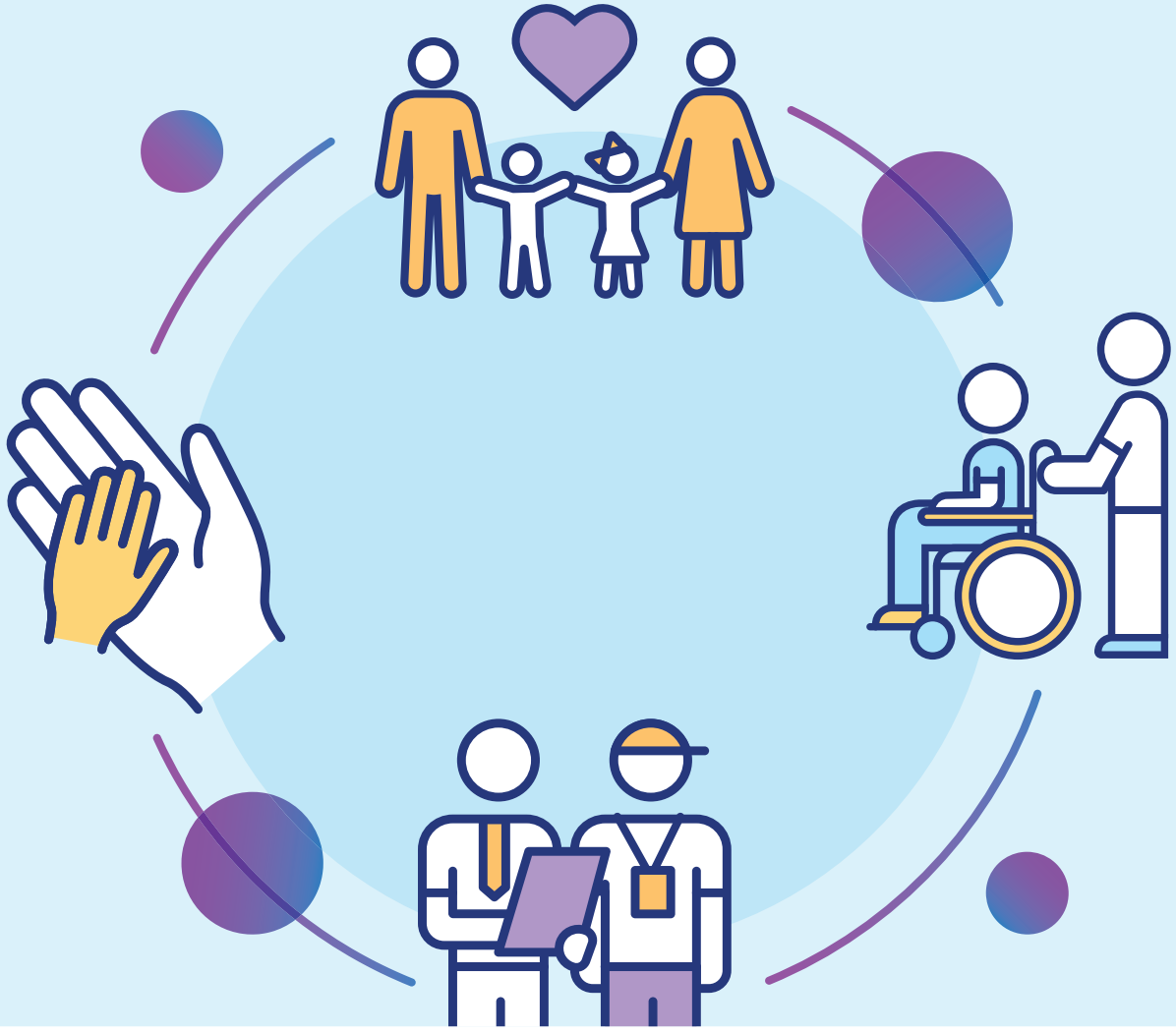
Modernising Social Services in Spain

DESIGNING A NEW NATIONAL FRAMEWORK



Funded by the European Union

OECD

Modernising Social Services in Spain

DESIGNING A NEW NATIONAL FRAMEWORK

OECD
BETTER POLICIES FOR BETTER LIVES

The project “Reform of the national framework for social services in Spain” was funded by the European Union via the Structural Reform Support Programme (20ES03). This publication was produced with the financial assistance of the European Union. The views expressed herein can in no way be taken to reflect the official opinion of the European Union.

Please cite this publication as:
OECD (2022), *Modernising Social Services in Spain: Designing a New National Framework*, OECD Publishing, Paris, https://doi.org/10.1787/4add887d-en.

ISBN 978-92-64-45775-1 (print)
ISBN 978-92-64-48715-4 (pdf)
ISBN 978-92-64-45588-7 (HTML)
ISBN 978-92-64-75141-5 (epub)

Photo credits: Cover © Shutterstock.com/bsd studio

Corrigenda to publications may be found on line at: www.oecd.org/about/publishing/corrigenda.htm.

Foreword

Social services include a wide range of public actions aiming to provide personal support and care to persons in the area of family and child protective services, disability services, long-term care, and services for specific populations, including victims of gender-based violence and refugees, and inclusion services. The aim of these services is to address social risks and hardship for persons who face personal challenges or who need to (re-)integrate into society.

Social services in Spain, as in many OECD countries, are facing numerous challenges to adapt to changing social needs. The population is ageing rapidly, families' needs are evolving, and service users are becoming more diverse. Mental health disorders are becoming more prominent, social inequalities are growing and policies addressing poverty have become more urgent, including short-term solutions for those who cannot meet their daily expenses. Beyond such changes, countries recognise the need to create social services that are more people-centred, integrated and have a stronger focus on prevention.

This report examines the provision of social services in Spain. It analyses the social services competence framework from a legal and constitutional point of view, and points to the diversity across Spain in terms of the types of services offered, the access conditions and the human and financial resources devoted to social services across the different regions. The report proposes directions for reform to bring Spain's social services in line with evolving social needs and to set minimum standards to ensure equal access across the country. Particular attention is devoted to creating a new legal framework with consolidated rights, in order to reduce service gaps and improving service quality.

The report was prepared in the OECD Directorate for Employment, Labour and Social Affairs (ELS), under the supervision of Ana Llena-Nozal and the senior leadership of Stefano Scarpetta (Director of ELS), Mark Pearson (Deputy Director of ELS) and Monika Queisser (Head of Social Policy). It was written by Rodrigo Fernandez, Sarah Kups and Ana Llena-Nozal, with valuable contributions from Professor Joaquín Pablo Urias Martinez and Laura Flores Anarte (Universidad de Sevilla), Manuel Flores Mallo (Universidad Internacional de Catalunya), and Paola Andrés Soulier. Lucy Hulett and Ricardo Sanchez Torres provided logistical, publication and communications support during the project.

The Project was carried out with funding from the European Union via the Structural Reform Support Programme and in co-operation with the European Commission's Directorate-General for Structural Reform Support (DG REFORM). The co-operation with Patricia Bezunartea Barrio, Maria Dolores Ruiz Bautista and Isabel Tolosana Esteban from the Spanish Ministry of Social Rights and the 2030 Agenda, and Elisa Gómez Alemán from the European Commission's Directorate-General for Structural Reform Support has been instrumental for the project and the report.

The Project benefitted from input to policy questionnaires, discussions, virtual meetings and technical workshops with a wide range of stakeholders over the period November 2020 to July 2021, including representatives of the Ministry of Social Rights and the 2030 Agenda; regional social services; and national and international social services experts.

Table of contents

FIGURES

TABLES

Abbreviations and acronyms

CCR	Constitutional Court Rulings
EIB	European Investment Bank
GDP	Gross domestic product
ICP	Individual Care Programme
IPREM	Indicador Público de Renta de Efectos Múltiples
LEED	Local Economic and Employment Development
NHS	National Health Service
RESOE	Regions of South-Western Europe
SSGI	Social services of general interest
VAT	Value-added tax

Executive summary

Social service provision in Spain is highly decentralised as the Constitution grants the regions (the Autonomous Communities) competencies in this area. The 17 Autonomous Communities all have their respective laws on social services; and while these laws all share some common features, the legal diversity has resulted in wide differences in the organisation of social services. For example, in certain regions the functional structure of social services is divided in two levels (basic and specialised). In other regions, however, it ranges between three to five levels and services provided across the different levels vary across regions. The territorial units for the provision of services vary and social service centres cover 20 times more inhabitants in regions with more demand or population density than in less populated ones. In many cases, the high demand for social services is often met by inadequate human resources in terms of staff ratios and type of professionals. Statutory ratios of staff to inhabitants range between 1 500 to 3 000 or even 4 000 inhabitants, and eight regions do not set minimum ratios at all. The most common professional category in social services are social workers, who tend to constitute 40-50% of staff, but can represent fewer than 30% in some regions. Similarly, the percentage of psychologists and educational experts can be twice as high in some regions compared to others.

The regional social services catalogues are very diverse in terms of which services they include and which are guaranteed to users who need them. For instance, while residential services for people with long-term care needs are generally available across all regions, the same is not true for victims of gender-based violence and individuals with disabilities. Similarly, legal protection for minors and prevention programmes against intra-family violence are only mentioned in the social services catalogues of five regions. Service eligibility and co-payments also vary greatly across the country, generating very different levels of access across regions.

Local authorities have an important responsibility for social services, but there is great variation in the level of financing by regional and local governments. Social services represent 10% of regional budgets in two regions but are 6% or lower in three regions. Similarly, the contribution of local governments to financing can vary from around 10% to more than 60% of the overall social services budget. The contribution from the central government is small at around 5% or less of the overall budget. Local governments have the responsibility to finance basic social services, but the variable contribution from autonomous governments, ranging from 10% to over 80% of total expenditures across regions, can generate financing challenges, especially because funds do not always sufficiently reflect the local economic capacity and needs.

Information on social services tends to be fragmented. This is in part because of the separation between primary and specialised social services and because of the separate reporting from third party providers, which makes it difficult to create integrated pathways as well as use information for decision-making. There is also a lack of real-time data as many local entities and third sector providers transmit the information only annually. Better information technology encompassing all actors is needed. Finally, the sector suffers from the lack of impact evaluations.

Vertical and horizontal co-ordination mechanisms remain limited in Spain. While sectoral conferences exist for co-ordination between the central and regional governments, most exchanges on best practices across regions and local entities appear to happen on an informal basis. There is also no provision for

transferability of benefits and services across the regions. Improvement in horizontal and vertical co-ordination would be desirable for users.

Such stark geographical differences call for consolidation of the access to rights. In this sense, a new national law to regulate minimum standards and guarantee equal access is paramount. The new law could define a basic common catalogue or a list of needs. Such a national law is within the scope of constitutional possibilities, but given the complexity of the issues at stake needs to be developed in consensus with the different stakeholders for effective implementation. This should be coupled with measures to ensure the transferability of rights across regions as well as to improve co-ordination mechanisms. More regular meetings and a stronger role for the Interterritorial Council on Social Services to make binding decisions are possible avenues for the future.

With changing social needs, the current offer of services and its financing should also be reconsidered. Experts have highlighted that the current burden of staff in social services is in part related to the lack of clarity about what should be the focus of social services. The new legal framework mention above would offer the opportunity to improve the definition and focus more on the services, rather than on benefit administration. Certain gaps in the service offer could also be modified by putting a stronger focus on prevention, transforming residential services into more home and community-based ones, reinforcing legal support and addressing gaps in family services. This raises the question of whether there should be a stronger role for the central government to finance such improvements in services.

Beyond the new law, measures to support quality improvements should be considered. Such measures could include ways to enhance human resources by rethinking staff to population ratios, improving training and simplifying administrative procedures. Better integrated services would also be more people-centred and more effective for users. Finally, given the importance of non-public actors, enhancing the requirements of such actors in terms of data transmission and performance would be beneficial.

Finally, the report highlights the need to develop more evidence-based policies in the area of social services. A stronger data infrastructure is needed with selected indicators to be monitored and benchmarked across the country. Strengthening impact evaluations would allow a better knowledge of which interventions are working or which ones are not. Better data can also contribute to the dissemination of best practices and positively influence future policy design.

1 Overview and recommendations

This introductory chapter provides an overview of the entire report, drawing on the analyses carried out in the subsequent chapters. It defines the scope of social services in Spain, as well as the organisational structure of the public system. It highlights differences across the territory in staffing, eligibility requirements and financing. The chapter discusses a range of recommendations on how to improve social services in Spain, starting with the possible creation of a national law, and its scope for clarifying the scope of services and addressing gaps, as well as additional improvements needed in the area of quality and monitoring.

1.1. The public social services system in Spain

Social services are the set of services and actions aimed at responding to basic life needs and creating equal opportunities for all that enable individuals to participate in economic and social life to strengthen social cohesion and inclusion (Council of Europe, 2010[1]). The exact definition of "social services" differs from country to country. In Spain, the purpose of social services is to promote and ensure the full development of all individuals and groups within society in order to achieve greater social welfare and a better quality of life, in an environment of co-existence, and to prevent and eliminate the causes of social exclusion.

Specifically, the public social services system in Spain includes a variety of benefits and services. The 2013 social services reference catalogue approved by the Local Social Services Board (*Consejo Territorial de Servicios Sociales*) encompasses:

1. services: understood as the actions carried out by technical teams aimed at meeting the social needs and promoting the social integration of citizens, families and population groups;
2. benefits: financial contributions made in form of regular or one-off payments to guarantee a minimum income or provide assistance in emergency situations for citizens.

The services provided are focused around seven themes corresponding to different social needs: 1) information, guidance, consultation and diagnosis; 2) personal autonomy, home-based care and family respite; 3) intervention and family support; 4) intervention and protection of minors; 5) residential care; 6) prevention and social inclusion; and 7) legal protection.

The current configuration of the public social services system arose from the 1978 Spanish Constitution and the implementation of the Concerted Plan for Social Services in 1988. The Constitution shows the intention to bring social services closer to the geographical area where the needs are found. Within this competence framework, there is no national overarching law on social services and the autonomous communities[1] have passed their own laws (and the cities of Ceuta and Melilla have passed their own regulations) in the field of social services, which define their guiding principles, benefits and services. This power distribution system has led to a very diverse landscape in terms of regulations, benefits and services in the autonomous communities and the cities of Ceuta and Melilla. Regional regulations differ in terms of the access requirements for services and benefits, whether said benefits and services are guaranteed, and their amount, in the case of benefits. The Concerted Plan was an initiative from the Ministry of Social Rights to enhance co-operation across the different levels of government and promote joint funding of the public social services system.

1.2. The provision of social services across the autonomous communities

As a result of the different regional regulations, there are important differences in the availability of different social services across and within autonomous communities, because there is no guaranteed floor of services. Moreover, a high proportion of laws contain a form of conditional or non-guaranteed benefits or services. Their effective provision depends not only on the applicant's fulfilment of the relevant regulatory requirements, but also on the availability of the necessary budget. Even the essential services on information, guidance and assessment are only guaranteed in just 10 of the 14 autonomous communities that have a draft portfolio/catalogue. Many prevention and family support services are guaranteed in just half of the autonomous communities. In addition, because many regions have not defined an official catalogue of services and benefits following the enactment of regional legislation, citizens are limited in their capacity to exercise their rights and claim specific services.

Access to social services differs due to differences in the staffing levels but also the access conditions. Social services staffing is not the same in the different autonomous communities. In approximately half of

the regions, regulations define statutory ratios of primary care staff to inhabitants, which in some cases are differentiated according to the size of the local entity. Regulatory ratios vary from around 1 600 to 4 000 inhabitants per professional. Although staffing improved from 2012 to 2018, the actual ratios still sometimes remain below the minimum ratios established by the regional regulations, where these exist. There are still disparities between and within autonomous communities. Differences in needs linked to the age, socio-economic and regional structure of the population partially explain these disparities, but most likely do not explain all of them, since the difference between the autonomous communities with the lowest and the highest ratios can reach a factor of ten. Although the statistics are not complete or fully comparable, other countries in the European Union appear to employ relatively more staff than Spain. Eligibility criteria and co-payments also vary widely across the regions. Regions differ in the residence requirement for access to benefits, between the length of time required and whether it needs to be continuous or not. In terms of co-payments, for instance, only Castile-La Mancha, La Rioja and Valencia guarantee all their citizens free access to family mediation. In the other regions, the service is only free for families that meet the requirements for free legal assistance when the mediation is initiated by a judicial authority.

In terms of expenditures, statistics are plagued by difficulties in reuniting all expenditures within a community and making them comparable across regions. Nevertheless, there do appear to be important differences in how much different communities spend on social services, and these differences do not appear to be attributable to differences in demographic structures and population distributions. In the Balearic Islands (only for basic community services) and in Murcia, local entities contribute 3.0-3.5 times more than the regional government. In the other regions, the regional government finances a larger share than the local entities – from 1.3 times more in Cantabria to 32 times more in Extremadura. Currently, the central administration's part in funding social services is minimal, funding an average of 3-4% of primary social services. By comparison, in France, 32% of social services expenditures are covered by the national social security and 7% by the central government directly.

1.3. Recommendations for a strengthened social services system

The report presents a number of recommendations directed at both the central state as well as autonomous and local entities as well as at social services providers, which are summarised in Box 1.1. While there is no specific order in which these recommendations need to be implemented, a simultaneity of different efforts in particular at the central and autonomous levels would yield the largest improvements and in the ability of different authorities to design, monitor and evaluate policies and programmes and in the quality of service provision. Close communication between and across the autonomous communities and the central state can help align the implementation of complementary efforts.

Box 1.1. Key recommendations

1. Design a new legal context for social services

- Consolidate the right to social services through a national law
  - Define minimum social services across the country
  - Make progress in the coverage of subjective rights and their enforceability
  - Improve the transferability of rights for individuals moving between autonomous communities
- Facilitate co-operation between different levels of government

2. Clarify the definition of social services

- Clarify the definition based on national and international practices
- Addressing gaps in social protection in certain areas
- Consider more comprehensive services based on international practice
  - Increase the importance of preventive services
  - Strengthen home services and transform residential centres into supported housing or other community models
  - Strengthen legal aid for vulnerable groups
  - Close gaps in family and child protection services
- Strengthen government funding

3. Improve the quality of social services

- Rethink staffing
  - Ensure adequate ratios of staff to users
  - Simplify administrative procedures for both staff and users
  - Facilitate staff training and development
- Design integrated services within a broader strategy
  - Integrate social service provision
  - Increase the interoperability of social services with other sectors
- Strengthen accountability requirements for private and third-sector providers

4. Strengthen evidence-based policy making

- Bolster the monitoring and evaluation system
- Increase the use of evidence in policy making
  - Encourage policy makers and professionals to consult data
  - Publicly disseminating the evaluation results

From the perspective of the central state, the main scope for action within the area of social services lies within the creation of a national law on social services and, ideally, the mobilisation of additional financial resources. Constitutional case law has established that, given the current division of competences, there is limited space for the central government to intervene in social services. It is possible for the central government to address general social issues that require a comprehensive approach going beyond the

regional realm in cases of inequality. A proposed national law of basic conditions in the area of social services would be rooted in Article 149.1.1 of the Spanish Constitution.

Such a law will have a number of advantages and is likely to strengthen social services considerably. In particular, social rights should be immediately judicially enforceable by establishing standard basic conditions that ensure a minimum level of equality throughout the country, meaning that citizens throughout the country, without any form of discrimination or limitation, should have the right to receive certain benefits and services. Relatedly, the future law should help the transferability of rights to certain services when a person moves to a different autonomous community, with a necessary agreement between central and autonomous government authorities on the modalities for transferring benefits and services in the event of a change of residence that could draw inspiration from the example of other European OECD countries.

In the drafting of such a law, there should be a process of consultation involving all public administrations to reach a consensus of the shared minimum level of rights throughout the entire country. This consultation could be handled by the Territorial Council on Social Services, which could specify and update the minimum catalogue of services and benefits, as well as through a working group. To increase the ability of the Council to come to decisions, it should have adequate resources and could consider moving from requiring unanimity to qualified majority decisions. Furthermore, there can be further spaces for the exchange of best practices both in and outside Spain and to agree on the classifications to be used in the different information systems; as well as increased co-ordination mechanisms between different local bodies and between the autonomous community, local and national levels.

The new law and the minimum national catalogue should define social services in a way that is flexible and adaptable to new developments and needs, but that should define objectives and functions, and perhaps also beneficiary groups, more concretely, including a clear definition of the boundaries to associated sectors such as health, education and employment services. A possible example can be the proposed new social services law of the Community of Madrid. The minimum benefits could take inspiration on the one hand from those that are already in place in the majority of autonomous communities, but also from the practices of selected communities as well as other OECD countries with more comprehensive services. In particular, Spain could consider offering a broader range of services intended to: enhance prevention services (such as to prevent the loss of autonomy and promote active ageing); strengthen home services and redesign residential offers (especially for people with disability to favour more independent living); enhance legal aid for vulnerable groups (such as survivors of gender-based violence); expand inclusion interventions; and have more comprehensive family and child protective services.

To ensure the success of a national law on social services, it is important to guarantee the sufficiency of the financial contribution for social services, and its sustainability over time. Above all, the autonomous communities required to increase their offer of services might have difficulties without additional central government support. Based on the lessons from the Long-term Care Act, an estimate of additional resources based on social services provision (including, for example, the number of potential users) could be included in the funding legislation. This means committing greater central government expenditure to regional funding for the future. However, this increase is generally subject to annual negotiation between the central government and the regions. A legal modification could allow services to be taken into account when calculating the financial resources required annually by each autonomous community. The law itself may establish different mechanisms for targeted funding, including transitional contributions and central government contributions subject to autonomous communities contributing similar amounts so that certain services can be co-funded.

In addition to the law, the central government can support autonomous and local entities to launch a number of initiatives that could help secure and possibly improve service quality. Chief among possible quality improvement measures are adjustments to staffing levels and administrative and staff training practices. Autonomous regulations can establish adaptable staffing and workload ratios that reflect the demographic structure of each autonomous community as well as users' needs; and monitor their

observance. Mobile work teams could assist in situations of temporarily increased demand or shortfalls in local staff availability. Creating interoperable operational and statistical applications, digitising procedures, consolidating responsibilities, and promoting the use of vouchers could reduce administrative burden and streamline procedures. Options for continuous training for social service staff should likewise be expanded, leveraging European funds when possible. Training priorities and minimum compulsory training standards and modalities should be agreed upon among various stakeholders. For predominantly administrative social services workers, specific training options should be available.

Another important axis is an improved integration of different social services and of social services with services of other sectors, such as health or education. More integrated social services require a mix of technical and non-technical solutions, including strengthening the role of the reference professional, identifying, and approaching people with complex needs through a combination of database integration and strategies to lower access barriers. In order to strengthen the collaboration with other sectors, building a mutual understanding of the responsibilities and competencies of the professionals from other sectors; defining multi-sector care packages adjusted to different complex needs profiles; creating co-operation councils on an equal footing and sharing financial responsibilities can all be helpful.

Finally, national but also autonomous entities can contribute to strengthening evidence-based policy making. On the one hand, this would require bolstering the monitoring and evaluation system through having a working group define relevant and stable indicators, investing in the administrative data infrastructure and survey data collection, and strengthening impact evaluations through expanding relevant budgets and making administrative and other data available to researchers. On the other hand, increasing the supply of evidence without also increasing the demand for it from policy makers and practitioners would be unlikely to lead to improvements in the policy planning process. Steps to increase the use of evidence in policy making could include strengthening the role of a government institution in disseminating the practice and use of evaluations, or equipping all agencies with the required expertise and ensuring that policy makers know where and how to find the information through self-evaluation tools and training programmes. Moreover, institutions should disseminate good practices, and all publicly commissioned evaluations should be available to the public in an easily accessible and understandable way.

1.4. Report structure and methodology

This report is the result of a literature review and an intensive information-collection campaign in the field. Box 1.2. briefly explains the methodology used by the OECD to collect and compile this information, before describing the current social services situation in all the autonomous communities. First, in Chapter 2, the report analyses the constitutional framework and the distribution of competences, highlighting the possibilities that a central government framework regulates social services and defines its scope. In Chapter 3, the report examines regional legislation to analyse the different principles, definitions and services to which citizens are entitled. It studies the provision of social services in all the autonomous communities to understand what services are offered, indicate the similarities and differences among them, and identify any gaps. The analysis in Chapter 4 is based on data collected from all of Spain's autonomous communities on social services access, use, human resources and management, taking into account service portfolios and implementation. In Chapter 5, the report analyses the financing structure and examines spending trends over time across the different levels of government and services. The final sections present suggestions for strengthening the system: Chapter 6 discusses the possibility of a new national law for social services; Chapter 7 sets out options for clarifying and supplementing the scope of the services; Chapter 8 examines ideas for improving service quality; and Chapter 9 makes suggestions for strengthening the monitoring and evaluation system and increasing the use of evidence in policy design.

Box 1.2. Data-collection methodology

Legal and constitutional analysis

This part of the analysis, largely covered in Chapter 2, is solely based on bibliographic sources. All the important elements related to this subject (such as national and regional laws, decrees, Constitutional Court Rulings (CCR)) are in the public domain and are available in electronic format. This information was compiled, structured and organised by a legal and constitutional expert and his team.

Provision of social services in the autonomous communities

The provision of social services is a much broader issue covering many different topics, including territorial organisation, the supply of services and catalogues, human resources, expenditure and financing. To gather all this information, the OECD, in co-ordination with the Ministry for Social Rights and the 2030 Agenda, organised field missions [(1)] to all the autonomous communities. The work with representatives of the regional authorities took place between mid-November 2020 and early March 2021. It was structured around two processes:

- Two questionnaires – one quantitative, requesting statistics on different aspects of social services provision (facilities, staffing, expenditure, users, financing and governance), and another qualitative, requesting descriptive information on service operation with regard to the aforementioned aspects.[(2)]
- A series of interviews with representatives of the autonomous communities to resolve any questions about the content of the questionnaires and to give the regional authorities the opportunity to add explanations about the functioning of social services and any other aspects not addressed in the questionnaires.

Once the information had been collected, it had to be organised, supplemented with information obtained from other sources (such as databases, academic articles, reports) and the quantitative data harmonised as much as possible. In parallel, the OECD conducted a detailed analysis of the existing catalogues of services and benefits.

This work methodology has provided an overview of the situation of social services throughout Spain. The effort to categorise the catalogues and harmonise the statistical indicators has revealed some (objective) gaps among the autonomous communities. At the same time, regional authorities have had the opportunity to validate and explain the operation, limitations and plans for social services, which has made it possible to qualify certain conclusions and better understand the reasons for particular differences.

1. Due to restrictions related to the COVID-19 pandemic, these missions were conducted remotely by either video call or e-mail.
2. The qualitative questionnaires were pre-filled by the OECD based on bibliographic information available on the Internet.

References

Council of Europe (2010), *Council Conclusions: Social Services of General Interest: at the heart of the European social model*, http://expertise.uriopss-pacac.fr/resources/trco/pdfs/2010/L_decembre_2010/58916_CouncilConclusionsSSGIAttheheartoftheEuropeanSocialModel.pdf. [1]

Notes

[1] Or “regions”, Spain is a decentralised country where regions have a large degree of autonomy and, therefore are called “autonomous communities”.

2 The complex legal framework for social services across Spain

The focus of this chapter is the current constitutional regulation of the public social services system in Spain and the possibility of strengthening central government co-ordination of the system within this framework. The first section describes the constitutional obligation to provide a public system of social services and the scope of the competence of Autonomous Communities in this area. The second part elaborates the possibilities of central government intervention in general terms, and the third part the concrete co-ordination options through a harmonisation law or a law guaranteeing the basic conditions of social rights.

2.1. Introduction

The current configuration of the public social services system arose from the 1978 Spanish Constitution, which grants competences on this matter to the regions or so-called autonomous communities. As a result, the regions have stipulated the extent of such competences in their Statutes of autonomy and enacted regional legislation of social services. There is currently no national legislation on this matter and no minimum standards, which may grant equality of services across the regions. This chapter discusses how, in spite of the competences being attributed to the regions and the limited scope to regulate social services at the national level, some constitutional options exist. Such options stem from the lack of clarity of the division between social assistance, which is the responsibility of regions, and social security, which is the responsibility of the central government. Case law has evolved towards permitting the central government to incorporate certain services as social security and generating limits to the exclusive competences of regions. The central government can also shape social services by creating and funding certain benefits at the central level, as recently done for minimum income. Finally, the chapter concludes by discussing options to regulate social services through a national legislation.

2.2. Insufficient constitutional regulation for social services

2.2.1. The Constitution imposes obligations that require a public social services system

The explicit reference made to "social services" in the 1978 Spanish Constitution is limited to social assistance. There is only a vague concept of social assistance referring to some national benefits for vulnerable or disadvantaged groups, and these benefits are always based more on charity than on a commitment to real equality. Social assistance is only mentioned once in the Constitution – in Article 148(1)(20), cited as one of the matters in which the autonomous communities may assume competences.

However, the 1978 Constitution does impose certain obligations on the public authorities that can only be fulfilled with a system of social services. The declaration in Article 1 (1) that Spain is a social state is essentially embodied in a generic mandate contained in Article 9 (2) and in various specific obligations grouped together in chapter III of Part I. Article 9 (2) sets out that it is the responsibility of the public authorities to promote the conditions required for the real and effective freedom and equality of individuals and the groups to which they belong, to remove obstacles that prevent or hinder their full enjoyment, and to facilitate the participation of all citizens in political, economic, cultural and social life. The central government action[1] to remove obstacles to real equality is the constitutional basis for all social interventions, therefore justifying the granting of generic responsibility to the central state to establish and maintain a minimum standard in this respect for the whole of Spain.

In addition to this generic mandate, the chapter of the Constitution on the principles governing social and economic policy imposes much more specific obligations. As such, the Spanish public authorities must ensure the social protection of the family (Article 39 (1)); the protection of children (Article 39 (4)); more equitable distribution of regional and personal income (Article 40); the enjoyment by all of decent and adequate housing (Article 47); the protection of young people (Article 48); a policy for the welfare, treatment, rehabilitation and integration of people with physical, sensory and mental disabilities (Article 49); and the welfare of older citizens (Article 50).

In short, without mentioning it explicitly, the Constitution requires the existence of a social services system capable of covering these constitutional mandates at a minimum. The Constitution clearly prescribes sufficient social services to facilitate both the specific obligations of Chapter III of Part I and the generic mandate of Article 9 (2). These central government obligations can only be adequately fulfilled by what Article 50 of the Constitution calls "a system of social services."

2.2.2. Social assistance is the responsibility of the autonomous communities, limiting central state legislation

The competences of public authorities (central state, autonomous communities and municipal entities) in the configuration and administration of the public action are not interlinked as clearly as one might expect. The Constitution provides for a split system: Article 149 (1) lists the powers that correspond to the central state, while Article 148 (1) lists 22 specific matters that may be assumed by the autonomous communities in their respective Statutes of Autonomy, although they may also assume any matter that the Constitution does not assign to the central state. Matters not assumed by the autonomous communities will be the responsibility of the central state, whose regulations are supplementary to those of the autonomous communities. In addition, the central state has transferred some of its competences to the autonomous communities, giving rise to an extraordinarily complex system.

In practice, all regions have assumed competence for social assistance in their respective Statutes of Autonomy and have enacted legislation in this area that supersedes that of the central state. The autonomous communities have thus exclusive powers in social assistance, but the competence of the autonomous communities extends only to *some* of this assistance, since Article 41 of the Constitution also integrates assistance in case of need into the social security system.

The characterisation of a competence related to social affairs as "exclusive" to the autonomous communities, does not absolutely exclude the possibility of central state intervention in this area, although with certain limitations when deciding on the constitutionally legitimate contents of such legislation. In fact, the Constitutional Court notes that "It is a consolidated doctrine of this Court, expressed in CCR 31/2010 of 28 June, legal basis 104, that the autonomous communities having exclusive competence over social assistance 'does not prevent the exercise of the competences of the state under Article 149 (1) of the Constitution when these coincide with the regional competences, whether regarding the same physical space or the same legal object'."

2.2.3. Constitutional case law has established limits to the exclusive competences

The case law of the Constitutional Court has essentially defined the operational concept and competences of social assistance by contrasting them with those of social security. While social assistance is defined as regional, social security is fundamentally a matter for the central government. When it comes to positively defining how social assistance is identified, the Constitutional Court defines it as measures intended to reduce social disadvantages and the material inequality of certain sectors of the population.

Until the last decade of the previous century, in Spain, social assistance has been seen as having a temporary vocation, since it is not so much a matter of permanently assisting in situations of deprivation, but of intervening to solve an effective difference between citizens in an attempt to achieve material equality. In contrast, social security policies are part of the standard system, which is characterised by universality, often linked to social contributions or prior personal situations of an objective nature, and must respond to personal situations of need or deprivation.

Since 2002, case law has been blurring the lines between social assistance and social security, which initially seemed to be based on whether or not benefits were contributory. This is because of the evidence that social security in its current configuration is, *de facto,* not limited to contributory benefits. On the contrary, "Article 41 of the Constitution, by linking the social security system to 'situations or states of need', seeks to overcome this 'legal perspective where the notion of risk or contingency was a priority' (CCR 103/1983 of 22 November, legal basis 4). This confirms the idea that social security is configured as a state function to address situations of need that may go beyond the contributory coverage from which the system itself started" (CCR 239/2002 of 11 December, legal basis 3). This notion has enabled the Court to assert "the social security system, being configured as a central state function, allows us to include

in its scope not only contributory benefits, but also non-contributory ones" (CCR 239/2002 of 11 December, legal basis 3).

