EU sectors on average, but about a fifth of workers in social care sectors do not use digital devices – including computers, laptops, tablets and smartphones – at all (Figure 5; Table 3). These workers – both those who deal directly with clients and those in auxiliary jobs – may be

missing out on the benefits of digitalisation, automation and robotics. In 2021, digital devices were a key means of receiving training and upskilling. A lack of fluency in using technical infrastructure (mostly digital interfaces these days) may be a factor inhibiting training and impeding workers’ ability to adapt and build resilience to cope with challenges such as epidemics.

Figure 5: Use of digital devices at work, by sector, EU27, 2021 (%)



Note: Due to rounding, the values for social work do not sum to 100%.
Source: EWCTS 2021

Table 3: Workers who never use digital devices at work, by sector and subsector, EU27, 2021 (%)

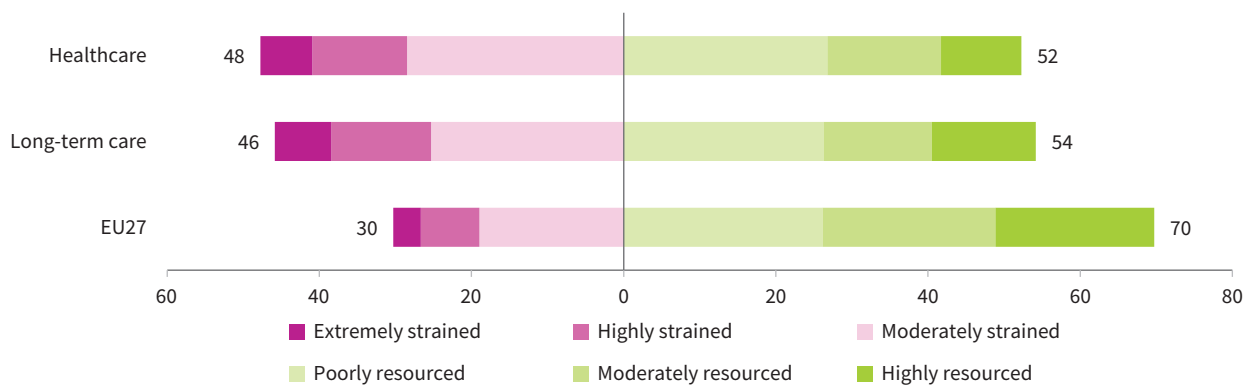
Sector/subsector	Never use digital devices at work (%)
Healthcare	9
Hospital activities	11
Medical and dental practice activities	6
Other human health activities	7
Long-term care	22
Residential nursing care activities	10
Residential care activities for mental retardation, mental health and substance abuse	11
Residential care activities for the elderly and disabled	30
Other residential care activities	21
Social work activities without accommodation for the elderly and disabled	25
Social work	20
Pre-primary education	21
Primary education	7
Educational support activities	13
EU27	18

Job strain

On average, workers in social services, especially care services, face specific challenges related to the social environment of their work, working hours and dealing with infectious materials. A summary indicator was created to capture a range of these and other job demands. The indicator also captures job resources: aspects of the job that can help to mitigate job demands, such as support from colleagues and recognition for one's work. The indicator is a continuum of six categories, from extremely strained (and poorly resourced relative to the level of strain) to highly

resourced (relative to the level of strain). This summary indicator provides an overarching measure of job quality.

According to the findings of the EWCTS 2021, the highest proportions of strained jobs were among workers in the healthcare (45%), long-term care (42%), transport (42%) and agriculture (40%) sectors. Extremely strained jobs were most common among workers in the health and long-term care sectors (7%, nearly double the EU average), while 12% of workers in these sectors worked in highly strained jobs, compared with an EU average of 8% (Figure 6).

Figure 6: Proportion of workers in six job quality categories, by long-term care and healthcare sectors, EU27 (%)

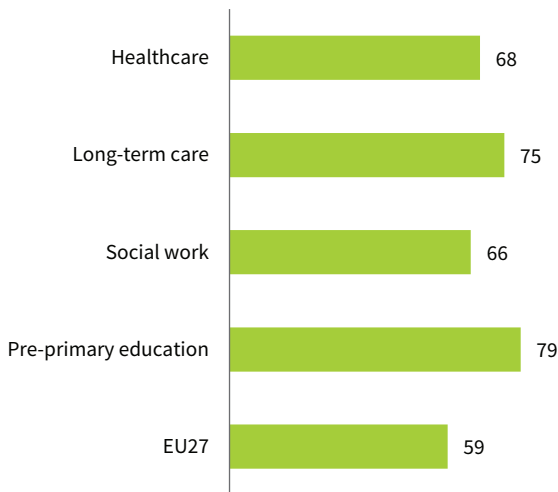
Source: EWCTS 2021

Among the subsectors considered in this report, two stand out in terms of gender inequality in the prevalence of job strain: hospital services and primary education. In both, the levels of job strain were higher for female workers than for male workers (there are differences in other subsectors, but they are not statistically significant in the EWCTS).

Perceived value of work

Despite the risks and challenges discussed in the previous sections, the proportion of workers in social services who feel that they are doing useful work is much higher than in many other sectors. This pattern was noted prior to the pandemic (Eurofound, 2020c) and was also visible in the data from the COVID-19 period: the social work (66%), healthcare (68%), long-term care (75%) and pre-primary education (79%) sectors have well-above-average (59% in the EU) rates of workers reporting that they do useful work (Figure 7).

Figure 7: Proportion of social services workers who feel that they do useful work, by sector, EU27, 2021 (%)



Note: Percentage of workers who responded ‘Always’ to the statement ‘You have the feeling of doing useful work.’
Source: EWCTS 2021

Provision and use of social services

Healthcare services

Healthcare was among the services that were most affected by the COVID-19 pandemic, and the provision and use of healthcare services was enormously challenging across Europe (Guagliardo and Palimariciuc, 2021). Referring to the immediate challenges for overwhelmed hospitals, such as shortages of medical staff, medicines and PPE, the Commission stated that ‘the need to treat COVID-19 patients affected the capacity of the system to deal with non-COVID-19 patients, while residential care facilities and essential support services for older people and persons with disabilities were particularly challenged’ (European Commission, 2020a, p. 5). It is estimated that the provision of healthcare services decreased globally by 37% in 2020 due to restrictions on face-to-face interactions (EFPIA, 2020). Some of the most affected healthcare services were family planning and contraception services, with a reduction of up to 74% in provision; non-communicable disease diagnosis and treatment, with a reduction of up to 76%; and dental services, reduced by up to 91%.

The postponement of non-COVID-19-related treatment while services dealt with COVID-19 patients meant that the provision of essential healthcare services for patients with acute and chronic conditions was disrupted and delayed, affecting the continuity of care (EFPIA, 2020). According to a survey on the impact of the COVID-19 pandemic on informal caregivers across Europe, 29% of primary carers reported difficulties accessing public or private health or social services for themselves, while 37% faced difficulties accessing services for the care recipient (Eurocarers and IRCCS-INRCA, 2021). A survey carried out by Eurofound (2021a) during the spring of 2021 showed that 21% of the respondents experienced a delay in receiving medical examinations or treatments during the pandemic.

This finding concerned essential healthcare services, mental health services and preventive screening, resulting in unmet medical needs. Some 18% of the respondents in the EU27 confirmed that they had unresolved medical issues in 2021. At national level, the provision of healthcare did not reach usual levels in Germany, Greece or Ireland (Eurofound, 2021a). The unmet healthcare needs particularly affected people with disabilities and reduced their trust in healthcare services (Eurofound, 2022c).

The reduction in the provision of health services also exposed existing inequalities in access to healthcare. The most deprived patients (such as vulnerable groups, ethnic minorities and rural populations) often neglected their healthcare needs, while the wealthier patients were able to seek alternatives from private providers or in other locations (EFPIA, 2020; Mishra et al, 2021). In Romania, for instance, there were difficulties for people with disabilities not only in accessing health and social services but also in accessing basic necessities such as food (European Commission, 2021b).

The implementation of preventive measures in combination with the redeployment of healthcare resources and staff to deal with the immediate emergency in the context of pre-existing staff shortages put extreme pressure on healthcare workers (OECD, 2020a). The negative impact of the overall burden on the healthcare workforce was soon realised, and providing mental health support to the workers became part of the response (see, for example, EXPH, 2021).

Mental health support

The need for mental health support became widely recognised during the pandemic, and many initiatives emerged that may or may not be captured effectively by the sectoral approach used in this study so far – hence the following discussion to highlight this particular service.

It has been extensively noted that the COVID-19 pandemic and the social distancing requirements, along with the societal distress that followed, negatively affected the mental health and well-being of populations. Across the Member States, initiatives were undertaken with the aim of providing support to people who suffered as a result of social isolation and the disruption of public services. The increased awareness of the mental health challenge received much attention at international level: during the pandemic, the World Health Organization (WHO), the Organisation for Economic Co-operation and Development (OECD) and the EU highlighted the need to step up the relevant policies in Europe. In 2023, the Commission issued a communication on a comprehensive approach to mental health that set out a range of dimensions in which policy should be advanced, including integrating mental health across policies, promoting prevention and early intervention to boost support for various groups in need (European Commission, 2023b). It specified particular flagship initiatives and identified €1.23 billion of the EU 2021–2027 budget for activities directly or indirectly promoting mental health.

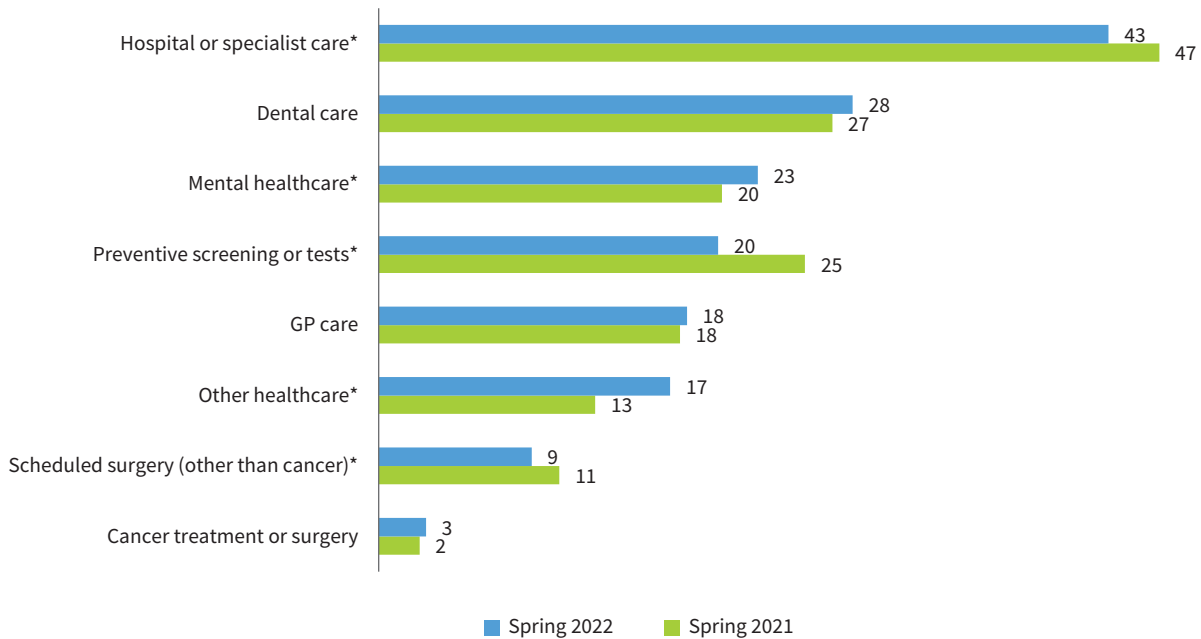
The pandemic has underscored certain features of mental health provision that are worth noting in the context of spending the allocated funding and when upscaling and adapting the ways mental health support is delivered in the future.

First, the provision of mental health support is organised through services that do not always coincide neatly with existing sectoral divisions. The mental health services under the healthcare remit can be broadly described by referring to either primary or specialist care, and to outpatient or inpatient care. It is also relevant to distinguish acute, or emergency, services (treatment in cases of crisis or mental breakdowns), regular services (planned care), and preventive measures.

In addition, some general trends have shaped the provision of mental health support over the last few decades. Addressing prevention and promoting mental health and well-being have been mainstreamed into public health policies in many countries. The need to strengthen community care and improve the human rights dimension (autonomy in deciding about one's care) has also gained prominence. Stakeholders such as Mental Health Europe have highlighted a need to move further beyond urgency-driven medical solutions and to prioritise people's social needs and their basic social rights. However, the scattered nature of mental health support services, where they are either concentrated in specialist settings or fragmented unevenly across some community care settings, changed little during the pandemic and may still pose a challenge for achieving better integration between health and other social services.

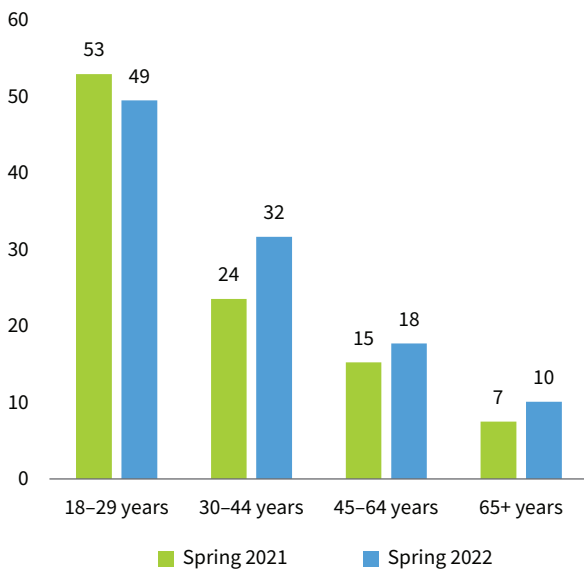
Regardless of a broad variety of service provision arrangements across countries and sectors, the demand for mental health services increased across the board during the pandemic and – unlike other health and care services – remained high in its aftermath. The evidence shows that unmet need for mental health support rose from 2021 to 2022 – in contrast to the trend in unmet need for specialist care or preventive tests (the supply of which became less restricted in the later phases of the pandemic; see Figures 8 and 9). This trend suggests that the increased demand for mental health support requires supply to be developed along with measures to ensure equity in access (when increased demand leads to shortages or higher costs of services).