The Constitutional Court has been tending towards using the state's legislative decision to include certain policies or benefits within the scope of social security as a way of removing them from social assistance, using a "by exclusion" definition: social services are those not included in social security.[2] In doing so, by legally defining the ordinary benefits included in the general social security system, the central state also determines the contents of the social assistance provided by the autonomous communities. The Constitutional Court does not establish any absolute limitation as to which benefits may be integrated into social security. In fact, as mentioned above, although it initially leaned towards establishing a distinguishing criterion that the benefits must be contributory, it soon corrected itself and noted that this distinction is unnecessary. The benefits included in social assistance must indeed be non-contributory, but those that are part of the social security system may be contributory or non-contributory.

Apart from the cases referred to in Chapter III of Part I of the Constitution (older people, people with disabilities, minors and youth), it is not possible to go much further in the constitutional definition of a specific type of benefits or beneficiaries that must be included in the social services system. Specifying the minimum content of the social services system is largely the responsibility of each autonomous community as it exercises its competence. The central government, however, can influence this content; for example, by including some benefits in social security provisions (as recently happened with the Minimum Living Income, *Ingreso Mínimo Vital* or IMV). Conversely, the competence of the autonomous communities, although defined as exclusive, does not exclude very diverse forms of state intervention, either directly through the creation of state social benefits, or through policies and instruments of co-ordination.

2.3. The central government can intervene directly by means of social benefits

In general terms, it can be understood that in the area of social services, the central government may address general social issues that require a comprehensive approach in cases of inequality by creating social programmes or benefits.

2.3.1. Direct central government intervention is possible through social benefits that are not classified as social assistance

Constitutional case law distinguishes between social action in the broad sense, which all public authorities may exercise by virtue of the mandate of Article 9 (2) of the Constitution, and "genuine" social assistance, which is subject to jurisdictional restrictions. As such, there appears to be some room for state interventions that protect disadvantaged groups but do not properly constitute "social assistance" in the constitutional sense and, therefore, are not reserved exclusively for the autonomous communities (CCR 18/2017 of 2 February, legal basis 3).[3]

The central government may intervene, in as much as there are social problems, which require a global outlook and exist in more than one region, but respecting the competences of the autonomous communities concerned. This has been accepted since CCR 146/1986 of 25 November, legal basis 5 in which the Constitutional Court accepts the possibility of central government directly addressing situations of inequality. Then, the option for central government to directly plan and execute development actions is constitutional, whether it involves granting assistance to national-level entities or whether it is based on national programmes.

According to case law, direct central government intervention in managing the granting of assistance would be legitimate only if the national-based nature of the corresponding programmes means that they could not be managed regionally. If, for example, national programmes are decentralised, regionalised or provincialised, centralised management can no longer be considered "essential", which is the requirement

set out in CCR 95/1986 of 10 July to exceptionally allow the centralised management of aid, since "the central government's authority for management in the area of social assistance must be considered marginal and residual."

In summary, there is some room for having social programmes aimed at assisting a population group in a situation of inequality, and financed with central government funds, without this encroaching on the exclusive competence of the autonomous community, but there is almost no room for the central government to manage or directly provide these benefits.

2.3.2. The central state may also fund its own assistance

Another important aspect of direct central government intervention relates to the national budget law and the resulting financial transfers to regions. According to a now classic case law dating back to 1992, when the autonomous community has exclusive competence, the central government may still decide to allocate some of its budget to those matters or sectors. However, the destination of the corresponding budget items can only be determined in general or as a whole by entire sectors or subsectors of activity. These funds must be integrated as a resource that feeds the regional treasuries, and recorded in the general central state budgets as current or capital transfers to the autonomous communities, so that the allocation of funds is territorial-based.

According to the most recent case law, when the central government establishes a subsidy in a social assistance-related field for which it is not responsible, it may regulate key aspects of the subsidy scheme: the object and purpose of the assistance, the technical modality of the assistance, the beneficiaries, and the key requirements for access. In such cases, only the management – that is, the processing, resolution and payment of subsidies – and the regulation of the procedure corresponding to all these aspects is within the competence of the autonomous community (CCR 178/2011 of 8 November, http://hj.tribunalconstitucional.es/es-ES/Resolucion/Show/22622; CCR 33/2014 of 27 February; and CCR 134/2020 of 23 September). With respect to funds that are earmarked for subsidies that must, in principle, be managed by the autonomous communities, the central government has several options: include these funds in the central state's own general budgets as current or capital transfers to the autonomous communities in the corresponding budget sections, services and programmes; or include them directly as transfers to the end recipients (such as families, non-profit organisations, companies, charities), with subsequent regulations governing the distribution of funds among the autonomous communities with the jurisdiction to manage them.

2.4. What are the options for central government co-ordination of social services?

The Spanish experience of the last few decades has revealed a variety of possibilities for central intervention. The Constitutional Court has indicated that the autonomous communities' competence to draw up their own social assistance policies must be exercised "without prejudice to the competences of the central state by virtue of articles 149 (3), 150 (3) and, if applicable, 149 (1)" (for all rulings, CCR 146/1986 of 25 November, legal basis 5).The competence of the central state to create the social state clause through direct social measures has been recognised, as has the possibility of the state addressing issues whose importance goes beyond the autonomous community level. Finally, the central government has the competence to harmonise and to establish the basic or minimum conditions that guarantee the equality of all Spaniards in terms of the social services they receive. The analysis presented in these sections suggests that the second alternative (establish basic conditions) appears as the most feasible in the current circumstances.

2.4.1. A social services harmonisation law: advantages and disadvantages

Article 150 of the Constitution provides for the possibility of the central state approving rules with the status of ordinary law, issued by Parliament, which establish the principles necessary to harmonise autonomous community provisions issued in the exercise of their exclusive competences. This harmonisation must be in the general interest. The harmonisation law does not alter the competences the autonomous communities have, but does change how they are exercised: it is a functional alteration, insofar as once the law has been approved, the autonomous communities are bound by it and must respect its principles (Aja and Carreras, 1983, p. 63[1]).

In accordance with Article 150 (2) of the Constitution, the harmonisation law requires that an absolute majority of both the Congress and the Senate believe that without it, the general interest is damaged. There are, therefore, two phases: a prior institutional agreement, and a subsequent processing of the law itself through the ordinary legislative procedure. According to congressional regulations, the need for a harmonisation law must be assessed in a debate that may be introduced by the government, by two parliamentary groups or by one-fifth of members. It requires an absolute majority to be approved, and in the subsequent processing of the harmonisation bill or proposal, amendments contrary to the agreement shall not be admitted. The Senate regulations establish that the initiative must be introduced by the government or by 25 senators and be accompanied by an explanatory report and a specific indication of the subject matter of the harmonisation law. It must also be approved by absolute majority. After the approval of the prior agreement, the law itself does not require any qualified majority.

Legitimacy of the harmonisation law

It is not unconstitutional for harmonisation laws to be used when, in the case of shared competences, it is found that the competence attribution system is insufficient to prevent the diversity of the autonomous communities' regulatory provisions from creating disharmony that is detrimental to the general national interest. However, it should be used only if the central government has no other mechanism to intervene and, in this sense, to use harmonisation law as a tool to intervene in the area of social services, the central state should.

1. Argue that the central government has insufficient competence to dictate basic conditions for the exercise of rights in accordance with Article 149 (1) (i) of the Constitution.
2. Argue that the absence of the harmonisation law constitutes a damage for citizens. In the absence of a consolidated practice on this type of law and the consequent case law of the Constitutional Court, scientific doctrine[4] indicates that the damage to the general interest must derive from the relationship between the different regional legal norms. In essence, to prevent situations of duplication or, even worse, a lack of co-ordination in cases of citizen's mobility, it could be argued that co-ordination among the different territories is not guaranteed. By providing sufficient data with detailed references to the existing regional regulations, it would be possible to prove the damage to the general interest caused by the existing co-ordination problems among autonomous communities, especially for those who move from one region to another. This point is questionable in view of the existing regulation, which tends towards homogenisation (see Chapter 3).
3. Explain convincingly why the absence of a common catalogue of social benefits to establish a minimum set of common benefits is detrimental to the general interest. This prejudice should be illustrated with real cases. This is not straightforward as are significant differences in the guaranteed provisions, but there seems to be a minimum that is common to most of the autonomous communities (see Chapters 4 and 5).

The harmonisation law is an exceptional rule that can only be used in a very restrictive manner, so much so that it has not ever been used yet. The restrictions attributed by CCR 76/1983 (relating to the Organic Law for Harmonisation of the Autonomy Process) are likely the cause of its lack of use, as it sets

extraordinary limits for both the cases in which it can be used and the scope of its content. Looking at the existing regulations, it does not appear that this is currently the most appropriate way for the central government to intervene in social services, although if its competence in this area is denied in accordance with Article 149 (1) (i) of the Constitution (discussed below), it would be the only constitutionally possible way forward.

Possible content of a harmonisation law

The harmonisation law must be a "principles" law. This implies a less intense central government intervention than in framework laws. The principles must be understood as mandates that are intended to inform all legislation, must be incorporated by the autonomous communities into their own legislation and cannot be contradicted. In other words, harmonisation laws do not establish their own rules that immediately govern the autonomous communities' social services systems; instead, they set out general principles to be applied by regional laws, which will have to be adapted after the harmonisation law in question has been enacted.

It is therefore conceivable that a harmonisation law would establish a series of basic principles that must govern all autonomous community social services systems, in terms of guaranteeing both a minimum level of benefits and adequate co-ordination mechanisms to ensure that if citizens move between regions they are not harmed and do not suffer a reduction in the benefits they receive beyond the minimum imposed by law due to a lack of communication between the autonomous communities.

The establishment of such principles could be guaranteed by imposing in the law itself a mechanism for co-ordination among the autonomous communities to review and approve the benefits included in a catalogue of minimum requirements, as well as the mechanisms for co-ordination among communities and with the central government, for example. It would certainly also be possible to roughly define, at the level of principles, a minimum catalogue of common benefits. However, it would be difficult to go into detail on the required benefits included in it and to create the bodies or instruments for co-ordination between regions.

If a harmonisation law were to be approved, the regional parliaments would have to review their relevant social services laws, amending them to include the principles established in the law and eliminate elements that are contrary to them. There is no specific constitutional deadline for such adaptation, but scientific doctrine reasonably understands that, even so, the harmonisation law, insofar as it is directly applicable, is enforceable and applicable from the moment it enters into force.

2.4.2. A law guaranteeing the basic conditions of social rights: A more feasible alternative

Article 149 of the Constitution grants the central state the power to regulate the basic conditions guaranteeing equality for all in the exercise of their rights. This attribution of powers may support a national law that seeks to establish certain minimum conditions for the social assistance services of all the autonomous communities. However, this competence cannot be used as an overarching mechanism that allows all types of central government intervention: it only covers conditions closely, directly and immediately related to the rights that the Constitution recognises for Spaniards and only when strictly required ensuring equality throughout the country.

The Constitutional Court has recognised the possibility of justifying the central state's subsidising action in social rights when it confirmed that state subsidies may help to ensure the basic conditions of equality, which the central state is responsible for regulating by virtue of Article 149 (1) (i) of the Constitution. It has therefore placed central state financing at the service of a social equilibrium policy in sectors that need it, in execution of generic constitutional mandates or clauses (Article 1 (1) or Article 9 (2) of the Constitution) which, although binding for all public powers, correspond primarily to those with the greatest spending

capacity.[5] CCR 13/1992 of 6 February opens the door to central government interventions to ensure a social minimum throughout Spain. In terms of recognition of the central government's competence to dictate the minimum conditions for the exercise of social rights, CCR 33/2014 of 27 February regarding the modification of the Act on Long-term care for Dependent People goes a step further and recognises the possibility of national rules that establish basic principles on the matter.[6]

The Court distinguishes between the "spending power" of the state, which can be exercised even without any attribution of competence, and the creation of social programmes, which requires a specific competence, for example over promoting conditions of equality. As such, the authorisation contained in Article 149 (1) (i) of the Constitution has been used to create social programmes through financing actions, but there are no *a priori* obstacles to it also being invoked for what the Court calls "establishing regulations on the basic principles that guarantee equality in the fundamental legal positions of Spaniards" (CCRs 13/1992 and CCR 33/2014) without using its spending power.

In this sense, it seems possible to enact a national law that establishes the minimum principles that ensure the equality of all Spaniards in terms of assistance for older people (Article 50 of the Constitution), aid for people with disabilities (Article 49) and a minimum welfare benefit (Article 40 (1)). Similarly, it should not be difficult to invoke Article 39 of the Constitution to justify the need to enforce minimum conditions for the equal exercise of basic legal positions in social matters involving minors or women who have survived abuse throughout Spain. In addition, assistance for people experiencing homelessness may be related to the right to decent and adequate housing contained in Article 47 of the Constitution. Likewise, in general, policies related to severe poverty or even energy poverty are justified by the social equilibrium policies imposed by Article 9 (2) of the Constitution. As such, in accordance with constitutional case law, the central government may regulate the basic conditions of most of the services included in any basic portfolio of social services.[7]

Scope of possible central government regulation for a law on basic conditions

There are case law decisions that interpret the fact that the central government holds some generic or specific competence in the matter as justifying a certain degree of centralised management (recent CCR 134/220 of 23 September, legal basis 6, interpreting the fourth case of CCR 13/1992, legal basis 8 (d)). By virtue of this, when the central government calls upon the competence contained in Article 149 (1) (i) of the Constitution, a certain margin of centralised management may be allowed, but only in relation to assistance and actions directly financed by the central state. As to what "management" means, the Constitutional Court has held, for example, that rules establishing the time in which a subsidy must be paid affect management. Regulation of the requirements for applying for assistance may also affect the autonomous community's competence over management insofar as it is a question of establishing the award procedure.

Likewise, the centralised allocation of funds for social provisions in an agency under central government administration must be reasonably justified in each case or be clear given the nature and content of the promotion measure in question. If these conditions are not met, this technique of budgeting the funds to be managed by the autonomous communities threatens the order of competences and the principles of autonomy and administrative effectiveness, as it may lead to central state bodies trying to gain or recover regulatory or implementing powers in the areas being financed, despite them being fully decentralised to the autonomous communities. This would mean that competences exclusively granted to the autonomous communities would be redefined or in practice shared with the central government, inevitably restricting the political autonomy of the autonomous communities.

Possible content of a national law on basic conditions

With respect to the possible content of a national social services law, the question of the constitutionality of establishing a minimum catalogue or portfolio of social services arises first and foremost. The aim would

be to establish minimum conditions to ensure the universality, quality and guarantee of the rights linked to the social state clause of articles 1 (1) and 9 (2) of the Constitution throughout the country. From the analysis of the constitutional case law relating to Article 149 (1) (i) of the Constitution, it is clear that the central government is empowered to impose "basic provisions" of social assistance that are the same across all autonomous communities (CCR 61/1997, legal basis 8, and CCR 173/1998, legal basis 9). These benefits must be determined based on the common social services framework that currently exists in the various autonomous communities.

The main problem with a clause of this type is related to the possibility of regional spending being influenced. The Constitutional Court seems to lean towards declaring as unconstitutional any central government regulation that obligates the autonomous communities to spend specifically on social services. This means that, in any case, setting specific amounts for any benefit would not be included in the initial scope of a possible law on minimum measures in the area of social services. This does not necessarily mean that the determination of a minimum portfolio of social services is unconstitutional, but it may affect the terms in which it is carried out.

As regards co-ordination, the Dependency Act – protected by Article 149 (1) (1) of the Constitution – created the Territorial Council and the Autonomy and Long-term Care System for Dependent People. This council is attached to the Secretary of State for Social Services and is made up of all social services ministers from the autonomous communities and a central government representative. The issue at hand is related to the competences that, through a law on minimum conditions for social services, may be added to the Territorial Council. The evolution of the Act on Long-term Care for Dependent People shows that it is possible to attribute regulatory status to the decisions of this council. However, this is done by establishing that they must be published in the form of a government decree. In any case, the legitimacy of these decisions must be largely based on the mandate of co-operation among regional administrations derived from the need to ensure compatibility between the principles of unity and autonomy on which the constitutionally established territorial organisation of the state is founded (CCR 76/1983 of 5 August).[8]

References

Aja, E. and F. Carreras (1983), "Carácter de las leyes de armonización", *Revista de Derecho Político* 18-19, https://doi.org/10.5944/rdp.18-19.1983.8236. [1]

Notes

[1] Or "central state action". Since in Spain regions are called "autonomous regions", the word 'state' will in general refer to the central government. To refer, for example, to actions or institutions run by regional governments we will use "regional action" or "autonomic institutions" respectively.

[2] "The recognition of a specific right or benefit [...] for specific people [...], with a protective purpose [...], and not originating from the organic social security framework, can be considered a type of benefit included in the generic block of social assistance. In principle, therefore, it must be the autonomous communities that regulate the system for these authorisations, as was in fact happening until the approval of the Royal Decree in question" (CCR 18/2017 of 2 February, legal basis 3).

[3] Not every public social measure or measure that protects disadvantaged groups constitutes social assistance in itself. In other words, it is not just public authorities with formal social assistance powers that can adopt social or beneficial measures for disadvantaged groups, given that the social state clause and its corollary in Article 9 (2) are transversal and must be projected in all spheres of society and the legal system by the intent of the Constitution. As a result, the autonomous communities, which hold the formal powers of social assistance in Spain as provided for by Article 148 (1) (20) of the Constitution and expressed in the various Statutes of Autonomy, do not have exclusive ownership over actions of a social nature, but rather all public authorities must exercise their different functions with a sense of social responsibility, being receptive to the needs of the groups most in need of support due to their situation of vulnerability (CCR 18/2017 of 2 February, legal basis 3).

[4] Scientific doctrine is the doctrine set out by authors in their works. It is not a source of law nor case law; it is merely a means of getting to know the law or of studying it in depth. Scientific doctrine has the value conferred on it by the scientific authority of the author who defends it or that which is provided by the arguments used.

[5] This was initially covered in CCR 13/1992 of 6 February, in which the Constitutional Court stated that:

> The absence of competence based on “spending power” does not prevent the state from financing any social or economic action. This would involve the state using its financial resources to support general programmes or one-off actions for which it is constitutionally legitimatised by virtue of other competences resulting from the functions of the state – and other public authorities – as described in Article 9 (2) of the Constitution on the promotion of the substantial equality of individuals and of the groups to which they belong, reaffirming equality as a key value of the Spanish legal system (Article 1 (1) of the Constitution). This is especially relevant when, as is the case here, it is a question of benefit measures aimed at ensuring a minimum living wage for citizens that guarantees uniform living conditions. This is naturally included in the basic conditions of equality for all Spaniards in the exercise of constitutional rights, over which the state was granted exclusive competence by Article 149 (1) (i). Examining the current situation from the perspective of this doctrine, it can be concluded that, as noted by the Public Prosecutor, the regulatory powers over welfare pensions challenged here are supported by Article 149 (1) (i) of the Constitution, in connection with Article 50 of the same text. Both articles empower the state to establish the basic principles that guarantee equality in the fundamental legal positions of Spaniards, in this case, ensuring, in general, a minimum and identical welfare benefit for all. This is also justified by the economic limitations that, given the principle of solidarity, would make it unviable to have different age conditions for beneficiaries and different welfare amounts in place throughout the country.

[6] It is, therefore, possible to promote, through the competence granted to the state in Article 149 (1) (i) of the Constitution, specific, not generic, mandates included in the Constitution, such as those established in Article 50 in relation to older people or Article 49 in relation to people with disabilities, since it must be understood that the guiding principles of the social and economic policy of Chapter III of Part I of the Constitution (including those contained in articles 49 and 50 mentioned above) may be directly connected with the rule of competence pursuant to Article 149 (1) (i) of said Constitution. That was our understanding when we stated that ‘as noted by the Public Prosecutor, the regulatory powers over welfare benefits challenged here are supported by Article 149 (1) (i), in connection with Article 50 of the same text. Both articles empower the state to establish the basic principles that guarantee equality in the fundamental legal positions of Spaniards, in this case, ensuring, in general, a minimum and identical welfare benefit for all.’ (CCR 13/1992, legal basis 14.)

[7] However, this constitutional case law has expressly excluded assistance for immigrants from the matters on which a state law may be enacted by virtue of Article 149 (1) (i) of the Constitution. The Court argues

that this article expressly refers to the condition relating to the "equality of all Spaniards", which excludes social assistance measures aimed at foreign nationals (CCR 227/2012 of 29 November). With respect to foreign nationals, the state has the competence to control the legal regime that makes the foreigner an immigrant, but it is up to the autonomous communities to directly manage foreigners classified as such, especially with regard to their social status (CCR 31/2010 of 28 June, legal basis 83).

[8] Although in principle the co-operation bodies cannot replace the decision-making power of the autonomous communities within the scope of their competence, the Constitutional Court has recognised that "it should be noted that the state competences explicitly include co-ordination in various precepts of the Constitution (such as Article 149 (1) (i)), with the scope provided for in each of them, and, in those cases where the Constitution expressly attributes such powers, the scope of the agreements of the co- ordinating bodies will derive from the exercise of the corresponding competence" (CCR 137/2013 of 6 June, legal basis 5).

3 There are statutory differences in rights to social services across Spain

This chapter deals with the content of the laws on social services across the Autonomous Communities. The first part explains the competencies and concepts of social services as defined by the statutes and laws of the Autonomous Communities, and provides an overview of the two other regulatory instruments of the public social services system, the catalogue of services and the map explaining the territorial organisation. The second part analyses the content of the catalogues and shows differences in the availability of services across service categories and communities, and the relative importance of guaranteed and voluntary services.

The Spanish Constitution states in Article 148(1)(20) states that autonomous communities may assume competences in the area of "social assistance". To exert and clarify such competences, all the autonomous communities[1] assumed exclusive competences in social services in their respective Statutes of Autonomy and have passed their own laws on social services, which define their guiding principles, benefits and services. Section 3.1 describes the principles and legislative development of social services across the different regions, highlighting common developments but also shortcomings into establishing actual rights for citizens. Section 3.2 details the specific social services provided in each region and their conditions as stated in the respective regional catalogues of services, highlighting wide variations in the provision of services.

3.1. The Statutes of Autonomy and regional laws set out social services concepts and competences

Regional laws on social services establish the general principles and criteria that guide the system, and are very similar across the different autonomous communities. The regulatory development of the laws, however, differs greatly from one region to another.

3.1.1. Statutes of Autonomy and competences

The Constitution provides for a decentralised model with respect to the competences that may be assumed by the autonomous communities in their Statutes of Autonomy. Article 149 (3), provides that "[c]ompetence over matters that have not been assumed in the Statutes of Autonomy shall correspond to the central state, the rules of which shall prevail, in the event of conflict, over those of the autonomous communities in all matters that do not fall under the exclusive competence of the autonomous communities." The article also sets out that the autonomous regions could assume, in their respective statutes, competence over matters not expressly attributed to the central state in the Constitution. In this sense, after an initial period in which competences were distributed unequally between the central state and the autonomous communities throughout the country, with some communities having more attributions than others,[2] since the first reforms of the Statutes of Autonomy, autonomous communities have tended towards assuming the highest possible level of competences, in such a way that they have been attributed over all those matters not expressly reserved for the state in Article 149 (1) of the Constitution.

All the autonomous communities include in their respective Statutes of Autonomy exclusive competence in social services, although they use different formulas to do so. Only the Galician Statute merely reproduces the wording contained in Article 148(1)(20) to refer to the autonomous communities' assumption of exclusive competences in the area of social assistance. The rest of the statutes opt to combine the allusion to "social assistance" with others such as "social welfare" (Asturias), "social services" (Canary Islands, Castile-La Mancha and Castile-León) or "community development" (La Rioja, Murcia and Navarre). Some statutes also seem to seek greater specificity or a clearer definition of the scope of competence assumed and expressly state the groups that will be covered by the regional social policy: children, families, older people, immigrants, people with disabilities, and women.

The Statutes of Autonomy themselves specify that the exclusive competences assumed by means of the basic institutional rules of the autonomous community refer to full powers on the matter – legislative, regulatory and executive. In addition, some statutes (such as those of Andalusia, Catalonia, the Canary Islands and the Balearic Islands) also refer to the preferential application of regional law in the event of conflict with central state regulations on the same subject when the autonomous community has exclusive competences. Moreover, there is recurring reference to the fact that such competences shall be exercised in accordance with the provisions of the Constitution.

As discussed in Chapter 2, the case law of the Constitutional Court means that an autonomous community having assumed exclusive competence over a certain matter it may exercise legislative, regulatory and executive powers over it, but this does not necessarily mean that any power is revoked from the central state.

3.1.2. The regional laws on social services have broad common features that define the principles of the public system

The laws on social services across the 17 Spanish regions present many elements that are common and that reveal a common understanding of community social services systems. It could be said that the social services laws currently in force at regional level are a sort of "second generation" of regulations that – in line with both the new social realities and a new way of understanding social protection as more of a citizen's right than in terms of welfare – have proposed the configuration of a comprehensive public social services systems at the regional level, overcoming the shortcomings of the first laws enacted.

The latest regional laws were passed to give unity and coherence to the system, serving as basic legislation that provides unity and common regulation to the different services that were previously regulated differently. The different regional acts seem to respond to the need to establish a basic standard that unifies concepts, principles and criteria related to social services that were previously scattered across different regulations and other rules on specific services and benefits. In this sense, most of the acts use expressions that try to evoke the idea of comprehensive regulation to refer to the regional social services system. The Cantabrian act, for example, refers to an "integrated public system"; the law in Castile-La Mancha refers to a system comprising a "set of publicly owned services and facilities organised in a network, as well as privately owned ones with which some form of collaboration with the public administration is established"; and the laws of Aragon, the Balearic Islands, Catalonia and Castile-León all refer to a system "comprising the set of resources, services, plans, programmes, projects, equipment and technical teams, both public and private." In this sense, many of the explanatory statements of regional laws refer to the social realities to which these new legislative measures are intended to respond; mainly references have been made to demographic changes that result in an ageing population, changes in social needs, and technological evolution and globalisation.

Indeed, the laws refer to public social services systems or systems of social services of public responsibility, understanding as such the framework of benefits orchestrated around a series of common principles and aimed at guaranteeing the population's right to social protection (Act 9/2016 of 27 December on social services in Andalusia). The ideas of universal access to social services and homogenisation of the system as objectives to be achieved with the approval of these new laws are also repeated in the different regulatory texts. For example, the Catalan act makes specific reference to universal coverage: "It is a system that must be provided with universal coverage and in which it is necessary to specifically recognise the subjective right of access to social services" (Act 12/2007 of 11 October on social services). Similarly, the act of Navarra refers to the need to homogenise the different rules regulating services and benefits: "[...] Homogenising elements are introduced throughout the autonomous community of Navarre to guarantee that the citizens of Navarra can enjoy minimum benefits and basic service quality conditions, regardless of the municipality in which they live or receive the benefit" (Regional Act 15/2006 of 14 December on social services).

3.1.3. Laws establish subjective rights but are far from universal

It could be said that the most characteristic feature of new regional laws on social services is the attempt to set up a universal system of rights and benefits articulated in the form of subjective rights, i.e. making the provision of services and benefits for those who meet the established regulatory requirements fully enforceable, and thus explicitly eliminating the possibility that any political or economic criteria could prevent them from being provided effectively. It represents a substantial innovation with respect to the way

they have traditionally been framed, whereby they were generally not considered subjective rights, accompanied by the corresponding guarantees to ensure compliance in the face of inaction by the public authorities, but rather as gifts of ex-gratia benefits, dependent on political will and, above all, the availability of budgetary resources.

In their explanatory statements, the regional laws highlight three essential aspects: the configuration of a social services system based on the recognition of rights and benefits as subjective rights; the contrast that this creates with previous models of a markedly welfare-based nature; and the decoupling of the effective provision of benefits from the availability of economic resources. In this sense, it could be said that the latest generation of regional social services laws follows the path set in 2006 by the national Dependency Act, which established dependency assistance services and benefits as enforceable subjective rights (Alemán Bracho and Alonso Seco, 2011[1]).

The subjective rights recognised are enforceable when they are accompanied by the corresponding jurisdictional guarantee, that is, the possibility of lodging claims for legal redress with the administrative courts should the public authorities fail to comply. The regional laws stipulate that guaranteed or essential services will be enforceable as subjective rights under the terms established in the portfolio, which indicate the services eligible for claims through administrative and jurisdictional channels, subject to the specific conditions and requirements established in the regulations governing each of the services.

However, despite most of the laws generally define the social services system as universal and classify the benefits as subjective rights, many of the laws provide for a second type of benefits based on their enforceability. By doing this, together with the guaranteed and enforceable benefits (those considered true subjective rights of the citizen in the autonomous community), the laws also provide for the existence of conditional or non-guaranteed benefits or services, the effective provision of which depends not only on the applicant's fulfilment of the relevant regulatory requirements, but also on the availability of the necessary budget. This second type of benefit is referred to in the legislation as "supplementary", "non-essential" or "non-guaranteed" and is defined as opposed to essential or guaranteed benefits.

In any case, the enforceability of the benefits and services offered by regional social services systems is not fully defined in the regional laws, but is made dependent in almost all cases on the existence of a catalogue or portfolio of social services, to be established in the form of regulations after the different laws have entered into force.[3] All the autonomous community laws (except those of the Community of Madrid and the Community of Murcia) establish the obligation to draw up a regulatory instrument containing the benefits and services that will effectively make up the regional social services system in their different forms, types of benefits, and so on. In this sense, it is not so much the name chosen by the different laws that is relevant, but rather the centrality of this instrument as the cornerstone of the social services system.[4] In fact, the effective enforceability of the services and their articulation as true subjective rights will depend on whether they are provided for in the catalogues or portfolios, and on the terms in which such provision is made, i.e. whether it is a guaranteed or conditional benefit. The enforceability of the services or benefits therefore depends on their inclusion as such in the corresponding provision. The portfolio or catalogue to be developed as a regulation is a central element required for the implementation of true universal systems of social rights that guarantee subjective rights at regional level.

3.1.4. The regulatory development has not been carried out within the established deadlines, limiting the articulation of social rights

In general, there are three normative instruments (one legislative and two regulatory) that serve to structure the public social services system at the autonomous community level: i) a regional law, which establishes the general principles and criteria that guide the system, for example, the minimum requirements that the benefits and services offered must meet; ii) a catalogue/portfolio of services/benefits (the name varies depending on the autonomous community), which, as a regulatory development of the law, specifies the precise list of social services offered in the region (and often the frequency at which it will be updated); and

iii) a social services map, which identifies the services actually being provided throughout the concerned territory and offers a general idea of the level of effective local implementation of the various services provided for in the regulations.

Table 3.1 summarises the regulatory context of each autonomous community in 2020, indicating the year in which the social services law was approved and whether there is a portfolio or catalogue of services, a social services map and a strategic plan.

As regards the portfolio or catalogue, in most cases the regional legislator entrusts the regional ministry responsible for social services with preparing it and then submitting this draft for the approval of the regional governing council. It is also stipulated that the portfolio or catalogue in question must be updated regularly (most commonly every four years). Most of the laws include an additional or final provision establishing the maximum period available to the regional government to develop regulations for the law following its entry into force.

The social services map is a basic instrument for the regional planning and organisation of the social services system, which establishes the zoning of services and benefits based on demographic criteria for implementation around “basic social services areas”. It is defined accordingly in most regional laws (Article 41 of Aragon’s law; Article 76 of the Canary Islands law; Article 44 (2) of the Galician law; and Article 36 (1) of the Basque law).

Regarding the preparation of the different social services maps, the laws employ a technique very similar to that used for the catalogues: they are usually prepared by the regional ministry responsible for social services and approved by the regional government, with a maximum timeframe for such approval starting from the date that the law enters into force. Some examples of this include the second additional provision of the Asturian law, which states that “the governing council shall approve the Asturian Social Services Map by decree, within a maximum of eight months from the entry into force of this law”, and the first final provision of the law in Extremadura, which sets out that the regional Government of Extremadura must approve the social services map of Extremadura within a maximum of one year from the entry into force of the law in question. Other laws, on the other hand, entrust approval directly to the regional ministry, as is the case in Andalusia. It is also common to include mandates for the periodic updating of these maps, such as that contained in Article 76 (4) of the Canary Islands law: “The map of social services of the Canary Islands shall be drawn up by the regional ministry responsible for social services, with the participation of the island councils and municipalities of the Autonomous Community of the Canary Islands, and shall be updated periodically, no more than every four years, in order to continue to adapt to the social reality of the archipelago as it evolves.”

A final element that appears consistently in most of the laws, related to the planning of actions on the regional social services systems, are the strategic plans (both general and sectoral), although there is no consensus as to the legal nature of these planning instruments. In any case, the laws define them as the instrument for organising and planning the measures, resources, services and actions necessary to achieve the legally established social policy objectives and provide for their periodic updating. In Madrid, for example, the law states that “every four years, the Community of Madrid shall draw up a Strategic Plan for Social Services, with the aim of arranging the measures, services, resources and actions necessary to fulfil the objectives of the social services system established in this law” (Article 48). The Galician law sets out that: “The department of the Regional Government of Galicia responsible for social services shall draw up a Strategic Plan for Social Services every six years, which shall be formulated according to the existing and emerging social needs of Galician citizens, ensuring, in any case, the participation of local entities” (Article 46). Some regional laws, within the strategic plan, also provide for the establishment of a plan or quality criteria that consider the degree of fulfilment of the objectives achieved in the periods stipulated (Article 26 of the Law of Navarre and Article 74 (4) of the Law of the Canary Islands).