Figure 8: Unmet need for various healthcare services, EU27, 2021–2022 (%)



Note: * denotes a statistically significant difference ($p = 0.05$) between spring 2021 and spring 2022.
 Source: Eurofound (2022e), p. 7

Figure 9: Unmet need for mental healthcare, by age group, EU27, 2021–2022 (%)



Note: All changes between spring 2021 and spring 2022 are statistically significant ($p = 0.05$).
 Source: Eurofound (2022e), p. 8

A particular feature of mental health support to the general population during the pandemic was the emergence of a wide range of digital mental health tools. There was a relatively successful switch to and expansion of remote services to the general population (as distinct from specialist services): reportedly, online counselling expanded, and helplines and apps proliferated. These types of services could increase

access to mental health support enormously. However, still there are gaps in the evidence regarding the true scale of the increase in supply and take-up of digital mental health support services. Evidence is also lacking on their quality, impact and efficiency, but initiatives to address these aspects are emerging, such as Label2Enable. This is an EU-funded project aiming to promote the adoption of a quality label for health and wellness apps to ensure the quality of health apps used at scale in prevention, healthcare and self-care.

Regarding helplines, the staffing and training of staff could be considered for review in the future. Volunteer initiatives were popular during the pandemic and were sometimes used to run helplines as well as operating in broader health and social care contexts; however, the extent of these activities is not well known. These types of evidence are relevant for guiding further funding, for identifying groups with low take-up or lack of tailored mental health support, and therefore for ensuring professionalism and specialisation of the entire range of mental health support services. The shift to online mental healthcare and digital tools might be particularly suited to certain groups of people, such as young and financially independent people with their own private space. However, take-up by specific groups in need may continue to be limited by lack of technological literacy, cost and lack of privacy.

While the expansion of helplines to provide mental health support was positive, it may not have been able to address the need for specialised care. Unlike the helplines or online counselling, specialist mental healthcare capacity did not necessarily increase during

the pandemic. Referral to specialised mental health services became a bottle-neck during the pandemic when non-COVID-19 care was suspended or limited: waiting lists for appointments lengthened and getting a referral became more difficult. Disruptions to healthcare for people with pre-existing mental health conditions constituted a significant part of the negative impact of the pandemic on mental health (OECD, 2020). Some considerations have been raised that different mental health strategies are needed for populations, depending on the condition or the level of risk. Interventions to alleviate the impact of lockdowns on mental health should specifically address people at risk of developing a mental health condition – that is, vulnerable people with reduced general mental health prior to a pandemic – avoiding the need for large-scale interventions for the entire population (Ahrens et al, 2021). Thus, the improvement of screening and the adjustment of the types of interventions for specific populations should be among the tasks in adapting mental health services to the future.

Social care services

Long-term care services in particular were severely affected by the COVID-19 pandemic due to the vulnerability of their users and the high rates of mortality and morbidity in the sector (OECD, 2020a, 2021a; ESN, 2021a; Eurofound, 2022a). The providers of these services experienced higher infection and death rates of workers than other occupational groups, coupled with death tolls of over 5% among residents in long-term care facilities in several European nations (Allinger and Adam, 2022). The situation was aggravated by a lack of definitive guidelines on infection control, lack of training on how to implement safety measures, lack of PPE, poor integration between social services and healthcare systems, skills mismatches and insufficient funds (OECD, 2020a, 2021a, 2021b; Eurofound, 2022a).

The set-up of many large and often privatised long-term care facilities offered little scope for the personalisation of services and COVID-19 responses, which also partly explains the devastating consequences of the pandemic on long-term care facilities and their residents, including their health (Bach-Mortensen et al, 2021). In addition, the quality of long-term care services and the well-being of users were compromised: while external visits were banned and residents were isolated, the services provided by carers were limited to those related to basic needs (Eurocarers and IRCCS-INRCA, 2021; European Commission, 2021c).

A study carried out by the European Association of Service Providers for Persons with Disabilities (EASPD, 2020a, 2020b) at the onset of the pandemic in 23 European countries analysed the complex situation for providers of social services for people with disabilities. It covered a wide variety of services, including work and employment, day-to-day care and

support, emergency support, education and training, childcare and cultural participation. According to the report on the study, the first months of the crisis pushed the sector into emergency mode, forcing services to decrease the provision of face-to-face support, which was reserved only for the most necessary cases during lockdowns; to develop and implement emergency protocols; to try to ensure the availability of adequate emergency funding; to source appropriate PPE; to ensure adequate staffing; and to provide digital services (EASPD, 2020a, 2020b).

Interruptions to the regular provision of health and social care left over 70% of autistic people without daily support across Europe (Oakley et al, 2021), and it is estimated that between March and June 2020 between 1.3 and 2.2 million patients in rehabilitation services in Europe did not receive daily treatments (Negrini et al, 2020).

The limitation of face-to-face interactions also led to a reduction in the provision of substance abuse services. In a survey of 177 professionals in 77 countries working in substance use disorder and harm reduction services, 41% of participants reported the partial discontinuation of harm reduction services, while 57% reported a reduction in overdose prevention services during the first months of the pandemic (Radfar et al, 2021). Respondents in Austria and Belgium rated the quality of their country's response to the pandemic within these services poorly. In Spain, some harm reduction services linked to mental health, infectious diseases and drug injection had to adapt their operating hours and services from March to June 2020, resulting in a reduction in service users of up to 22% (Picchio et al, 2020). In circumstances such as these, the prevalence of psychological conditions and the number of drug use relapses can increase and undermine social cohesion.

During the lockdowns in the first wave of the pandemic, the provision of some services relied mainly on adapting them to operate via a digital infrastructure. However, the adaptability of services to online formats was quite uneven across countries, urban and rural areas, and users and providers in terms of access to devices, technical requirements, skills and so on; for example, in Greece and Poland, the availability of digital devices was considerably lower than in Finland (EASPD, 2021b).

Moreover, the COVID-19 response gave little opportunity for users of long-term care services to voice their concerns, needs and wishes during this period, with the medical response often requiring the isolation of service users. While this can be understood from a strictly medical perspective, it had a significant impact on the mental well-being of these service users and their freedoms as citizens, and was sometimes seen as infringing on well-recognised human rights principles, including those expressed by the United Nations Convention on the Rights of Persons with Disabilities.

In this context, the emphasis on ‘protecting’ people caused people with disabilities and older people to have less control over their lives (FRA, 2020a, 2020b; Allinger and Adam, 2022). Furthermore, the representation of their interests and rights was compromised due to the general constraints on operations and funding that the civil society organisations experienced (EESC, 2021).

In addition, during the lockdowns, vulnerable groups faced an increased risk of violence, neglect and abuse by carers and family members (AGE Platform Europe, 2020). There have been reports of women and girls with disabilities kept in institutions and unable to communicate with their families, with reported abuses ranging from verbal violence to beatings and rape (EDF, 2021).

At the same time, as the demand for residential care decreased, the demand for home care services escalated. This aggravated the pre-existing shortage of services and workers. Consequently, long-term care workers experienced longer working hours and high levels of stress, depression and anxiety (OECD, 2021a), characterising long-term care as employment with a poor level of safety (OECD, 2020a). However, although these problems were exacerbated by the COVID-19 pandemic, many of them were considered structural weaknesses within the sector since before the pandemic (Allinger and Adam, 2022).

Furthermore, high levels of stress were experienced not only by service staff but also by family members of care services recipients – thereby compromising their status as beneficiaries of social services. In the context of the rise in informal care, lack of respite care services was pointed out as one of the support types missed during the pandemic by more than half of primary carers in an online survey across Europe (Eurocarers and IRCCS-INRCA, 2021, pp. 38–39). Among other factors, the closure of schools and the shift to working from home forced parents and family members to take on the responsibility of providing healthcare services, schooling and care services at home. Increased responsibilities led some workers to reduce their working hours, and in some cases, their level of income decreased as a consequence. This situation worsened the economic difficulties of vulnerable families, highlighting the necessity of providing community-based family support services designed to assist them in their role as caregivers and aimed at improving their child-rearing capabilities (OECD, 2021b). A study by Fleming and O’Hara (2020) that surveyed parents in Ireland during the second half of 2020 showed that around 30% of the respondents with children aged up to five years suffered high levels of stress due to a lack of childcare support or, more specifically, difficulties in enforcing bedtime, setting house rules and coping with an increase in tantrums or outbursts. These levels of stress were reported more by women than by men, as the lockdown worsened the longstanding gender gap in caregiving.

A report by the OECD (2021c) showed that women were hit the hardest by the COVID-19 pandemic because they more often had low-skilled jobs that could not be done online and therefore suffered higher levels of unemployment or experienced labour market penalties, such as a reduction in working hours and a consequent reduction in salary.

Children and students also experienced negative consequences of the shift to online education and limited face-to-face contact, for reasons such as limited access to the internet and a lack of a personal computer, a calm room for studying and skills to operate new online platforms. As a result, they were at increased risk of becoming disengaged from education or socially excluded. In this context, a study conducted in the Netherlands showed that, unlike families in better socioeconomic circumstances, low-income families could not support their children with home schooling due to their limited education or lack of proficiency in the language of instruction (OECD, 2021c). Because of the disruptions to health, education and social services, family support services were emphasised as a key element in preventing high dropout rates and social and economic inequalities in the long term (OECD, 2021d).

Education

Similarly, providers of education services found it difficult to transition to remote learning. Teachers had to cope with sudden changes to the curriculum, with the aim of adapting it to online education, creating new challenges to achieving educational goals. At the same time, teachers had trouble accessing devices and lacked skills for operating them, which affected the quality of teaching (OECD, 2020b). In this regard, 21% of teachers interviewed in Finland reported that their risk of burnout increased due to stress related to the challenges that COVID-19 posed to teaching (Pöysä et al, 2021). Only 28.6% of EU citizens were satisfied with the quality of online schooling in 2020, and this share decreased to 26% in 2021 (Eurofound, 2021a).

The limitations on personal interactions during the lockdowns also increased unemployment rates and worsened working conditions. On the one hand, the difficult economic situation, the poor conditions associated with online working (available to just a portion of the population) and the increase in the number of jobseekers made it more difficult for young people and vulnerable groups to access the labour market (Eurofound, 2021b). On the other hand, the COVID-19 pandemic paused employment-related training such as workshops and other non-formal activities that were impossible to deliver online, reducing upskilling and employment prospects in the labour market (OECD, 2021d). In this context, public employment services became an essential tool for managing the labour market challenges and mitigating the rise in unemployment rates during the COVID-19

crisis. Virtual tools were used and services were modified according to the new situation (European Commission, 2020b) to improve digital literacy skills, provide upskilling services, increase collaboration with local stakeholders, monitor the labour market situation in other countries and strengthen the resilience of labour markets while promoting a green job transition (GIZ, 2021).

Lessons learned during the pandemic

Despite the challenges that the COVID-19 crisis posed to social services, these services consistently tried to adapt to adverse circumstances to meet the needs of users. The pandemic highlighted the essential role of social services in society and gave cause for reflection at different levels, including EU level (ESN, 2021b), as was reflected in the European Care Strategy, for instance. The first explorative studies initiated by stakeholders or providers of social services since the COVID-19 outbreak have documented its impacts on the provision of health and social care services, which have been referenced in the preceding sections. Stakeholder and provider accounts have also set down the lessons learned, many of which were generated through a learning-by-doing approach, with risks and limitations. Those lessons are synthesised below.

- The pandemic showed how even the most advanced societies are not exempt from natural risks with global impact and social consequences. In this sense, the pandemic highlighted the importance of preparedness to respond adequately and in a timely manner to mitigate the effects of crises. Therefore, it is essential to plan and continuously review emergency strategies at all levels of administration and in all sectors, considering the resources available, mechanisms required and social players to be involved. This includes assessing the need for more resources and more efficient and effective administration.
- The provision of services in the healthcare sector, including in hospitals and primary care, was prioritised during the COVID-19 pandemic over the provision of social and long-term care services. This is despite the significant impact on care services and their beneficiaries, in particular the death toll among people in care institutions (IHREC, 2020). Efforts will be needed to ensure that the social services sector is better prepared and the effect of pandemics on the sector is better understood and prioritised.
- Social services in Europe were largely ill-prepared for the pandemic with regard to both medical preparedness and the availability of medical equipment and PPE (like other sectors), but also in

terms of the structural weaknesses of the sector, as highlighted by the European Care Strategy. These weaknesses include problems with funding, staff shortages, poor working conditions, and challenges in ensuring the availability, accessibility, affordability and quality of its services. The pandemic brought to light but also worsened the situation faced by social service providers (Allinger and Adam, 2022).

- While it is essential to ensure the adoption of adequate health and safety protocols and initiatives in social services, it is also important to make sure that the wishes, needs and choices of people using social services are heard and responded to in future pandemics. This will enable a better balance between the necessary medical approach and human rights considerations.
- The digital delivery of health, care and education services (and the shift to telework), as an alternative to face-to-face contact, was driven by the need to adapt to an emergency. Although the adaptation was improvised and had considerable drawbacks, it nevertheless highlights the flexibility of services amid adversity. Yet despite the many advantages of digitalisation, it is also important to acknowledge the downsides; for instance, in therapy and rehabilitation, by and large, a larger range of services and forms of assistance are possible when delivered face to face than when provided online. This does not mean that there is no room to make the most of digitalisation in these sectors but that the impact needs to be properly and carefully assessed.
- In healthcare, digitalisation of services took place through the implementation of e-consultations and e-prescriptions as short-term solutions (Eurofound, 2020d), even though some countries, such as Finland, had already been providing these services online prior to the pandemic as an optimal solution to adapt to the needs of users. During the pandemic, such services spread across countries as a means, for example, of providing support to COVID-19 patients who did not require hospitalisation and non-COVID-19 patients (Eurofound, 2020d). Similarly, in education, online learning offers great possibilities to enhance the learning experience, as it offers flexibility, adaptability to the student's pace, availability at any time and access from anywhere. The usefulness and importance of perfecting e-learning, online healthcare and online support services and incorporating them into the overall provision of services has been demonstrated. These processes should be continued post-pandemic alongside the appropriate digital upskilling of society, where undoubtedly social services could play an important role.

- The fundamental role of good-quality and readily available childcare services to support families to break cycles of poverty needs to be urgently considered, since poverty affects the cognitive, social and emotional development of children.
- The protection of health and social services workers is imperative to ensure good-quality service provision. There is a need to combat the overload of work for service providers, especially in social care and healthcare services, for example poor working conditions, low salaries, inequalities and understaffing. In addition, more opportunities must be provided for training and learning.
- The extent to which providers have returned to the traditional format of service provision, having adapted their services to the pandemic conditions, needs to be explored. Have they retained any elements of these adaptations and how has this changed the competencies required by and responsibilities of their workforce? As social services providers are still grappling with the ramifications of the COVID-19 pandemic and, to some extent, are insecure about future developments, this field is still in a state of flux. Furthermore, it will take some time for these developments to be translated into the provision of further education and training and even longer for formal obligatory qualifications to be put in place. Therefore, changes to occupational structures (in the form of new occupations) or skills profiles in existing and new occupations are not yet apparent. The emergence of new skills profiles, especially in relation to the take-up of new technologies, will need to be observed closely in the coming years (and analysed against official categorisations such as the International Standard Classification of Occupations (ISCO) and the European Skills, Competences, Qualifications and Occupations (ESCO) classification).
- During the COVID-19 pandemic, there were reports that providers of care and social work services attempted to cooperate more closely with healthcare facilities. This raised hopes of achieving the much-cherished goal of integrating healthcare with the supportive and preventive social services. However, there is no indication that the economic activities of service providers in the social sphere changed to an extent that could serve as hard evidence of such integration; the activities are still largely embedded in 'old' structures and sectors.

Trends and challenges in the evolution of social services

Building resilience

The past few years have seen the increased adoption of various resilience-building approaches in the social services sectors, such as proactive risk assessments, especially in the context of the COVID-19 pandemic (Eureco, 2021). The greater awareness of the vulnerabilities of social services, highlighted by the economic crisis of 2008–2012 and the pandemic, has led many organisations to reflect on the way they are structured and how they operate and to identify their potential weaknesses and strengths. In this context, the adoption of modern management techniques is an opportunity for services to become more efficient and to further the professionalisation of the sector (ESN, 2014).

As more emphasis is put on human rights and quality of life as the outcome of service provision, the development of new quality assessment methods (discussed in the section 'Quality frameworks') seeks to further increase the relevance as well as the resilience of services (EASPD, 2021c). The professionalisation of the sector is focused not only on the management of organisations but also on the development of skills and better-structured social dialogue for the workforce of these services (FESE, 2019; EASPD, 2021d). The establishment of a sectoral social dialogue committee for social services at EU level in 2023 will initiate a new phase in terms of the sector's recognition and opportunities to address challenges around employment and working conditions that have been among the factors hindering its potential.

Funding and investment uncertainty

In a context where the COVID-19 pandemic has exacerbated the sector's existing structural weaknesses (European Commission, 2020a; Allinger and Adam, 2022), there are growing concerns that the need to address external crises such as the energy crisis will lead public authorities to cut public funding for social services, as occurred in the 2008–2012 economic crisis (Martinelli et al, 2017; EASPD, 2021e). Although the EU has tried to boost growth in the poorest regions and provided support to improve policies and social services, and to attract public and private investment, the situation has not progressed much (Dhéret and Pilati, 2019): still 'social services are faced with severe underdevelopment and underfinancing' (European Commission, 2022a, p. 150). Moreover, since before the pandemic, tight local budgets in the most disadvantaged regions have made it clear that investment in social infrastructure, from both private and public entities, is far from sufficient to serve the EU population (Fransen et al, 2018). According to

Hemerijck et al (2020), by December 2016, less than 4% of the European Fund for Strategic Investments had been used to fund social infrastructure, and less than 1% had been invested in social services. Furthermore, it has been argued that in the aftermath of the financial crisis the ‘obsession with narrowly conceived debt and deficit thresholds made European societies less resilient’ (Mang, 2022; see also Fransen et al, 2018).

The European context in 2022, with a war and a related energy crisis, represented another major social challenge that may hamper economic recovery and limit the room for reconfiguring social services in the aftermath of the COVID-19 pandemic. Social services are caught between an ongoing process of recovering from the pandemic and a new wave of difficulties arising specifically from the refugee and energy crises (EASPD, 2022). The issues of funding and the future financial strategy of the Member States are even more decisive for the prospects of the social services sector, especially considering concerns that tighter funding conditions weighing on investments might be coming due to the possibility of the EU facing an economic recession as a result of the crisis triggered by Russia’s invasion of Ukraine (European Commission, 2023c). In this context, in the short term, a potential reduction in public spending in response to the current emergencies may have greater consequences for social services than in 2008, jeopardising their performance and sustainability due to the persistent weakening of their financial capacity (EASPD, 2022).

The current quality of service provision is at risk of regressing. This has already been experienced by some social services in the disability sector, which are reporting the implementation of emergency measures to cope with the rising costs, including ‘closing certain types of activities, reducing costs for service users’ outings, including entertainment and personalised support’ (EASPD, 2022, p. 4). This poses a significant risk to vulnerable groups, such as people with disabilities and older people in long-term care. Furthermore, another concern is that social services do not receive the same attention as the digital and green transitions in terms of funding, with a shift in investment priorities away from programmes designed to support social inclusion (EASPD, 2021e).

Navigating approaches to costing and funding services

While many services may seek alternative sources of funding to diversify their revenue streams and support their own sustainability, it is also essential for public social investments to keep meeting the changing needs of service users through the corresponding development of service provision. For instance, in the field of service provision for people with disabilities in Europe, there are currently four models operating to various extents in the Member States, which overlap in some cases: reserved markets, public procurement, personal

budgets and private investment (EASPD, 2019a). Among these, public procurement and reserved markets are the most commonly used across the EU (EASPD, 2020a). Unfortunately, the sustainability, suitability and adaptability of these funding systems are uncertain, especially in a period of growing demand for both more and better-quality services. In practice, these systems do not guarantee swift and effective responses to ongoing challenges in service provision, such as the demand for improved quality and continuous delivery, the vulnerable financial sustainability of services, the insufficient standards of working conditions for staff and the accessibility of the services funded by these systems (EASPD, 2020a). The European Commission focuses on public procurement as the main tool to fund social services (European Commission, 2021d). At the same time, given the clear social function of long-term care services, they are a public good. When provided by public authorities and associations, long-term care services are primarily considered social services of general interest (European Commission, 2022a).

As part of services’ efforts towards modernising and increasing the resilience of the sector, they have been advocating for alternative funding models, particularly personal budgets and partnership approaches. These alternative models are designed to counter the drawbacks of the currently supported models, such as public procurement (EASPD, 2019b). Their proponents argue that they better meet the criteria of the newly emphasised user-centred approach to service provision.

- Personal budgets: in this model, following a needs assessment, the funding from public authorities is directed towards individuals who are empowered to decide which services they want, by themselves. The people supported by the services are thus the main driver for determining the mode and method of service delivery, ensuring that the system is demand driven. This innovative approach is in opposition to supply-driven systems, where public authorities, by devising rules and criteria, lead the creation of the models that services will seek to match in order to obtain funding (UNIC, 2021).
- Partnership approaches: this model constitutes another evolution of the buyer–supplier relationship that characterises public procurement. In essence, it involves collaboration between public authorities on the one hand and service providers (in the form of not-for-profit entities and/or third-sector organisations) on the other. By combining their resources, the partnership contributes to the pursuit of objectives and the implementation of activities that bring social value to the community.

Many of the changes described in the previous section (with regard to the digital transition, and the development of alternative sources of funding, for instance) do not occur as a consequence of services deliberately seeking to modernise their approach or

following structured modernisation plans and programmes. Rather, they occur as a result of a combination of factors (such as in the development of good-quality tools) (Rohrmann and Schaedler, 2022) or in response to external shocks (such as adopting digital tools as a result of the lockdowns during the COVID-19 pandemic) (EASPD, 2020b).

Nevertheless, it is important to understand how various Member States are developing plans and programmes to support the modernisation and sustainability of services (more information on social expenditure is provided in Chapter 3). It is also important to acknowledge the EU initiatives for the modernisation of services in terms of standardisation, such as quality frameworks, priorities in the form of the Multiannual Financial Framework (MFF) and the additional short-term funding intended to address the most urgent issues in the social sphere arising from the current crises.

Quality frameworks

The increasing focus on quality is a crucial development in the modernisation efforts of services and is directly linked to the transformation of the sector towards user-centred and human rights-based services. For instance, in the area of disability services, Article 19 of the United Nations Convention on the Rights of Persons with Disabilities states that people with disabilities have an equal right to live in the community and that the full enjoyment of this right must be supported by measures taken by countries that have ratified the convention. When integrating the right to life in the community into national legislation and funding programmes, it is important to develop indicators for assessment and to support evidence-based practices so that concepts such as self-determination are meaningfully implemented, alongside the other principles of the convention, at service-delivery level.

In view of developing such criteria, an initial crucial step has been the consideration of the outcomes of services (Donabedian, 1966). Subsequently, this has been integrated into what is now known as the quality of life approach (Schallock, 2020). The quality of life supports model, designed to guide, monitor and improve service delivery, is an integral part of the current impetus for transforming and adapting services (Gomez and Verdugo, 2021). Its inherent focus on change and improvements makes it key for the broader modernisation of services.

- For most stakeholders, the consideration of the quality and impact of services has naturally evolved over time, alongside other evolutions in the discourse of the policies shaping the support services sector. Such changes include the move towards market-based solutions for the funding of services in the 1980s, and the more recent focus on user-centred models and resilience building (EASPD, 2021c).

- In the context of limited funding for services, they have sought to make the most of these limited funds, thus bringing a new focus on efficiency. Limited funding indeed forces services to reflect on their practices and prioritise those that have greater impact (Martinelli et al, 2017; EASPD, 2020a).
- In the wake of the COVID-19 pandemic, and the other ongoing developments (such as the digital and green transitions), a new generation of services is being developed. As this is accompanied by the creation and implementation of new practices and tools, it is essential to measure the quality of these new types of services and the impact they have on the quality of life of the people they support (EASPD, 2020b).

The EU's Voluntary European Quality Framework (VEQF) for Social Services, developed in 2010, can serve as a tool to help structure and direct efforts when modernising services. The VEQF provides a common approach and guidelines to ensure that service providers and public authorities across the EU can learn from their peers and exchange promising practices in the development and implementation of quality-monitoring systems. To this end, the VEQF has been the object of various documents and EU-funded initiatives (European Commission, 2022a). Unfortunately, over the past decade, the VEQF's impact has been hampered by low awareness of it at national and local levels and insufficiently developed tools to monitor, compare and certify the quality of services across the Member States. Indeed, in addition to a lack of EU-wide mechanisms, just a few Member States have developed and integrated monitoring systems at national or local level to keep track of the pursuit of the objectives set out in the VEQF (European Commission, 2022a).

There are other quality frameworks focusing on specific services and sectors, which have not, however, spread across the EU evenly but could potentially be revisited – for example, in the context of advancing the implementation of the European Care Strategy. Examples include the WeDO European Quality Framework for Long-term Care Services, which aims to improve the prevention of neglect and abuse in residential care, and the European Quality in Social Services (EQUASS) framework, described in Box 1.

Box 1: European Quality in Social Services

The EQUASS framework is based on the VEQF (2010). It provides a normative system and is divided into 10 principles. These cover, for instance, empowerment, quality of life and outcomes of services; planning and implementing activities to achieve long-term goals; evaluation and ability to learn from the processes in service provision; and instituting a process for continuous improvement.

The EQUASS framework is oriented to the individual service providers so that they may obtain an assurance or excellence certificate. Certification is granted for three years and is not granted again if no improvement has been made.

To conclude, awareness of the importance of the quality of services has increased in recent years and is an important aspect of further modernisation processes in the sector. Different schemes have been proposed for different types of social services, but their mainstreaming has not been so evident. However, if sufficiency of funding becomes a primary concern for

the sustainability of service provision in a changing environment, a focus on quality might suffer. In any case, better tools to monitor and report on the quality of services would be helpful for the sector, to showcase its role and impact and to justify or build a case for investment.

3 Social expenditure in the EU

The crises of the past few years, including the impact of COVID-19, as discussed in the previous chapter, as well as the more recent impacts of the energy crisis, inflation and the war waged by Russia on Ukraine, have challenged the provision of social services in the EU but also revealed their adaptability. Key basic needs and new ideas for service provision have come to the fore. Yet, for these experiences to have a lasting impact, appropriate resourcing and consolidation will be essential. In this context, trends in social expenditure in the EU are highly relevant. This chapter discusses spending on social protection, healthcare and education to assess whether investment in these services has increased or decreased since 2004. In addition, the Recovery and Resilience Facility (RRF) is discussed due to the extraordinary scale of its funding and the potential it has to boost modernisation and facilitate technological upgrades in social services.

To study the development of expenditure in the field of social services, two perspectives are employed. Firstly, comparative statistics measuring total government expenditure on alleviating social risks – that is, investments in social protection, education and health⁴ – are examined to demonstrate the varying priorities across the Member States, which are apparent when spending is expressed as a percentage of gross domestic product (GDP). Secondly, more specific data on social protection benefits, disaggregated by the following categories, are analysed: sickness and healthcare, disability, old age, survivors, family and children, unemployment, housing and social exclusion.

Overview of social protection expenditure

Social protection expenditure refers to all spending on policies and activities related to social protection; that is, it ‘encompasses all interventions from public or private bodies intended to relieve households and individuals of the burden of a defined set of risks or needs, provided that there is neither a simultaneous reciprocal nor an individual arrangement involved’ (Eurostat, 2019, p. 8). By understanding, measuring and analysing social spending, trends can be seen in the outputs, generosity and convergence (Eick et al, 2021).

Limitations to the study

When data on expenditure are obtained by aggregating items from various sources, their analysis faces certain limitations. Firstly, the data presented by these entities are available at the level of broad sectors, making it difficult to determine the exact budget allocated directly to specific social services. Secondly, when the disaggregation of available data by national statistical offices and specialised institutions does not systematically follow the same criteria, expenditure may vary according to the criteria and areas of intervention included in or excluded from the total count. This is related to the innate complexities of the different welfare regimes in European countries – whose characteristics and traditions have been widely analysed and discussed by academics – rendering it impossible to capture specific results with unified statistical or scientific categories. However, bearing these limitations in mind, statistical information on social expenditure provides a useful approximation of the provision of social services in the Member States.

Notes on data source and analysis

The analysis in this study is based on Eurostat’s European System of integrated Social PROtection Statistics (ESSPROS) dataset (Eurostat, 2019), which encompasses all interventions from public and private bodies in eight social protection functions: sickness and healthcare, disability, old age, survivors (denoting the loss of a spouse or parent), family and children, unemployment, housing and social exclusion (Eurostat, 2019). Data for the period from 2004 to 2020 or 2021 (depending on data availability) are analysed.

In analysing spending, it is relevant to differentiate between benefits in cash and benefits in kind. Benefits in cash are monetary transfers that may be periodic or one-off payments and do not require evidence of expenditure on the part of recipients, as they are not subject to reimbursement. Benefits in kind are non-cash benefits offered in the form of goods and services, but their use must be validated so that they can be reimbursed. They ‘may be produced by the institutional unit or units which administer the social protection scheme, or be purchased from other producers’ (Eurostat, 2019, p. 40). Both have redistributive effects within the welfare regime. Benefits in cash are cash transfers encompassing – but not limited to – old age and survivors’ pensions, passive labour market policies,

⁴ These areas are as distinguished in the annual government finance statistics, compiled by Eurostat and classified according to the International Classification of the Functions of Government.

and family, disability and housing allowances. Benefits in kind encompass – but are not limited to – childcare and day-care services, healthcare and rehabilitation services, education and active labour market policies (Hemerijck and Ronchi, 2021).