Table 3.1. General regulatory context

Autonomous community	Regional law on social services	Catalogue or portfolio approved?	Strategic plan approved?	Strategic plan comments	Social services map approved?	Social services map comments
Andalusia	Act 9/2016	No	No	Processing began in 2018, but it has not yet been approved.	Yes	Order of 5 April 2019 regulating and approving the Social Services Map of Andalusia.
Aragon	Act 5/2009	Yes	Yes	Strategic Social Services Plan of Aragon II (2017-20)	Yes	Decree 55/2017 of 11 April of the Government of Aragon, approving the Social Services Map of Aragon.
Asturias	Act 1/2003	No	No*	–	Yes	Decree 108/2005 of 27 October approving the Social Services Map of Asturias.
Balearic Islands	Act 4/2009	Yes	Yes	Strategic Social Services Plan (2017-21)	No*	–
Canary Islands	Act 16/2019	No	No	–	No	–
Cantabria	Act 2/2007	No	Yes	Strategic Social Services Plan (approved in September 2015)	Yes	Order EMP/51/2009 of 15 May establishing the Social Services Map of Cantabria.
Castile-La Mancha	Act 14/2010	No	No	In progress	No	Decree 287/2004 of 28 December 2004 of the governing board regulates the territorial structure of the social services zones and areas and the functional structure of the public social services system of Castile-La Mancha.
Castile-León	Act 16/2010	Yes	Yes	Strategic Social Services Plan of Castile-León (2017-21)	Yes	There is a resources map for *the red de protección e inclusión a personas y familias en situación de mayor vulnerabilidad social o económica en Castilla y León* [network for the protection and inclusions of the most socially or economically vulnerable people and families in Castile-León] (2019).
Catalonia	Act 12/2007	Yes	Yes	Agreement GOV/177/2020 of 29 December approving the Strategic Social Services Plan 2021-24	No	There is a social benefits map, which was updated in 2015 but is not exhaustive in nature.
Extremadura	Act 14/2015	No	No	–	No	The second transitional provision of the law states that the existing zoning of social services (as at the entry into force of this law) will remain in force until the Social Services Map of Extremadura has been approved.
Galicia	Act 13/2008	No	No	–	No	–
Community of Madrid	Act 11/2003	No	Yes, but not updated	Strategic Social Services Plan of the Community of Madrid II (2005-08)	No	There is a social services zoning map.

Autonomous community	Regional law on social services	Catalogue or portfolio approved?	Strategic plan approved?	Strategic plan comments	Social services map approved?	Social services map comments
Murcia	Act 3/2003	No	No	There are, however, some strategic lines for social action, approved by the Order of 18 April 2018 of the Regional Ministry of Family and Equal Opportunities.	No	–
Navarre	Regional Act 15/2006	Yes	Yes	Strategic Social Services Plan of Navarre (2008) Strategic Plan 2019-23 is being prepared.	No	Regional Decree 33/2010 establishes social services zoning in the autonomous community of Navarre.
Basque Country	Act 12/2008	Yes	Yes	Strategic Social Services Plan of the Autonomous Community of the Basque Country (2016-19)	Yes	Included in the strategic plan.
La Rioja	Act 7/2009	Yes	No	–	No	–
Valencia	Act 3/2019	No	No	There is a Valencian Plan for Inclusion and Social Cohesion (2017-22), approved by Agreement of 3 November 2017 of the board.	No	Currently being prepared.

However, in many cases, the regulatory development of the instruments just analysed has not been carried out in accordance with the development schedules established in the different regional laws on social services. Although all regional laws on social services after 2006 expressly make the enforceability of the benefits of the different public social services systems conditional on the regulatory approval of a catalogue or portfolio specifying the content of the guaranteed benefits, and although the regional executive branch is mandated to approve these instruments within a specific period of time, in reality, this mandate has largely not been followed. As a result, most autonomous communities do not have a unified document collecting and recognising the specific offered benefits. As the competent body has not proceeded to approve the regulatory development within the period stipulated, aspirations to configure universal regional social services systems articulated as subjective and fully enforceable rights remain mere declarations of intent. As is recognised in the bill on social services of Asturias, if these laws are not accompanied by an instrument to delimit the right, that is, if they do not have the corresponding catalogue or portfolio, they are in practice devoid of any substance.

As analysed, and as can be seen in Table 3.1, out of 17 autonomous communities studied, 7 have a benefits catalogue/portfolio[5] while 10 have not approved one. Only one autonomous community – Aragon – has completed the regulatory development provided for in the Social Services Act and has all three instruments in place: a portfolio of services, a strategic plan and a social services map. In addition, only eight autonomous communities have a strategic plan for social services. Regarding the social services map, only five autonomous communities have approved this instrument in the terms provided for in their respective laws. In the case of the other 12 autonomous communities, although there may be other zoning instruments for the regional social services system, these are not the maps legally provided for, nor do they fulfil the objectives and characteristics assigned to them by law.

By not approving the specific rules of regulatory development on which effective implementation would depend, no real policies have been articulated to meet the social needs that prompted the drafting and

approval of the law, instead they remain a series of general principles and definitions that have little practical relevance to citizens' lives. Ideally, legislative techniques would be brought together that would allow for progress to be made towards legally guaranteeing the enforceability of the social services system, so as to render the guaranteed benefits and services unquestionably enforceable. Some of the regional legislation studied takes important steps in this direction, for example by requiring that public authorities use the necessary financial resources to cover the costs of guaranteed benefits, including by increasing allocations if the budget initially allocated is insufficient. Article 67 (1) of the Balearic Islands law, for example, establishes the obligation of the public authorities of the Balearic Islands to guarantee the necessary resources to ensure the right of citizens to receive the benefits of the social services system, as well as the obligation to allow these allocations to be increased if the initial budget is insufficient to finance the benefits guaranteed (Article 68). In any case, this right must still be recognised via inclusion in the portfolio of social services as guaranteed benefits (Article 67 (1)), which continues to render the effectiveness of the social services systems as they are legally foreseen dependent on the regulatory development of other instruments.

3.2. Catalogue or portfolios define different social services across regions

As described in the preceding section, the catalogue or portfolio of social services is fundamental for defining the exact benefits and services that are offered. The catalogue is both an instrument for informing potential users of existing benefits and services and a document indicating which benefits and services are guaranteed as a subjective right. It also sets out the requirements and process for accessing services, and identify the services that require the economic participation of the user and those that do not.

An analysis was conducted on the catalogues and portfolios already published by the autonomous communities and those available as a draft. More specifically, the catalogue of 13 autonomous communities were used (Andalusia, Aragon, Asturias, the Balearic Islands, the Basque Country, Castile-La Mancha, Castile-León, Catalonia, Extremadura, La Rioja, Murcia, Navarre and Valencia) as well as a provisional portfolio of services and benefits in Galicia.[6] All the benefits and services were classified according to the major areas and sub-areas that arose from the sector conference agreement and were incorporated into the reference catalogue of social services published in 2013 by the Ministry of Health, Social Services and Equality (thereby referred to as the 2013 Ministry catalogue).

3.2.1. The number and organisation of social services defined in the portfolios and catalogues varies considerably among autonomous communities

There are significant differences in the number of services and benefits offered by the various regions that are established in the autonomous community catalogues (see Table 3.2). These differences partly reflect real disparities in the provision of services and benefits among the different autonomous communities. However, the number of services mentioned in the catalogue may differ depending on the level of detail provided by each region. As an example, one autonomous community may list a social and therapeutic support service once for each group it targets (such as single-parent families, adolescents, large families) while another might only mention the service once without detailing the groups it is aimed at. In addition, as discussed below, services and benefits run by municipalities often complement the regional catalogue.

Table 3.2. The number of services mentioned in the catalogues varies substantially

Number of benefits and services mentioned in the catalogues

Region	Number of services	Region	Number of services
Andalusia	83	Extremadura	40
Aragon	90	Galicia	42
Asturias	62	Balearic Islands	59
Castile-La Mancha	98	La Rioja	63
Castile-León	120	Murcia	30
Catalonia	136	Navarre	157
Valencia	75	Basque Country	44

Note: No documented catalogue was found in the autonomous communities not included here. In Galicia there is a provisional document, but not an official catalogue. The financial benefits of the system for non-contributory pensions are not included. The level of detail provided may make catalogues appear more or less extensive, even if the actual differences among them are small.
Source: Estimates based on regional catalogues.

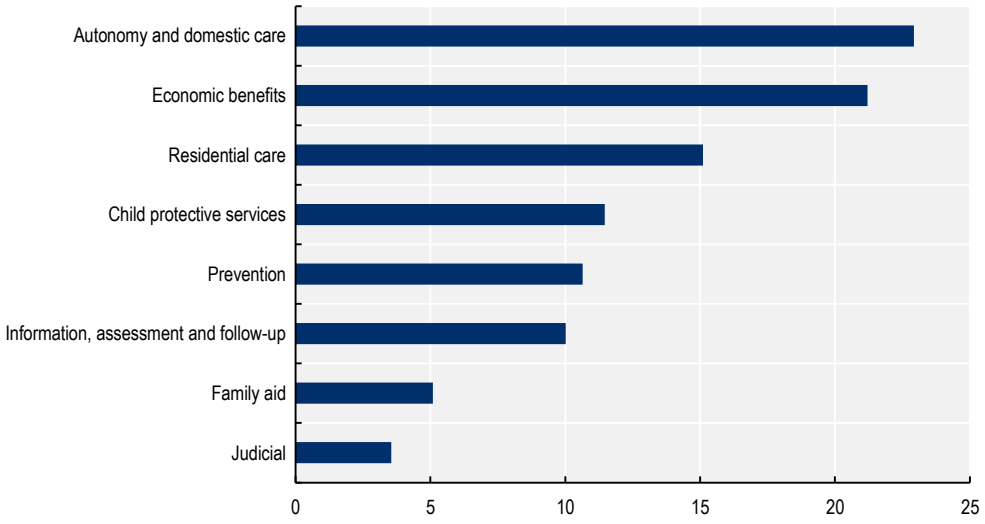
Following classification of the 2013 Ministry Catalogue, the services and benefits presented here are organised into eight areas (which are in turn split into sub-areas):

- Information, assessment and monitoring (three sub-areas)
- Autonomy and home-based care (nine sub-areas)
- Family support (four sub-areas)
- Child protection (five sub-areas)
- Residential care (six sub-areas)
- Prevention (four sub-areas)
- Legal protection (three sub-areas)[7]
- Financial benefits (four sub-areas).

The predominant services are those within the dependency framework, i.e. services related to autonomy, followed by financial benefits and residential care, which are focused on various groups, including older people, minors and people with disabilities (see Figure 3.1). This reflects the growing need for this type of services – because of demographic changes – and the greater weight that these areas have acquired since the entry into force of the Long-term Care Act. At the other extreme, legal and family support services[8] each account for less than 5% of the services mentioned in the catalogues.

Figure 3.1. The area of autonomy and home-based care has the highest number of services

Service areas most frequently mentioned in catalogues



Note: The autonomous communities of Andalusia, Aragon, the Balearic Islands, the Basque Country, Castile-La Mancha, Castile-León, Catalonia, Galicia, Murcia, Navarre and Valencia are included. Unweighted average.
Source: Estimates based on regional catalogues.

It is important to point out that, in addition to the differences in their contents, catalogues are structured differently. In some areas (e.g. information, prevention, residential care and legal assistance), the focus is on the services provided. In others, however, the list of services available is organised according to the groups or situations for which they are intended (e.g. family support, child protection and dependency). The historical trend seems to be towards a user-centric service offering. Castile-León and the Basque Country have proposed ways to put people and their needs at the centre of the social services catalogue. In 2013, Castile-León moved to a new catalogue structure, which recognises the unique needs of each user, moving away from a model that pigeonholes users into groups such as “dependent” or “older people”. This new catalogue model was achieved thanks to the participation of the third sector, local businesses, unions and employers, participants in the social dialogue, low-wage workers, skilled workers and professional associations. In addition, organisational changes were achieved by introducing two parallel documents: one to determine the needs of each person and the other to determine which benefits and frequency of assistance best correspond to those needs. The Basque Country suggests using criteria to differentiate benefits and services based, for example, on the seriousness of the situation of dependency, vulnerability or exclusion; or on the duration of the intervention needed, which would be established via an assessment. These criteria should be adapted to different services and situations.

There are also differences in the supply of social services within the autonomous communities. In several regions, municipalities with more than 20 000 inhabitants may have their own social services catalogue. Differences in the financial and technical capacity of the municipalities can widen territorial inequalities in service provision. The municipal catalogues also make it possible to respond to the socio-demographic diversity within the autonomous communities, with different services being provided according to the needs of the population. This is the case in Aragon, Castile-La Mancha, Catalonia, in the city of Logroño in La Rioja, and in Cartagena in Murcia. In contrast, in Castile-León, local bodies can approve their own catalogues of services and benefits, but so far, none has been approved. In special circumstances, some bodies may sometimes offer additional benefits, but if the autonomous community considers them useful, they may be

incorporated into the catalogue. This was the case after the economic crisis, for example: some bodies offered financial assistance for mortgage payments, but shortly after, a decree regulating this benefit was approved and it was incorporated into the regional catalogue.

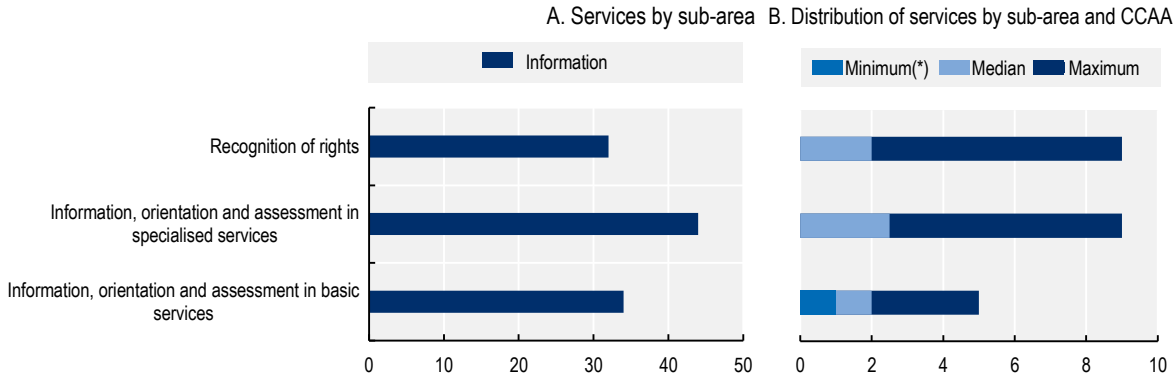
In several autonomous communities, the framework of competences explicitly states in the legislation that local bodies may put together their own portfolios. In the Balearic Islands, for example, within the framework of the statutory competences granted to them by Article 70 of the region's Statute of Autonomy, the island councils must fill their social services portfolios with content that is complementary and additional to that of the basic portfolio. Local bodies may also design their portfolios in a way that is complementary and additional to the basic portfolio and the corresponding island board portfolio. These local portfolios must respect the general principles established in the first final provision of this decree. Likewise, the local bodies of the Community of Valencia will approve their own portfolios in accordance with the regional planning and organisation procedure established in Act 3/2019 for publicising and complementing the services offered in the portfolio of the Public Social Services System of Valencia. In Navarre and the Basque Country, any local body can develop its own portfolio of social services. The city council of Pamplona, for example, has put together a series of programmes in addition to those in the regional portfolio.

Local variations also point to inequalities in coverage within the autonomous communities, with gaps mainly affecting rural or low-density areas. All primary care services reach all municipalities, but there may be more difficulties accessing and using services that are more specific. On smaller islands in the Canary and Balearic Islands, for example, there is less implementation of certain services. In Valencia, there are some small independent municipalities where difficulties with some services in areas such as childhood and adolescence and immigration are being resolved with the new map. In the Basque Country, the social services map shows that in rural areas with a small number of inhabitants some services may exist at the district level but not be available at the municipal level. In the Sierra Norte region of the Community of Madrid an association of municipalities has been created, as provided for in Article 12 of the law on grouping together municipalities with fewer than 20 000 inhabitants, for the joint provision of social services in accordance with territoriality criteria and the carried-out planning. In Asturias, to bring more services to the rural areas of the region, the *Rompiendo Distancias* [Breaking Down Distances] programme was launched. This is a comprehensive care programme that aims to give older people living in rural areas better access to different community resources and prevent the risks of isolation and loneliness that they may suffer. To alleviate these difficulties, the programme delivers services to the homes of people experiencing isolation. There are currently 15 *Rompiendo Distancias* programmes in 39 municipalities in the region. Similarly, in Galicia, mobile pilot programmes that could offer services to prevent dependency are being considered. In Extremadura, to remedy the difficulties of access for dependent older people in certain areas, attempts have been made to establish a transportation agreement with non-profit organisations through subsidies and agreements for places that allow the greatest possible accessibility to resources.

3.2.2. Differences in services offered may come from different naming or from different services provided within each area

Basic information, guidance and assessment services, which in the vast majority of cases constitute the gateway to the social services network, exist in all catalogues (Figure 3.2). No services providing information on specialised care were found in Valencia; they were probably included as general services. In most of the autonomous communities, there are services specialised in recognising situations that render the user eligible for benefits, such as recognition of the degree and level of dependency, right to receive a minimum income, recognition of disability and the resulting right to the corresponding services or benefits, and recognition of neglect. In Valencia and Murcia, no specific services for the recognition of rights were found.

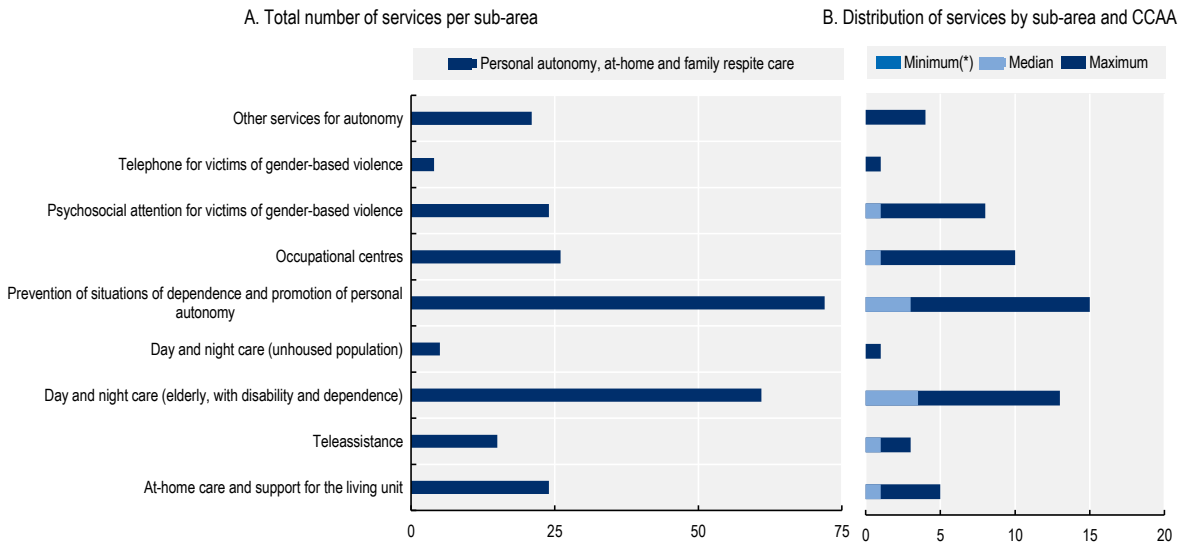
Figure 3.2. Information and guidance services



Note: The figure shows services in the autonomous communities of Andalusia, Aragon, Asturias, the Balearic Islands, the Basque Country, Castile-La Mancha, Castile-León, Catalonia, Extremadura, La Rioja, Murcia, Navarre and Valencia and a provisional portfolio of services in Galicia. (*) If the minimum or median does not appear, its value is zero. For example, the minimum for information, guidance and basic assessment services is one (meaning that all catalogues mention at least one service of this type), the median is two and the maximum is five (meaning that at least one catalogue mentions five services of this type).
Source: Estimates based on regional catalogues.

Figure 3.3 shows the number of services in the area of personal autonomy and home-based care. This area includes both services for the prevention of dependency and the promotion of personal autonomy (which are sometimes confused with services in the area of prevention and social integration in general) and home-based care services or services in day and night centres for dependent people. It also includes an area called “other autonomy services” that brings together various specialised services that appear less frequently in the catalogues (such as training for caregivers, support for people with addiction problems, language support). In Castile-León, daytime and night-time care for older, disabled and dependent people are also provided “for the support of children and adolescents at risk”. In Andalusia, there is only one service within this category but it includes both daytime and night-time care. Daytime and/or night-time care services for people experiencing homelessness were only found in Andalusia, Galicia, Navarre and Asturias. In Galicia,[9] the Balearic Islands, La Rioja and Extremadura, no services for the prevention of dependency and the promotion of personal autonomy were found. No occupational centres were found in Andalusia, Castile-León, Galicia, Asturias and Extremadura. In Catalonia, Galicia, Murcia and Extremadura, no psychosocial care services for survivors of gender-based violence were found. Finally, emergency telephone services for survivors of gender-based violence were only found in Aragon, and the Balearic Islands Castile-La Mancha and Catalonia.

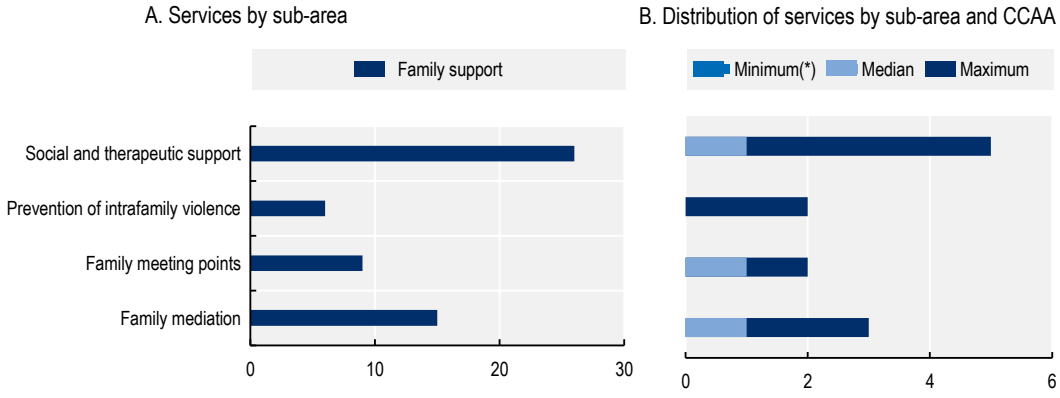
Figure 3.3. Personal autonomy and home-based care services



Note: The figure shows services in the autonomous communities of Andalusia, Aragon, Asturias, the Balearic Islands, the Basque Country, Castile-La Mancha, Castile-León, Catalonia, Extremadura, La Rioja, Murcia, Navarre and Valencia and a provisional portfolio of services in Galicia. (*) If the minimum or median does not appear, its value is zero. For example, the minimum for information, guidance and basic assessment services is one (meaning that all catalogues mention at least one service of this type), the median is two and the maximum is five (meaning that at least one catalogue mentions five services of this type).
Source: Estimates based on regional catalogues.

Family support services are widely available across the regional catalogues for mediation and social and therapeutic support (Figure 3.4), but not for others. Only five autonomous communities mention domestic violence prevention programmes: Andalusia, Aragon, Castile-La Mancha, Castile-León and Murcia. However, as mentioned above, it is possible that these services exist in other regions but have been classified as prevention services for specific groups (see Figure 3.7). Family mediation services (out-of-court and voluntary proceedings to prevent and resolve family conflicts in the field of private law) are mentioned in the catalogues of all the autonomous communities except Catalonia, Galicia and Asturias. Social and therapeutic support[10] is also mentioned in almost all catalogues (except Galicia and Extremadura). Finally, it is worth mentioning that there are almost no family support programmes in general in the catalogues of Catalonia (only one programme is mentioned, even though there is a Catalan family mediation law dating from 2000) and Galicia (no programme).

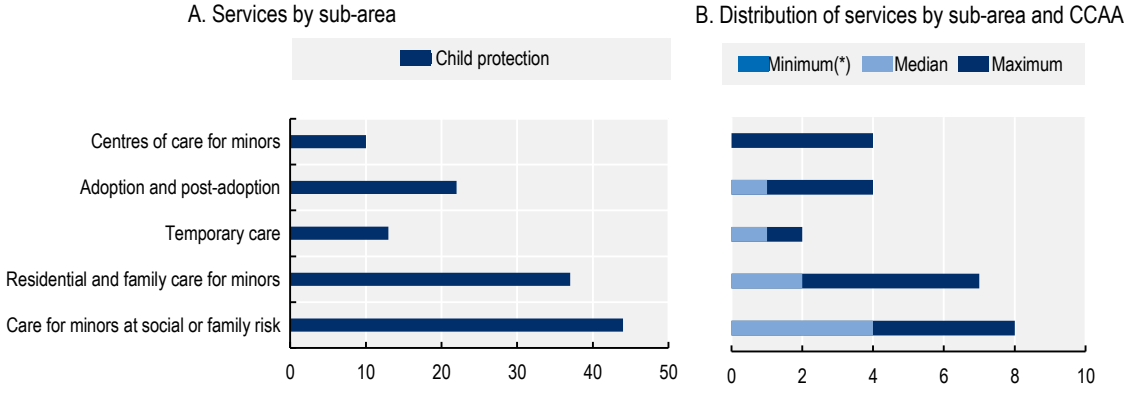
Figure 3.4. Family support services



Note: The figure shows services in the autonomous communities of Andalusia, Aragon, Asturias, the Balearic Islands, the Basque Country, Castile-La Mancha, Castile-León, Catalonia, Extremadura, La Rioja, Murcia, Navarre and Valencia and a provisional portfolio of services in Galicia. (*) If the minimum or median does not appear, its value is zero. For example, the minimum for information, guidance and basic assessment services is one (meaning that all catalogues mention at least one service of this type), the median is two and the maximum is five (meaning that at least one catalogue mentions five services of this type).
Source: Estimates based on regional catalogues.

In child protection services, centres for minors and temporary care tend to be less widely available (Figure 3.5). Childcare centres (services that offer educational and leisure activities for children and adolescents outside school hours with the aim of promoting their development and assisting guardians who are unable to care for them) are only mentioned in the catalogues of Castile-La Mancha, Castile-León, Catalonia and the Balearic Islands. Early care – i.e. interventions aimed at children up to six years of age with developmental disorders – do not appear in the catalogues of Andalusia,[11] Galicia, Murcia and Extremadura. In the Galician catalogue, no programme providing care for children at social and family risk was found. In the Basque Country, we considered the programmes mentioned as part of the socio-educational and psychosocial intervention service in the area of prevention (although they could also be considered as child protection services). This illustrates how taxonomy can be a source of discrepancy between catalogues; in fact, the Basque Country is a pioneer in intervention with children at social risk and this type of service is clearly mentioned on the Basque social services website, but not classified as such in the catalogue.[12] In Galicia and the Balearic Islands, there is no mention of adoption services or residential or family-based foster homes. However, Decree 148/2014, which regulates community-based social services and their funding, includes child protection services (and these are clearly mentioned on the Regional Government of Galicia website[13]).

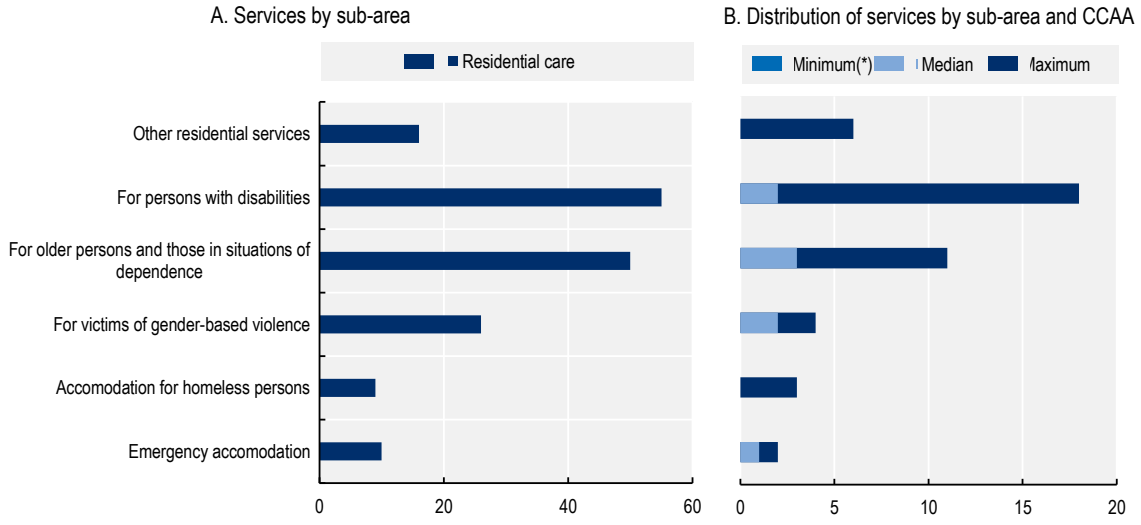
Figure 3.5. Child protection services



Note: The figure shows services in the autonomous communities of Andalusia, Aragon, Asturias, the Balearic Islands, the Basque Country, Castile-La Mancha, Castile-León, Catalonia, Extremadura, La Rioja, Murcia, Navarre and Valencia and a provisional portfolio of services in Galicia. (*) If the minimum or median does not appear, its value is zero. For example, the minimum for information, guidance and basic assessment services is one (meaning that all catalogues mention at least one service of this type), the median is two and the maximum is five (meaning that at least one catalogue mentions five services of this type).
Source: Estimates based on regional catalogues.

Residential care services are widely mentioned for dependent people and in some regions for people with disabilities while emergency housing is less available (Figure 3.6). Emergency housing, aimed at individuals and families who lose their housing suddenly, cannot find housing or are compelled to leave their homes for various reasons (economic, social or health-related), is not mentioned as a specific service in many autonomous communities; of the 14 analysed, only 8 include it. The shared goal of all these services is to offer accommodation, whether temporary or long term, to people who require it and who are unable to provide accommodation for themselves. The sub-areas are organised according to the cause of the need for accommodation. In Andalusia, Galicia, Murcia and Extremadura, no services for people with disabilities were found; in Asturias, they are mentioned and are included together with services for dependent people. In Galicia and Extremadura, no services for older and dependent people were found. In Galicia, Asturias and Extremadura, no services for survivors of gender-based violence were found. Services for people experiencing homelessness or at risk of marginalisation or social exclusion were found only in the Basque Country, Castile-León and Navarre.

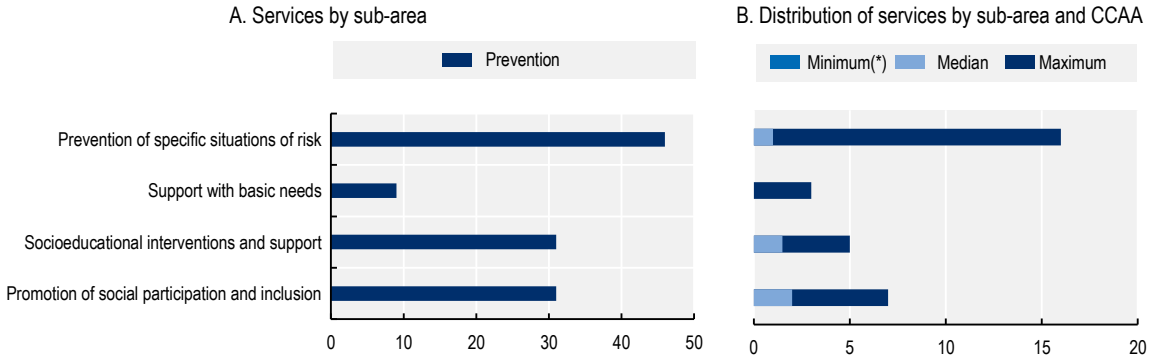
Figure 3.6. Residential care services



Note: The figure shows services in the autonomous communities of Andalusia, Aragon, Asturias, the Balearic Islands, the Basque Country, Castile-La Mancha, Castile-León, Catalonia, Extremadura, La Rioja, Murcia, Navarre and Valencia and a provisional portfolio of services in Galicia. (*) If the minimum or median does not appear, its value is zero. For example, the minimum for information, guidance and basic assessment services is one (meaning that all catalogues mention at least one service of this type), the median is two and the maximum is five (meaning that at least one catalogue mentions five services of this type).
Source: Estimates based on regional catalogues.

Figure 3.7 shows prevention services, which comprise a wide range of interventions and programmes. By definition, all spheres of social services relate to preventing social exclusion. It is therefore difficult to establish a classification of prevention services that avoids ambiguity (what distinguishes prevention from an action intended to alleviate or solve an existing problem?) and duplication (services aimed at specific groups or situations, such as domestic violence prevention, can appear in various categories). All autonomous communities have programmes to promote participation and social inclusion in general, except for Catalonia, the Balearic Islands, Navarre, Asturias and La Rioja. All communities have socio-educational intervention and support programmes, except for Asturias. However, programmes to ensure basic needs are met (food, shelter, and so on) are less common. Finally, some communities' catalogues include a large number of prevention programmes for specific risk situations (Castile-León, Catalonia, Galicia and, to a lesser extent, Andalusia); these programmes could be classified in other areas according to the specific groups they are aimed at.