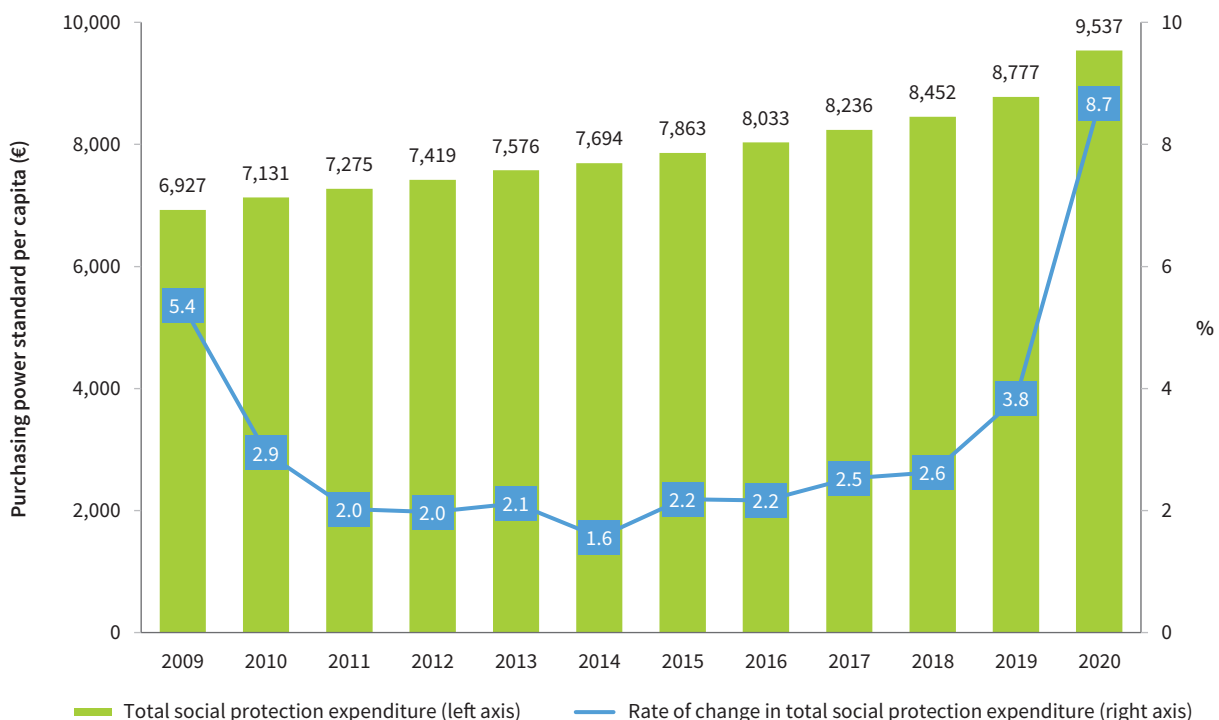
Furthermore, regional differences, sociopolitical circumstances and welfare regime traditions that have an impact not only on funding but also on the organisation and provision of services play an important role (Humer and Palma, 2013). These include disparity in access to and the use of services in less populated or remote areas in regions, where services are less available, compared with urban areas, where people have more access to services, especially in western Europe (ESPON, 2014). The 2008, 2010 and 2013 biennial reports of the European Commission described these circumstances and urged Member States to reduce regional disparities in the availability and accessibility of services (European Commission, 2013b).

Total expenditure on social protection in the EU

In the EU, the total expenditure on social protection has risen constantly over the years: in 2009, expenditure in the EU27 was slightly over €3 trillion, and in 2020 it had grown to over €4 trillion.⁵ Total expenditure on social protection per capita increased from €6,927 in 2009 to €9,537 in 2020 (Figure 10).⁶

Overall, social protection expenditure represents the largest share of expenditure in the EU27. In 2009–2019, the share of total expenditure on social protection varied between 28% and 29% of GDP, rising to 31.8% in 2020 (Figure 11). However, early estimates for 2021 (while not available for all Member States yet) suggest that the share of GDP spent on social protection decreased somewhat in 2021 compared with the first year of the pandemic (2020) but remained above the pre-crisis level (2019). In 2021, in ‘almost all Member States, the share of expenditure for healthcare and sickness benefits increased, while the weight of unemployment benefits decreased’ (European Commission, 2022b, p. 14).

Figure 10: Change in total expenditure on social protection per capita, EU27, 2009–2020



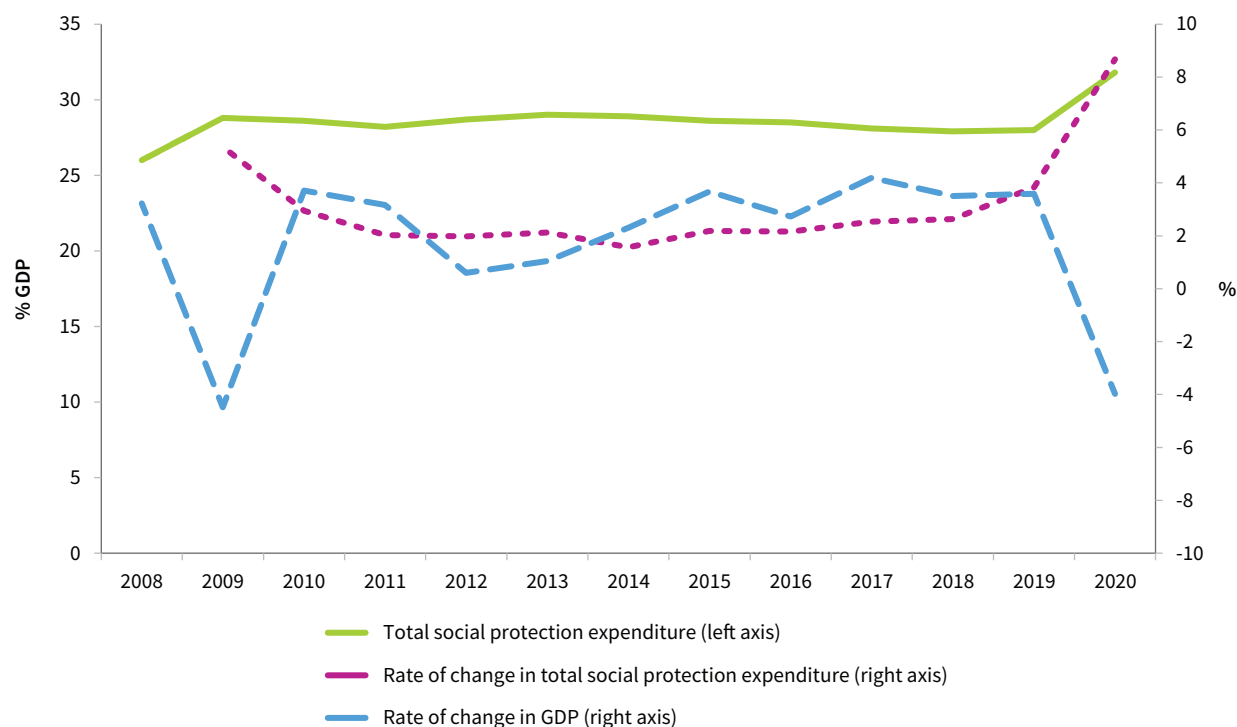
Note: At the time of writing, early estimates for 2021 were available for 24 out of 27 Member States; see <https://ec.europa.eu/eurostat/web/social-protection/data/early-estimates>.

Source: Eurostat [SPR_EXP_SUM]

⁵ Total expenditure on social protection includes social protection benefits, administration costs and other expenditure (Eurostat, undated).

⁶ Spending on social protection per capita is calculated using the purchasing power standard (PPS), an artificial currency unit that can buy the same amount of goods and services in each EU Member State (Eurostat, 2014).

Figure 11: Total expenditure on social protection as a percentage of GDP, rate of change in total expenditure on social protection and rate of change in GDP, EU27, 2008–2020 (%)



Note: Data on total expenditure on social protection are not available for Croatia prior to 2008; hence the precise figure for the change in total social protection expenditure in the EU27 from 2007 to 2008 (the data point above the 2008 in the chart) could not be calculated and was left blank.

Source: Eurostat [SPR_EXP_SUM]

The general trend was that while the rate of change in GDP fluctuated substantially in this period in the EU and its Member States, the rate of change in the total expenditure on social protection was a lot more stable.

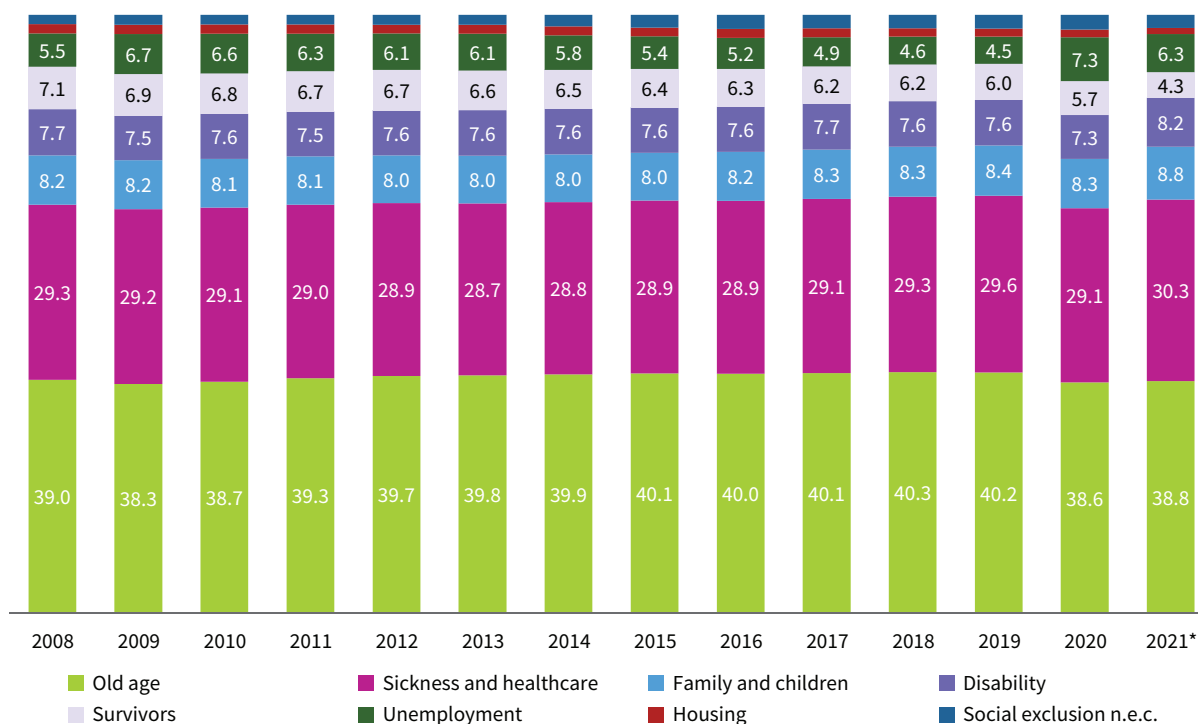
The change in total social protection expenditure on benefits specifically in the EU27, which constitutes the largest share of total social protection expenditure, mirrors these developments: spending on benefits was about €2,909 billion in 2009, rising to €4,074 billion (30.4% of GDP) by 2020 (Eurostat [lfsi_emp_a]).

The total expenditure on social protection benefits can be classified by function, such as sickness and healthcare, disability, old age, survivors, family and children, unemployment, housing and social exclusion.

Figure 12 demonstrates that old age pensions and expenditure on sickness and healthcare constitute the largest shares of the overall social protection benefits expenditure – for instance, 40.2% and 29.6%, respectively, in 2019 – while the shares of expenditure on benefits related to family and children and disability were 8.4% and 7.6%, respectively, in the same year. In 2020, the share of social protection benefits related to unemployment increased by 2.8 percentage points compared with 2019, from 4.5% to 7.3%.⁷

⁷ For details on expenditure on long-term care, which is not covered by ESSPROS, please consult the European Commission's ageing reports.

Figure 12: Breakdown of social protection expenditure on benefits, by function, EU27, 2008–2021 (%)



* Data shown are the averages for the 24 Member States for which data were available at the time of writing; estimates were missing for Greece, Romania and Slovakia.

Note: n.e.c., not elsewhere classified.

Source: Eurostat [TPS00106], authors' calculations

General government expenditure on social protection

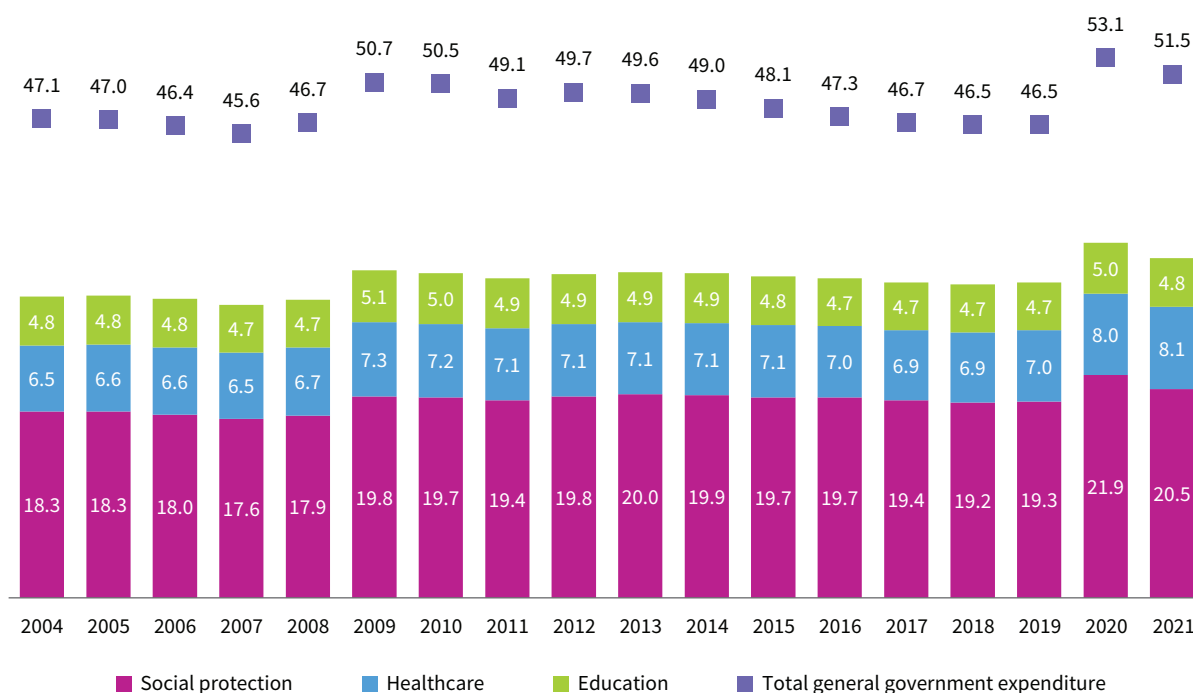
While the total social protection expenditure combines spending from public and private bodies as diverse as social security funds, pension funds, public and private employers, private welfare and assistance institutions, and central, state and local government agencies (Eurostat, 2019), this section concentrates on general government expenditure on social protection at EU level. It focuses on the role of the state and illustrates the significance of social welfare regimes for the development of distinctive government expenditure models in the Member States. In interpreting the figures discussed below, please bear in mind the difference between general government expenditure on social protection and total social protection expenditure discussed in the preceding section (thus, the general government expenditure data do not include expenditure made by private entities, pension or insurance funds, and the like).

In the EU27, general government expenditure on social protection, education and health accounts for the highest share of expenditure in the EU, reaching over 34.9% of GDP in 2020 and 33.4% in 2021. Of these three areas, the largest rise in spending was on social protection, where general government expenditure increased by 3.6 percentage points from 18.3% of GDP in 2004 to 21.9% in 2020 (Figure 13).

Although this form of general government expenditure fluctuates as a percentage of GDP, the EU average in absolute terms shows a clear increase from year to year. However, its average annual growth rate slowed down during the period in which Member States implemented austerity measures (2011 to 2018). Between 2004 and 2005, social protection expenditure as a share of GDP remained the same. However, in 2006 and 2007, the percentage declined to the lowest point in the entire period analysed in this study because 'nominal GDP had risen faster than nominal expenditure' (Eurostat, 2018). In the next two years, the share of social protection expenditure rebounded by 1.9 percentage points from 17.9% in 2008 to 19.8% in 2009. This was despite the contraction of GDP due to the global financial crisis affecting the European economy. This is important when looking at the measurement in absolute terms, with the amount increasing from €1,987,184.8 million in 2008 to €2,099,981.6 million in 2009 (Eurostat [gov_10a_exp]). This development can be attributed not to the contraction of GDP but to an actual increase in expenditure in Member States, with nominal expenditure on social protection growing faster than nominal GDP.

Social protection expenditure as a share of GDP declined by 0.3 percentage points from 2010 to 2011, from 19.7% to 19.4%, due to the introduction of austerity measures in some Member States to deal with the effects of the financial crisis. The EU average then

Figure 13: General government expenditure on social protection, healthcare and education as a proportion of GDP, EU27, 2004–2021 (%)



Source: Eurostat [gov_10a_exp]

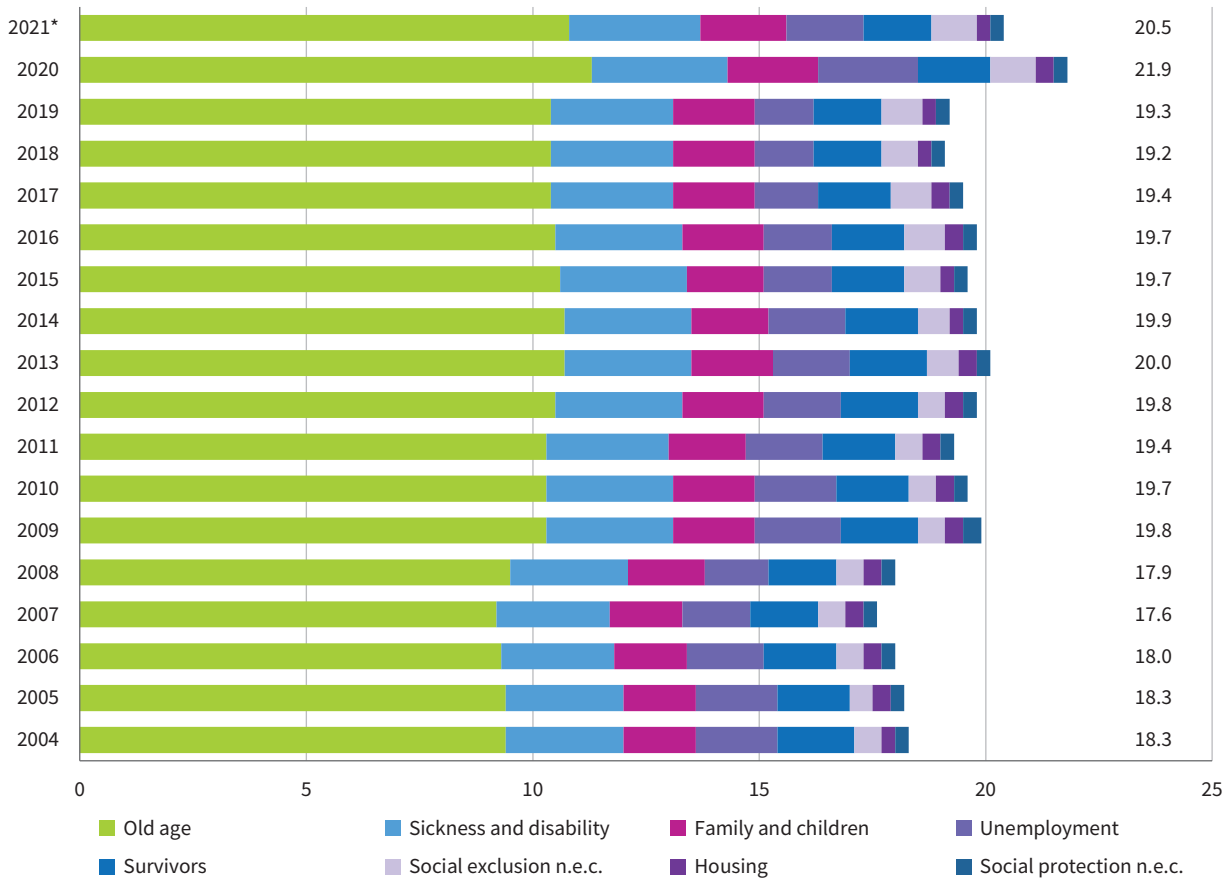
increased steadily until it reached 20% in 2013, because Austria, Belgium, Finland, France and Greece increased spending in the immediate aftermath of the crisis to contain the social impact (Eurostat [gov_10a_exp]). However, the Baltic states, Ireland and Romania introduced considerable spending cuts during the same period.

In 2014, the percentage decreased by 0.1 percentage points because nominal GDP grew faster than nominal expenditure. In 2015, it continued to decrease, falling by 0.2 percentage points, where it remained stable before decreasing again in 2017 and dropping to its lowest point in the 2010s in 2018, at 19.2% (Figure 13). Between 2016 and 2019, there was a slight reduction in most countries, with the highest general government spending in Denmark, France and Sweden and the lowest in Bulgaria, Ireland and Romania. The reduction in social protection expenditure as a share of GDP is attributable to the increase in employment rates in several countries (Eurostat [lfsi_emp_a]), which reduced expenditure on unemployment benefits, for example in Denmark, the Netherlands and Spain (Eurostat [lfsi_emp_a]). By 2019, expenditure had increased slightly leading up to a jump in 2020.

Expenditure trends at Member State level

Expenditure on social protection varies considerably from one Member State to another due to differences in the management of social risks and variations in welfare regimes that reflect country-specific socioeconomic and political characteristics. In 2019, France had the highest expenditure on social protection of the OECD countries (OECD, 2022), and in 2020, France had the highest social protection expenditure as a percentage of GDP in the EU (27.3%). France's spending in this area increased steadily from 2004 to 2014 and then was stable between 2015 and 2019. However, France's expenditure practices have come under scrutiny in the EU because of public deficits exceeding 3% and concerns about the sustainability of the social protection system. In this context, the French government has undertaken some reforms in recent years to respond to the recommendations outlined in the European Semester (Hassenteufel and Palier, 2020), especially regarding pensions. These account for more than 40% of social protection expenditure (Eurostat [gov_10a_exp]).

Figure 14: General government expenditure on social protection functions as a proportion of GDP, EU27, 2004–2021 (%)



* Data shown for 2021 are the averages for the 24 Member States for which data were available at the time of writing; estimates were missing for Greece, Romania and Slovakia.

Note: n.e.c., not elsewhere classified.

Source: Eurostat [gov_10a_exp]

Nonetheless, high expenditure on old age pensions is not characteristic solely of the French welfare system. As Figure 14 demonstrates, the highest expenditure in the EU since 2004 has been on old age pensions, representing up to more than half of total general government spending; this function also increased most in 2020. This high level of spending as a share of GDP primarily reflects the ageing of Europe’s population, with important repercussions for European welfare states, and is expected to increase to around 14% of GDP in 2060 (Creighton, 2014). Since 2010, Greece has replaced Italy as the country with the highest expenditure on old age, with expenditure reaching 15.7% in 2020, more than 4 percentage points over the EU average (11.3%). Italy ranks second, where spending increased by 1.6 percentage points to 15.1% from 2019 to 2020. It is followed by Finland (14.5%), France (14.1%) and Austria (13.8%), which have remained in the top positions regarding general government spending in this category since 2004 (Eurostat [gov_10a_exp]).

Like France, Finland allocates a large percentage of its GDP to social protection. It ranked first in the EU from 2012 to 2019 and spent more than 5 percentage points

above the EU average for several years, according to Eurostat [lfsi_emp_a]. Between the first year of the period analysed (2004) and the year that the COVID-19 pandemic started (2020), social protection expenditure in this Nordic country rose from 20.3% to 25.7%, an increase of 5.4 percentage points (Eurostat [gov_10a_exp]). However, Finland had already reached 25.5% in 2016, and the increase from 2019 to 2020 was only 1.6 percentage points, implying that the boost in social protection expenditure cannot be attributed to the pandemic alone.

In contrast, Ireland and Malta are known for spending much less on social protection. In fact, the two countries had the lowest social protection expenditure as a share of GDP between 2015 and 2020, with a steady decline in the pre-pandemic years. Despite an increase of 1.4 percentage points in Ireland and 1.7 percentage points in Malta from 2019 to 2020, they remained at the lowest end of the ranking and their expenditure was far below the EU27 average. Malta was less badly affected by the 2008 financial crisis and in the last decade experienced an increase in GDP and the employment rate (Eurostat [lfsi_emp_a], [nama_10_gdp]) in parallel with a decrease in expenditure on almost all social

protection functions despite popular support for a more generous welfare system (Pace, 2020). Interestingly, social protection expenditure in Ireland peaked just one year after the onset of the 2008 financial crisis, which greatly affected the Irish economy; the aftermath of the crisis was marked by a decline in expenditure (Eurostat [gov_10a_exp]). Comparing 2004 with 2020, Ireland's expenditure decreased by 0.7 percentage points due to lower expenditure in the last year. However, this country is a major investor in housing services (0.9% in 2020), unlike most European Member States, which allocate much less.

The evolution of expenditure in Spain is also noteworthy because of an increase from 12.8% in 2004 to 22.1% in 2020, with a difference of 9.3 percentage points, and an increase of 4.7 percentage points from 2019 to 2020. These changes resulted not only in response to COVID-19 (which affected the nation considerably) but also from a progressive increase over the years – albeit with ups and downs – that aimed to narrow the gap between the EU27 average expenditure and expenditure in Spain (Eurostat [gov_10a_exp]). This was the case even in the face of austerity measures, although some services, such as those targeting housing and social exclusion, lost funding from 2014 onwards.

In the case of Greece, there was a decline in social protection expenditure in real terms due to the contraction of GDP between 2010 and 2017 as a consequence of the financial crisis affecting the Greek economy (Eurostat [lfsi_emp_a], [nama_10_gdp]). However, expenditure as a percentage of GDP has grown continuously since 2004, exceeding the EU average from 2011 onwards. This shows the efforts of the Greek government to keep social protection functions stable. However, this has not been sufficient to contain the adverse effects of the crisis, as the Greek system is limited in its redistribution capacity because most of the resources are allocated to old age and survivors' pensions. In fact, Greece has been the largest investor in old age since 2010, and social protection expenditure as a share of GDP reached over 15% in 2020. However, the focus on pensions and their steady increase, coupled with fiscal measures and economic decline, have considerably weakened social provision in Greece (Papanastasiou and Papatheodorou, 2020). Other social risks, such as loss of income and high rates of poverty, are still an important issue (Eurostat, 2021c), but there have been no substantial increases in social protection expenditure on unemployment, and spending on family and social exclusion is very low (Eurostat, 2021d; Eurostat [lfsi_emp_a]).

Nonetheless, small budgets for family and housing services are typical of most Mediterranean Member States, where welfare depends primarily on the family. This implies the existence of solidarity ties encompassing the extended family. This is quite common and rooted in the culture of southern Europe

and its care regimes, where women are the main care providers (Ferrera, 2021). This explains why Greece, Italy, Malta, Portugal and Spain maintain expenditure on family and children well below the EU27 average (2% of GDP in 2020). Cyprus represents an exception to the Mediterranean group in this respect, as it has maintained constant above-average investment and in 2020 had the fifth highest expenditure in the EU, with a share of 3% of GDP. It was surpassed only by Denmark (4.4%), Luxembourg (3.7%), Poland (3.3%) and Finland (3.1%) (Eurostat [gov_10a_exp]).

In 2020, the first year of the COVID-19 pandemic, ad hoc measures influenced expenditure on family and children in various ways. For example, Belgium introduced the Corona Parental Leave scheme and a credit system that allowed parents to receive economic compensation for income lost as a result of caring for family members (Eurofound, 2020e). Likewise, Germany introduced an article to the German Infection Protection Act stating that parents who could not go to work because they had to care for their children were entitled to wage compensation of up to 67% of the net wage (Eurofound, 2020f). Moreover, the Czech government extended care allowances during the period when schools were closed (Eurofound, 2020g).

Regarding the countries that joined the EU between 2004 and 2013, different trends in expenditure are apparent, although they all adhere to the central and eastern European welfare model. Slovenia stands out as it has the highest expenditure on social protection. It devoted a share of GDP close to the EU27 average from 2004 to 2014, with expenditure surpassing that of countries with a higher GDP, such as Luxembourg, at least until 2017, both in absolute terms and as a share of GDP. In recent years, the Slovenian government has applied austerity measures and carried out reforms, while managing to maintain relative stability in social protection expenditure. This is reflected in employment and poverty rates, which show how effectively the welfare system reduced risks in society (Hrast and Rakar, 2020).

In the case of Bulgaria and Romania, EU accession in 2007 resulted in nominal increases in social protection expenditure in the three subsequent years, peaking at 12.9% and 13.9%, respectively, in 2010. Expenditure declined for the most part up to 2020, and then increased by around 2 percentage points from 2019 to 2020 in both countries, reaching 13.1% in Bulgaria and 13.8% in Romania (Eurostat [gov_10a_exp]). Both countries share the same expenditure trends over several years and across functions. Notably, the ageing population is heavily dependent on pensions, and low integration of young workers, social disparities in rural and urban areas, poverty, exclusion and low education rates constitute further challenges (Raț et al, 2020; Stoilova and Krasteva, 2020).