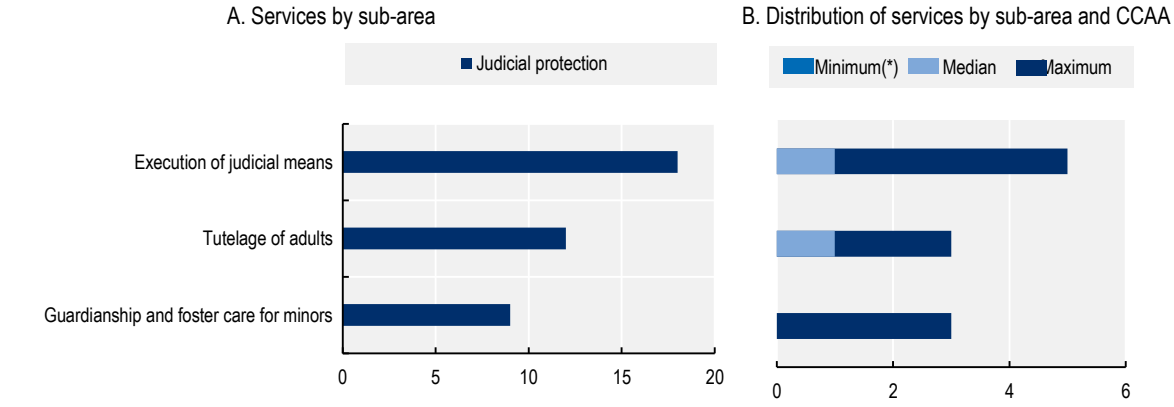
Figure 3.7. Prevention services



Note: The figure shows services in the autonomous communities of Andalusia, Aragon, Asturias, the Balearic Islands, the Basque Country, Castile-La Mancha, Castile-León, Catalonia, Extremadura, La Rioja, Murcia, Navarre and Valencia and a provisional portfolio of services in Galicia. (*) If the minimum or median does not appear, its value is zero. For example, the minimum for information, guidance and basic assessment services is one (meaning that all catalogues mention at least one service of this type), the median is two and the maximum is five (meaning that at least one catalogue mentions five services of this type).
Source: Estimates based on regional catalogues.

Figure 3.8 shows legal protection services. Residential care centres for neglected minors exist in all the autonomous communities, in line with the Act on the Legal Protection of Minors. Although not all catalogues list these centres under "guardianship of minors", this report classifies them all as child protection services. Castile-León, Catalonia and La Rioja have services for the guardianship of minors and adults. In Murcia and Navarre, child protection services (classified as child protection) include guardianship of minors, while Andalusia has a service for the protection of minors at risk of neglect (classified here as child protection) that does not explicitly mention guardianship of minors. Most autonomous communities mention judicial enforcement services, except Andalusia, Catalonia, Galicia, the Basque Country, Asturias and La Rioja. Galicia's provisional catalogue does not mention any judicial services. The Act on the Legal Protection of Minors states that residential care centres for neglected minors should, and probably do, exist, in all the autonomous communities. However, the catalogues rarely mention them.

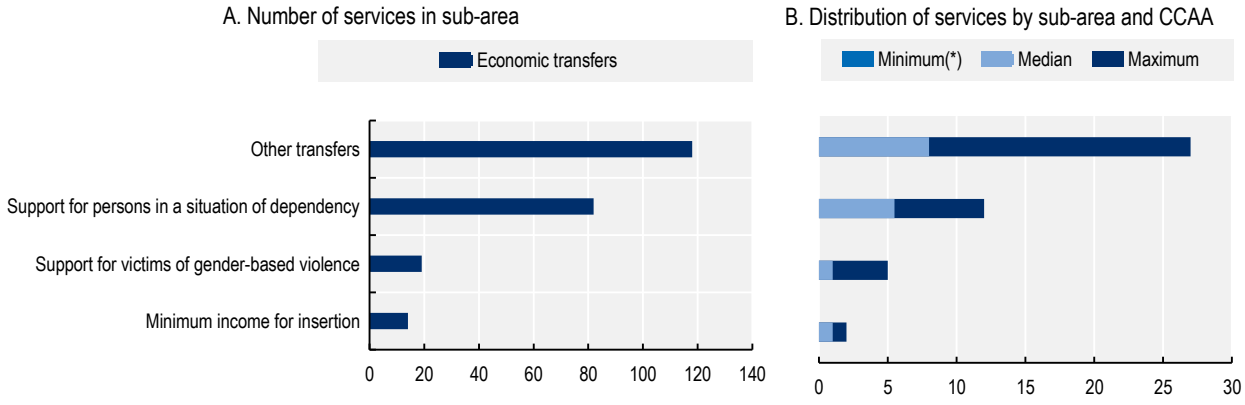
Figure 3.8. Legal protection services



Note: The figure shows services in the autonomous communities of Andalusia, Aragon, Asturias, the Balearic Islands, the Basque Country, Castile-La Mancha, Castile-León, Catalonia, Extremadura, La Rioja, Murcia, Navarre and Valencia and a provisional portfolio of services in Galicia. (*) If the minimum or median does not appear, its value is zero. For example, the minimum for information, guidance and basic assessment services is one (meaning that all catalogues mention at least one service of this type), the median is two and the maximum is five (meaning that at least one catalogue mentions five services of this type).
Source: Estimates based on regional catalogues.

Finally, Figure 3.9 shows the number of financial benefits that exist in each region. This analysis does not consider non-contributory pensions, although these are included in some catalogues. However, supplementary assistance for beneficiaries of non-contributory benefits (as, for example, in Catalonia) has been considered because it is provided by local or regional social services. The main economic benefit provided by social services is the so-called *Renta mínima*. Variants of this name exist in all regions and are referred to with the generic name of "Regional Minimum Income" (RMI). This benefit appears in the catalogues of all the autonomous communities except the Basque Country, which does nonetheless have a RMI programme. The vast majority of the autonomous communities have various financial assistance for survivors of violence and people in a situation of dependency. The figure also shows a sub-area called "Other financial benefits". These include, for example, help to pay rent or heating bills, and emergency assistance; they are mentioned in all catalogues except Murcia (where they exist at the municipal level) and the Basque Country (where they appear in the regulations of 8 April 2020 as Social Emergency Assistance).

Figure 3.9. Financial benefits



Note: The figure shows services in the autonomous communities of Andalusia, Aragon, Asturias, the Balearic Islands, the Basque Country, Castile-La Mancha, Castile-León, Catalonia, Extremadura, La Rioja, Murcia, Navarre and Valencia and a provisional portfolio of services in Galicia. (*) If the minimum or median does not appear, its value is zero. For example, the minimum for information, guidance and basic assessment services is one (meaning that all catalogues mention at least one service of this type), the median is two and the maximum is five (meaning that at least one catalogue mentions five services of this type).
Source: Estimates based on regional catalogues.

3.2.3. Large differences exist in the guaranteed benefits

The effective provision of benefits is conditional on the development of regulations that govern the catalogue or portfolio of social services. Although the autonomous community regulations studied insist on their intention to make public social services systems more enforceable, repeatedly defending a universal system, this does not translate into an overwhelming predominance of guaranteed benefits, that is, services not depending on budget availability.

Guaranteed benefits allow the budget line to be increased in the event of increased demand. Regional legislation specifies which benefits or services are covered by this guarantee. In Aragon, for example, Article 6 of Act 5/2009 establishes this group. In Castile-La Mancha, in Part III of Act 14/2010, articles 36, 37 and 38 establish the minimum guaranteed and conditional benefits in the catalogue. Guaranteed benefits are enforceable as a subjective right in the autonomous community of Castile-La Mancha, without prejudice to the liability that may be incurred by the entities responsible for the management of such benefits (Article 33). In Galicia, Act 13/2008 defines the essential and standardising benefits of the social services system (Article 18). In the Balearic Islands, the following benefits or services are not subject to

budgetary availability: meeting basic needs (housing, food and clothing); access to information, guidance and management in relation to the services and benefits of the social services system; benefits derived from a declaration of dependency; and social benefits of an economic nature guaranteed by subjective rights (guaranteed social income). In the Basque Country, Act 12/2008 on social services guarantees access to the benefits and services in the catalogue as a universal and subjective right.[14]

At the same time, some guaranteed or subjective-right benefits may include clauses that limit access; often these clauses aim to identify precisely the service's target population. One such example is access to minimum incomes, which generally depends on family income, family assets and, in some cases, on the benefit holder's efforts to seek employment. Another example is child protection services, which depend on the age of the beneficiaries. Conversely, non-guaranteed benefits are subject to budgetary availability and thus may be withdrawn, especially when a local entity is responsible for them.

Table 3.3 presents a succinct comparison between the total services listed in the various catalogues, classified by area and sub-area, and the portion of these that are guaranteed or guaranteed subject to certain conditions.[15] The difference between existing services and those guaranteed is quite wide in many cases, with often three or four regions not having the guaranteed services. For instance, while information services are mentioned in 14 catalogues, they are only guaranteed in 10. Areas that are widely available, such as centres for minors are mentioned in four catalogues but guaranteed in only one region. This prompts reflection on the need to establish minimum catalogue of guaranteed services.

Table 3.3. Guaranteed services and benefits

Area	Sub-area	All services		Guaranteed and guaranteed subject to certain conditions	
		Autonomous communities in which they exist	Autonomous communities analysed	Autonomous communities in which they exist	Autonomous communities analysed
Information, assessment and monitoring	Information, guidance and assessment for basic care	14	14	10	10
	Information and guidance for specialised care	13	14	8	10
	Recognition of rights	11	14	9	10
Autonomy and home-based care	Home care and support for the family unit	13	14	10	10
	Remote assistance	12	14	10	10
	Daytime and night-time care (older or dependent people, people with disabilities)	13	14	9	10
	Daytime and night-time care (people experiencing homelessness)	**5**	**14**	**1**	**10**
	Dependency prevention and personal autonomy promotion	11	14	9	10
	Occupational centres	11	14	5	10
	Psychosocial care for survivors of gender-based violence	10	14	6	10
	Phone line for survivors of gender-based violence	**4**	**14**	**2**	**10**
	Other autonomy services	8	14	5	10
Family support	Family mediation	11	14	5	10
	Family meeting points	8	14	5	10
	Domestic violence prevention	**5**	**14**	**2**	**10**
	Social and therapeutic support	12	14	8	10
Child protection	Care for minors in situations of social and family risk	12	14	7	10
	Residential and family foster care for minors	12	14	9	10
	Early care	10	14	8	10
	Adoption and post-adoption	12	14	7	10
	Centres for the care of minors	**4**	**14**	**1**	**10**

Area	Sub-area	All services		Guaranteed and guaranteed subject to certain conditions	
		Autonomous communities in which they exist	Autonomous communities analysed	Autonomous communities in which they exist	Autonomous communities analysed
Residential care	Emergency accommodation	8	14	6	10
	Housing for people experiencing homelessness	**5**	**14**	**2**	**10**
	For survivors of gender-based violence	11	14	7	10
	For older and dependent people	12	14	8	10
	For people with disabilities	10	14	5	10
	Other residential care services	6	14	2	10
Prevention	Promotion of participation and social inclusion	10	14	5	10
	Socio-educational intervention and guidance	13	14	6	10
	Meeting basic needs	**6**	**14**	**3**	**10**
	Prevention of specific risk situations	8	14	**4**	**10**
Legal protection	**Guardianship and custody of minors** (2)	**5**	**14**	**3**	**10**
	Adults under guardianship	9	14	7	10
	Execution of judicial measures	8	14	5	10
Financial benefits	Guaranteed minimum income	13	14	7	10
	Help for survivors of gender-based violence	12	14	6	10
	Help for people in a situation of dependency	13	14	10	10
	Other financial benefits	12	14	9	10

Notes: Benefits guaranteed subject to certain conditions are generally governed by regional legislation. The conditions are different for each autonomous community. As no official information was available on guaranteed benefits in Galicia, Murcia, La Rioja and Extremadura, these autonomous communities are not included in the analysis of benefits that are guaranteed or guaranteed subject to certain conditions.
Source: Estimates based on regional catalogues.

References

Alemán Bracho, C. and J. Alonso Seco (2011), *Los sistemas de servicios sociales en las Leyes autonómicas de servicios sociales*, https://dialnet.unirioja.es/servlet/articulo?codigo=3676417. [1]

Notes

[1] Or “regions”. Spain is a decentralised country where regions have a large degree of autonomy and, therefore are called “autonomous communities”. To refer, for example, to actions or institutions run by regional governments we will use “regional action” or “autonomic institutions” respectively.

[2] Article 148 (2) established that, except for those autonomous communities that had acceded to autonomy by means of Article 151 of the Constitution, such extension of powers could only take place five years after the culmination of the autonomy process and by means of a reform of their respective Statute of Autonomy. According to the second transitional provision, the regions that had already voted in favour of a draft Statute of Autonomy (Basque Country, Catalonia and Galicia) could also automatically assume the highest level of competence.

[3] It should be noted that in the regional laws, the terms portfolio and index, or both, are used interchangeably by each autonomous community, with different meanings and scopes. The term index usually refers to a more general or abstract list of the minimum requirements of the services to be guaranteed and is contained in the law itself, either in the articles themselves or in an annex, while the term portfolio usually refers to the document to be enacted as a regulation by the regional government, detailing the specific benefits and the conditions for their effective implementation.

[4] This is stated in the preamble accompanying the Castile-León social services system index: "The index of social services is the cornerstone that systematically identifies and organises the set of benefits through which the social services policy of the Community of Castile-León is delivered, reflecting the rights-based nature of the model."

[5] In Cantabria, something similar to an index of services has been drawn up by the Cantabrian Social Services Institute. However, being an informative guide, it lacks any legal force. In Galicia there is no unified index, but there are two decrees that regulate community social services and their funding (Decree No. 99/2012 of 16 March regulating community social services and their funding, and Decree No. 148/2014 of 6 November amending Decree No. 99/2012 of 16 March).

[6] There was no regional index in the three remaining autonomous communities.

[7] In addition to the three sub-areas, it is important to note that there are free legal assistance services for those without sufficient resources for a dispute. It covers the cost of obtaining free copies of testimonies and notarial instruments and may also include the assistance of a court-appointed lawyer. This is not considered a social service since it falls under the remit of the Ministry of Justice. General legal information and guidance services are included in the information, assessment and monitoring area.

[8] Categorising provisions as family support services is not always clear-cut and it is possible that some family support services are listed under prevention.

[9] It should again be noted that Galicia does not have a real index. Services related to the Dependency Act do exist in Galicia, but they are not included in the portfolio of social services currently available and used in this study.

[10] Family support programmes are aimed at parents and adolescents. They provide technical support that equips families with the skills to take proper care of the children for whom they are responsible and who are at risk of issues such as neglect or drug addiction, addressing the factors associated with these risks to preserve the integrity of the family. As in the case of domestic violence prevention, many of these programmes could also be listed under the area of prevention.

[11] Andalusia does not include early care services in its index because they fall exclusively under the responsibility of the Regional Ministry of Health. Primary care paediatricians are responsible for detecting and referring children up to six years of age to these resources where they can receive health and social care.

[12] https://www.euskadi.eus/servicios-sociales-entorno-familiar/web01-a2gizar/es.

[13] www.politicasocial.xunta.gal/es/recursos/planes-y-programas/programa-de-acogimiento-residencial.

[14] It guarantees the effective exercise of this right through various mechanisms. Article 3 of the act establishes who can hold this right. Article 25 defines, in general terms, the requirements for access to the benefits and services contained in the Basque Country index. Article 19 establishes the basic intervention

procedure for accessing benefits and services, among other things. Articles 21 and 22 define the Basque Country index of benefits and services. So this can be developed, articles 23 and 24 contain provisions relating to the creation and updating of the portfolio of benefits and services.

[15] As no official information was available on guaranteed benefits in Galicia, Murcia, La Rioja and Extremadura, these autonomous communities are not included in the analysis of benefits that are guaranteed or guaranteed subject to certain conditions.

4 There are differences in actual access to social services across Spain

The chapter demonstrates differences in the structure and supply of social services among Spanish Autonomous Communities. First, it deals with the structure of service provision in territorial and functional terms. Secondly, it presents the regulatory and real ratios of social services professionals to the population. Finally, it presents the eligibility and co-payment criteria for social services.

4.1. Differences in the set-up of services and in territorial organisation

Regional laws define the structure of social services systems from two perspectives: territorial and operational. From the territorial perspective, decentralisation is the basic principle for the provision of services in almost all cases, aiming to bring them into proximity with users. The principle of proximity is also reflected in the systems' operational structure, which has two levels of care: basic or primary care, and specific care. The first level – classified in the different laws as *community, basic or primary care social services* – is the people's first point of contact with social services and includes services for the entire population that do not distinguish between specific groups with particular needs. These services include information, social promotion and guidance, home care and support in social emergencies. Municipalities or local authorities have traditionally provided these services to meet the most basic social needs of the population. The second level of services is provided at regional level and comprises services involving specialised care and services that respond to the specific needs of certain groups (such as older people, people with disabilities) and are classified according to subjective criteria.

4.1.1. Regulatory differences in the organisation of social services

Table 4.1 summarises the main aspects of the geographic arrangement and the levels of care as established in regional laws. In most autonomous communities, services are organised in two levels (referred to here as primary care and specialised care), with primary care generally being provided and managed locally (in the basic zone or municipality) and specialised care being managed regionally and provided at a higher territorial level (i.e. in a larger territorial unit); however, the modes of organisation are diverse. In some communities (Community of Madrid, Murcia, Galicia), there is no formal geographic arrangement for social services, but even in these cases, the general rule is that basic services tend to be provided and managed in close proximity to users, i.e. by municipalities.

The zoning varies among the autonomous communities: Galicia has one level; most communities have two, but several have three (Asturias, the Balearic Islands, Extremadura and Valencia), four (Madrid) and even five levels (the Basque Country). Moreover, population criteria are very diverse, with some autonomous communities giving great importance to certain isolated municipalities or towns.

It is also worth mentioning the important taxonomic differences, which make it more difficult to establish a unified or harmonised overview of these structures. For example, Andalusia and Aragon structure their territory in two levels. In Andalusia, the smallest territorial unit is called a "basic zone" and the largest is called an "area", while in Aragon, the smallest territorial unit is called a "basic area" and the largest is called a "sector". Such differences also appear in the terms used to describe the operational structure: the first (or geographically closest) level of care may be called "basic care", "primary care", "and general care level" or "community service". A variety of terms are also used for the second level of care (or specialised services).

Each autonomous community established a territorial and operational structure that differs from the others in a number of details, although they all obey common principles. In the vast majority of cases, these differences are due to historical reasons (sometimes the territorial organisation has elements that are very old), to the needs of each territory, to interactions with other services – particularly health services, which have their own deeply embedded geographical and operational structure – or to the management capacity of local entities.

Table 4.1. Geographic arrangement and operational structure of social services

Region	Territorial units	Operational structure
Andalusia	2 levels: – basic zones – areas	2 levels of care: – primary level of social services (provided at the basic-zone level, managed by the municipality) – specialised level of social services (provided at the area level, managed by the autonomous community)
Aragon	2 levels: – basic areas (51) – sectors (3)	2 levels of care: – general social services (provided at the area level, managed by the municipality) – specialised social services
Asturias	3 levels + special zones – basic zones – districts – areas (8)	2 levels of care: – general social services (provided at the basic-zone level, managed by the municipality) – specialised social services (provided at the area level, managed by the autonomous community)
Balearic Islands	3 levels – basic zones – areas – islands	2 levels of care: – community services * basic (at the basic-zone level, managed by the municipality) * specific (provided at the area and island level) – specialised services (provided at the area level, managed at the island and autonomous community level)
Canary Islands	No map available - municipalities - town councils	2 levels of care: – primary care and community social services – specialised social services
Cantabria	2 levels: – basic zones (22) – areas (4)	2 levels of care: – basic services (provided at the basic-zone level, managed by the municipality) – specialised services (provided at the area level, managed by the autonomous community)
Castile-La Mancha	2 levels: – zones – areas	2 levels of care: – primary care (provided at the zone level, managed by the municipality) – specialised care (provided at the area level, managed by the autonomous community)
Castile-León	2 levels + zones with specific needs – social action zones – social action areas	2 levels of care + other structures – first level or basic action (provided at the zone level, managed by the municipality) – second level or specialised (provided at the zone level, managed by the autonomous community)
Catalonia	1 level: – basic areas	2 levels of care: – basic social services (provided and managed at the municipal level) – specialised services (provided at the supra-municipal level)
Extremadura	3 levels: – basic units – basic zones – areas	2 levels of care: – basic social care (provided at the basic-unit level, managed by the municipality) – specialised care (provided at the zone level, managed at the area level)
Galicia	municipalities and associations of municipalities (61 entities)	2 levels of care: – community services (provided and managed at the municipal level), divided into * basic * specific – specialised services (under regional jurisdiction)
La Rioja	2 levels: – basic zones – territories	2 levels of care: – first level (provided at the basic-zone level, managed by the municipality) – second level (provided and managed at the regional level)

Region	Territorial units	Operational structure
Community of Madrid	No definition available in a regulatory text 4 levels: – basic zone – territory – district – area	2 levels of care: – primary care (provided at the basic-zone level, managed by the municipality) – specialised care (no information found)
Murcia	No clearly defined arrangement municipalities and associations of municipalities	2 levels of care: – primary care (municipal provision and management) – specialised care (regional provision and management)
Navarre	2 levels: – basic zones (44) – areas	2 levels of care: – primary (provision at the basic-zone level and managed by the municipality), divided into * basic social services (municipal) * specific structures (regional management) – specialised services (regional scope, regional management)
Valencia	3 levels: – basic zones – areas – departments	2 levels of care: – primary (managed by the municipality), divided into * basic social services (basic zones) * specific structures (areas) – secondary (departments)
Basque Country	5 groups: – maximum proximity services – high proximity services – low proximity services – medium proximity services – centralised services	2 levels of care: – primary care (local and managed by the municipality) – secondary (managed at the level of the province or the autonomous community)

Note: Territorial units are listed from the smallest to the largest. Levels of care do not always correspond to a single territorial unit; the table shows the most frequent or representative case. The nomenclature used in the regional regulatory texts has been respected.
Source: OECD questionnaires, regional social services laws and social services maps.

This structuring of social services can result in a fragmentation of the network and a lack of continuous or integrated care, as highlighted by several studies. The operational structure compartmentalises services, separating primary and community care services from specialised services, and thus hindering the provision of integrated solutions focused on personal trajectories. This suggests that organisational change is needed (Fresno, 2018[1]) However, in several autonomous communities this need for integrated solutions is partly met by primary care that comprises both basic and specialised care. Navarre, for example, emphasises the importance of a vertically integrated public social services system and of response models that propose "care packages" with sectoral itineraries. Navarre's strategic plan foresees social services centres providing technical support to basic social services and care becoming more efficient (Gobierno de Navarra, 2019[2]). Cantabria meanwhile highlights the lack of a sufficient operational and strategic leadership structure above the basic zone level (Hendrickson, 2019[3]). Similarly, Catalonia's new strategic plan envisages implementing co-ordination mechanisms between services and the use of shared assessment instruments and protocols.

4.1.2. Varying numbers of facilities due to differences in regional planning

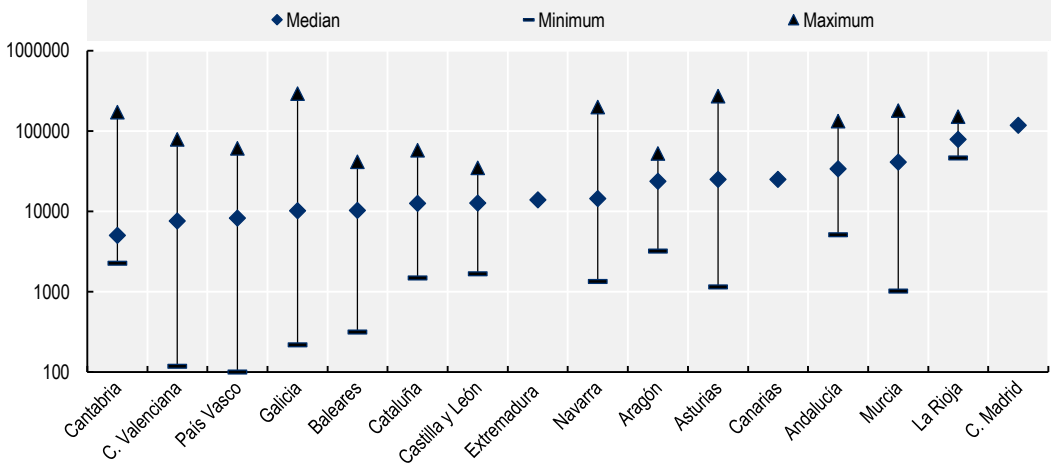
Social services centres offer information and guidance to help individuals and families address problems. They initiate procedures to apply for assistance and services in the catalogue or to obtain the certificate of entitlement. These centres exist throughout Spain and have close links with the local population. For potential users, they are almost always the gateway to the regional or municipal social services network. In general, people are assigned to the centre closest to their place of residence. Figure 4.1 illustrates the enormous differences in potential user numbers among the social services centres. These data are for 2018 and have remained stable over the last decade. The regional average for number of residents in a

geographical area covered by a social services centre ranges from 5 045 in Cantabria to 118 312 (approximately 20 times more) in the Community of Madrid. Numbers also vary widely within the autonomous communities. For example, in Valencia, the smallest centre (in terms of potential users) serves an area with only 118 inhabitants, while the largest, located in a densely populated urban area, serves more than 79 000. The number of inhabitants per centre depends on several factors:

- Population density. In areas with a high incidence of rural population (such as Galicia or Cantabria) the average number of inhabitants per social services centre is lower.
- Demand for social services. In poorer areas or areas with an older population, the effective number of users will be higher than in areas with a large but younger population.
- The size of the social services centres. In areas with a larger population and higher demand, centres tend to be bigger and employ more professionals.

Figure 4.1. Social services centres serve highly variable population areas

Number of residents (average, minimum and maximum) covered by primary care centres, by geographic area, 2018



Note: Castile-La Mancha is not included due to lack of data. In the Canary Islands, an approximate estimate has been used for the average. Logarithmic scale.
Source: 2021 OECD Social Services Questionnaire.

Even when these factors are taken into account, inter- and intra-regional differences in the number of potential users of the centres are extremely high. This suggests that some centres are undersized and cannot meet the needs of the population,[1] especially when demand spikes, for example in an economic or health crisis.

4.2. Differences in human resources for the provision of services

4.2.1. Regulatory ratios

The term “regulatory ratios” refer to the number of professionals who provide some service over the number of potential or actual users of the service. These proportions or ratios can be regulated (or not) by relevant authorities; for example, in the areas of health services and public employment services it is common that professionals/users ratios (or at least the minimum acceptable ratio) are regulated. In the area of social services, eight autonomous communities have not established minimum staffing levels. In those that have,

the minimum ratios range from 1 500 inhabitants per professional to 4 000 inhabitants per professional. Table 4.1 shows minimum ratios of primary care professionals (including administrative staff) per inhabitant established in the respective regional regulations.[2] All the overall ratios, except for La Rioja's, are close to the median of one worker per 2 616 inhabitants. Aragon, Navarre, Galicia and Valencia are the only autonomous communities to differentiate ratios according to population criteria.

In general, minimum ratios of professionals decrease as the population increases. While ratios are better than the median in small towns, in large localities, the population density is much higher and consequently the number of inhabitants per professional is higher.

Table 4.1. Statutory minimum ratios for primary care professionals

Region	Regulatory status (1)	Approximate ratios, in inhabitants per professional (4)			
		Overall	Small localities(2) (<5 000)	Medium localities (5 000-20 000)	Large localities (>20 000)
Andalusia	0 – No explicit regulation	..	..	..	..
Aragon	1 – Strictly demographic criteria	1 848	1 667	1 640	2 235
Asturias	1 – Strictly demographic criteria	.. (3)	..	..	..
Balearic Islands	1 – Strictly demographic criteria	2 307	..	..	..
Canary Islands	0 – No explicit regulation	..	..	..	..
Cantabria	0 – No explicit regulation	..	..	..	..
Castile-La Mancha	0 – No explicit regulation	..	..	..	..
Castile-León	0 – No explicit regulation	..	..	..	..
Catalonia	1 – Strictly demographic criteria	3 000	..	..	..
Extremadura	1 – Strictly demographic criteria	3 000	..	..	..
Galicia	2 – Linked to regional planning	2 931	2 857	2 907	3 000
La Rioja	2 – Linked to regional planning	4 000	..	..	..
Community of Madrid	0 – No explicit regulation	..	..	..	..
Murcia	0 – No explicit regulation	..	..	..	..
Navarre	1 – Strictly demographic criteria	1 584	1 111	1 405	2 236
Valencia	1 – Strictly demographic criteria	2 187	2 500	1 625	2 437
Basque Country	None found				

Notes: Approximate ratios calculated using current regulations. Some autonomous communities (for example, Galicia or Navarre) have established differentiated ratios according to the population of the local entity and the type of territory. In these cases, the table also indicates an approximation of these differentiated ratios. (1) For ease of reading, the numbers of inhabitants per professional are grouped into three categories: above the national median (orange), around the median (yellow) and below the median (green). (2) Municipality, county or other local entity defined in the territorial planning. (3) Asturian regulations only indicate the minimum number of workers per social work unit. (4) Includes social workers, educators, psychologists and administrative assistants. (5) The Basque Country does not establish specific ratios in its regulations, but states that an adequate ratio is between 2 000 and 3 000 inhabitants per professional.
Source: OECD questionnaires and regional legislation.

The table on staffing ratios established in the regulations is complemented by professionals/inhabitants ratios actually observed. Table 4.2 shows estimates made based on 2018 data on staff working in primary care services and number of inhabitants in each autonomous community.[3]

Between 2012 and 2018, all autonomous communities showed an improvement in their primary care staffing ratios. For example, in Andalusia, the average fell from 3 605 inhabitants per professional in 2012 to 3 294 inhabitants per professional in 2018. In the Community of Madrid (excluding the City of Madrid), the average fell from 6 426 inhabitants per professional in 2012 to 5 770 inhabitants per professional in 2018. Taking a weighted average over the autonomous communities who reported this information for each year, the ratio decreases from 2 889 inhabitants per professional in 2012 to 2 132 inhabitants per professional in 2018.

Although it is not possible to attempt a direct and detailed comparison between the minimum ratios established by the regulations and the ratios observed, in many regions the difference between them is relatively low. Although the ratios observed in Aragon and Valencia in 2018 are not close to the minimum ratio established in their respective regional regulations, they are close to their median regulatory ratios. This is because the overall regulatory ratio corresponds to the average of several ratios set according to the type of territory and demographics, resulting in a relatively low overall minimum ratio.

Disparities between the regions persist, although they are smaller than a decade ago. Some autonomous communities have ratios below the minimums established in their regional regulations, where they exist, and/or below the median ratio calculated from all existing regulations. For example, despite the aforementioned improvement in the ratio observed in the Community of Madrid, it remains below the median ratio of 1 worker per 2 619 inhabitants, due to the region's very high population density. Similarly, in 2018, Extremadura had an overall ratio of 1 primary care worker per 3 764 inhabitants, which is lower than the minimum ratio established in its regulations and more than 30% lower than the median ratio. Conversely, in 2018 Castile-León, Catalonia and Murcia had ratios well above the median, with 1 worker per 1 622, 1 681 and 1 236 inhabitants, respectively.

Table 4.2. Observed ratios for primary care professionals

Region	Inhabitants	Primary care staff (1)	Ratio
Andalusia	8 408 980	2 553	3 294
Aragon	1 308 728	588	2 226
Asturias	1 028 244	406	2 533
Balearic Islands	1 166 920	1 635	714
Canary Islands	2 177 050	1 833	1 188
Cantabria	580 229	1 302	446
Castile-León	2 409 164	1 485	1 622
Catalonia	7 600 065	4 521	1 681
Extremadura	1 072 863	285	3 764
Galicia	2 701 743	1 519	1 779
La Rioja	312 884	121	2 586
Community of Madrid	6 549 520	2 029	3 228
Murcia	1 478 509	1 196	1 236
Navarre	647 554	1 567	413
Valencia	4 963 703	1 818	2 730

Notes: Data for 2018, except Cantabria (2017) and the Community of Madrid (2019). No information was found for Castile-La Mancha and the Basque Country. (1) To improve comparability with other autonomous communities, staff numbers have been corrected in Andalusia and Asturias (exclusion of home-help assistants).
Source: Cantabria and Navarre: Hendrickson (2019[3]), Informe sobre la situación de la atención primaria de servicios sociales en Cantabria. Madrid: Comunidad de Madrid (2021), Estudio sobre la situación de los servicios sociales en la Comunidad de Madrid. Information for the rest of the autonomous communities comes from an analysis by the authors based on the OECD Social Services Questionnaires.