Sickness and disability services

Expenditure on sickness and disability services in the EU27 grew steadily until 2010, followed by a small decrease in 2011, and then stabilised until 2016, before increasing considerably in 2020 (Eurostat [gov_10a_exp]). Denmark and the Netherlands have had the highest level of expenditure on this function since 2004, followed by Lithuania, which ranked first in 2020 with a share of GDP of 4.7%. In the Netherlands, expenditure on sickness and disability is high because the country has a ‘generic disability scheme that does not differentiate [a] work injury from non-work-related injuries’ (Gerven, 2020, p. 388), with a large number of beneficiaries despite reforms to tighten access to benefits. In Lithuania, the high level of expenditure results mainly from the fact that citizens ‘who are not introduced in the social insurance system are provided with ... social assistance disability pensions’ (Aidukaite et al, 2020). Moreover, the system does not have an adequate filter to prevent early retirement through disability, and ‘when a person reaches retirement age s/he receives whichever pension is higher: old age or work incapacity pension’ (Pivorienė and Ambrazevičiūtė, 2020, p. 333).

Social exclusion

EU average expenditure on social exclusion grew minimally, albeit quite steadily, in the pre-COVID-19 years, but not as much as might be expected in the aftermath of an economic crisis. Even after the global economic crisis, there has been a slowly increasing trend, with a minor, one-off peak in 2018. With regard to this function, the Dutch welfare system has made the highest investment since 2004, reaching 2.8% of GDP in 2020, above the EU average of 1%. This is due to the implementation of assistance programmes aimed at providing support to those unable to work and services providing support for entering the labour market (Gerven, 2020).

Unemployment

Unemployment expenditure remained relatively stable in the EU27 between 2004 and 2014 (Figure 12). The share of GDP allocated to this function started to decrease slightly from 2015 onwards, although this development was attributable not only to austerity measures but also to an increase in employment rates, especially from 2016 to 2019 (Eurostat [lfsi_emp_a]). During this period, unemployment-related expenses reached the lowest levels (1.3% in 2018 and 2019). However, the EU27 average expenditure changed considerably in 2020 due to the unemployment measures put in place in the EU to cope with the effects of the pandemic: its share of GDP shifted from 1.3% in 2019 to 2.2% in 2020. Denmark not only is one of the EU’s largest spenders on social protection but also has one of the highest employment rates (78.3% in 2019), and this has been linked to high expenditure on unemployment support and services (Greve, 2020).

For example, between 2004 and 2014, the average share of GDP spent on unemployment in Denmark was 3.3%, while in the EU it was just 1.7% (Eurostat [lfsi_emp_a]).

Governments across the EU took different approaches to ensuring income for families whose members lost their jobs or had their working hours reduced during lockdowns. Romania subsidised employers to compensate employees whose working hours were reduced (Eurofound, 2020h), while Germany adapted the parental allowance with the objective of improving the well-being of families and protecting them from possible financial difficulties caused by the crisis (Eurofound, 2020f). Like Germany, Italy introduced an emergency income support measure to help households in economic difficulties caused by the crisis (Eurofound, 2020i), and Austria temporarily increased the work security allowance for workers with disabilities by 50% (Eurofound, 2020j).

Funding in-kind social protection services

An analysis of changes in social expenditure provides an indication of the relative importance of the different social policy areas that rely on provision of services (as well as cash benefits or cost coverage for end-users or providers) and that target the social groups that are beneficiaries of social services. An additional dimension worth monitoring is the specific proportion of expenditure dedicated to in-kind benefits (goods and services) as distinct from cash benefits. Spending on in-kind benefits is likely to be a better, even if still approximate, indication of the funding of social services than a total figure that comprises both cash and in-kind benefits. In-kind benefits account for approximately 20–40% of social protection expenditure in the Member States; even though the range is wide, this share of expenditure suggests that in-kind benefits are a substantial part of welfare across the EU.

Data for 2020 on expenditure on social protection benefits in kind are not yet available for all Member States, which prevents an EU-wide analysis of the main COVID-19 period. However, between 2008 and 2019, the trend in all the Member States (except Greece) was one of increasing expenditure on social benefits in kind in absolute terms. In most central and eastern European Member States, there was an almost three-fold increase (Bulgaria, Estonia, Latvia, Lithuania, Poland and Romania) or two-fold increase (Czechia and Slovakia) (Eurostat [spr_exp_fto]). This was mainly due to shifts in the social policy approach at national level and reform of social services systems. This trend could signify a potentially growing role of social services in the EU; however, the central and eastern European Member States increased this type of spending from low levels, and hence the trend reflects a process of catching up. Regarding expenditure on in-kind social benefits as a share of GDP, the increase is not as big, and a number of countries show a decrease in such spending (Greece, Hungary, Ireland and Portugal).

While recent EU-wide data on this dimension are limited, data up to 2020 or 2021 on social protection benefits expenditure broken down by cash and in-kind types were sourced for six countries for illustrative purposes: Belgium, Finland, Germany, Ireland, Romania and Spain. All have different welfare regimes and different levels of overall social expenditure.

Since about 2017, a common trend of growing spending on in-kind benefits can be seen in all six (Figures 15 and 16), which probably implies an expansion of social services budgets. A longer-term rise in the role of in-kind benefits is notable in Ireland: in reaction to the 2008–2012 economic crisis and as part of the austerity approach, there was a lasting restraint on the budget for

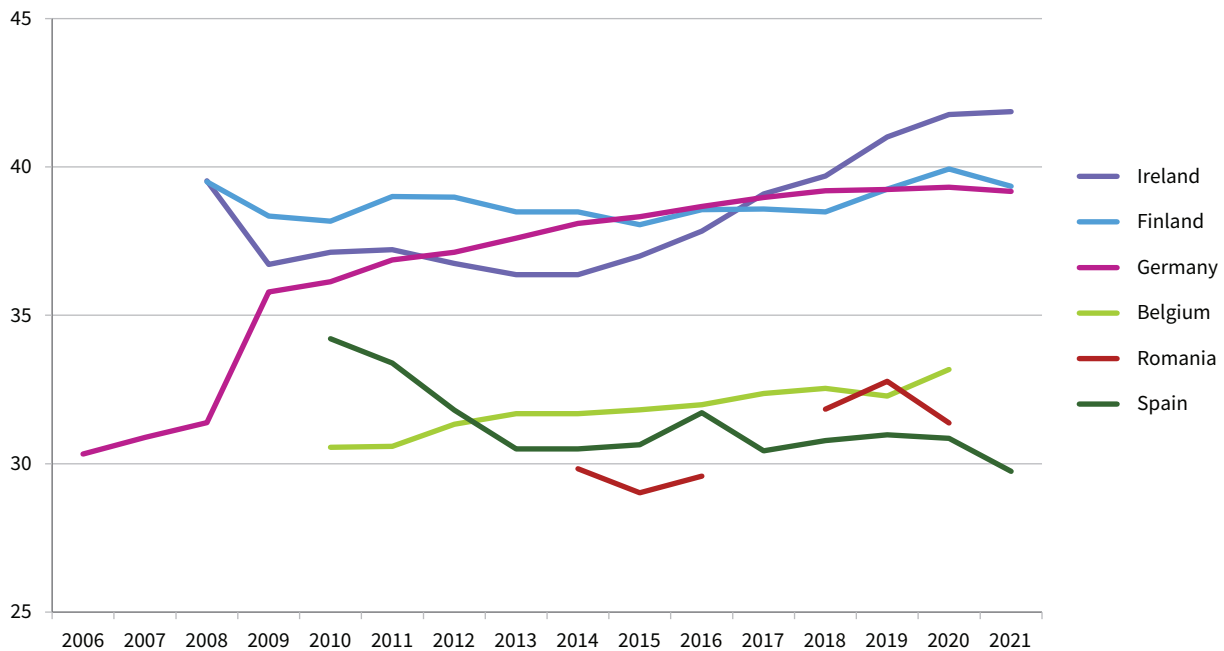
Figure 15: Social protection expenditure, by benefits in cash and benefits in kind, six Member States, 2006–2021 (€ million)



Note: Periods covered differ due to limited data availability.

Sources: Sociale bescherming in België: ESSOBS data (Belgium), Terveysten ja hyvinvoinnin laitoks, Sotkanet (Finland), Bundesministerium für Arbeit und Soziales (Germany), Central Statistics Office (Ireland), Statistica Protecției Sociale – ESSPROS (Romania), Estadística de Cuentas Integradas de Protección Social en Términos SEEPROS (Spain)

Figure 16: Benefits in kind as a proportion of total social benefits expenditure, six Member States, 2006–2021 (%)



Note: Periods covered differ due to limited data availability.
Sources: See Figure 15

the cash benefits, whereas spending on benefits in kind grew after 2014, steadily gaining a larger relative weight up to 2020.

Closer attention to the trends in spending on in-kind benefits in the future can help the providers of social services to better understand their role in a larger system of social policy.

Convergence of Member States in social protection expenditure

Most Member States increased social protection expenditure in 2004–2020 (except Denmark, Hungary, Ireland, Malta and Sweden), but the proportion of GDP varies for each country as a result of a slowdown in GDP growth or increases or decreases in social or unemployment benefits due, for example, to the economic crisis, the COVID-19 pandemic or a rise in old age expenditure (as seen, for instance, in Finland, Greece, Italy and Spain).

To assess the overall change in social protection expenditure over this period, the figures for 2004 and 2020 can be compared. This shows that the greatest increases in social protection expenditure as a share of GDP occurred in southern European welfare regimes (in Spain (by 43%), Greece (34%), Italy (32%) and Portugal (20%)) and in central and eastern European regimes, especially in the Baltic states (Lithuania (39%),

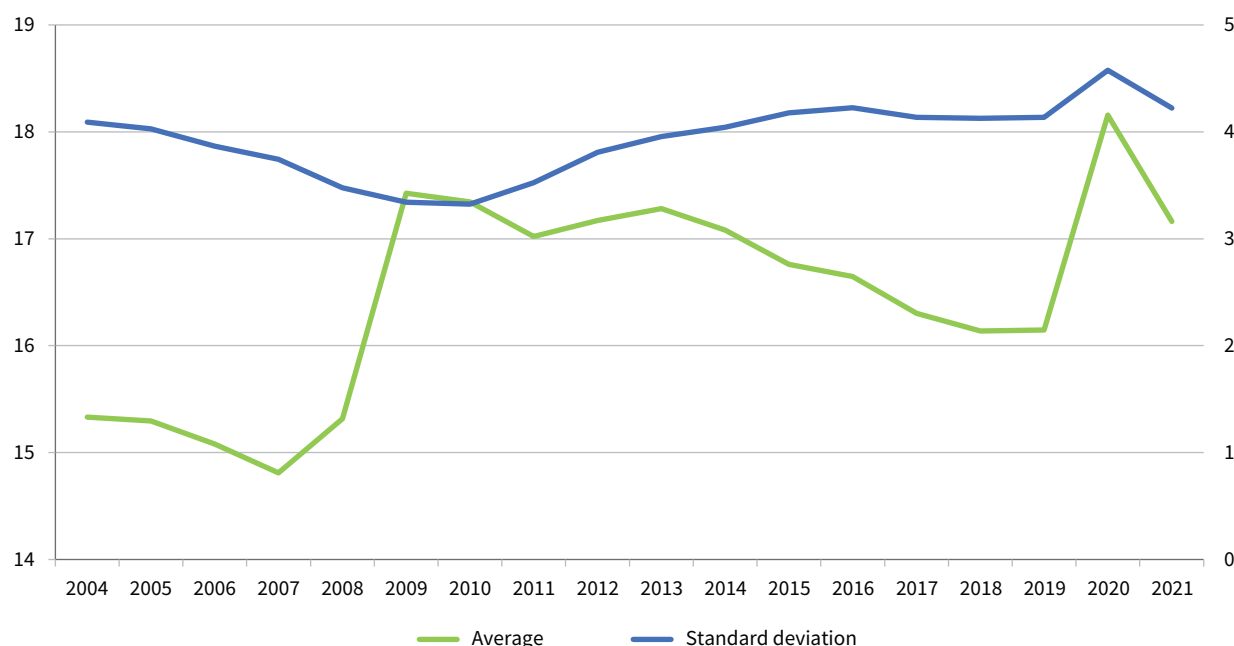
Estonia (36%) and Latvia (32%)). Despite these increases in social protection expenditure in the Baltic states and increases in other central and eastern European countries, it remains below the EU27 average in this group.

Between 2005 and 2020, the average distance from the EU27 mean (standard deviation) of the Member States' expenditure on social protection (as a percentage of GDP) varied from 4.03 in 2005 to 3.32 in 2010 and 4.58 in 2020 (Figure 17). This demonstrates that considerable diversity between countries has remained over the past couple of decades, even if some seemed to catch up in terms of the share of their GDP dedicated to social protection.⁸

Between 2019 and 2020, social protection expenditure as a share of GDP increased in EU27 countries, ranging from 4% in Denmark and Sweden to 21% in Spain. The greatest increases took place in Spain (21%), Lithuania (18%), Italy (16%) and Belgium (15%). The smallest increases occurred in Nordic welfare regimes (Finland (6%), Denmark (4%) and Sweden (4%)), where social protection expenditure is generally high (above the EU average, except in Sweden) and social benefits in kind are well developed. Differences between Member States are wide due to both their socioeconomic development and the approaches they take to coping with social risks.

⁸ For more information on social indicators in the context of cross-country convergence in the EU, see Eurofound (2020m).

Figure 17: Average expenditure on social protection as a share of GDP (%) and standard deviation, EU27, 2004–2021



Note: Provisional data for France, Germany Portugal and Spain were used for producing the estimate for 2021.