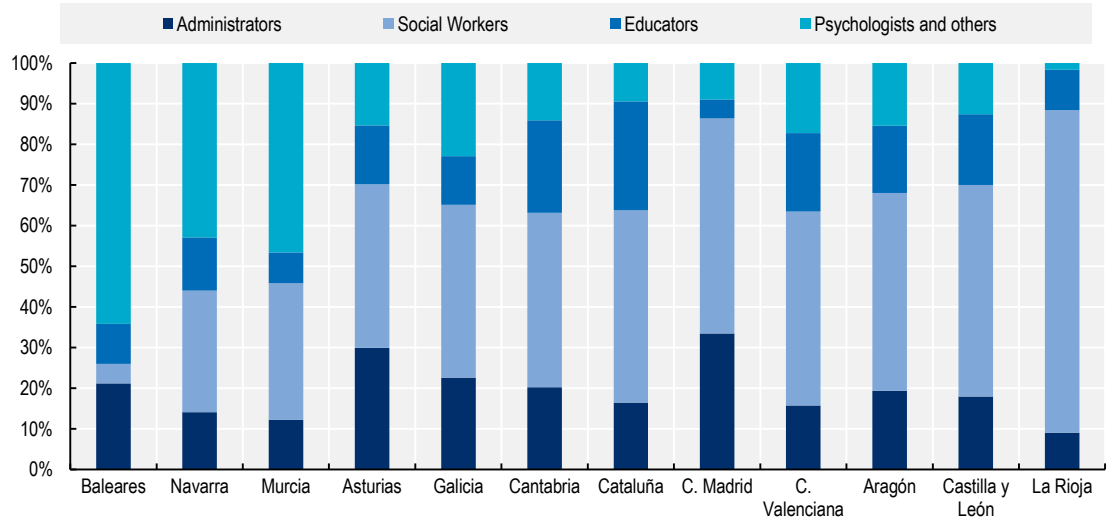
4.2.2. Composition of human resources

To provide users with personalised care, social services have a multidisciplinary teams with diverse professional profiles. Various studies carried out by the autonomous communities highlight the importance of human resources in social services and the lack of adequately trained personnel to respond to the needs of the population. In surveys, professionals emphasise the need for more administrative personnel and more social workers. These staff shortages force professionals to dedicate a lot of time to administrative tasks and make it difficult for them to provide social intervention and support.

Figure 4.2 shows the breakdown of the different professional profiles working in primary care. Social workers are the largest group, accounting for around 40-50% of the staff. Administrative workers are also a large group, although with large regional variations. The percentage of educators also varies, ranging from 10-11% in La Rioja and Galicia to more than 20% in Cantabria. There tend to be fewer psychologists; they account for around 5-6% of workers in most regions, reaching almost 10% in Castile-León.

Figure 4.2. Social workers represent the largest share of social services professionals

Primary care professionals, as a percentage of total professionals, 2018



Note: Andalusia, the Canary Islands and Extremadura are not included for reasons of comparability. Castile-La Mancha and the Basque Country are not included either as no data were found for these regions. To ensure comparability, the "psychologists" category has been merged with "other professional profiles". The breakdown by professional category only covers staff financed by the autonomous community governments.
Source: OECD Social Services Questionnaires and Comunidad de Madrid (2021), Estudio sobre la situación de los servicios sociales en la Comunidad de Madrid.

Several studies and strategic plans highlight the need to clarify professional profiles, improve continuous staff training and offer external advice and support to professionals. The issue of training, especially in relation to changes to the role of social workers, is raised by several regional strategic plans. In surveys, social workers have suggested that the regulatory framework should be improved with regard to staff training and career progression opportunities (Ararteko, 2016[4]) Improving the regulatory framework would make it possible to adapt the supply of social workers to the reality of demand, according to whether multidisciplinary or specialised workers were needed. Improving the training offer would also create more opportunities for mobility (Hendrickson, 2019[3]). Most social workers consider that the training received is insufficient for technical and administrative staff. In this context, (Castillo de Mesa, 2017[5]) offers interesting ideas on integrating Big Data into training for social workers. As an example of improved training, in Catalonia universities are collaborating in the design of specialised postgraduate training courses and there are plans to establish mechanisms for accreditation and competency acquisition.

Staffing ratios do not correspond to the reality of demand, which can lead to overwork and sometimes burnout among professionals. In Spain, the social and health services sector has the highest rates of absenteeism, driven by sick leave and work-related illnesses (Lizano, 2015[6]). Social workers in the Basque Country emphasise that demand for social services varies in type and intensity by municipality. This variety is not accounted for in the ratios, which suggests that staff numbers and profiles are not necessarily adapted to the demand. In Asturias, although staffing ratios slightly exceed the recommended

minimum, there is a widespread perception of overwork, especially in the more urban areas and basic zones, where demand is higher. In contrast, in Cantabria, social workers in rural areas (less than 10 000 inhabitants) are more likely to suffer from overwork than those in urban areas (Hendrickson, 2019[3]). Making frequent car journeys is considered a source of stress. In addition, the lack of a team co-ordinator tends to lead to social workers (who are responsible for keeping the public informed, in addition to their interventions) passing some responsibilities on to the social educators. If each municipality or area provided an assessment of local demand, ratios could be adapted to the real demand (Ararteko, 2016[4]).

Interventions vary considerably among the autonomous communities in terms of care provided and intensity of work. In certain autonomous communities, such as Asturias, the Balearic Islands and Murcia, the average number of cases is 60 per worker per year, while in Galicia it is around 40. In contrast, in Aragon, the average is 250 per worker and in Cantabria, it is over 300. There is also great variability within the autonomous communities: workers may handle twice as many cases as a regional colleague, or four times as many. In Aragon, for example, the minimum number of cases is 77 and the maximum 373. In Extremadura, numbers can vary by a factor of 10, with caseloads ranging between 25 and 250. These case numbers are in line with those found in a study by the General Council of Social Work, which states that “42% of social work professionals have a high caseload, which hinders their ability to maintain high standards and a personal approach and compels them to focus on managing resources rather than the guidance and decision making needed to implement an appropriate intervention project” (Consejo General del Trabajo Social, 2018[7]).

There are several additional issues with the working conditions of social services personnel, including psychosocial risks and pay, especially when we consider disparities between permanent public administration staff and temporary workers. Workers’ psychosocial risks are affected by overwork and, to a lesser extent, by users’ aggressive behaviour (Ararteko, 2016[4]). Navarre’s 2011 exceptional report noted the lack of training and established procedures for workers in specialised services dealing with conflict, leading to workers having to take responsibility for managing conflict where it arises (Ararteko, 2011[8]). In several autonomous communities, lower salaries compound job instability due to temporary contracts for workers on these contracts, especially in private companies.

4.3. Inequalities in the criteria for access to services and benefits

4.3.1. Eligibility criteria

As mentioned in previous sections, the portfolio or catalogue is the instrument that defines social provision in that region (see Chapter 3, Note 3). As such, in addition to listing the benefits and services and their legal nature – both enforceable and conditional – it also includes other key specifications, such as criteria for accessing benefits, conditions for financing them, and the sectors of the population targeted by each benefit. Municipal registration and/or residency status is often a requirement to access many services and benefits.

The autonomous communities that mention the residency requirement in their regulations may use different terms. For example, regulations in Castile-León and Extremadura establish “legal residency” in a municipality of the region as a requirement to access the RMI benefit. In La Rioja, Cantabria and Asturias, however, regulations insist on “effective” and “uninterrupted” residency, while Murcia, Catalonia, Galicia and the Community of Madrid require “effective” and “continuous” residency to qualify for this benefit (Marquez, 2018[9]). Furthermore, in many cases, a minimum length of municipal registration and/or residence in the respective autonomous community is required, which also limits people who may apply. Regulations differ in terms of the time period required, which may be unspecified or vary from a few months to several years. For example, to access the RMI payments in the Basque Country claimants must have

been registered in a Basque municipality for at least three years, but when receiving the benefit, they can spend up to 90 days a year outside the region without losing their right to this benefit (although payments will stop after a month or less). To access social emergency assistance, the requirement is six months of municipal registration.

Residence requirements constitute objective difficulties for people (in general foreigners) who cannot prove residency, especially if they are in an irregular situation. For this reason, the municipal registration requirements have been relaxed in many autonomous communities (for example the Balearic Islands, the Community of Madrid, Castile-La Mancha and the Basque Country) for certain benefits relating to situations of social emergency.

Conversely, in some cases, requirements may indirectly impede access to certain services. For example, in Galicia, financial assistance to pay electricity bills or for people at risk of eviction takes the form of subsidies and, therefore, requires that the beneficiaries have no debts with the public administration. This can complicate access because the potential beneficiaries are precisely those at risk of poverty (often indebted) and inability to access these benefits exacerbates the situation.

4.3.2. Differences in co-payment criteria for access to social services

Many services are not free of charge and are subject to co-payment (i.e. the user must pay a portion of the cost of the service). The vast majority of services subject to co-payment are the most expensive, such as residential care or home care. Although all the autonomous communities to finance social services use co-payment, there are enormous differences in the criteria that determine access to them (eligibility) and in the way in which beneficiaries' contributions are calculated. These differences inevitably generate disparities in access to certain services between users in different regions, in terms of either eligibility or ability to meet the co-payment costs. Family mediation, residential care and home care are good examples of this situation.

In most of the autonomous communities, family mediation is subject to co-payment, except when it is provided by legal aid. Only Castile-La Mancha, La Rioja and Valencia guarantee all their citizens free access to this service. In the other regions, the service is only free for families that meet the requirements for free legal assistance when the mediation is initiated by a judicial authority. In these cases, the family's income must not exceed twice the minimum wage at the time the service is requested. Other criteria relevant to the economic capacity of the applicant are also taken into account, such as assets or financial burden arising from family responsibilities. Some autonomous communities, such as Aragon, also define intermediate cases where, in certain economic or social circumstances, the competent department may authorise free provision of the service. In the Canary Islands, the user's contribution depends on his or her economic capacity, although the criteria are not specified in the family mediation law (Decree 144/2007).

Residential care (see Table 4.3) is regulated at the state level by Act 39/2006 and by extensive regional legislation. In its 2012 plenary session, the Territorial Council of the System for Autonomy and Care for Dependency launched an evaluation of the development and application of Act 39/2006. The evaluation revealed differences in the autonomous communities' methods for determining a beneficiary's economic capacity. In some regions, the applicant's net worth or the total income received was not taken into consideration when calculating economic capacity. As a result, in 2012, co-payments by beneficiaries with Grade I (i.e. moderate) dependency varied from 60.6% in Castile-León to 72.8% in Extremadura, while the national average was 55.2% (del Pozo-Rubio, Pardo-García and Escribano-Sotos, 2017[10]). Although Act 39/2006 established users' contribution at one-third of the cost of the service, in practice users pay more than this, with regional differences. This situation can be attributed to the decision to prioritise reducing the public debt.

Table 4.3. On average, residential care users contribute with about 40% of the costs, but there are large differences between autonomous communities

Region	Criteria determining E (Eligibility) (1) and P (level of co-payment or contribution)		Share of the reference cost			Appears in the catalogue	
	E	C	Statutory minimum	Statutory maximum	Observed mean (2)	E	C
Andalusia	Recognised dependency, with residential care specified in the Individual Care Programme (ICP)	Income, assets, social and family situation, cost of the service	0%	Not available, sets aside a minimum amount for personal expenses	33.4% (central state-subsidised, 2019)	No (4)	No (4)
Aragon	Grade II or III dependency recognised, with residential care specified in the ICP; over 64 years of age or with a disability level of 33% or higher	Income, assets, age, dependents	0%	90% (100% if holder of a similar benefit) – 19% of the IPREM	42.1% (public, 2019)	Yes	Yes
Asturias	Recognised dependency	Income, assets, age, dependents	0%	100% – 25% of the IPREM	16.8% (public, 2015)	No	No
Balearic Islands	Dependency recognised and specified in the ICP; over 55 years of age or with a disability	Rent, dependents	80% of the economic capacity if it is lower than the IPREM	90% – 10% of the IPREM (annual)	38.4% (public, 2019)	Yes	Yes
Canary Islands	Not available	Financial capacity	Not available	Not available	17.6% (public, 2015)	No	No
Cantabria	Recognised dependency, with residential care specified in the ICP	Income, assets, age, dependents, cost of the service	15%, if the economic capacity is lower than the IPREM	90% – 30% of the monthly amount of the non-contributory benefit if the economic capacity is greater than five times the IPREM	46.1% (public, 2019)	No	No
Castile-La Mancha	Recognised dependency, with residential care specified in the ICP	Not available	0%	Determined by the regulations governing the benefit	34.0% (public, 2015)	Yes	Yes
Castile-León	Older people in a situation of dependency or severe functional disability	Income, assets, age, dependents	Various criteria calculated on the basis of regional indicators	Various criteria calculated on the basis of regional indicators	49.7% (public, 2019)	Yes	Yes
Catalonia	People over 64 years of age in a situation of dependency and/or social risk	Income, assets, age, dependents, reference cost of the service	0%	Depends on the service	34.4% (public, 2019)	Yes	Yes
Extremadura	Not available	Not available	Not available	Not available	17.3% (public, 2015)	No	No
Galicia	Recognised dependency, with residential care specified in the ICP	Income, assets, age, dependents, cost of the	70% of the economic capacity if it is equal to or less than 75% of	90% of the economic capacity if it is greater than 284.81% of the IPREM	35.0% (public, 2017)	No	No

Region	Criteria determining E (Eligibility) (1) and P (level of co-payment or contribution)		Share of the reference cost			Appears in the catalogue	
	E	C	Statutory minimum	Statutory maximum	Observed mean (2)	E	C
		service (contribution increases with the degree of dependency)	the IPREM				
La Rioja	Grade II or III dependency recognised, with residential care specified in the ICP; over 60 years of age (except for Grade III with neurodegenerative disease)	Economic capacity (in some cases, including that of family members or cohabitants)	0%	Not available	55.8% (public, 2019)	Yes	Yes
Community of Madrid	Recognised Grade II or III dependency, with residential care specified in the ICP	Income, assets, age, type of care home	86% of the economic capacity (public care homes) or EUR 950 per month (state-subsidised care homes) or 90% of the cost of the service	86% of the economic capacity (public care homes) or 85% of the average subsidised price (subsidised care homes) or 90% of the cost of the service	20.9% (public, 2019)	No	No
Murcia	Recognised Grade II or III dependency, with residential care specified in the ICP	Income, assets, age, dependents	100% of the economic capacity – 20% of the IPREM, if the economic capacity is less than the reference price increased by 20% of the IPREM (6)	100% of the reference price, if the economic capacity is greater than the reference price increased by 20% of the IPREM	44.6% (central state-subsidised, 2019)	No	No
Navarre	Grade II or III dependency recognised, with residential care specified in the ICP (7); over 65 years of age or under 65 with cognitive impairment	Financial capacity	Not available	Not available	81.0% (public, 2019)	Yes	Yes
Valencia	Recognised dependency, with residential care specified in the ICP	Income, assets, social and family situation, nature and frequency of service	0%	The total fee may not exceed, in any case, 90% of the reference unit cost of the service, which shall be established annually in the budget law of the Regional Government	26.3% (public, 2019)	No	No
Basque Country	People over 64 years of age in a situation of dependency	Not available	Not available	Not available	49.8% (public, 2019)	Yes	Yes

Note: ICP stands for individual care plan. IPREM stands for *Indicador Público de Renta de Efectos Múltiples* [Public Multiple Effects Income Indicator]. The regulations governing user contributions are regional, except for Act 39/2006, which is statewide. (1) Benefits under the System for Autonomy and Long-term Care for Dependency are universal for all Spaniards who have resided in Spain for at least five years, including a minimum of two years immediately prior to making the application. (2) The type of establishment (public or subsidised) and the reference year are given in brackets. (4) Law specifying the minimum services exempt from co-payment. (6) The minimum amount per month for personal expenses, equivalent to 20% of the IPREM, will rise to 40% of the IPREM in June and December. (7) There is also a "supportive housing service" with different requirements.
Source: OECD Social Services Questionnaires, regional social services laws. Average observed contribution data from the *Instituto de Mayores y Servicios Sociales* [Institute for Older Persons and Social Services – IMSERSO].

Following the evaluation of the application of Act 39/2006, the plenary session of the Territorial Council proposed a framework regulation establishing minimum criteria for beneficiaries' contributions to the cost of benefits. Decree 20/2012 establishes that beneficiaries' contributions shall depend on the type and cost of the service, as well as the economic capacity of the beneficiary, determined by their assets and income. For all services, contributions are progressive and cannot exceed 90% of the reference cost. The decree sets rules for minimum contributions and for determining who may be exempt from co-payment.

The Decree 20/2012 also sets reference prices for home care: EUR 14/hour for personal care and EUR 9/hour for other home care (see Table 4.4). Various autonomous communities have used these provisions to implement criteria for assessing the economic capacity of beneficiaries. Aragon, Asturias, Cantabria and Murcia have issued regulations that use the decree's terms. Asturias and Cantabria reduce beneficiaries' contribution to the cost of home care since beneficiaries whose economic capacity is equal to or less than the monthly *Indicador Público de Renta de Efectos Múltiples* (IPREM) or Public Multiple Effects Income Indicator do not contribute to the cost of the service (see Table 4.4). However, the regions' regulations do not fully respect the Territorial Counsel's criteria in all cases and, furthermore, they are presented differently and use different wording to the text of the Territorial Council, contrary to principles of equality and transparency (Boletín Oficial del Estado, 2018[11]). Although in most of the autonomous communities, economic the user's income and assets determine capacity, not all regional regulations use the terms of Decree 20/2012 to calculate these values. The IPREM is not always used, either because is just not taken into account (as in the Canary Islands and Catalonia) or because an alternative indicator is used (as in Castile-León). In addition, some autonomous communities only partially apply the minimum levels of economic capacity specified in the decree. For example, the Balearic Islands and Valencia set beneficiaries' maximum contribution to services in the System for Autonomy and Long-term Care for Dependency at 90%, without specifying the minimum economic capacity by type of service.

Table 4.4. The average contribution of users of home care: from 2% to 44% of the hourly cost of the service

Region	Criteria determining E (Eligibility) (1) and C (level of co-payment or contribution)		Share of the reference cost			Rate in EUR/h/user (2019) (2)	Appears in the catalogue (E and C)
	E	C	Statutory minimum	Statutory maximum	average observed above the established price (2)		
Andalusia	Dependency recognised by the ICP, or home care prescribed under basic community services	Economic capacity, defined on the basis of income, asset, age	0% if economic capacity is lower than the IPREM	90% if economic capacity is greater than the IPREM	2%	13.28	No (4)

Region	Criteria determining E (Eligibility) [(1)] and C (level of co-payment or contribution)		Share of the reference cost			Rate in EUR/h/user (2019) [(2)]	Appears in the catalogue (E and C)
	E	C	Statutory minimum	Statutory maximum	average observed above the established price [(2)]		
Aragon	People in a situation of dependency recognised by the ICP, caregivers, or people living alone without support or with limited capacity and autonomy	Income, assets, age, IPREM, dependents	0% if economic capacity is equal to or less than the IPREM	90%	16%	17.4	Yes
Asturias	Dependency (older people with reduced personal autonomy; people with disabilities; minors whose families are unable to provide adequate care)	Income, assets, age, IPREM, dependents	0% if economic capacity is equal to or less than the IPREM	75%	12%	11.96	No
Balearic Islands	Dependency recognised in the ICP, or population at social risk	Personal care hours indicator, household chores indicator	0% if economic capacity is equal to or less than the IPREM	65%	26%	16.5	Yes
Canary Islands	Not available	Income, assets, age, IPREM, dependents	EUR 20 per month	90%	Not available	13	No
Cantabria	People in a situation of dependency	Income, assets, age, dependents, cost of the service	0% if economic capacity is equal to or less than the IPREM	90%	38%	14.67	No
Castile-La Mancha	People in a situation of dependency	Not available	Not available	Not available	24%	12.4	Yes
Castile-León	People who have requested an assessment of their degree of dependency, or have reduced personal autonomy; vulnerable minors; family groups with serious difficulties (various types)	Income, assets, age, own indicator, dependents	Various criteria calculated on the basis of regional indicators	Various criteria calculated on the basis of regional indicators	15%	16.26	Yes
Catalonia	Accreditation of the situation of need or of the situation of dependency	Income, assets, age, dependents, reference cost of the service	Not available	Not available	9%	16.25	Yes

Region	Criteria determining E (Eligibility) [1] and C (level of co-payment or contribution)		Share of the reference cost			Rate in EUR/h/user (2019) [2]	Appears in the catalogue (E and C)
	E	C	Statutory minimum	Statutory maximum	average observed above the established price [2]		
Extremadura	Not available	Not available	Not available	Not available	12%	9.04	No
Galicia	People in a situation of dependency	Income, assets, age, IPREM, dependents, degree of dependency	EUR 15 euros per month	39.95% for Grade III dependency	23%	9.42	No
La Rioja	Grade II or III dependency recognised and specified in the ICP	Economic capacity, size of municipality where the claimant resides	Not available	Not available	24%	14.33	Yes
Community of Madrid	Dependency recognised in the ICP	Income, assets, age, IPREM, dependents, degree of dependency	0% if economic capacity is equal to or less than the IPREM	90%	9%	16.27	No
Murcia	People in a situation of dependency and/or need specified in the ICP	Income, assets, age, IPREM, dependents	0% if economic capacity is equal to or less than the IPREM	90%	44%	10.86	No
Navarre	People in a situation of dependency	Nature and frequency of service, income and assets, social and family status	0%	90%	27%	15.08	Yes
Valencia	Dependency recognised and specified in the ICP	Nature and frequency of the service, income and assets, social and family status	Not available	90%	Not available	14	No
Basque Country [8]	Persons in a situation or at risk of dependency	Economic capacity, income, assets [7]	Not available	Not available	29%	14.22	Yes

Note: ICP stands for individual care plan. The regulations governing user contributions are regional, except for Act 39/2006, which is statewide. (1) Universal for Spaniards who have resided in Spain for at least five years, including a minimum of two years immediately prior to making the application, there are exemptions at the state level. (2) The type of establishment (public or subsidised) and the reference year are given in brackets. (4) Law specifying the minimum services exempt from co-payment (7) The Provincial Council of Álava has a decree regulating participation and economic capacity. (8) Corresponds to an average. Álava: 88.1%; Biscay: information not available; Gipuzkoa: 16.7%
Source: OECD questionnaires, regional social services legislation. IMSERSO for average observed participation.

References

Ararteko (2016), *La situación de los servicios sociales municipales en la Comunidad Autónoma de Euskadi. Situación actual y propuestas de mejora*. [4]

Ararteko (2011), *Infancias Vulnerables - Informe extraordinario de la Institución del Ararteko al Parlamento Vasco*. [8]

Boletín Oficial del Estado (2018), *BOE-A-2018-135*, https://www.boe.es/boe/dias/2018/01/04/pdfs/BOE-A-2018-135.pdf (accessed on 26 February 2021). [11]

Castillo de Mesa, J. (2017), "El trabajo social ante el reto de la transformación digital. Big data y redes sociales para la investigación e intervención social", *Comunitania Revista Internacional de Trabajo Social y Ciencias Sociales*, https://doi.org/10.5944/comunitania.15.17. [5]

Consejo General del Trabajo Social (2018), *III Informe sobre los servicios sociales en España*. [7]

del Pozo-Rubio, R., I. Pardo-García and F. Escribano-Sotos (2017), "El copago de dependencia en España a partir de la reforma estructural de 2012", *Gaceta Sanitaria*, Vol. 31/1, https://doi.org/10.1016/j.gaceta.2016.09.003. [10]

Fresno, J. (2018), *Algunas prioridades para los servicios sociales en España*. [1]

Gobierno de Navarra (2019), *Plan estrategico de los servicios sociales de Navarra, 2019-2030*. [2]

Hendrickson, M. (2019), *Informe sobre la situación de la atención primaria de servicios sociales en Cantabria*. [3]

Lizano, E. (2015), "Examining the Impact of Job Burnout on the Health and Well-Being of Human Service Workers: A Systematic Review and Synthesis", *HUman Service Organization Managment*, pp. 39(3):167–181, https://doi.org/10.1080/23303131.2015.1014122. [6]

Marquez, A. (2018), "Requisitos comunes apra el acceso a las prestaciones economicas de garantía de ingresos", *Temas Laborales*, Vol. 143, pp. 87-123. [9]

Notes

[1] Several autonomous communities informally confirmed the reality of this situation during the interviews conducted by the OECD.

[2] When the regulations establish a single overall ratio, this value has been indicated. Where minimum staffing levels are linked to population ranges and/or territorial organisation criteria, approximate averages have been established according to three types of geographic unit: small (less than 5 000 inhabitants), medium (between 5 000 and 20 000 inhabitants) and large (more than 20 000 inhabitants). To establish these averages, we have calculated the average population in the corresponding ranges (i.e. without taking into account the actual population of the geographic units, which we do not know) for each type of

geographic unit and the average of the minimum team of professionals established in the regulations, without differentiating administrative personnel from social workers, educators or psychologists.

[3] The ratios given here are approximate. This is for several methodological reasons: (i) the number of professionals working in primary care reported in the questionnaires may refer to slightly different perimeters; this may derive, among other things, from the geographical and operational arrangement of each autonomous community; (ii) the number of professionals is not corrected for possible cases of part-time work, which may be more frequent in certain autonomous communities than others; and (iii) when the data in the regulations clearly did not correspond to the total number of professionals working in primary care, they were corrected using alternative sources.

5 Financing, expenses and governance of social services in Spain

The subject of this chapter is the governance and financial aspects of social services in Spain. First, it describes how different Autonomous Communities deal with information management, more specifically on the development of information systems for social services, and the involvement of the non-profit and for-profit sector. Secondly, it explains the principles of financing of the Autonomous Communities, and shows statistics on the financing and expenditures of social services. Finally, it presents the limited mechanisms for intra- and inter-autonomic co-ordination.

The financing of expenses and the governance of the social services system are closely related issues. An analysis of the costs of social services in the different autonomous communities would be impossible (or would inevitably lead to incorrect conclusions) unless the financing mechanisms and the existing tools to supervise the different actors' work and to monitor expenditure were also studied. Finally, it is extremely important to understand the extent to which the data being analysed are reliable and complete. This section is entirely dedicated to these topics. The main findings show that the lack of a national information system for social services (or at least of harmonised data models and protocols) leads to information on funding and expenditure that is incomplete and non-comparable across regions. In addition, the co-ordination among the institutions that provide social services is challenging because of the complex governance system at local, regional and national level.

5.1. The role of the third sector and the importance of information management

Information management presents a number of challenges in the autonomous communities. Although most, if not all, autonomous communities are making efforts to improve their information technology structure, the current situation of information management should be improved. The lack of timely and complete information about the provision of services, human resources, detailed expenditure and financing sources makes it difficult to analyse the situation as a whole (at regional level and even more at national level) and draw reliable conclusions on the effectiveness of social services systems. Although strategic plans are in place, there is a lack of sufficient data for services to be better planned.

A significant example of this lack of information are the services provided by the third sector. They are of great importance in many autonomous communities, but key figures allowing researchers and policy makers to quantify the services provided are generally not documented or are only partially documented. This section opens with an analysis of these issues, including the role of the third sector in providing social services.

5.1.1. The role of information systems in service planning and implementation

In their daily work, professionals working in social services are faced with decisions regarding the quality of the service they provide. Those responsible for managing these services must make decisions that will affect not only the experience of users, but also of the professionals working under their management. High-level decision makers in charge of making strategic decisions (such as the regulation of private providers, the regional organisation of services or the implementation of a single user registry) know that these decisions will affect not only the immediate experience of service users and providers, but also how social services function as a whole (including costs, and the capacity to adapt systems to new situations) and in the long term.

Decision-making processes can be more or less complex depending on the problems being addressed. In general, and even more so in the case of strategic decisions, these processes follow a cycle that can be summarised as follows: (i) identification of the problem (what needs to be solved or improved?), (ii) identification of possible solutions, (iii) analysis of these solutions (such as costs, benefits, consequences linked to other problems), (iv) selection of a solution, (v) implementation of the solution and (vi) evaluation of the results once the solution has been implemented.

Although not sufficient, the quality of the information available is a key element to ensure that the solutions adopted lead to an effective improvement in the quality of services. This applies throughout the entire process and at all levels. For example, social workers will be able to better assess the situation of a person requesting assistance if they know his/her family situation, economic situation, employment history, medical history, judicial history, and, of course, any assistance from social services (in any region of the country) that this person may have received in the past. The head of a social services centre, faced with

high demand and lengthening waiting lists, will be able to give priority to certain urgent cases in a fair and efficient manner, provided that they know the typology of the cases on the waiting list, the time elapsed since the request/evaluation of each case, the workload of the professionals under their responsibility and, if possible, the availability of other centres nearby to take on some cases. In the context of strategic planning, the analysis required to carry out a reform at the regional level (and even more so at the national level) based on concrete (i.e. from field services), complete (i.e. covering the whole territory and all levels of service) and relevant (i.e. that do not leave out variables that are vital in the analysis of the different solutions) data, will lead to a better assessment of the situation (what do we want to improve?). This includes a thorough analysis of the costs, benefits and implications of each possible solution, and will ultimately make an informed evaluation of the reform's impact possible.

In a significant number of autonomous communities, there is no single data-collection system containing information on the social services of all local entities. Each situation leading to different information-related issues. Some examples (many other might be cited) are:

- In the Balearic Islands, there are currently three systems: Operated by the Consell de Mallorca, the *Historia Social Integrada* [Integrated Social History – HSI] integrates the information of users of the social services of all the islands, with the exception of the municipalities of Palma and Calvià, as each have their own information system: NOU and SIAP.
- In the Community of Madrid, there is no common information system for the entire community.
- Primary care centres have access to the *Sistema de Información de Usuarios/as de Servicios Sociales*, an IT solution provided by the central government [Information System for Users of Social Services – SIUSS]. However, not all municipalities transfer data to the SIUSS.
- In Catalonia, **although the HESTIA system is used in 80% of the basic areas,** there **are currently 12 different computer systems.**
- In the Basque Country, there is an application that the Basque Government makes available to municipalities and that they can use. However, each municipality is responsible for organising the information systems and the provincial councils have their own application.

In addition, the lack of interconnectivity hinders integrated or holistic intervention and, above all, complex case management that requires attention from several professionals for social inclusion. The implications of this lack of co-ordination are manifested in various ways, such as the lack of integration of social services with other sectors, including the health system and employment services. Each system has its own resources and professionals, as well as a differentiated management and economic structure. There is also a lack of emphasis on evaluation and data to provide information on user experience and outcome, or on whether the interventions are useful or yield results. Recently, there have been new initiatives in certain autonomous communities to introduce these concepts and quality and satisfaction surveys (see Section 5.3.2). In many autonomous communities, the exchange of information between private and public entities is difficult because they do not have integrated systems. The reasons for this are understandable, with user privacy probably the most important. However, poor integration means there is a lack of information on the third-sector's activities: services provided, users, types of intervention, and so on, which can lead to duplication in places where there is no co-ordination between the two management bodies. An exception is Castile-León, where statistics reflect all social services activities and work is under way on technological innovations that will give authorised professionals from third-sector entities access to the computer system. This will make it possible to have data on all services, including those provided by entities, whether they are collaborators or agents. A detailed analysis of the Information Technology systems that support the action of social services in Spain, along with recommendations to improve them and to create a national information system of social services can be found in (Fernadez, Kups and Llena-Nozal, 2022[1]).

5.1.2. Contracting social services in the third sector

As explained in the previous section, while recognising its very important role, it is impossible to quantify the action of private providers, and in particular of third sector entities, in the provision of social services. However, it is possible to analyse the mechanisms of collaboration between public and private actors from a statutory perspective.

The provision of services can be carried out directly by public entities or by private actors: either from the third sector or for-profit companies that are subcontracted or receive a subsidy. In general, there are different rules for primary and specialised social services. In all communities, private entities can provide specialised care services, although the prerequisites and the openness of the system to the initiative vary greatly from one community to another (Table 5.1). In general, services that are reserved for direct management – such as information, evaluation, assessment, guidance and child adoption services – cannot be subcontracted. Regarding primary care, only home care services are usually provided by private entities. However, private entities are not authorised to provide primary care social services of any kind in Castile-La Mancha, Extremadura and Murcia. In Aragon, Catalonia, the Community of Valencia, Galicia and Navarre they are only authorised to do so in particular situations.

Several autonomous communities give preference to the participation of non-profit entities rather than for-profit entities as social services providers, for example in the Balearic Islands and Castile-La Mancha. In Andalusia, for-profit providers can only be contracted in the absence of other social initiative entities. In some autonomous communities, conditional priorities are established between social initiative entities and for-profit entities. For example, in the Canary Islands, similar conditions of effectiveness, quality and social profitability are required. In Murcia and the Basque Country, priority is linked to effectiveness, quality and equal costs. The relevant Murcia regulations additionally focus on preferential access for people with a low socio-economic status as an additional criterion when selecting a provider.

Private providers are generally contracted through a mix of different legal instruments, which vary between non-profit and for-profit providers. Agreements, social accordance[1] and subsidies are favoured for non-profit entities. Contracts are used for for-profit entities, and tendering may be used to select them. In the Basque Country, for example, in addition to the accordance, contracts are used when it is not possible to resort to the accordance regulation due to the innovative nature of the services. Additionally, subsidies or agreements are used for non-profit entities that offer benefits or services not included in the Basque Social Services System's services catalogue. Murcia notes that co-operation methods other than agreements are possible if appropriate. Some regions, such as the Community of Madrid, are currently exploring the possibility of developing new regulations to define in detail the mechanisms necessary to facilitate collaboration with the private sector and to anticipate all the possible options (subsidy, accordance, agreement and tendering) and the suitability of each of them depending on the services.

Table 5.1. The regulation of private participation in providing services varies among autonomous communities

Region	Authorisation for private entities to provide services		Regulatory instruments (and to which entities they apply)	Additional information
	Primary [1]	Specialised		
Andalusia	Authorised	Authorised	Social accordance (non-profit) Contract (for-profit)	Social initiative entities have priority and only in their absence may they be merged with private for-profit entities. Social initiative organisations may receive subsidies, while for-profit suppliers are contracted via tenders.
Aragon	Authorised in particular situations	Authorised	Accordance	Services not reserved for direct management (information, assessment, guidance and diagnosis and adoptions) may be subcontracted. Non-profit organisations are involved in disability services and child protection. Other services can be done with for-profit organisations.
			Contract	A law on private entities providing social services is being drafted for the comprehensive regulation of private entities, centres and services. It will introduce administrative accreditation.
Asturias	Authorised	Authorised	Concerted action agreements (non-profit) Contract	Direct management or management using its own resources is preferred.
Balearic Islands	Authorised	Authorised	Collaboration agreements, subsidies and grants	Third-sector social entities have priority over other private entities.
Community of Madrid	Authorised	Authorised	Collaboration agreements and subsidies (non-profit) Contracts (for-profit and non-profit)	The new law would potentially define in more detail the mechanisms necessary to ensure collaboration with the private sector, provide for all possible options (subsidy, accordance and tendering) and consider how suitable each of them are to each service.
Community of Valencia	Authorised in particular situations	Authorised	Contracts (for-profit and not-for-profit entities)	NGOs and private for-profit companies provide specialised services, mainly in home care and residential services.
			Concerted action (social initiative entities), subsidies	
Canary Islands	Authorised	Authorised	Agreement (non-profit) Contract (various options) Subsidies (NGO)	For the establishment of indirect management options, when similar conditions of effectiveness, quality and social profitability exist, the responsible public administrations will ideally give priority to social initiative entities.
Cantabria	Authorised	Authorised		
Castile-León	Authorised	Authorised	Accordance, subsidies	
Castile-La Mancha	Unauthorised	Authorised	Contract, accordance Agreement (non-profit)	Social initiative entities have priority over other private entities.
Catalonia	Authorised in particular situations	Authorised	Purchase Contract	Co-operation is organised through agreements.
Extremadura		Authorised	Contract, agreement, subsidy	

Region	Authorisation for private entities to provide services		Regulatory instruments (and to which entities they apply)	Additional information
	Primary (1)	Specialised		
Galicia	Authorised in particular situations	Authorised	Contract, accordance, subsidy (non-profit)	Subcontracting is more common at the regional level. At the local level, since the dependency law entered into force, home care services have been outsourced to a large extent. However, the main provision of the home care service, understood as basic, regular and continuous care, cannot be outsourced.
La Rioja	Authorised	Authorised	Contract, Agreement (non-profit), subsidy (non-profit)	
Murcia		Authorised	Accordance	Other co-operation options are possible.
			Agreement	When there are similar conditions of effectiveness, quality and costs, the public administrations will give priority to services and centres of non-profit private initiative entities and preferably serve people of a low socio-economic status.
Navarre	Authorised in particular situations	Authorised	Accordance subsidy (non-profit)	In no case may the management of a service that is being provided directly with its own means be converted into indirect accordance by means of an agreement.
Basque Country	Authorised	Authorised	Accordance, contract (when, due to the nature of the services, it is not possible to resort to the accordance system), grant or agreement (for non-profit entities offering services not included in the catalogue)	The public administrations will give priority to non-profit entities when there are similar conditions of effectiveness, quality and costs, Work is under way for a decree in 2021 on consultation with the sector and on public-private supply.

Notes: (1) In general, primary care is the responsibility of the municipality, but home care may be provided by private entities.
Source: 2021 OECD Social Services Questionnaire.

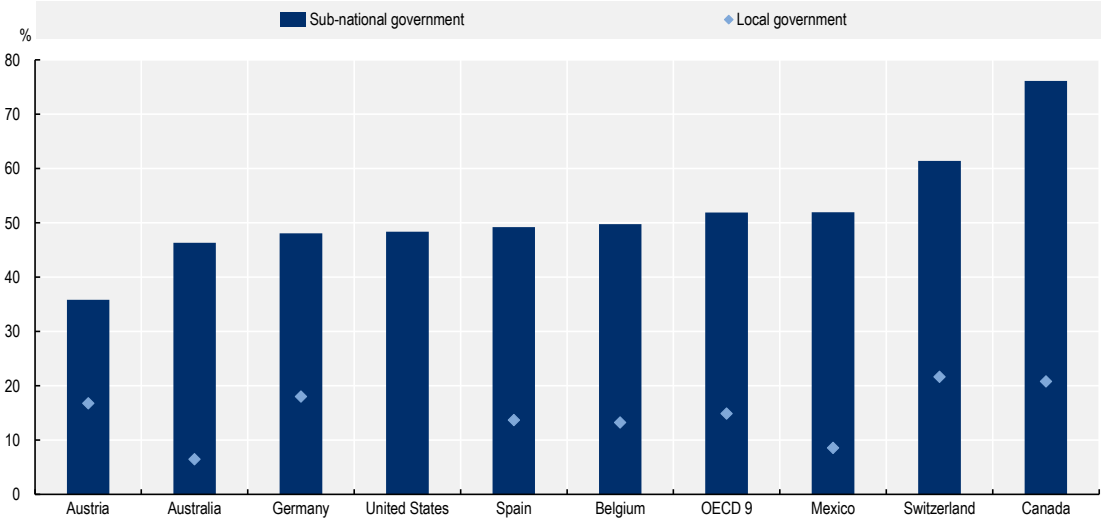
5.2. Funding sources vary with respect to type and level of care

5.2.1. Principles of funding in Spain and the fiscal situation of public administrations before the COVID-19 crisis

As part of the process of decentralising the Spanish system of government, the public financing system has transferred funds from the central government to the autonomous communities. In 2016, the expenditure of the autonomous communities and local entities accounted for 35.5% and 13.7% of overall public administration expenditure, respectively (OECD, 2017[2]). Considering all subnational levels, the combined share of expenditures in Spain is very close to the average of the nine (near)-federal OECD countries (50%) (Figure 5.1). The 13 percentage point increase in the share of expenditure at the subnational level (as a percentage of public spending) between 1995 and 2016 has been the largest of all OECD countries. This growth is largely due to the education and health sectors having been decentralised in 2002 and 2005. Spain, along with Australia, Canada, Denmark, Finland, Germany, Japan, Sweden, Switzerland and the United States, is part of a group of OECD countries that combine high decentralisation of expenditures and high decentralisation of public revenues (OECD, 2019[3]).

Figure 5.1. In Spain, the sharing of expenditures between central and subnational governments is close to the OECD average

As a percentage of public administration expenditure, 2016



Note: OECD 9 is the unweighted average of the nine (near)-federal OECD countries. The local government average does not include the United States.
Source: OECD (2017[2]), *Subnational Government Structure and Finance Dataset*, http://stats.oecd.org/Index.aspx?DataSetCode=SNGF.

The system for funding public services in Spain is complex. At the regional level, there are two different systems: the *foral* regimes of the Basque Country and Navarre, and the common regime in the 15 other autonomous communities. In the common regime, the central government manages a significant portion of tax revenues and uses these revenues to finance its own activities and to transfer funds to the autonomous communities. Specifically, the central government keeps all revenues from corporate taxes and transfers half of the revenues from personal income and value-added taxes (VAT), 58% of certain excise duties and all revenues from taxes on electricity, wealth and other taxes. The regions of the common regime have autonomy in determining the rates of taxes on income, wealth, capital transfers, the levy on lottery and betting winnings, vehicles and hydrocarbons. In the *foral* regime, the three Diputaciones [provinces] of the Basque Country and Navarre collect almost all taxes (apart from import duties, payroll taxes, VAT and import levies on excise duties) themselves. They use these revenues to finance their expenses and to transfer a portion dedicated to common expenses to the central government (de la Fuente, 2019[4]).

Public funding also has elements of solidarity redistribution that Act 22/2009 on the financing of the autonomous communities has reinforced. For inter-regional redistribution by the *Fondo de Garantía de Servicios Públicos Fundamentales* [Essential Public Services Guarantee Fund], 75% of the theoretical tax revenues are redistributed (assuming equal tax rates) according to the needs of each autonomous community.[2] The *Fondos de Suficiencia, Co-operación y Competitividad* [Sufficiency, Co-operation and Competitiveness Funds] redistribute resources between the central government and the communities according to complex criteria such as distribution in the previous period and population density and growth (de la Fuente, 2019[4]).

As a result of various trade-offs between horizontal (between regions) and vertical (from the central government to the regions) transfers of funds, Australia is the only OECD country where the redistribution of public financial resources between regions is similar to that of Spain. However, inequalities have not

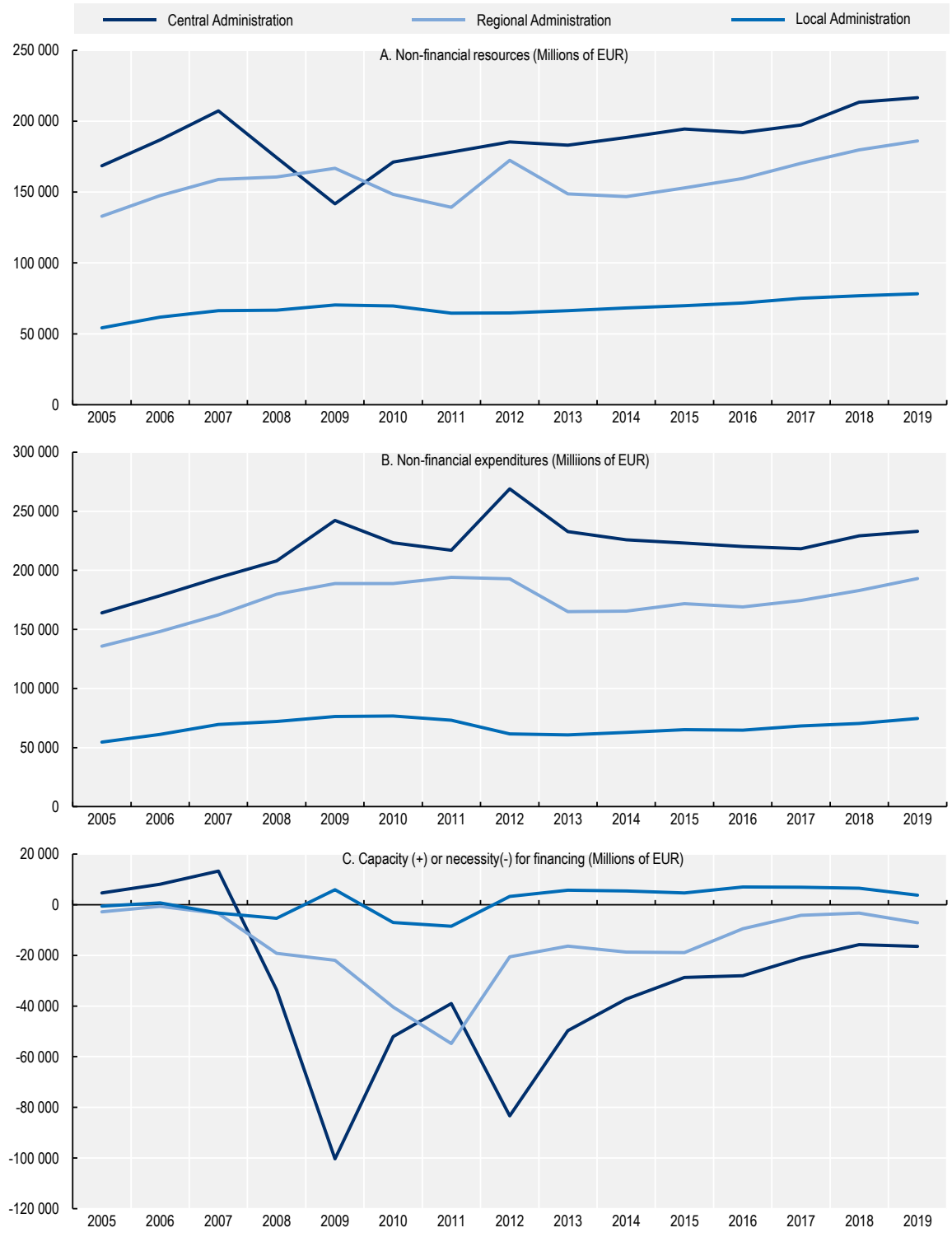
been eliminated. They persist because the *foral* communities contribute less than their population and economy would suggest; and because of stability clauses that link vertical transfers to the amounts from the previous period, reproducing differences in the provision of public services over time (Lago-Peñas, Fernández-Leiceaga and Vaquero-García, 2017[5]). Finally, transfers from the *Fondo de Garantía* [Guarantee Fund] do not consider other factors that influence the demand for social and other public services, nor how differences in price levels between regions affect the costs of service provision for local users.

Local entities are funded from several sources. They collect taxes on real estate, on business, professional and artistic activities, and on the vehicle trade and vehicle registration, and they may tax construction activities and real estate capital gains. In 2017, taxes accounted for 52% of public entities' revenues, transfers accounted for 28%, fees accounted for 13% and other sources accounted for 7% (REAF asesores fiscales, 2018[6]).

The Organic Act 2/2012 on Budgetary Stability and Financial Sustainability established strict rules for public budgets. Article 135 of the Constitution enshrines the principle of budgetary stability (OECD, 2019[7]; Salazar-Morales and Hallerberg, 2018[8]). The law specifies that, under normal circumstances (outside of structural reforms, natural disasters, pandemics and recessions), all levels of public administrations must have a surplus or balanced budget. The central government has the authority to control, monitor and sanction subnational entities that do not comply with budget rules. Expenses can only increase in line with economic growth.

Economic recovery combined with the aforementioned new rules resulted in fiscal consolidation in the years leading up to 2020. Following the global financial crisis, central government revenues fell between 2007 and 2009 (Figure 5.2). The fall reached the autonomous communities in 2010 and particularly in 2011, when local entities' resources decreased slightly. From 2012, the resources of the different levels of government began to grow again, partly due to increased tax rates on personal income, VAT and excise duties. At the same time, expenses decreased, meaning the need for financing reduced. This resulted in local governments collectively achieving a slight surplus in 2019. By causing a reduction in tax revenues and increase in public expenditures, the COVID-19 crisis disrupted fiscal consolidation in Spain in 2020 and will most likely continue to do so.

Figure 5.2. Between the time of the financial crisis and the COVID-19 crisis, public administrations had consolidated their fiscal situation

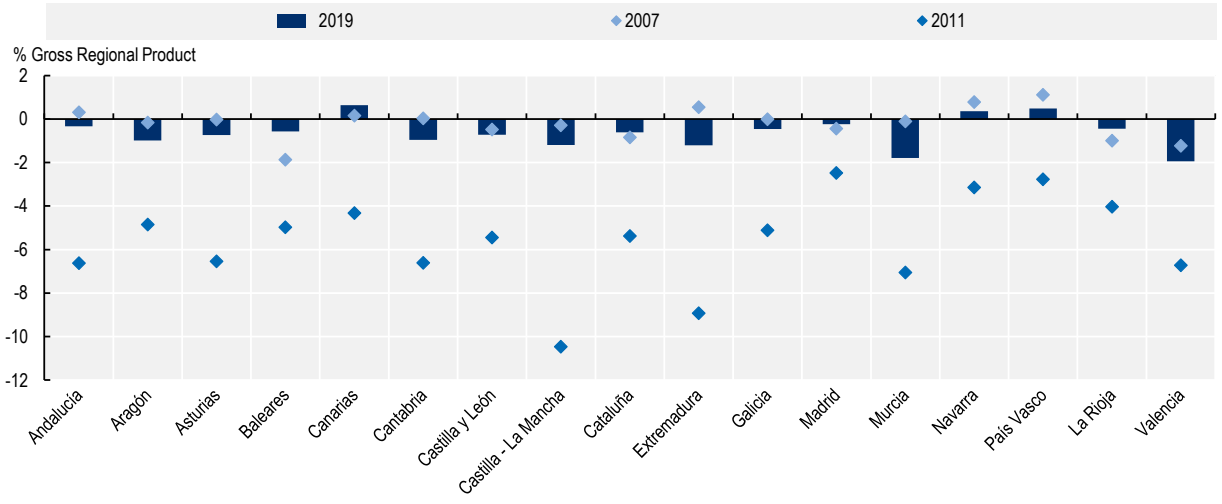


Note: Non-financial resources consist of current resources (mainly taxes) and capital resources.
Source: Treasury (2020[9]), "Contabilidad Nacional. Operaciones no financieras" [National accounts. Non-financial operations], Central Information Office of the General Comptroller of the State Administration, https://www.igae.pap.hacienda.gob.es/cigae/Anual.aspx.

Although only a minority of the autonomous communities had a budget surplus in 2019, all had drastically improved their fiscal situation compared to in 2011. The Canary Islands, Navarre and the Basque Country had more significant resources than they used in 2019, and most other communities had a funding requirement of less than 1% of their regional gross domestic product (GDP) (Figure 5.3). However, it should also be noted that in 11 autonomous communities the deficit in percentage terms was larger (or the surplus was smaller) in 2019 than in 2007. Extremadura had a surplus in 2007 and a deficit in 2019. The funding requirements of Castile-La Mancha, Extremadura, Murcia and the Community of Valencia exceeded 1% of their regional GDP.

Figure 5.3. The funding needs of regional governments were less significant in 2019 than in 2011

Capacity (+) or need (-) for funding



Source: Treasury (2020[9]), "Contabilidad Nacional. Operaciones no financieras" [National accounts. Non-financial operations], Central Information Office of the General Comptroller of the State Administration, https://www.igae.pap.hacienda.gob.es/cigae/Anual.aspx.

5.2.2. Differences among autonomous communities in the funding of social services

The funding of social services is the responsibility of each level of government. However, it may be supplemented by transfers from higher administrative levels (Pontones Rosa, Pérez Morote and González Giménez, 2010[10]). The regional government is responsible for funding specialised social care services that fall under its jurisdiction. Often, specialised services are managed and provided by the regional government. In turn, local entities (municipalities, provinces or islands, depending on the functional structure), must fund basic care services, but with variable contributions from regional and central government levels. In addition, as shown above, beneficiaries of social services may be asked to pay a portion of these costs (co-payment). The amount of the co-payment should not exceed the financial capabilities of the beneficiaries, as this might indirectly exclude them from access to services (Resa, 2001[11]).

The European Union may also contribute to funding, particularly investing in the improvement of social services. In the 2014-20 period, Spain received around EUR 3.7 billion in European Union funds dedicated to social inclusion through the European Social Fund, the European Regional Development Fund and the European Agricultural Fund for Rural Development. In Spain, most of these funds are earmarked for labour market integration, but they can also help improve access to public services (European Commission, n.d.[12]). For the 2021-27 period, the European Social Fund Plus includes funds to help the most vulnerable people and to provide food and basic material assistance to people with high levels of deprivation

(European Commission, 2020[13]). Other funds may also provide one-time financing. For example, in 2020, the City of Madrid and the European Investment Advisory Hub, funded by the European Commission and the European Investment Bank (EIB), signed a financing agreement for a feasibility study for a "social impact bond" that seeks alternative solutions for people living in temporary accommodation (European Commission, 2020[14]). In theory, private social services providers can also access funds from the European Fund for Strategic Investments (EASPD, 2015[15]).

Some autonomous communities think that European funds could make an even bigger contribution to funding social services in the near future. The 2017-20 Second Strategic Plan for Social Services of Aragon explicitly states within its objectives the need to explore new ways of funding the system. It also indicates the associated measures to "promote the incorporation of European funds in the financing of services" and "inform and share with social entities the potential of financing with European funds" (Departamento de Ciudadanía y Derechos Sociales, 2017[16]). Similarly, the 2017-21 Strategic Plan for Social Services of Castile-León notes that "[...] taking advantage of funding opportunities from Europe, become strategic objectives in the medium and long term in order to enable our social services to become a true laboratory for experimentation and innovation in the social sphere" (Gerencia de Servicios Sociales, 2017[17]). However, it is sometimes difficult to trace clearly the amount of European contributions to regional spending on social services. In general, it is likely that European funds that go directly to local entities and especially to third-sector providers are not counted in the breakdown of regional social services funding. In fact, in hardly any cases do the tables provided by regional authorities during the fact-finding missions show the funding of primary care social services provided by the communities indicate a contribution from the European Union.

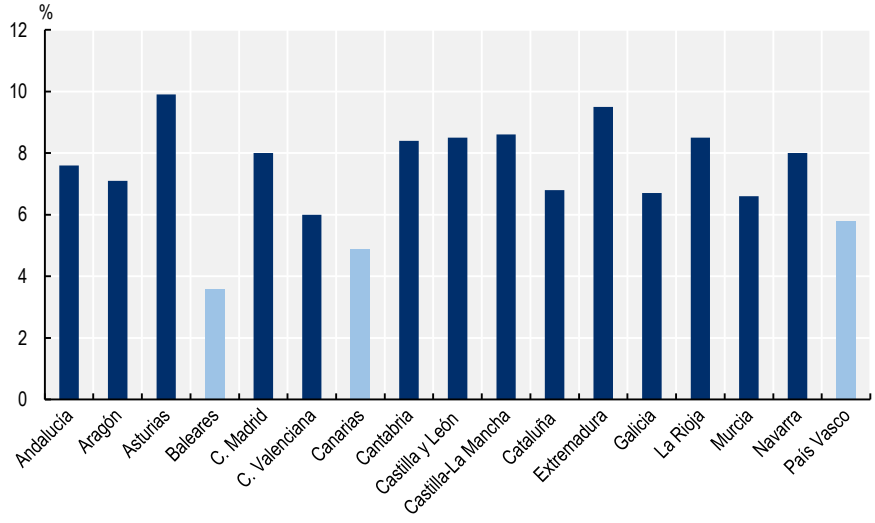
The Concerted Plan is the central administration's main channel of co-funding for basic care social services. The plan is an annual co-operation agreement between the central and regional governments that has been in place since 1988. The plan seeks to guarantee basic services to citizens throughout the territory and to establish principles of co-ordination and co-financing. However, Navarre and the Basque Country – the communities of the *foral* regime – do not participate in it. In addition to commitments for co-financing, management, information and technical assistance, the communities have agreed to co-finance an amount at least equal to the central government's contribution. In recent years, the contributions of the autonomous communities have far exceeded those of the Concerted Plan. One consequence of this situation is that the information on funding published in the annual reports of the Concerted Plan (see Box 5.1) is incomplete because some communities only report the contributions that will co-finance what falls within the context of the Concerted Plan, omitting of the rest of the expenditure. In other cases, the municipal bodies do not report their total expenditure to the regional authorities. As a result, information on financial contributions cannot be compared between the communities (MSCBS, 2019[18]).

In addition to the funds associated with the Concerted Plan, regions may also co-finance the expenses of local entities through other programmes. For example, in the province of Albacete in Castile-La Mancha, part of the funds that local entities receive to provide services under their jurisdiction and to develop programmes under regional jurisdiction comes from the Regional Social Action Programme and the Regional Social Integration Plan (Pontones Rosa, Pérez Morote and González Giménez, 2010[10]).

The share of the regional budget devoted to social services varies greatly between regions. Social services expenses may constitute up to 10% of the total budget, as is the case in Asturias and Extremadura, or 6% or less, as is the case in the Community of Valencia (Figure 5.4). By way of comparison, and on average, education represents 21% and health care 33% of the regional budget. The variation in the share of the budget dedicated to social services reflects several situations: political priorities and population structures with different needs, or differences in the relative contribution of the autonomous community and local entities to social services.

Figure 5.4. Social services account for up to 10% of the regional budget

Spending on social services (percentage of total regional budget), 2018



Notes: The percentages of the Basque Country, the Canary Islands and the Balearic Islands cannot be directly compared with those of the other autonomous communities due to the significant expenses of the provincial and island councils (*diputaciones*, *cabildos* and *consejos insulares*).
Source: *Asociación Estatal de Directoras y Gerentes en Servicios Sociales* [State Association of Directors and Managers in Social Services] (2019[19]), "*El Gasto Social por Comunidades: Sanidad, Educación y Servicios Sociales*" [Social Expenses by Autonomous Communities: Health, Education and Social Services].

Users may be asked to contribute to the cost of some services, usually expensive ones, such as home care and residential facilities. With the exception of Galicia, Murcia and the Community of Valencia, regional social services laws specify that the social services catalogue must establish the services subject to co-payment (see Section 4.3.2).

The level of co-financing of primary care services by regional administrations varies considerably across regions. Central government contributions represent less than 5% of funding in each region (Table 5.2). The relative share of regional and local government contributions varies greatly. Asturias is the exception, where the contribution of the regional and local levels is almost identical. In the Balearic Islands (only for basic community services) and in Murcia, local entities contribute 3.0-3.5 times more than the regional government. In the other regions, the regional government finances a larger share than the local entities – from 1.3 times more in Cantabria to 32 times more in Extremadura. One issue is that the amount of users' co-payments is not known in most communities. A reason for this may be that local entities do not include these co-payments in their general or agreement-related reports to avoid funding cuts. Therefore, Table 5.2. may underestimate the financial contribution of local entities, which in some cases may have higher expenditures than they report to the regional government. The fact that the boundaries between the resources of the central government, autonomous communities, local corporations and user co-payment are not clearly defined often makes it difficult to quantify the real contribution of each administration.

Table 5.2. Regional budgets are the most important source of funding for basic social services in most of the communities

Distribution of funding sources for primary care social services, 2018

	Central government	Autonomous community	Local entities	Co-payments	Other
Andalusia	1	64	34	1	0
Aragon	2	61	37		
Asturias	2	47	45	5	
Balearic Islands	2	22	77		
Community of Madrid	4	85	11		
Community of Valencia	4	45	51		
Canary Islands	2	24	72	0	1
Cantabria	2	55	43		0
Castile-León	4	82	13		0
Castile-La Mancha	4	70	26		
Catalonia					
Extremadura		97	3		
Galicia	2	10	88		
La Rioja	14	86			
Murcia	4	29	67		
Navarre					
Basque Country	3	21	37	27	12

Note: The funding for the Balearic Islands refers exclusively to basic community social services and does not include specific primary care community social services. For Andalusia, the co-payment refers to the users' contribution to the home care service. The information for La Rioja and the Basque Country cannot be directly compared to the other communities because there is a lack of information on the funding of entities for La Rioja and the distribution for the Basque Country refers to primary and specialised care and to economic benefits. Empty boxes mean information was not reported, boxes with a zero mean data were reported but less than 0.5%.
Source: 2021 OECD Social Services Questionnaire.

Regarding trends, according to the information communicated by regional authorities the total amount allocated to primary care services has increased in most regions in nominal terms, generally ahead of inflation. Asturias and Murcia are the exceptions. The most substantial increase has occurred in Castile-La Mancha. The (already important) role of regional administrations in funding primary care social services has grown significantly in several autonomous communities. Particularly between 2012 and 2018, the share of funding provided by the community grew in Aragon, the Balearic Islands, Castile-La Mancha and Extremadura, and slightly in Castile-León. In the same communities, with the exception of Castile-León, the relative contribution of local entities has decreased. In Cantabria, Galicia, Murcia and the Basque Country, the composition of funding has remained almost constant and in Andalusia, Asturias and La Rioja, the share of regional contributions has decreased.

Regional laws and regulations set out different criteria for the allocation of regional co-financing to local entities for primary care services. Some laws or decrees explicitly list the criteria, while others establish tools for an agreement (such as agreements between local and regional authorities) to determine how to distribute these funds. In some cases, there are clear criteria, while others simply refer to the needs and the funding or management capacity of the different levels of government (Table 5.3).

A key criterion for the distribution of co-financing is a municipality's population. This is to be expected, given that the size of the population influences the needs and funding capacity. Municipalities with a population above a certain threshold typically receive a smaller subsidy in percentage terms than small municipalities or associations of municipalities (Table 5.4). An additional factor explicitly mentioned in some communities, such as the Community of Madrid, the Community of Valencia, the Canary Islands and Castile-León, is the dispersion or concentration of the population. This factor reflects the fact that the

provision of services is generally more costly in (associations of) municipalities with a widely dispersed population than in more densely populated municipalities. Some communities have defined specific criteria to allocate resources based a more strict assessment of the needs of the different local entities. For example, the Community of Madrid and Navarre not only mention the size and dispersion of the population, but also other criteria such as population under and over working age, beneficiaries of minimum income schemes and/or social services. Other communities, such as the Canary Islands and the Community of Madrid, include macroeconomic criteria such as unemployment rate and GDP per capita. Finally, in the Balearic Islands, explicit reference is made to the improvement of ratios as a criterion for allocating funds.

Table 5.3. Some communities include particular needs and qualitative improvement in their decisions to allocate co-financing funds for municipal social services

	Criteria for the allocation of community co-financing to local entities for the financing of primary care social services	Percentage of co-financing specified in the Social Services Law?
Andalusia	Social Services Map; Needs and financing capacity of local entities	No
Aragon	Contributions and needs	Yes
Asturias	Size of the local entity	No
Balearic Islands	Population, improvement of ratios	Yes
Community of Madrid	Population criteria (volume and distribution of the population (under 16 and over 65 years of age, immigrant and dependent population), recipients of the guaranteed minimum income, the inverse relationship of GDP per capita and the dispersion of the population and number of municipalities). There are discussions to include other criteria, such as the rate of people at risk of poverty and/or marginalisation and a criterion to reflect rural access.	No
Community of Valencia	Population distribution and concentration	Yes
Canary Islands	Number of inhabitants, unemployment rate, dispersion and double insularity	Yes
Cantabria		No
Castile-León	Population, population dispersion and the demands presented by local entities with respect to the uniqueness of their situation.	Yes
Castile-La Mancha	The financing criteria will be established according to the type of agreement and the nature of expenditure associated with each of them, in accordance with objective parameters that will make it possible to homogenise funding at the regional level.	[Specified in legislation]
Catalonia	Currently population criteria, but there are plans to use more complex criteria	Yes
Extremadura	Population, number of localities and number of social workers	[Specified in a decree]
Galicia	Population and type of municipalities	[Specified in a decree]
La Rioja	Priority will be given to municipalities with lower economic and management capacity.	No
Murcia	Population	No
Navarre	Population, distance between each population centre, social situation of each basic zone and the population served by the basic social services (unemployed people, older people, minors, those served by the social service, dependents, minors in need of protection, people on minimum wage).	[Specified in a decree]
Basque Country	As of 2017, each administration is responsible for funding the services and provisions or providing the financial assistance for which it is responsible. In addition, the *Consejo Vasco de Finanzas* [Basque Council of Finances], which is made up of the Basque Government, the Association of Basque Municipalities (EUDEL) and the provincial councils, decides on the funding of services and the participation of municipalities and provincial councils in such funding.	

Source: 2021 OECD Social Services Questionnaire.

Table 5.4. Co-financing may cover almost all the expenses of supra-municipal local authorities

Percentage of co-financing of local authorities' expenses on social services

	Large municipalities	Associations of municipalities/Small municipalities
Andalusia		
Aragon	>=50% (professional staff)	[Same]
Asturias	43.2% (population over 20 000) 69.1% (population between 5 000 and 20 000 inhabitants)	80.2% (population under 5 000)
Balearic Islands	>=50% (minimum professional staff); 10% (improvement of ratios)	[Same]
Community of Madrid		
Community of Valencia	Funding by the provincial councils will not be able to finance services or personnel in towns that are home to more than 25% of the total population of their respective province. Funding by the provincial councils will not reach municipalities with more than 20 000 inhabitants – the Regional Government of Valencia will fund these.	Regional law will establish the population threshold of the municipalities to be funded by each provincial council, taking into account the different distribution and concentration of the population in each municipality.
Canary Islands	40% (population over 95 001) 50% (specialised services managed by the island town councils)	50% (population between 20 000 and 950 000) 60% (population under 20 000)
Cantabria		
Castile-León	The community co-funding for primary care staff is 100%. Local authorities fund the facilities.	[Same]
Castile-La Mancha	Joint contribution of the regional ministry and the ministry: 55% (population over 20 000) Home care: 76% of the hourly cost defined in order 1/2017	Joint contribution of the regional ministry and the ministry: 70% (population < 20 000) Supra-municipal level: 99.98% Home care: 76% of the hourly cost defined in order 1/2017; 100% in towns with fewer than 2 000 inhabitants
Catalonia	>= 66% (staff of basic social services, programmes and projects, and home care and tele-assistance services)	
Extremadura	<90%	<99%
Galicia	Joint contribution of the community and the central government: <=75% (population between 20 001 and 60 000) 67% (population over 60 000)	Joint contribution of the community and the central government:<=80% (population under 20 000)
La Rioja	Co-financing possible for (as a priority) infrastructure and facilities of the second level (population over 20 000)	The government may (co-)finance human resources of first level social services and the construction and renovation of social services infrastructure and the purchase of facilities (population of fewer than 20 000).
Murcia		
Navarre	Core professional staff (50%; 80% in special action areas) Operating costs and costs associated with regional dispersion and specific costs (100%)	[Same]
Basque Country		

Source: 2021 OECD Social Services Questionnaire.

Some regions also use categories of expenses as co-financing criteria. In Aragon, the Balearic Islands, Castile-León and Navarre, the co-financing rates do not vary according to the size of the entity. However, Navarre, for example, offers strengthened co-financing in special action areas and where there is significant regional dispersion. The differences between the low and high rates of regions with differentiated rates vary greatly from one community to another. For example, in Extremadura, the difference in maximum co-financing rates between large and small municipalities is only 10 percentage points. In Asturias, on the other hand, co-financing for primary care social services in municipalities with fewer than 5 000 inhabitants is almost double the co-financing for municipalities with more than 20 000 inhabitants (80.2% and 43.2%). Finally, co-financing for different expenses may also vary. Some communities (such as Aragon and Castile-León) favour the co-financing of professional staff, while others (such as La Rioja in its large municipalities) prioritise funding infrastructure and equipment.