Source: Eurostat [gov_10a_exp], authors' calculations

General government expenditure on education and healthcare

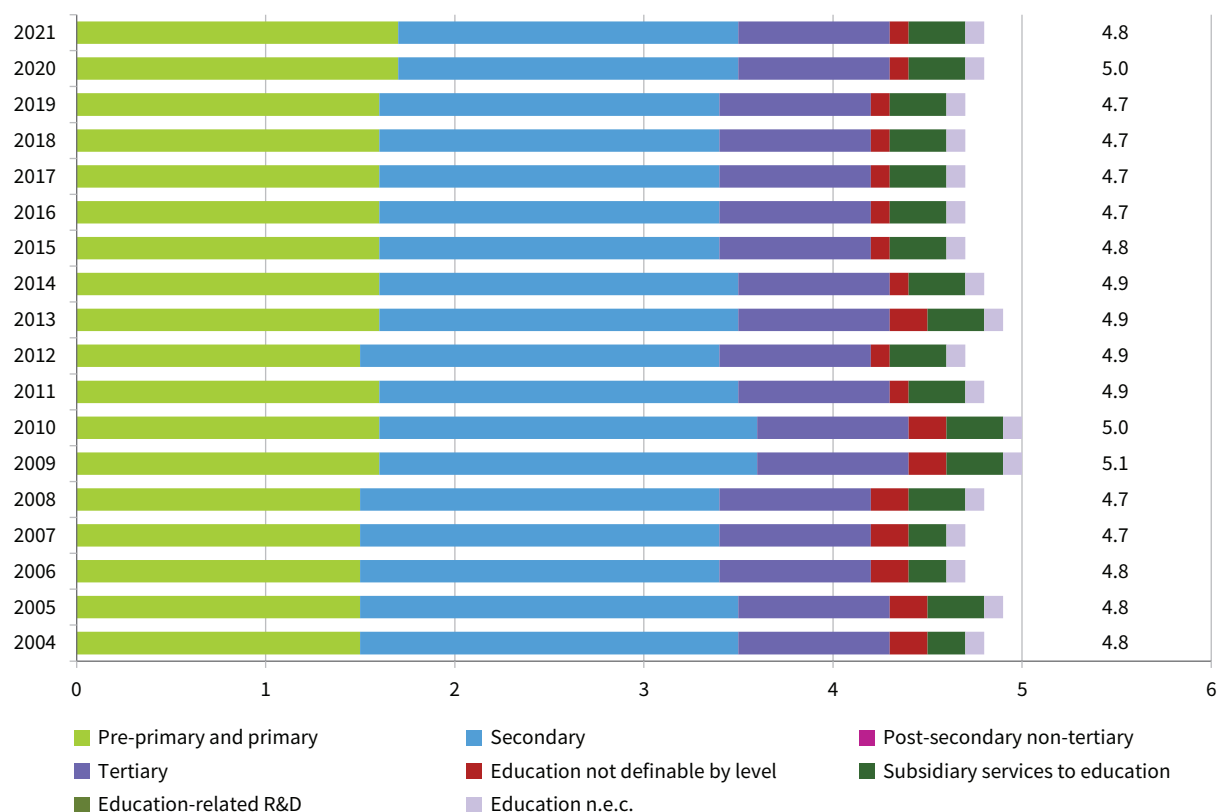
Education

In contrast to social protection, there have been no major changes in expenditure in the education and healthcare sectors, at least when considering the EU27 average (Figure 13). Expenditure on education in the EU was remarkably stable over the whole period analysed. The difference in the EU average between 2004 and 2020 is only 0.2 percentage points, compared with the 3.6-percentage-point increase in social protection expenditure over the same period (Eurostat [gov_10a_exp]). Overall, small fluctuations can be observed between the lowest share of 4.7% (the expenditure in several years) and the highest share of 5.1% (reached in 2009), and the share of GDP grew slightly with the onset of the pandemic, from 4.7% in 2019 to 5% in 2020.

Both pre-primary and primary education and secondary education functions take up the largest shares of the resources allocated to education (Figure 18): while the share of expenditure on pre-primary and primary education increased from 1.6% of GDP in 2019 to 1.7% in 2020, the share of expenditure on secondary education remained unchanged at 1.8% of GDP from 2019 to 2020. Similarly, spending on tertiary education remained unchanged from 2004 to 2020, at 0.8%.

Furthermore, education is the only category where there are no big gaps between the Member States and the EU27 average. At national level, the trend in expenditure is similar, and in most countries expenditure remained very close to the EU27 average. Notably, the Nordic countries, followed by Belgium and Estonia, are the largest investors in education, although some variations between functions exist. In 2020, expenditure on education in Sweden was 2.2 percentage points above the average expenditure as a share of GDP in the EU27 (5%) and stood at 7.2%, of which more than half was dedicated to primary and tertiary education (Eurostat [gov_10a_exp]). In contrast, out of the 6.6% of GDP invested in the Belgian education system in the same year, the largest share was for secondary education. A similar trend of higher expenditure on secondary education was observed in Bulgaria (2.1% of GDP in 2020), which allocated a significantly low percentage of 0.8% to primary education, half the EU average (1.7%).

To cope with the effects of the pandemic, Hungary offered adults in education and students in higher education an interest-free loan to cover their expenses during the hardest days of the first lockdown (Eurofound, 2020k). Similarly, Finland waived 40% of student loan repayments for students who did not graduate due to the COVID-19 emergency (Eurofound, 2021c). The Estonian government, in contrast, focused its help on service providers, investing in childcare institutions (Eurofound, 2020l).

Figure 18: General government expenditure on education functions as a share of GDP, EU27, 2004–2021 (%)

Notes: n.e.c., not elsewhere classified; R&D, research and development. Expenditure on post-secondary non-tertiary education and on education-related R&D was very small as a proportion of GDP (close to 0%) and therefore cannot be seen in this chart.

Source: Eurostat [gov_10a_exp]

Healthcare

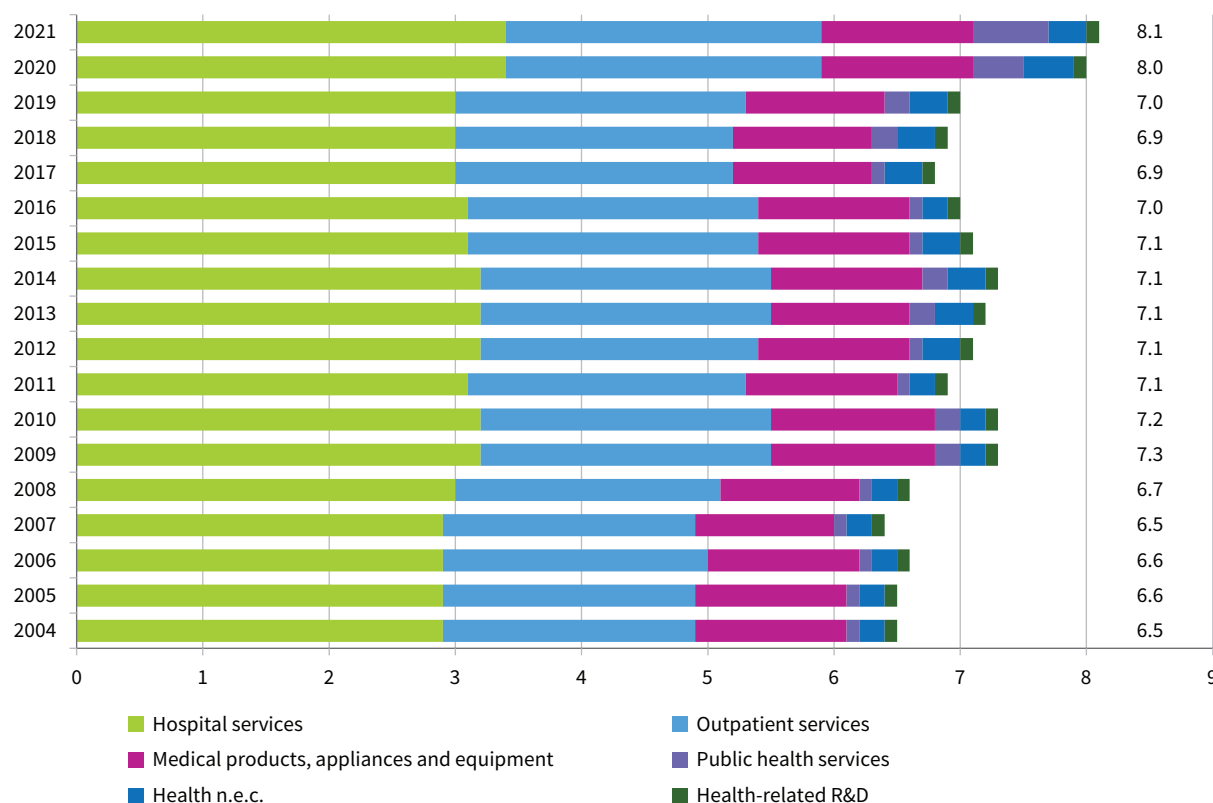
Expenditure on healthcare was mostly stable over the whole period analysed. It represents a significant proportion of overall social expenditure, second only to expenditure on old age. There was an increase of 1.5 percentage points from 6.5% in 2004 to 8% in 2020, compared with the 2-percentage-point increase in old age expenditure between these years (Eurostat [gov_10a_exp]).

Overall, from 2011 onwards, austerity measures led to budget cuts in healthcare in Hungary, Ireland, Latvia and Portugal (Stuckler et al, 2017; Eurostat [gov_10a_exp]). In Czechia, healthcare expenditure has generally exceeded expenditure on old age: on average from 2004 to 2020, spending on healthcare reached 7.5% of GDP and on old age reached 7.1%, while in the EU27 the averages amounted to 7% and 10.2%, respectively. The Czech healthcare system provides virtually universal coverage and a large number of benefits, although there are concerns about the transparency of public procurement (Alexa et al, 2015), and the EU and OECD have recommended reforms to improve efficiency and reduce overspending (Sirovátka and Ripka, 2020).

Similarly, Belgium's healthcare system, despite its high healthcare expenditure, accounting for 7.5% of GDP in 2019, lacked staff, medical supplies and beds. This exposed Belgium's unpreparedness to deal with the pandemic in its early stages (Abilkaiyr et al, 2021).

The healthcare sector was at the forefront of the pandemic response in 2020, and in that year average expenditure as a share of GDP in the EU27 grew by 1.0 percentage points from 2019 to 2020 (reaching 8% of GDP). Some Member States increased their expenditure on healthcare by up to 1.5 percentage points from 2019 to 2020: Austria (9.2% of GDP), Czechia (9.2%) and France (9%), followed by Denmark (8.9%) and Belgium (8.8%). Nonetheless, it would be erroneous to claim that this increased spending was a reaction to the health emergency; on the contrary, these five countries have generally shown growth and stability in health expenditure above the EU27 average since 2004. Overall, the share of expenditure on healthcare functions remained stable between 2004 and 2019 in the EU27, with a notable increase in the expenditure on hospital services and medical products as a share of GDP in 2020 (Figure 19).

Figure 19: General government expenditure on healthcare functions as a share of GDP, EU27, 2004–2021 (%)



Note: n.e.c., not elsewhere classified; R&D, research and development.

Source: Eurostat [gov_10a_exp]

Summary: Social services expenditure

Social expenditure, or governments' expenditure on three key policy areas – social protection, healthcare and education – can be considered a proxy indicator of resources dedicated to social services (albeit exceeding the services in their narrow sense since social expenditure also includes benefits).

Social expenditure represents the highest share of governments' expenditure in the EU27. At the peak of the pandemic in 2020, social expenditure in the EU reached a historical peak, and comprised the following shares of GDP: 31.8% for social protection, 8% for healthcare and 5% for education – totalling 34.9% of GDP. The estimate for 2021 is smaller, yet still high at 33.4% of GDP.

With regard to social protection, EU27 average expenditure grew continuously in absolute terms between 2004 and 2020, but its share of GDP varied according to the growth and contraction of GDP throughout the years. Among the Member States, social protection expenditure was especially diverse in the aftermath of the economic crisis, over 2011–2015, when some countries increased expenditure to contain the effects of the crisis and others opted to reduce social protection expenditure in order to adapt to fiscal measures. In the years before the COVID-19 pandemic, slight reductions in social protection expenditure were common in several countries. However, the state of emergency triggered by the pandemic in 2020 forced all the Member States to adopt measures that effectively led to increases in social protection expenditure in areas such as family and child services, unemployment support for people who had lost their jobs and old age pensions.

With regard to health expenditure (as a percentage of GDP) in the EU27, there are slight fluctuations between years. However, in both health and education, spending remained mostly stable between 2004 and 2020 despite the economic crisis and the subsequent austerity policies. In the area of education, expenditure among Member States aligns largely with the EU average, whereas in the area of health and social protection, disparities across countries are more conspicuous. There was a large increase in healthcare expenditure from 2019 to 2020. This is attributable to the resources deployed to deal with the COVID-19 health emergency, which overwhelmed hospital and care centres in several European countries.

Opportunities for upgrading social policies in a changing EU policy context

This section describes features of EU budgetary priorities in two recent periods of financial planning and their relevance to social policy. Whereas the major strands may or may not refer to social policies as such, social services stakeholders and providers need to be aware of the profile and mainstreaming of new policy agendas to enable them to both benefit from and contribute to the changes in store.

Decisions on national social expenditure in the Member States must consider the European framework outlined in the EU's long-term budget (also known as the MFF). It covers a period of seven years and is complementary to the Member States' national budgets (European Council, 2021). The strategic priorities of the MFF change: while the focus of the EU budget for 2014–2020 was on sustainable growth and socioeconomic and territorial cohesion (Deloitte, 2014), the current long-term budget, for 2021–2027, aims to modernise European society by putting digital transformation at the top of the agenda, increasing investment in research and innovation, and strengthening efforts to combat climate change (European Commission, 2020c).

The mechanisms and instruments devised to respond to the economic crisis of 2008–2012 and the COVID-19 crisis of 2020 are different: while the economic crisis prompted the European institutions and Member States to create financial mechanisms to stabilise the economy and resulted in the application of austerity measures that reduced some areas of intervention through social expenditure, the COVID-19 pandemic shifted the focus to investing in creating a stronger, greener, more resilient and digitalised European society to cope with future shocks and new social risks.

In addition to the MFF 2021–2027, the EU created, for the first time, a temporary financial package, NextGenerationEU. The stimulus package amounted to €2.018 trillion in 2022, where €1.211 trillion was allocated to the MFF and €806.9 billion to NextGenerationEU, of which €338.0 billion is allocated in grants and €385.8 billion in loans. Most of the NextGenerationEU funding is being delivered through the RRF; Member States can access these funds by presenting a recovery and resilience plan (RRP), which must be approved by the European Commission.

Usually in policy debates there is an appropriate focus on the long-term funding and sustainability of public services. However, the RRF is worth highlighting due to its extraordinary scale and the economic and policy changes that it is likely to facilitate. The RRF has the potential to boost change and modernisation, which is also important for stakeholders in the social services sector to note.