Box 5.1. Funding social services in Ceuta and Melilla

The autonomous cities of Ceuta and Melilla contribute to the autonomous and local treasuries' funding system. They also have a special indirect tax scheme. For example, there is a 50% rebate on corporate income tax, a 50% deduction on personal income tax and a tax on production, services and imports instead of VAT (Ministerio de Hacienda, 2015[20]).

Regarding the funds of the Concerted Plan, unlike the 17 autonomous communities, Ceuta and Melilla receive a minimum economic allocation of 0.5% of the total budget (MSCBS, 2019[18]). In 2012, 2015 and 2018, the Concerted Plan Report indicated that Ceuta had funded 50% of Concerted Plan projects, thus providing the minimum corresponding economic allocation. However, the budgets of the city of Melilla – which are more detailed and include the amount, budgeted for each programme, service and provision managed by the Regional Ministry of Social Services and Equality – indicate that the funding by the city of Ceuta is greater than what stated in the Concerted Plan Report. The information reported by Melilla in the Concerted Plan Reports shows that this represents a minimal source of funding (4.0% in 2012, 2.4% in 2015 and 4.4% in 2018). In addition, Ceuta and Melilla received funds linked to the Family Protection and Child Poverty Attention Programme: Development of Basic Social Services.

In comparison with autonomous communities, the provision of social services in Ceuta and Melilla faces additional difficulties. In 2016, Ceuta launched a plan to promote and develop primary care, with a special focus on consolidating the management and implementation of dependency linked to Act 09/2006 (Ciudad Autónoma de Ceuta, 2020[21]). Therefore, it established five major areas to classify the programmes, services and provisions managed by the Regional Ministry of Social Services and Equality. A 2005 analysis, albeit rather outdated, noted difficulties that probably still exist: isolation of the site and small number of inhabitants, which increases the costs per person when providing social services (Ciudad Autónoma de Melilla, 2005[22]).

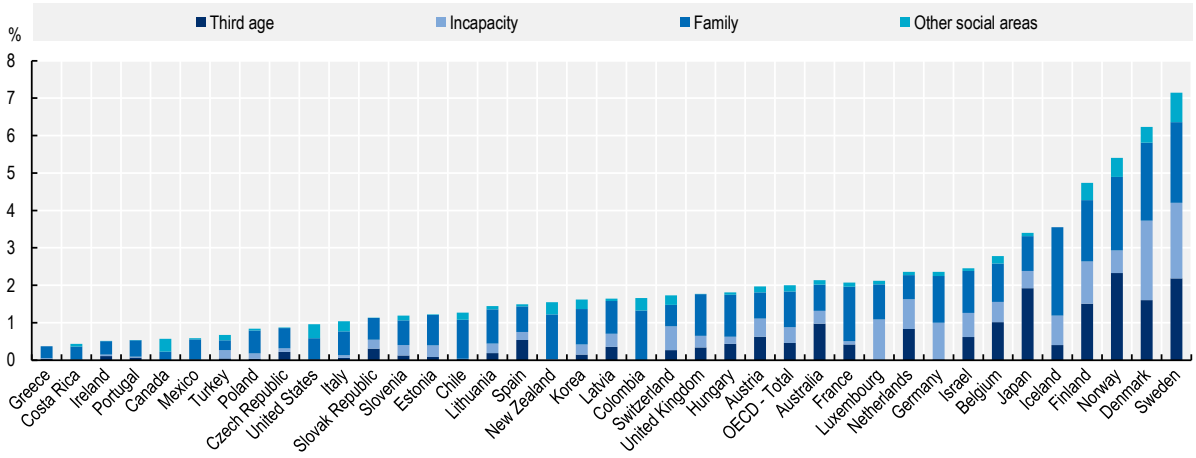
Sources: Autonomous City of Ceuta (2020[21]), "Memoria de presupuestos del año 2020 – Programa 231: Prestaciones Sociales" [2020 budget report – Programme 231: Social benefits]; Autonomous City of Melilla (2005[22]), "Diagnóstico del área de estructura social" [Assessment of the social structure area];Treasury (2015[20]), "Financiación autonómica: Ceuta y Melilla" [Autonomous region financing: Ceuta and Melilla], https://www.hacienda.gob.es/es-ES/Areas%20Tematicas/Financiacion%20Autonomica/Paginas/Ceuta%20y%20Melilla.aspx; Ministry of Health, Consumer Affairs and Social Welfare (MSCBS, 2019[18]), "El Sistema Público de Servicios Sociales – Plan Concertado de Prestaciones Básicas de Servicios Sociales en Corporaciones Locales 2018-19" [The Public Social Services System – Concerted Plan for Basic Social Services in Local Corporations 2018-19].

5.3. There are large differences in per capita expenditures and expenditure control

It is difficult to compare social services expenditure in OECD countries because not all structure public services in the same way. For example, some countries prioritise the provision of services to their citizens, while others favour financial assistance that allow citizens to pay for services. Nevertheless, the OECD Social Expenditure Database (SOCX) provides adequate indications of social services spending in different countries. In 2017, Spain spent 1.5% of its GDP on services [3] for older people (residential care, home care and other services), people with disabilities (residential care, home care, rehabilitative services and other benefits), families (other benefits) and other social areas. This compares to an OECD average of 2.0% (Figure 5.5). It is likely that in Spain, as in other countries, this statistic does not include the entire amount of social services expenditure due to the lack of information on the expenditure of local entities (Adema and Fron, 2020[23]).

Figure 5.5. Expenditure on social services in Spain is below the OECD average

Public expenses for benefits in kind by target group (% GDP), 2017



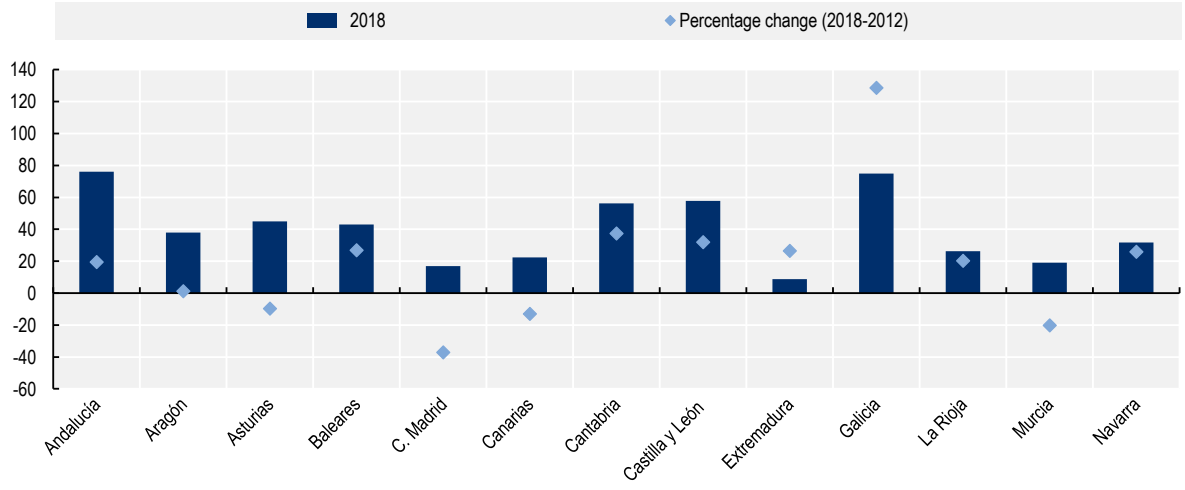
Note: The benefits selected are benefits in kind for older people (residential care, home care and other benefits), people with disabilities (residential care, home care, rehabilitative services and other benefits), families (other benefits) and other social areas.
Source: OECD (2020[24]), *OECD Social Expenditure Database,* https://stats.oecd.org/Index.aspx?datasetcode=SOCX_AGG.

5.3.1. Expenditure

In most of the regions with available data, spending per capita dedicated to primary care social services increased between 2012 and 2018. The increase was more significant between 2015 and 2018 than before 2015, reflecting the economic recovery and the autonomous communities' renewed interest in investing in social services. It should also be noted that the budgetary effort made by regional administrations is not necessarily aimed at increasing the total resources dedicated to social services; rather, it is often used to alleviate the burden on local entities. For example, in Extremadura, spending on primary care services per capita grew by a quarter between 2012 and 2018, but the regional administration's contribution grew even more, by almost 50%.

Figure 5.6. Since 2012, most communities have increased their spending on primary services per capita

Expenditure on primary care social services (excluding financial services) in euros, 2018, and nominal percentage change between 2012 and 2018



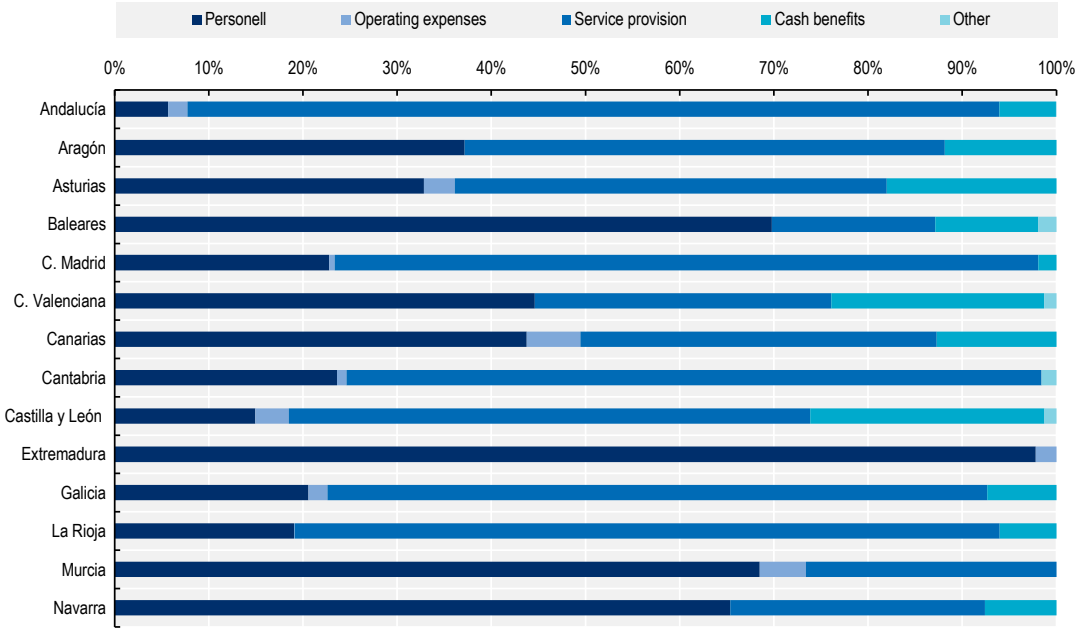
Note: The statistics for Navarre refer only to the regional government's contribution to basic social services. Full costs are estimated to be more than 1.5 times higher. For the Balearic Islands, only basic community services are shown. The information from the Basque Country is missing because there was no disaggregation between primary and specialised care services. A comparison with the Plan Concertado report reveals that OECD estimates are almost equal to the Concerted Plan in seven regions, lower in one, higher in three and non-comparable in one (Balearic Islands), reflecting the lack of national homogeneous reporting rules for social services expenditure.
Source: 2021 OECD Social Services Questionnaire.

Spending levels vary significantly from one community to another, but the comparison is not always easy. In some cases, such as in Navarre, the total expenditure of municipalities and other local entities is not known. In others, the way in which certain specific benefits are distributed between primary and specialised care differs. For example, in Castile-León, specialised care spending is 1.4 times greater than primary care spending, while in Extremadura, specialised care spending is more than 14 times higher than primary care spending (this large difference is probably due to accounting differences between these two regions, rather than in the budget allocated to specialised services). Therefore, regional administrations lack a global perspective on total spending. In addition, differences between the regular and *foral* system, the regional organisation and the distribution of financial responsibility between the autonomous and local levels limit the relevance of this comparison.

It is also difficult to compare how autonomous communities distribute expenses among functional categories. For example, some communities distinguish between expenses associated with administrative staff and staff providing services, while others do not.

Figure 5.7. In some communities, cash benefits account for around 20% of primary care spending

Distribution of primary care spending by functional category, 2018

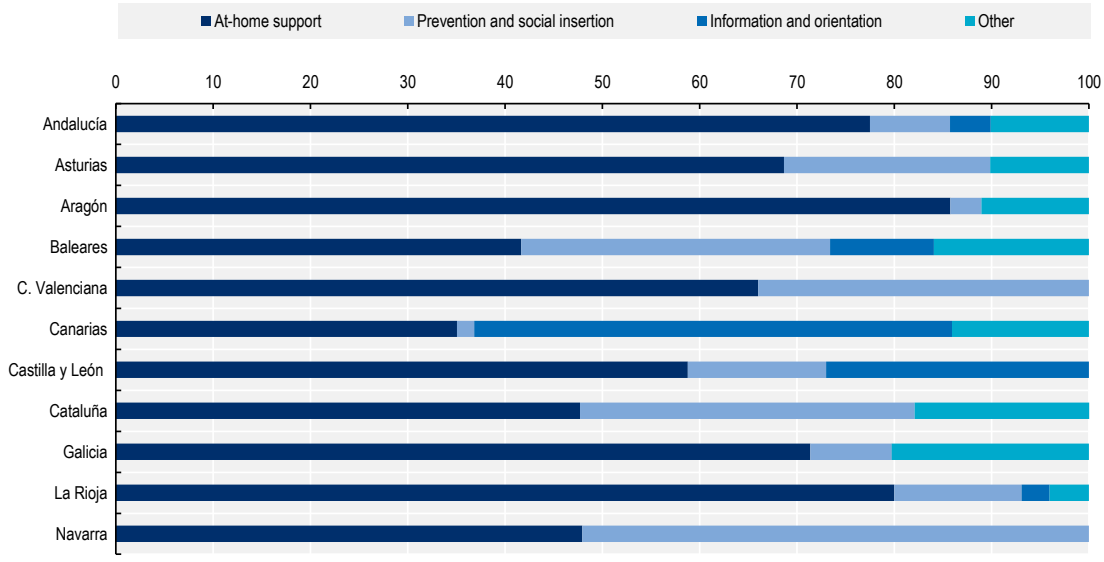


Note: Does not include minimum income programmes. The Cash benefits category mainly corresponds to the Ayudas de Emergencia [Emergency aids]. Missing information for Castile-La Mancha, the Canary Islands and the Basque Country.
Source: 2021 OECD Social Services Questionnaire.

Home care is by far the category that accounts for the largest share of spending on primary care social services in all communities, representing at least 38% of spending in the Canary Islands and as much as 86% in Aragon (Figure 5.8). Prevention and social integration is the category with the second highest expenditure (up to 52% in Navarre) and information and guidance is the third (up to 49% in the Canary Islands).

Figure 5.8. Home care accounts for the largest share of primary care spending

Distribution of spending on primary care services by type of service, 2018



Source: 2021 OECD Social Services Questionnaire.

Looking at the communities for which a complete breakdown of expenditure is available, expenditure on specialised care is higher than expenditure on primary care.[4] In 2018, spending per capita was EUR 223 in the Community of Madrid, EUR 231 in Castile-León, EUR 356 in Cantabria and EUR 529 in Asturias. Of the total expenditure on secondary care, the provision of services is the largest category, rising from 56% in the Community of Madrid to 97% in Asturias. As for the type of services, of the total expenditure on specialised services, dependency services and services for older people are the highest, ranging from 49% (in Madrid) to 70% (in Extremadura). Services for people with disabilities represent slightly more than a quarter of spending (24% in La Rioja, 26% in Castile-León and 29% in Extremadura). Finally, services for women and people with drug addictions account for 1-2% of expenditure, while social inclusion can account for up to 9% (in Madrid) of expenditure on specialised social services.

5.3.2. Cost-control and inspection mechanisms

Local entities and third-sector service providers typically have to report basic information on their expenses and users to the administrations that co-finance their activities. Requirements may vary between local entities and third-sector providers (see Section 5.1.3 for an overview of the role of private providers), but in general documentation to support expenditure is always required (Table 5.5). In addition, local entities must also submit a summary of the people served, with the breakdowns and level of detail required for each situation. In some communities (Castile-La Mancha and Castile-León), the information must be communicated through their information systems, while in other, the information exists in the form of reports or briefings and is not linked to databases or information systems. There may also be monitoring committees, as in Asturias, La Rioja and Navarre, to inspect compliance with the agreements and make changes if necessary.

Table 5.5. Local entities and private providers are often required to document their expenditure and, in some cases, their activities

Information requirements from local entities and private providers on activities co-financed by the community.

	Local entities	Private providers
Andalusia	Certification of expenses Evaluation and services sheets (population, funding sources, investments)	
Aragon	The service provision costs shall be published by the managing entity, either in general terms or by service and user.	
Asturias	Documentation of activities, expenditure and users to regional authorities	Contract: Only the invoicing is checked, to ensure that it complies with the contract. Institutions that provide direct care services: Monthly commissions to monitor the service, study complex cases and analyse the continuity and quality of the service.
Balearic Islands	The information requested is required by the central government to prepare the Concerted Plan Reports.	
Community of Madrid	Documentation to support expenditure, broken down by each of the items financed. Annual programming of the centre's activities and activity reports as technical supporting documentation for compliance with the agreement.	Documentation to support expenditure, broken down by each of the items financed.
Community of Valencia	Financial and descriptive reports (programme by programme, type of service provided, number of users, number of men/women accessing the programme, population sector, activities carried out, budget used, and so on)	
Castile-La Mancha	Technical and economic report using the MEDAS computer system (user information)	
Castile-León	Expenditure of people served under the Framework Agreement for the Co-financing of Social Services and information on users within the SAUSS	
Catalonia	Reports on expenditure and people served	
Extremadura	Auditors' certificates of expenditure and technical reports	
Galicia	Annual reports	
La Rioja	Documentation to support expenses Monitoring commissions with each of the local entities	Annual report At least two monitoring commissions per year
Murcia	The expenses and payments of the subsidies received are justified through the supporting documentation models established in each call for proposals.	
Navarre	Annual reports	There are monitoring committees and reports for subsidies and contracts.
Basque Country	Agreements	

Source: 2021 OECD Social Services Questionnaire.

The financial reports produced by local entities and private providers are typically subject to accounting controls, but there are few other mechanisms to assess and monitor expenditure efficiency (Table 5.6).

In several communities, a theoretical possibility exists of recovering (a portion of) funds from suppliers who have not fulfilled their obligations or who have committed infringements. This may even involve sanctions that exclude offenders from the social services system for a certain period. In practice, the instrument for fund recovery is rarely used. Instead, most of the regional administrations favour dialogue to resolve conflicts and difficulties.

Few efficiency or impact evaluations of expenses and service quality exist. The Castile-León strategic plan intends to carry out studies and research on proof of the efficiency and social impact of social policies, specifically in rural areas. The Social Reality Observatory of Navarre is implementing the pilot project '*Cerca de ti'* ['Close to You']. This project aims to put efficiency at the centre of the evaluation. In addition to the evaluation programmes carried out (or not) by the regional authorities, there are other institutions that also carry them out. For example, in 2008, a research group from the University of the Basque Country and the Public University of Navarre conducted a study on improving the management of social services

by developing and implementing an indicator model in collaboration with six Basque town councils (Erkizia Olaizola et al., 2008[25]).

Some communities are considering economic incentives aimed at improving the quality of services. For example, from 2020, the administration responsible in the Balearic Islands offers up to 15% more funding for local entities that commit to improving professionals/users ratios. Likewise, the Community of Valencia has established priority criteria for agreements with private entities: in addition to ratios, labour stability and employment quality are taken into account, as well as whether the provider applies measures aimed at continuous quality improvement. Catalonia is also thinking about conducting a review of payment methods, in order to make them more results-oriented, including taking into account the user experience.

Table 5.6. Most of the autonomous communities have only limited ability to evaluate the efficiency of expenses

Instruments for the control of social services expenditure

	Recovery of funds	Efficiency/impact evaluations	Additional information
Andalusia	✓	×	Restitution mechanisms are in place in case of non-compliance by local entities. In general, however, there is an attempt to discuss and establish objectives in a co-ordinated manner.
Aragon	×	×	The regional government is not able to question or go beyond the information on expenditure and users reported by the municipalities. No penalties are imposed, but meetings are held in the event of non-compliance with contracts. In theory, suppliers can be excluded from public funding for a period of between one and five years for serious violations.
Balearic Islands	✓ (since 2020)	?	The information transmitted by the local entities is very partial (geographically). There is no statistical plan to oblige municipalities to report the information. There is no structure with indicators on the objectives because there is no computer infrastructure for this. The General Directorate of Planning, Equipment and Training will verify compliance with the requirements established in the Financing Plan regarding the required professional ratios, as well as the correct implementation and execution of the programmes. Non-compliant municipalities do not usually face financial repercussions. Since 2020, efforts are being made to create incentives for funding. Municipalities may receive more funds if they improve staffing ratios by 10% and by 10-15% for home care (for other groups than dependent people) and financial assistance.
Community of Madrid	×	×	The agreements do not contain clauses that imply a reduction in future payments in the event of insufficient quality. There is no measure to monitor the efficiency of the expenses, other than to ensure that they do not exceed what is stated in the agreement.
Community of Valencia	✓	?	Act 3/2019 stipulates that employment stability and the quality of work of the professionals of private entities providing services will be considered to be a criterion that can be used to evaluate these entities' access to public funding. In addition to labour stability and employment quality, certain priority criteria are established for agreements with private entities such as: improving the ratios of staff hired for the service offered, applying measures aimed at co-responsibility and sensible and beneficial uses of time, and applying quality assurance or continuous improvement systems.
Canary Islands	✓	×	The audit criteria are specified in the agreements for subsidised and subcontracted entities (Article 67) or in the contracts. The range of cases can be broad. In general, failure to comply with the established criteria may lead to the initiation of a reimbursement proceeding, as established in the general law on subsidies, or the removing the possibility of contracting with the public administration.
Cantabria			The law on social services states that the person or institution that provides the concerted services must be subject to the financial control measures of the administration, in relation to the public funds provided for the financing of the agreements (Article 59).
Castile-León	✓	?	Allocated funds and the fulfilment of the responsibilities they entail can be monitored at the end of each financial year. It also includes a review of the objectives of the legislature and a review of the resources invested in the services, each of which refer to the catalogue of benefits and services of the annual expenditure implemented. This makes it possible to evaluate the budgetary efforts in relation to the results obtained. The strategic

	Recovery of funds	Efficiency/impact evaluations	Additional information
			plan looks to carry out studies and research on the evidence of the efficiency and social impact of social policies, with specific reference to those developed in rural areas.
Castile-La Mancha		×	There is a draft decree on social agreements.
Catalonia	?	?	Decree No. 69/2020 on social agreements provides that providers must submit, at the request of the competent authority, an accounting audit in which the terms set out in the public call for tenders for the relevant service may be legally required. There are four-year framework programmes with local entities for primary care and specialised care. Those contracts set out criteria and monitoring arrangements that are linked to expenditure rather than quality, efficiency or results. The strategic plan provides for a review of payment methods to make them more results-oriented and the introduction of criteria such as user experience, quality objectives and evaluation indicators and criteria. Screening has been in place for a year and could constitute a pilot tool for analysing process and results to allow for results-based payment.
Extremadura	✓	×	Reimbursement criteria apply to specialised services, and every contract provides for inspections. Fifty percent of a financial allocation is paid upon signature of an agreement, and two payments of 25% are made subject to verification. Payments of 100% are also possible, subject to verification. The regional authorities do not undertake evaluations that consider the user experience. Some local affiliates are expected to do so.
Galicia	✓	?	Under Article 33 of the Act on Social Agreements, the contracting administration may request external audits. Calls for tender for social agreements may provide for, without prejudice to the cause for the termination of an agreement, penalties for the unsatisfactory delivery of a service or amenity. Penalties must be proportional to the severity of the breach, and each penalty must not exceed 10% of the value of the social agreement.
La Rioja		×	Grant monitoring includes data collection and annual visits. There is little information on the efficiency and impact of expenditure on users.
Murcia		×	Efficiency is not a criterion. According to Decree No. 10/2018, which establishes the legal framework for social agreements in the area of specialised social services for older people and people with disabilities), the parties to an agreement must submit to financial monitoring by the administration's competent bodies in relation to the public funding provided for social agreements.
Navarre		?	Municipal services are provided via agreements signed every four years, with the financial arrangements reviewed yearly. Regional Law No. 13/2017 of 16 November on social agreements in the areas of health and social services establishes how many agreements must be evaluated. Article 8 of the Regional Law provides that agreements must include requirements relating to conditions for staff, especially with regard to safety at work, union rights and gender equality. At the strategic level, the forthcoming decree is intended to encourage quality. At the operational level, the approach taken is not to interfere, but rather to assist, advise and improve. The Social Reality Observatory promotes a culture of evaluation. For example, the 'Close to You' pilot project aims to put efficiency at the heart of the evaluation process.
Basque Country		✓	Reviews through audits of 10% of grants, both competitive and nominative; of random self-audits of agreements representing up to 10% of the total. As planning is person-centred, surveys on demand and needs are undertaken. Satisfaction surveys are also carried out in residential care facilities.

Legend: Exists = ✓ Does not exist = × Planned but not implemented =**?**
Source: 2021 OECD Social Services Questionnaire.

In addition to – or even more important than – expenditure control, the competent regional authorities supervise the quality of the social services provided within their jurisdiction. Legislation on social services generally designates the body competent to inspect social centres and services: in almost all communities, that body is the regional ministry or department responsible for social services, or a body that reports to it. For example, as indicated in (Table 5.7), in Andalusia these are the Local Social Services Inspection Units of the Regional Ministries of Education, Sport, Equality, Social Policy and Conciliation. In many cases, the

body may work with other authorities with inspection powers. The competent body may also be responsible for accrediting new centres. However, inspection is not always the responsibility of the regional authorities; for example, supra-municipal local bodies or municipalities with more than 20 000 inhabitants in Catalonia may request to manage the inspection of services under their responsibility.

There are inspection plans for social resources and services in most autonomous communities. In addition to verifying compliance with current regulations, protecting users' rights and investigating complaints of poor service quality or even allegations of mistreatment, inspections aim to improve the overall quality of social services (Gobierno de Navarra, 2019[26]). For example, studies are undertaken with the aim of continuously improving centres' operations (Andalusia), or to assess a type of resource based on a representative sample (Community of Valencia). Inspection services are organised differently among the autonomous communities. For example, the Basque Country defines specific inspection coverage parameters according to service type, while the Community of Valencia has established a minimum ratio of 1 inspector to 150 000 inhabitants, "provided that sufficient funds are available". It is also interesting to note that inspection units in some autonomous communities focus largely on inspecting specialised care services.

Table 5.7. Inspection plans have often complex objectives

The plans, bodies and priorities involved in inspecting social centres and services

	Plan	Body	Priorities	Additional information
Andalusia	✓ (2020)	Local Social Services Inspection Units of the Regional Ministries of Education, Sport, Equality, Social Policy and Conciliation	- users' rights - compliance with mandatory requirements - studies for the continuous improvement of the operations of social centres and services - co-operation in updating the social services map - strengthening the Social Services Inspectorate.	Inspections in 92 community service centres had been scheduled for 2020. Owing to the COVID-19 health emergency, only 51 centres were ultimately inspected.
Aragon	~ (2016-18)	Social Centres and Services Inspectorate	- reviewing centres' physical and operational arrangements – ensuring respect for users' rights by promoting good practices in care for them, particularly dependent people.	The plan was adopted in order to provide a tool for planning inspection activities.
Asturias	✓ (2020)	In addition to its own inspection unit, the regional ministry responsible for social affairs will have the support of the inspection units of other departments and will work with other administrations with inspection powers.	- authorising new centres or significant modifications - accrediting privately owned centres; ex officio full or single-aspect inspections; inspections following complaints, orders from a higher body or at the reasoned request of other administrative bodies (including inspections of all residential centres for dependent people); and advice on the authorisation and accreditation of centres.	
Balearic Islands	×	Island Council		

	Plan	Body	Priorities	Additional information
Community of Madrid	✓ (2019-20)	Subdirectorate General for Quality Control, Inspection, Registration and Authorisation	The first eight priorities are: - monitoring compliance with the minimum physical, operational and quality requirements for social services centres - verifying that restraints are used rationally and on a case-by-case basis - monitoring aspects that inspections have found to be in need of improvement - verifying that users have tailored care programmes (...) - inter-agency co-ordination - evaluating the quality of social services - improving care quality.	The Subdirectorate that maintains the register of social action bodies, centres and services also carries out inspections and monitors the quality of social services provision.
Community of Valencia	✓ (2019-22)	Subdirectorate General of Planning, Management, Evaluation and Quality and of the Accreditation and Inspection Unit for Centres and Services	- supervising and monitoring centres and services - observing and verifying care quality - developing specific campaigns (for example assessing one resource type based on a representative sample) - optimising inspection activities.	A ratio of at least one inspector to 150 000 inhabitants will be ensured, provided that sufficient funds are available. Programme contracts provide for evaluation and monitoring criteria. Documentation containing indicators will be created for each programme, including user questionnaires. Programme contracts are expected to be concluded during the first four months of 2021.
Canary Islands	✓ (2020)			Articles 84 to 89 of Act No. 16/2019 of 2 May on Social Services in the Canary Islands regulate the inspection of social services.
Cantabria	×	The regional ministry responsible for social services, with support from other regional ministries and public administrations with inspection powers.	- ensuring that users' rights are respected - monitoring compliance with the regulations in force and quality levels - supervising how the public funds granted are spent and ensuring their proper use - providing advice and information to bodies and users, as well as to the administrative departments responsible for planning and programming - suggesting improvements.	
Castile-La Mancha	✓ (2020)	Regional Ministry of Social Welfare, with the support of inspection units attached to other departments of the Autonomous Community Administration.	- monitoring sanctioned centres and services - monitoring the competence of social services and care services for dependent people, verifying that they meet the relevant requirements and conditions - the safety of users of social services and care services for dependent people, verifying compliance with the regulations in force and identifying risks with a view to reducing them.	
Castile-León	✓ (2020)	Court of Auditors, Board of Auditors, Advisory Board, parliamentary control, Ombudsman, and so on.	According to Article 66 of the Act on Social Services, "The inspection of social services (...) aims to ensure compliance with the requirements and conditions set out in the applicable regulations and to support and promote measures relating to quality and continuous improvement (...)".	

	Plan	Body	Priorities	Additional information
Catalonia	×	Department responsible for social services		The Administration of the Regional Government of Catalonia, through an agreement, may entrust the management of inspection activities relating to services to the relevant supra-municipal local bodies or municipalities with more than 20 000 inhabitants, should they request it.
Extremadura	×			Reimbursement criteria apply to specialised services, and every contract provides for inspections. There are visits, in the form of inspections. Basic services are not inspected beyond the consultation of technical reports.
Galicia	✓ (2020)	The department of the Regional Government of Galicia competent to inspect social services; that department may request, when necessary, support from the inspection units of other public bodies, administrations and institutions.	- ensuring strict compliance with regulations (...) so as to guarantee users' rights and ensure continuous improvements to the quality of the social services provided to citizens in the territory of Galicia.	There are specific procedures for user complaints and grievances which may result in additional inspections. New regulations will be adopted to facilitate and structure this type of monitoring.
Murcia	✓ (2019-20)	The Inspection, Registration and Sanctions System Department, under the Secretary General's Office	- verifying compliance with the applicable regulations, the technical clauses of concluded contracts and social agreements and the staffing ratios established in regulations, contracts and signed social agreements.	The inspection system focuses mainly on specialised services, rather than on primary services.
La Rioja	×	The regional ministry responsible for social services	- ensuring compliance with social services regulations - guaranteeing the rights of users of social services - verifying compliance with regulations on minimum physical and operational requirements - monitoring quality levels and proposing improvement plans.	Local primary care bodies are not inspected, with the exception of the Logroño municipal shelter.
Navarre	✓ (2020)	The Inspection Unit of the Technical General Secretariat, in accordance with the organisational structure of the Department of Social Rights	- ensuring that the people targeted (...) receive care appropriate to their needs (...) - monitoring respect for the rights of the people targeted (...), particularly (...) users of residential centres - advising centres and services on compliance with the regulations in force.	
Basque Country	✓ (2017-19)	Basque government	- inspecting all authorised centres on a yearly basis - inspections of 10% of beneficiaries of care in centres for dependent people each year - annual inspections of all cases of minors under protection measures - inspections of 25% of households receiving the economic benefit for home-based care each year.	

Legend: Exists = ✓ Does not exist = × Planned but not implemented =**?**
Source: 2021 OECD Social Services Questionnaire and analysis of regulations.

5.4. The complex governance system poses co-ordination challenges

Appropriate co-operation between administrations with competence in different political and regional areas can assist the planning and implementation of social services programmes. This co-operation may: include co-ordination with those responsible for other areas, such as employment or education; relate to changes in social policies that influence demand; prompt the exchange of experiences among peers within the autonomous community or with other autonomous communities; or, importantly, facilitate joint planning with authorities at the central government level. In addition to planning, co-ordinated action between different administrative levels or areas may also be required when a user changes residence. We will not explore in detail the difficulties of co-operation between primary and specialised care services that owe in part to the lack of a single social history (see (Fernadez, Kups and Llena-Nozal, 2022[1])). This section therefore focuses primarily on mechanisms for co-ordination within and among autonomous communities.