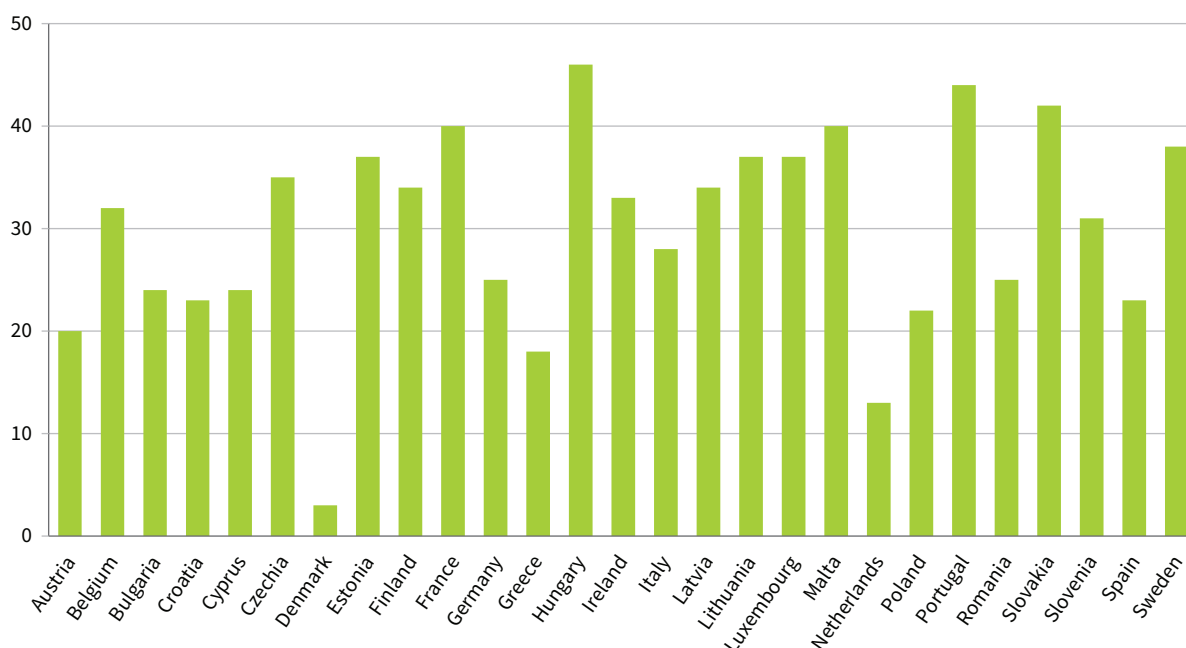
The revolutionary element of this instrument is the mechanism for distributing the funds, as more than 50% of both budgets will be invested in new priorities such as research and innovation, the green and digital transitions, and recovery and resilience (Ceron and Palermo, 2020), in addition to the pre-existing investments in cohesion policy. Furthermore, NextGenerationEU, although temporary, represents a historical milestone, as it is the first time that Member States have agreed on a common debt to fund and redistribute resources through grants (de la Porte and Jensen, 2021). Aiming to boost recovery and rebuild post-COVID-19 Europe, NextGenerationEU has five objectives (European Commission, undated-a):

- building a greener Europe by investing in environmentally friendly technologies and transport and improving the quality of rivers and protecting biodiversity
- advancing the digital domain by focusing on artificial intelligence and cybersecurity and improving the digital skills of society
- achieving a healthier society not only through investing in treatments and vaccines but also by enhancing mental and physical health
- building strength by supporting sectors such as the tourism and cultural sectors while encouraging young people to achieve higher levels of education
- improving equality by fighting racism and xenophobia, promoting gender equality and empowering women, and protecting the rights of the LGBTQI+ community, among others

To ensure that the Member States follow the European Commission's priorities when spending RRF funds, a rule catalogue defining the shares allocated to single lines of funding has been established.⁹ However, the Member States can still determine the focus of their own spending, and Figure 20 shows the share that each has allocated to social objectives as of 2023.

⁹ For example, among the five objectives, the green and digital transitions are the main priorities for the Commission. Therefore, one criterion for receiving approval for a national RRP is that at least 37% of funds are invested in fighting climate change and at least 20% in the digital transition.

Figure 20: Share of national RRP funds allocated to social objectives, by Member State (%)



Source: European Commission (2023d)

Initially in 2021, the Member States allocated around 27% on average to socioeconomic resilience objectives and exceeded the compulsory funding targets for the digital and green transitions.¹⁰ The overall impact of this fund will be very different in each country; for example, in Germany the RRP accounts for about 0.67% of GDP in 2020, while in Romania it represents up to 8% of GDP in the same year. Southern and central and eastern European countries could benefit from the recovery funds most because of the criteria followed to distribute the grants, which 'are the (inverse) per-capita income ratio in 2019 (relative to the EU average) and pre-crisis unemployment rates (average over the period 2015–19)' (Alcidi et al, 2020, p. 1) – in other words, poorer countries and those that had higher unemployment are funded with grants more generously. However, social services do not feature much in any of the national plans, and the impact of the RRF on social expenditure in the EU and its Member States will be trackable from the data only from 2022 onwards.

In order to ensure the appropriate implementation of the RRF, the European Commission established the Recovery and Resilience Task Force, directly linked to the Presidency of the European Commission. It is in

charge of ensuring the application of the RRF and coordinating it in line with the recommendations of the European Semester (European Council, 2022). Furthermore, as the European Semester is aligned with the European Pillar of Social Rights (European Commission, 2017), the Pillar's principles are also to be taken into account in implementing the RRF. Building on the good practice of the European Commission's Recovery and Resilience Scoreboard and its recent specific report on the use of the RRF in the healthcare sector (European Commission, 2021f), it will be important to provide disaggregated data on targets and investments to enable civil society to independently monitor progress and to enable policymakers to draw lessons from it.

The European Parliament (2023) has also recommended using the full potential of the RRF for a range of policy areas pertinent to social services, including raising the digital literacy of both providers and users of services, improving assistance to older people, and better anticipating how to ensure the inclusion of people with disabilities when providing services during crises. The balanced implementation of the RRF, which includes the social dimension, is essential for ensuring that social services are up to speed on increasing their own and

¹⁰ As some Member States revised their RRP's subsequently, the average share has risen to nearly 30% in 2023, according to the latest information from the European Commission (2023d), reproduced in Figure 20.

societal resilience to technological change, change in the energy sector and change in the economy as a whole.

Of course, the EU's support for social policies includes a suite of funding instruments and is not only provided in the context of NextGenerationEU. Much of the EU's social policy funding is channelled through the cohesion funds, and more specifically through the European Social Fund, the European Social Fund Plus and the European instrument for temporary Support to mitigate Unemployment Risks in an Emergency (SURE). SURE provided a loan fund of up to €100 billion for the 18 participating Member States to address the employment consequences of the pandemic.¹¹ Apart from the specific measures mobilised in the context of the pandemic, the questions of how and which types of social expenditure should be treated in the context of the EU fiscal guidelines are undecided (note the proposition of a 'golden rule' by the high-level expert group on the future of social protection (European Commission, 2023a)).

The pandemic left little time for calm recovery; the emerging challenges of rising energy costs, inflation and Russia's war in Ukraine have created a new set of

repercussions. The recent EU priorities of digitalisation and the green transition (which includes energy independence) are part of the response to the current challenges. Therefore, some measures implemented to achieve digital transformation could be more actively taken up by the social services sector, not least to increase the prospects of benefiting from the potential advantages that technological development could bring to service providers and users. The case for contributing to the resilience of European societies could also be built further, in line with and beyond NextGenerationEU funding measures.

In the short term, however, it is important to ensure that social services providers have the knowledge and capacity to access the extraordinary funding opportunities that were mobilised during the pandemic so that they can fast-track the upgrading and development of quality services where needed. This is relevant for the recently established Helpdesk on EU funds for Social Services,¹² which aims to facilitate service providers in accessing and using EU funds, such as the European Social Fund Plus and the European Regional Development Fund, and in raising their awareness about the remaining distribution of the RRF funds.

11 These loans are based on a system of voluntary guarantees from the Member States, and the contribution of each Member State to the overall amount of the guarantee corresponds to its relative share in the total gross national income of the EU, based on the EU's 2020 budget (European Commission, undated-b).

12 For details see <https://eufunds4social.eu/>

4 Conclusion

The COVID-19 pandemic provided several lessons on building the resilience of social services and that of society for the future; the most important is the need for clear contingency plans and funding in times of crisis. However, for the broad development of social services to ensure that they help to address the old social problems and new risks, a range of findings has to be taken on board. These include the specific impacts of the pandemic on the provision and use of services and the context of overall social expenditure. Understanding the latter is important so that programmes to improve the performance and increase the resilience of social services are adequately resourced and linked to the ongoing digital transformation and the challenges of the green transition.

Impact of the COVID-19 pandemic on social services

- The pandemic increased demand for social services and led to high levels of stress among users and service providers. It also revealed the dedication of service workers and raised awareness of certain essential services.
- A substantial number of jobs in social services are in social and residential care, which are among the sectors with highest rates of workers exposed to infectious materials. However, a recurring issue in evidence collected by stakeholders and providers of social services during the pandemic was a lack of protective measures and protocols.
- Social services were ill-prepared for the pandemic with regard to both medical capacity and availability of medical equipment and PPE. Inability to secure the health and safety of staff in care sectors during the pandemic was a major deficiency encountered across the EU. The structural weaknesses within the sector – underfunding, staff shortages, poor working conditions, and challenges in ensuring the availability, accessibility, affordability and quality of services – also hampered the functioning of the sector.
- The pandemic created an urgent need for the digitalisation of social services and the facilitation of telework (including in care and social work), although the transition was improvised and had considerable drawbacks. The switch to remote working was particularly challenging in services that had previously provided direct face-to-face assistance to their target groups.
- New ways of providing support services were established; for example, there was an increase in the provision of mental health and well-being

counselling through helplines and apps. Although systematic evidence on the scale and quality of these new services still has to be collected and assessed, there is a potential need for such support services across the EU. The new channels for providing information and support could help to maintain society's resilience in the face of potential challenges in the future.

- The long-term care and healthcare sectors were known to have higher-than-average rates of workers participating in training prior to the pandemic; however, during the crisis, the rates were at EU average level. An analysis of working conditions revealed a correlation between workers' use of digital devices at work and the likelihood of their receiving training.
- The healthcare sector is more digitalised than sectors across the EU on average, but about a fifth of workers in social care sectors do not use digital devices in their work at all. Because of this, they may have missed opportunities for training and upskilling during the pandemic when digital devices were key to communication. They may also miss out on the benefits that digitalisation, automation and robotics could bring to their jobs.

Social expenditure

- Social expenditure – in other words, government expenditure on social protection, education and health – accounts for the highest share of expenditure in the EU. It reached 34.9% of GDP in 2020, of which 21.9% was spent on social protection, 8% on healthcare and 5% on education. The estimate for 2021 is lower, but still accounts for 33.4% of GDP. These are the highest figures since the 2004 enlargement of the EU, and they are indicative of the focus among the Member States on the social dimension when addressing the burden of the pandemic.
- In terms of year-on-year change, social protection expenditure grew most: if both public and private expenditure on social protection is considered, it increased by 8.7% from 2019 to 2020, the largest ever annual increase (compared with 3.8% in 2018–2019). Spending decreased somewhat in 2021.
- Expenditure on healthcare and education as a proportion of GDP in the EU27 has been steady over two decades: between 2004 and 2021, there were slight fluctuations, but on average in both sectors spending did not change significantly despite the economic crisis of 2008–2012 and the austerity policies implemented during this period.

- To address the impact of COVID-19, the proportion of GDP spent on social protection, healthcare and education increased in 2020 (the first year of the pandemic) compared with 2019. There was a slight decrease in spending on social protection and education in 2021 (the second year of the pandemic), whereas spending on healthcare retained momentum, increasing from 8% of the EU's GDP in 2020 to 8.1% in 2021.
- In-kind benefits (goods and services) account for 20–40% of social protection expenditure in the Member States. Although the variation is wide, these in-kind benefits are a substantial part of welfare across the EU.
- Among the Member States, total social protection expenditure was very varied between 2004 and 2021, especially in the aftermath of the economic crisis (2011–2015). While some countries increased expenditure to contain the effects of the crisis, others reduced expenditure to adapt to fiscal measures. The persistent diversity between Member States over the past couple of decades is also demonstrated by the standard deviation in average expenditure on social protection, which has varied from 4.03 in 2005 to 4.53 in 2020.
- Given the negative effects of the pandemic on the provision of social services and the lessons learned during this time, developing contingency plans for service providers and methodologies to assess these plans must be a priority.
- The inclusion of various social service providers and stakeholder groups, including informal carers, in needs assessment and policy planning is vital: the pandemic showed the importance of their contacts with service users and first-hand knowledge of the situation and users' needs.
- A reassessment of health and safety awareness in care settings is needed, and appropriate training must be provided in this regard.
- The need for, relevance of and accessibility of training for the social services workforce need to be assessed, to ensure they have the skills to carry out their jobs, to improve their career prospects and to ensure training or guidance is accessible during crises such as pandemics.
- Support measures for social services staff exposed to emotional demands or abusive social behaviour in their jobs should be mainstreamed: helplines run and support provided for healthcare workers during the peak of the pandemic can generate lessons on developing such measures.

Planning for recovery and resilience

- Alongside other funding measures, the RRF was set up to build a stronger and more resilient EU in the post-pandemic period. However, most resources will be allocated to digitalisation and the green transition, and it appears that the boost to measures for social and economic resilience will be smaller or less specific.
- The overall impact of this fund will probably be greater on smaller economies with lower current social expenditure, while it will be complementary, if at all effective, for countries with bigger economies and higher expenditure.
- Several Member States developed plans and reform programmes to address social challenges and risks in the coming years. Some of them foresee changes in the organisation and provision of social services. However, most of the plans still lack detail or are more focused on healthcare than on other care services or social work.
- The role and the potential of digitalisation and technological change in all jobs in social services sectors should be assessed. The introduction of digital technologies in care services where such technologies are currently absent would contribute to improving the career prospects of workers.
- The major challenges that emerged in the aftermath of the pandemic (the energy crisis, rising inflation, and Russia's war in Ukraine and its repercussions) underscore the need to strengthen the resilience of public services and society. These challenges also present a new reality to which social services must adapt; they need to embrace technological change and proactively participate in the implementation of policies and measures that can support adaptation, such as the NextGenerationEU and the RRFs.
- A balanced implementation of the RRF's objectives must be achieved. Building on the good practice of the European Commission's Recovery and Resilience Scoreboard, disaggregated data on targets set and investments made would enable civil society to independently monitor progress.
- The capacities of and procedures for social services to access EU and national funding mechanisms should be improved. Sustaining the capabilities of social service providers helps in both meeting users' needs and further developing the services and improving their quality.

Policy pointers

These pointers for policymakers and key stakeholders in social services sectors have been drawn up based on the challenges experienced and lessons learned during the pandemic.

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This report addresses the impact of the COVID-19 crisis on social services in the EU. While the pandemic negatively affected social services, it nevertheless provided lessons on how to adapt them in response to new challenges and social risks. One lesson, for instance, is that policies should be developed to make better use of digitalisation in the sector, to improve access to new technologies and training for both workers and services' target groups. And, most importantly, there is a need for clear contingency plans and funding for adaptation in times of crisis.

An increase in public expenditure on social protection, healthcare and education was a critical part of the pandemic response. However, there is uncertainty about the future development of social services in the context of the overarching policy interest and investment in the green and digital transition. This implies that the contribution of social services to the resilience of European societies needs to remain in the policy debate and that policies should be further fine-tuned.

The European Foundation for the Improvement of Living and Working Conditions (Eurofound) is a tripartite European Union Agency established in 1975. Its role is to provide knowledge in the area of social, employment and work-related policies according to Regulation (EU) 2019/127.