Mechanisms for co-ordination within autonomous communities are organised in different ways. In the Basque Country, for example, co-ordination between the Basque Government and local and municipal authorities is addressed in articles 44, 45 and 46 of Act No. 12/2008 which establish a number of co-ordination bodies: the inter-agency body for social services (art. 44), the Basque Social Services Board (art. 46) and local social and health commissions (art. 46). These bodies are intended to promote and facilitate the co-ordination of social and health care at the primary and secondary care levels, and as part of interdisciplinary work and when designing intervention plans with users (art. 46 of Act No. 12/2008).

The new strategic plan of Navarre provides for improvements to legal instruments to facilitate vertical integration into social services through inter-agency agreements. One option is to create a public sector foundation as an institutional instrument able to foster new forms of co-ordination between the levels of administration in the public social services system in Navarre, and between those levels and the third sector of social action.

Co-ordination between the state authorities and the autonomous communities occurs through sectoral conferences that bring together ministers (or other central government representatives) and representatives of the autonomous community authorities responsible for a given policy area. In the case of social services, these are the Local Social Services Board and the Autonomy and Long-term Care System for Dependent People. This board was the result of the merger of the Sectoral Social Affairs Conference and the Territorial Council of the Autonomy and Long-term Care System for Dependent People (OECD, 2016[27]). A key result of the council's work has been the development and adoption of a catalogue of social services (see the introduction to Chapter 1). A working group involving all autonomous communities and cities and the Spanish Federation of Municipalities and Provinces establishes the basis for this catalogue by collating relevant information on social services throughout Spain (MSCBS, n.d.[28]).

Other than the Ministry's working groups, most autonomous communities do not have formal mechanisms for co-ordination with other regions. An exception is the macro-region of the regions of south-western Europe (RESOE), which includes Asturias, Cantabria, Castile-León and Galicia, as well as northern and central Portugal, although its scope is limited owing to a lack of funding. Other forms of co-operation tend to be informal; for example, Aragon, La Rioja and Navarre exchange best practices, and there are similar exchanges between the Balearic Islands, Andalusia, Aragon, Catalonia and the Community of Valencia. In some specific cases, professionals co-ordinate with others in neighbouring autonomous communities, for example professionals in Castile-La Mancha and Madrid. Other regions engage in more active co-operation. For example, Castile-León has received visits from representatives of other autonomous communities (Andalusia, Asturias, Castile-La Mancha and Murcia) and has signed co-operation agreements with Asturias, Castile-La Mancha, Extremadura, Galicia, La Rioja, Madrid and the Basque Country on issues related to dependent people, older people, children, women and young people.

The lack of co-ordination among the autonomous communities exacerbates two underlying problems:

1. the geographic inequality that means individuals and families enjoy different degrees of support from social services depending on the autonomous community in which they live; and
2. the interruption to the continuity of care and support when users move to another autonomous community, since most regional laws on social services do not address situations beyond their geographic areas of responsibility or cases in which citizens require interventions involving different regional administrations (Casado, 2007[29]).

These situations hinder the continuity of care for citizens. When a citizen moves to another region, he or she must initiate all the procedures necessary to obtain resources while also bearing in mind that most regions require residents to have been registered there for a set length of time before receiving certain services. Such a move brings with it difficulties in accessing services since the requirements (and the services themselves!) differ from one community to another. There are exceptions in some border areas that are very close to other autonomous communities. This is the case, for example, of the town of Treviño, Burgos, where users may access services in Álava. The Local Council of Álava has approved seven co-operation agreements with the Provincial Council of Burgos for the provision of services in Treviño and bordering towns.

References

Adema, W. and P. Fron (2020), *The OECD SOCX Manual 2019 Edition - A guide to the OECD Social Expenditure Database*, OECD, Paris, http://www.oecd.org/social/soc/SOCX_Manuel_2019.pdf. [23]

Casado, D. (2007), *Perfeccionamiento de los Servicios Sociales en España*. [29]

Ciudad Autónoma de Ceuta (2020), *Memoria de presupuestos del año 2020*, https://www.ceuta.es/ceuta/images/documentos/Institucional/Presupuestos/2020Final/14_7_MEMORIA_ASUNTOS_SOCIALES.pdf (accessed on 26 March 2021). [21]

Ciudad Autónoma de Melilla (2005), *Diagnóstico del área de estructura social*, https://www.planestrategicomelilla.net/f12_04.htm (accessed on 26 March 2021). [22]

de la Fuente, A. (2019), "Financiación autonómica: una breve introducción"*, Estudios sobre la Economía Española*, FEDEA, https://documentos.fedea.net/pubs/eee/eee2019-07.pdf (accessed on 11 January 2021). [4]

Departamento de Ciudadanía y Derechos Sociales (2017), *II Plan Estratégico de Servicios Sociales de Aragón 2017-2020*, Gobierno de Aragón, https://www.aragon.es/documents/20127/674325/IIPlanEstrategico2017-2020.pdf/a6200038-f057-d7f1-c32d-648005f20e40 (accessed on 20 March 2021). [16]

EASPD (2015), *Unlocking the EFSI for Social Services*, European Association of Service Providers for Persons with Disabilities, https://www.easpd.eu/sites/default/files/sites/default/files/News/efsi_portfolio_of_studies_-_final.pdf (accessed on 15 March 2021). [15]

Erkizia Olaizola, A. et al. (2008), “La mejora de la gestión de los servicios sociales en la administración local vasca mediante el desarrollo y la implantación de un modelo de indicadores”, *Zerbitzuan: Gizarte zerbitzuetarako aldizkaria = Revista de servicios sociales* 43. [25]

European Commission (2020), *A new, stronger European Social Fund Plus*, https://ec.europa.eu/esf/main.jsp?catId=62&langId=en (accessed on 15 March 2021). [13]

European Commission (2020), *Comunicado de prensa: El BEI y el Ayuntamiento de Madrid impulsan el primer Bono de Impacto Social para poner a la ciudad a la vanguardia de las políticas sociales*, https://ec.europa.eu/commission/presscorner/detail/es/IP_20_1430 (accessed on 15 March 2021). [14]

European Commission (n.d.), *European Structural and Investment Funds - Data*, https://cohesiondata.ec.europa.eu (accessed on 15 March 2021). [12]

Fernadez, R., S. Kups and A. Llena-Nozal (2022), *Information technologies for social systems in Spain*. [1]

Gerencia de Servicios Sociales (2017), *Plan Estratégico de Servicios Sociales de Castilla y León 2017-2021*, Junta de Castilla y León, https://serviciossociales.jcyl.es/web/jcyl/ServiciosSociales/es/Plantilla100Detalle/1246991411473/Noticia/1284757107242/Comunicacion (accessed on 20 March 2021). [17]

Gobierno de Navarra (2019), *Plan estrategico de los servicios sociales de Navarra, 2019-2030*. [26]

Lago-Peñas, S., X. Fernández-Leiceaga and A. Vaquero-García (2017), “Spanish fiscal decentralization: A successful (but still unfinished) process”, *Environment and Planning C: Politics and Space*, Vol. 35/8, https://doi.org/10.1177/2399654417704663. [5]

Ministerio de Hacienda (2015), *Financiación autonómica: Ceuta y Melilla*, https://www.hacienda.gob.es/es-ES/Areas%20Tematicas/Financiacion%20Autonomica/Paginas/Ceuta%20y%20Melilla.aspx (accessed on 26 March 2021). [20]

Ministerio de Hacienda y Función Pública (2020), *Contabilidad Nacional. Operaciones no financieras*, https://www.igae.pap.hacienda.gob.es/cigae/Anual.aspx (accessed on 14 October 2020). [9]

MSCBS (2019), *El Sistema Público de Servicios Sociales - Plan Concertado de Prestaciones Básicas de Servicios Sociales en Corporaciones Locales 2018-2019*, Ministerio de Sanidad, Consumo y Bienestar Social. [18]

MSCBS (n.d.), *Catálogo de Servicios Sociales*, https://www.mscbs.gob.es/ssi/familiasInfancia/ServiciosSociales/CatalogoReferenciaSs.htm (accessed on 1 April 2021). [28]

OECD (2020), *OECD Social Expenditure Database*, https://www.oecd.org/social/expenditure.htm (accessed on 7 March 2021). [24]

OECD (2019), *Budgeting and Public Expenditures in OECD Countries 2019*, OECD Publishing, Paris, https://doi.org/10.1787/9789264307957-en. [7]

OECD (2019), *Making Decentralisation Work: A Handbook for Policy-Makers*, OECD Multi-level Governance Studies, OECD Publishing, Paris, https://doi.org/10.1787/g2g9faa7-en. [3]

OECD (2017), *Subnational Government Structure and Finance Dataset*, https://stats.oecd.org/Index.aspx?DataSetCode=SNGF (accessed on 11 January 2021). [2]

OECD (2016), *OECD Public Governance Reviews: Spain 2016: Linking Reform to Results for the Country and its Regions*, OECD Public Governance Reviews, OECD Publishing, Paris, https://doi.org/10.1787/9789264263024-en. [27]

Pontones Rosa, C., R. Pérez Morote and González Giménez (2010), "Gestión y financiación de los servicios sociales en la Administración local", *Contabilidad Pública* 218. [10]

REAF asesores fiscales (2018), *Panorama de la Fiscalidad Local 2018*, ervicio de Estudios de REAF Asesores Fiscales del Consejo General de Economistas de España, Madrid, https://www.economistas.es/Contenido/REAF/Pano-Local2018.-WEBPrensa.pdf (accessed on 11 January 2021). [6]

Resa, A. (2001), "El Plan Concertado de Prestaciones Básicas de Servicios Sociales en España (Once años del Plan Concertado)", *Reis* 93, pp. -, https://doi.org/10.2307/40184329. [11]

Salazar-Morales, D. and M. Hallerberg (2018), "The Role of Fiscal Coordination and Partisanship in the Spanish Fiscal Federalist System: Lessons for European Union reforms", *Dahrendorf Forum IV Working Paper*, No. 5, https://www.dahrendorf-forum.eu/wp-content/uploads/2018/12/Spanish-Fiscal-Federalism.pdf (accessed on 11 January 2021). [8]

Sociales, A. (2019), *El Gasto Social por Comunidades Sanidad, Educación y Servicios Sociales*. [19]

Notes

[1] Social accordance, or simply "accordance" is understood as the instrument through which the provision of social services of public responsibility is produced through entities, whose financing, access and control are public. The accordance regime is regulated by autonomous communities in the regional law of social services or in complementary decrees or regulations.

[2] These needs are determined on the basis of a set of parameters that include the size of the total population, the size of the youth and older population, and the number of people covered by the national health system; geographic size and insularity.

[3] The categorisation of the various budget items in the SOCX database does not perfectly align with what is considered to be social services spending (in the context of this report). However, a good approximation can be obtained by selecting some subcategories reported by SOCX. These are indicated in parentheses.

[4] The information is taken from the OECD questionnaires and does not allow us to generalise this conclusion to all regions. It is plausible, however, that expenditure on specialised care is higher than expenditure on primary care in all the autonomous communities.

6 A new legal context for social services in Spain

The chapter discusses how a national law on social services could improve the supply and accessibility of social services. The first part elaborates how the law can advance the coverage of subjective rights, ensure that citizens can claim these rights, and facilitate the transferability of rights when moving from one Autonomous Community to another. The second part discusses how to improve the co-operation between levels of government following the establishment of a national law.

The distribution of competences and the financing of social services contributes to variations in the provision of, and access to, social services across Spain. As discussed in Chapter 5, local bodies are responsible for providing primary services and for funding a variable, but significant, share of those services. The autonomous communities provide and fund specialised social services. In contrast, the central government's financial contribution through the Concerted Plan is relatively low. The decentralisation of expenditure and revenue, combined with differing needs related to, for example, levels of urbanisation and population structure, lead to inequalities in the ability to fund and provide adequate services. These differences can cause disparities in the offer of services and conditions to access to services for users in different regions.

A series of reforms detailed in Chapters 6 to 9 of this report would help to reduce disparities in the supply of, and level of access to, social services. In particular, although responsibility for social services still lies with the autonomous communities, a new national law should be the first element in the process of reform in order to contribute to better protection throughout the country by establishing basic conditions for services across Spain. The enactment of such national law, as well as other subsequent possible changes outlined in the rest of the report, will also require a process of dialogue and for co-operation to be strengthened between the different levels of government, given the decentralised nature of social services.

6.1. Consolidating the right to social services through a national law

As mentioned in Chapter 2, under Article 148. 1.20 of the Constitution, competence for social assistance lies with the autonomous communities, and the possibility of national legislation is therefore limited. However, constitutional case law has established that the central government may address general social issues that require a comprehensive approach in cases of inequality by creating social programmes or benefits. The central government may also establish and fund its own benefits for matters that logically require regulation at the national level. Such circumstances may arise mainly in relation to problems that occur across autonomous communities or when it is necessary to provide assistance to people across a geographic area that exceeds the boundaries of one autonomous community. In this sense, the presence of disparities in social services may serve as motivation to adopt measures to move towards guaranteed minimum protection.

A national law in the area of social services must be formulated in a way that respects the autonomous communities' competence with respect to social assistance. The Constitution permits at least two different types of legislative intervention by the central government: a law on harmonisation and a law on basic conditions. Of these two types of law, a law on basic conditions guaranteeing equality in the exercise of social rights seems more feasible from a constitutional standpoint. A law on harmonisation may be adopted when the variation in regulations clearly harms the general interest. Such harm would be difficult to prove, and the process would require an absolute majority in Parliament. A law on basic conditions guaranteeing equality would be based on Article 149.1.1 of the Spanish Constitution. This article grants the central government competence to establish the basic conditions guaranteeing the equality of all Spaniards in the exercise of their rights. For effective implementation, the law should be developed with the co-operation and participation of all public administrations to reach consensus on the shared minimum level of rights throughout the entire country.

6.1.1. Defining the minimum social services across the country

The most important element of the law would include the thematic areas of the social services catalogue to be agreed as the new minimum services at the national level. Either this definition of the areas could constitute a list of shortcomings or state areas in which there will be minimum services or rights. Las Heras proposes an exhaustive list of situations of social need that could provide inspiration for the law (Las Heras, 2019[1]):

- basic needs: social urgency and emergencies; poor access to basic social resources; homelessness
- family: risk factors and/or family breakdown; family vulnerability, neglect and/or child abandonment; situations requiring guardianship; single-parent families with dependent minors or adults; domestic abuse or gender-based violence
- autonomy and dependence: disability; ageing; dependence
- vulnerability: social isolation; risk of exclusion; drug addiction; exile or immigration.

As it will be challenging to include all services and benefits for the minimum catalogue and such services are likely to change over time, a possible option is to specify that the Territorial Council on Social Services (hereafter named the Council) will establish this. Even so, the preparation of a minimum catalogue would require the creation of channels for co-operation, likely through a working group involving all autonomous communities, the cities of Ceuta and Melilla and, possibly, the Spanish Federation of Municipalities and Provinces. To this end, the law could draw inspiration from the Long-term Care Act and entrust the Council with agreeing on a framework for inter-administrative co-operation; defining the minimum catalogue of social rights and benefits; agreeing on scales and needs assessments, concession requirements and benefit amounts; adopting common criteria for action and evaluation of the system; facilitating the provision of common documents, data and statistics; and other tasks that allow the system to be subsequently deployed through the relevant agreements with the autonomous communities. All social services councillors from the autonomous communities and a central government's representative are currently involved in the Council's operations.

It would be important for the law to establish the obligation to share information on benefits and services across different levels of governments. Likewise, the law may propose an information system established by the Ministry of Social Rights and the 2030 Agenda that guarantees the availability of information and two-way communication between public authorities, as well as compatibility and co-ordination between the different systems. To this end, the Council will agree on the objectives and content of the information. The law may also require the system to provide information on the catalogue of services and incorporate a range of essential data.

6.1.2. Making progress in the coverage of subjective rights and their enforceability

Currently rights to social services are effectively enforceable only in accordance with the requirements and conditions set out in each legislation. Because regional legislations state that rights will be enforceable under the terms established in the portfolio or catalogue of services and only seven autonomous communities have an official catalogue or portfolio of services,[1] this limits the possibility of claiming and enforcing these rights for citizens.

Converting minimum services and benefits into effective and legally binding rights. A national law on basic conditions would be an improvement for the effectiveness of rights. While it is true that the law does not create rights directly, the national law can itself create subjective rights by establishing standard basic conditions that ensure a minimum level of equality throughout the country.

This right may be directly enforceable before the courts, although it will be defined in the terms established by each autonomous community. Thus, for example, the national law on minimum social services may declare that all Spaniards, regardless of their place of residence, are entitled to benefits guaranteeing access to housing should they suffer gender-based violence. A survivor of gender-based violence who is denied access to housing outright in his or her autonomous community may claim that right in court.

It is important that the national law, and any consequent amendments to regional legislation, recognises and guarantees the right to the benefits that the system offers to all people who require them, without any form of discrimination or limitation. Under current regulations, registration and/or residence in a particular autonomous community is required for access to benefits or services, resulting in a loss of rights for people

registered in other autonomous communities. Furthermore, in many cases, a minimum length of registration and/or residence in the respective autonomous community is required, which also limits people who may apply. Proof of identity should be sufficient.

Codifying this right in autonomous communities' portfolios or catalogues of social services or centrally funded services

Currently, each autonomous community can decide (by itself or on the basis of an agreement of the Council) the way in which that benefit is provided, for example through financial assistance, access to public housing or access to privately managed supervised housing. The right created by the state law ensures that autonomous communities must provide the benefit, but does not determine how they may do so. A different case would be if the law instead provided for the minimum catalogue of social services to be funded entirely by the central government's general administration, defining the relevant economic resources annually in the Act on the General State Budget. If, as in the case of the Long-term care Act, the central government fully funds certain benefits, it may create them as state benefits, regulating them closely and leaving only their management to the autonomous communities. If that option were chosen, the benefits included therein would be directly claimable by citizens under the same terms. In the absence of centrally-funded benefits and services, it would be important to still promote the adoption of regional portfolios or catalogues for clarity on the availability of services related to rights.

6.1.3. Improving the transferability of rights for individuals moving between autonomous communities

Most autonomous communities do not have formal mechanisms for co-ordination with other communities, and each has its own social services legislation. This lack of co-ordination among autonomous communities interrupts continuity of care and support when users move to another autonomous community, since most communities' laws on social services do not address situations beyond their geographic areas of responsibility or cases in which citizens require interventions involving different communities (Casado, 2007[2]). When a citizen moves to another autonomous community, he or she must initiate all the procedures necessary to obtain resources while also bearing in mind that most communities require residents to have been registered there for a set length of time before receiving certain services.

The future law by stipulating the universal rights of Spaniards (and possibly foreign residents) will help guarantee the transferability of rights to certain services when a person moves to a different autonomous community. Such a law assumes that people will have the right – regardless of where they reside in Spanish territory and under equal conditions – to the benefits and services provided for in the law, under the terms established therein.

Nevertheless, central and autonomous government authorities would need to reach an agreement on the modalities for transferring benefits and services in the event of a change of residence. They could draw inspiration from Denmark or Germany, where the government of the place of origin is responsible for payments until a person has been processed in the new location. In the case of Denmark, this obligation is set out in an amendment to social services legislation (Consolidation Act on Social Services No. 102 of 29 January 2018, 96 (b)). The authorities in the place of origin are entitled to be reimbursed for these expenses once the move has been processed. Similarly, in Germany, the location responsible for child protection services retains responsibility for providing the service or benefit until the new local authority assumes that responsibility. The original location must transfer the data required to expedite the processes (German Social Code, Book VIII, 4.1, §86.c).

Another option to consider is the one used in Sweden and Finland, where a person may begin the process and request services in their destination before moving. The destination authorities must treat the person as a resident, and the place of origin is required to transmit the applicant's records (Swedish Social Services Act SFS 2001:453, Chapter 2, Section 3; Finnish Social Welfare Act 1982, Section 16 (a) (1378/2010)).

6.2. Facilitating co-operation between different levels of government

A common understanding of citizens' minimum rights in terms of social services and the transferability of rights in the event of a change of autonomous community requires co-operation among the authorities in different autonomous communities and, where appropriate, at the national level. Fruitful co-operation can, for example, create spaces for the exchange of best practices both in and outside Spain and to agree on the classifications to be used in the different information systems.

Everything related to aspects of the state law will fall within the purview of the Council, and exchanges could take place at Council meetings. Even those meetings could benefit from a broader structure geared towards co-operation, and other exchanges between autonomous communities and between the communities and the central government could be more adequately addressed in other forums. Most autonomous communities currently lack formal mechanisms for co-ordination with other communities, with the exception of the Ministry's working groups and RESOE – a body facilitating co-operation between Asturias, Cantabria, Castile-León and Galicia, as well as northern and central Portugal, and which lacks funding – as well as informal and occasional co-operation. Under Article 145 (2) of the Constitution, agreements between autonomous communities require the approval of Parliament.

Similarly, when it comes to primary services, co-operation between different local bodies and between the autonomous communities, local and national levels could be beneficial. Mechanisms for co-ordination within autonomous communities are organised in different ways. With the exception of Catalonia, there are no forums for horizontal, inter-municipal co-operation and exchange in addition to the forums for vertical co-operation between the autonomous community and local levels. With regard to co-operation with the autonomous community and central government levels, the Spanish Federation of Municipalities and Provinces represent local bodies on the Council.

Establish rules for regular meetings. A failure to regulate the frequency of meetings of the Council or other co-operation forums may render the forum less relevant or obsolete. The establishment of a minimum frequency of meetings can help.

Consider decisions by a qualified majority. Currently, the Council's decisions generally require unanimity. Given that the autonomous communities may have diverging interests, this may cripple the Council's ability to make decisions. However, decisions by simple majority may mean that some communities' positions are systematically invalidated if their views go against the majority. The new law could define the Council's composition and determine whether decisions relating to social services outside the Autonomy and Care System for Dependent People may be taken by means of a qualified majority rather than consensus and whether agreements must be published in the form of government decrees. One option would be to establish a relatively high threshold for a qualified majority that nevertheless remains below 100% of the votes.

Support the Council's work with adequate resources. The preparation of the Council's meetings requires adequate resources, for example to periodically analyse the status of service provision or to discuss the need to increase the minimum catalogue of services and redefine a new catalogue. However, some of these preparations may be undertaken by the Ministry of Social Rights and the 2030 Agenda and by the competent regional authorities. Additionally, the Council could be granted its own human resources to facilitate its work. For example, the German Standing Conference of Ministers of Education and Cultural Affairs, which co-ordinates education policy among the regions (*Länder*), has a secretariat of some 200 employees. A standing scientific commission comprising 16 academics from different disciplines that provides scientific guidance to identify challenges and propose evidence-based solutions also supports the conference's work.

References

Casado, D. (2007), *Perfeccionamiento de los Servicios Sociales en España*. [2]

Las Heras, M. (2019), *Trabajo Social y Servicios Sociales. Conocimiento y Etica*. [1]

Notes

[1] In Cantabria, something similar to a catalogue or portfolio of services has been drawn up by the Cantabrian Social Services Institute. However, being an informative guide, it lacks any legal force. In Galicia there is no unified catalogue, but there are two decrees that regulate community social services and their funding (Decree No. 99/2012 of 16 March, regulating community social services and their funding, and Decree No. 148/2014 of 6 November, amending Decree No. 99/2012 of 16 March).

7 Clarifying the scope of social services in Spain

The chapter covers several aspects of how the scope of social services can be clarified. First, based on Spanish national literature and international definitions, the chapter presents proposals to improve the scope of social services. Secondly, there are proposals to address protection gaps based, on the one hand, on the analysis of regional catalogues and, on the other hand, on international good practices in the areas of prevention and inclusion services, home and residential services, legal aid, and services for families and child protection. Thirdly, the chapter discusses measures to strengthen central government funding.

Several experts consider the scope of social services in Spain to be unclear. This stems in part from a *lack of definition in the Constitution*, which focuses on social assistance for specific groups, without defining the functions that the services should assume. The explicit reference in the 1978 Constitution in this area is limited to social assistance (in Article 148 (1) (20)). However, the 1978 Constitution does impose certain obligations on the public authorities that can only be fulfilled with a system of social services. The declaration in Article 1 (1) of the Constitution that Spain is a social state is essentially embodied in a generic mandate contained in Article 9 (2) of said Constitution and in various specific obligations grouped together in chapter Three of Part I. This state action to remove obstacles to real equality is the basis for all social interventions. This typical social state clause encompasses all social interventions, therefore justifying the granting of generic responsibility to the central government to establish and maintain a minimum standard in this respect for the whole of Spain.

In addition to this generic mandate, the Constitution contains a chapter on the principles governing social and economic policy, which impose much more specific obligations. As such, the Spanish public authorities must ensure: the social protection of the family (Article 39 (1)); the protection of children (Article 39 (4)); more equitable distribution of regional and personal income (Article 40); the enjoyment by all of decent and adequate housing (Article 47); the protection of young people (Article 48); a policy for the welfare, treatment, rehabilitation and integration of people with physical, sensory or mental disabilities (Article 49); and the welfare of older citizens (Article 50).

7.1. Clarifying the definition of social services

7.1.1. Possible definitions in the national and international context

Given the demographic changes that have occurred and that are to come, a new framework will be required for defining social services that is flexible and adaptable to new developments and needs. As discussed in Chapter 6, a new national law to define the minimum social services to guarantee equality of rights across the country is an opportunity to define more clearly the scope of social services. This would mean that objectives and functions, and perhaps beneficiary groups, would have to be defined more concretely. According to Manuel Aguilar, “the identification of functions should make it possible, to an extent, to define much more clearly the boundaries that separate and connect social services from and to other areas, such as health, education, guaranteed incomes and access to employment”. (Aguilar Hendrikson, 2013[1]) It would also allow for a more efficient use of services and an increase in the knowledge and technical capacities of the services as a whole.

This challenge is not unique to Spain; indeed, it is found in many European Union countries. Similarly, there is no agreed definition of social services in Europe. The concept of social services originated as personal care services in the Anglo-Saxon tradition and is defined as personal care in situations requiring a response from the authorities because citizens lack the autonomy to perform it themselves. (Portillo and Arroyo, 2016[2]) Belgium is among the countries that continue to use this type of terminology (Article 5 (II) of the 1980 Act on Institutional Reform: assistance for people). While some European countries have a single national legal framework, many others have separate legislation for each type of service. Several countries define social services according to need, but also by population group and function or service. In France, social services focus on vulnerable people. However, the tendency is to avoid defining services by group in order to reduce fragmentation, as can be seen in the recent law adopted by the Community of Valencia. (EAPN, 2021[3])

Within the European framework, there is a definition of social services of general interest (SSGI) (Huber and Maucher, 2008[4]). A 2007 communication of the European Commission on social services of general interest gives examples of these services aimed at individuals, which play a role in prevention and social cohesion and provide personalised assistance to facilitate individuals’ inclusion in society and ensure that

their fundamental rights are realised. They include, firstly, services that meet critical needs, particularly those of vulnerable people. Secondly, they cover activities aimed at helping people tackle immediate life challenges or crises. Thirdly, they supplement and support the role of families in providing care, particularly for the very young and for older people. Activities aimed at ensuring the inclusion of people with long-term care needs owing to disability or health problems also form part of these services. Fourthly, they include social housing, which provides access to housing for people with low incomes. These social services were set out in the Charter of Fundamental Rights of the European Union.

7.1.2. Proposed areas on which social services should be focused

The European definition aligns with the proposals of several Spanish experts with regard to the focus of the framework for social services, except in the area of social housing. According to Aguilar, social services should focus to a lesser extent on social welfare and the distribution of minimum income benefits. (Aguilar Hendrikson, 2013[1]) The experts' proposals focus on a social services approach to personal care for (i) dependent people (or the promotion of autonomy); (ii) support for social integration for people at risk of poverty and/or help for groups with certain social difficulties, such as disability; and (iii) protection or guardianship for families experiencing conflict, survivors of gender-based violence and children requiring protection. Fantova even defines the purpose of social services as preventing or alleviating dysfunction in the field of human interaction, or, more precisely, providing support for family and community interaction in order to promote personal autonomy and integration. (Fantova, 2008[5]) Therefore, while social services need to understand a person's economic and employment situation, they should focus on the phenomena or situations that create an imbalance between personal autonomy and relationship support.

In this regard, it is worth highlighting the proposed new social services law of the Community of Madrid, which is along the same lines as the proposals highlighted by the experts. Indeed, the proposed law includes a definition of the scope of action and focuses on providing support and guidance to individuals (rather than processing financial benefits), as well as concentrating on prevention and community action. The specific proposal is that the central task of social services is to co-ordinate and guide processes that incorporate people at risk of losing, or who have lost, their autonomy and who require guidance and guardianship, and people in difficult life situations. It also focuses on three areas: (i) personal autonomy; (ii) positive parenting, family life and support for minors, guardianship and protection; and (iii) social inclusion.

7.2. Addressing gaps in social protection in certain areas

As Spain embarks on a process of strengthening social services through setting basic conditions throughout the country, it will need to define a common minimum catalogue of services that is the same across all regions. In this process, Spain can either rely on setting a catalogue based on services and benefits, which are already in place in many regions as discussed in this section. In addition, if Spain wishes to set a more ambitious catalogue of minimum services and address shortcomings in the current offer in most regions and have a more future-proof catalogue, several options are discussed in Section 7.3 based on international practices.

As indicated in Chapter 3, several services and benefits are currently not available in the regions. In addition, a high proportion of laws contain a form of conditional or non-guaranteed benefits or services, the effective provision of which depends not only on the applicant's fulfilment of the relevant regulatory requirements, but also on the availability of the necessary budget. Even the essential services on information, guidance and assessment are only guaranteed in just 10 of the 14 autonomous communities that have a draft portfolio/catalogue. Many prevention and family support services are guaranteed in just half of the autonomous communities.

It would therefore be desirable to extend the services and financial benefits that constitute subjective rights. Considering the number of autonomous communities where they are already guaranteed, the minimum guaranteed benefits could include the following:

- Information, assessment and monitoring in relation to basic and specialised care, as well as the recognition of rights.
- In the area of autonomy and home care: home care and support for households; remote assistance; daytime and night-time care for older people, people with disabilities and dependent people; prevention of dependency and the promotion of personal autonomy. With greater financial effort, occupational centres and psychosocial care for survivors of gender-based violence could also be guaranteed.
- In terms of family support, it appears that under current conditions, it is only possible to guarantee social and therapeutic support and, with greater financial effort, family mediation, which is guaranteed in just 5 of the 11 autonomous communities that include it in their catalogues.
- In the area of child protection, care for minors at social and family risk, residential and family foster care for minors, and early care should be guaranteed. Adoption and post-adoption support, guaranteed in 7 of 12 autonomous communities, could also be guaranteed.
- It seems feasible to guarantee residential care for survivors of gender-based violence and dependent older people, and it would also be desirable to guarantee it for people with disabilities and people in need of emergency housing, yet it is guaranteed in just autonomous communities 5 and 6, respectively.
- Very few autonomous communities guarantee prevention services. However, the promotion of participation and social inclusion, socio-educational interventions and guidance could be strengthened further, since those types of service reduce the subsequent use of other types of service and benefit.
- Financial benefits for dependent people and assistance for survivors of gender-based violence.

7.3. Considering more comprehensive services based on international practice

Beyond the possibility of a minimum catalogue based on existing benefits and services at the regional level, the importance of adapting social services to a new reality of socio-demographic change (job insecurity, inequality, family diversity, immigration, population ageing) has become essential. All this leads to new, more complex user profiles that require person-centred services with tailored and adaptable plans. According to Uribe, adopting such person-centred care and an approach that addresses social exclusion through interaction would necessitate more comprehensive change to portfolios of services, with a stronger focus on community support and home services, along with de-institutionalisation and less focus on residential services (Uribe Vilarrodona, 2019[6]). An approach that gives greater weight to preventive, comprehensive elements is also needed.

7.3.1. Increasing the importance of preventive services

Spain could consider offering a broader range of services intended to prevent the loss of autonomy and promote active ageing. According to the Economic and Social Council, preventive benefits are currently scarce. (Consejo Economico y Social, 2020[7]) Analysis of the autonomous communities' catalogues reveals that active ageing services exist in Andalusia and Aragon but are conditional, and they are guaranteed subject to conditions in Castile-León and Catalonia. They are guaranteed only in the Communities of Valencia and Navarre.

Similarly, there is a clear link between mental health problems and social exclusion, (Bergen et al., 2019[8]) and better integration of mental health and social services could help prevent the risk of social exclusion.

Joint interventions would be equally useful in relation to people at risk of addiction. Good practices at the international level include the integration of mental health services into social services at the municipal level in Norway, with multidisciplinary teams including psychiatrists, nurses, general practitioners, psychologists and social workers. (OECD, 2012[9]) Inclusion and mental health are also integrated under the Mental Well-being and Inclusion in Multicultural Finland programme, which is an initiative designed specifically to promote social inclusion and mental health among immigrants. (European Commission, 2021[10]) In Spain, the European Union identified the good practice demonstrated by the Mental Health Plan of the Autonomous Community of Andalusia. This plan included support and strengthening for co-ordination between public services, as well as integration programmes for people with mental health problems. However, the lack of resources prevented the plan's full implementation. (European Commission, 2016[11])

Lastly, it would be important to co-ordinate social services with areas such as education that facilitate investment in children, support for families with children and women's access to paid employment.

7.3.2. Strengthening home services and transforming residential centres into supported housing or other community models

Spain should align itself with the recommendations of international organisations and the new care strategy of the European Commission. More specifically, the Commission's strategy and the OECD's proposals (Rocard, Sillitti and Llena-Nozal, 2021[12]) recommend strengthening home services, along with assistance from community services, and the joint provision of integrated care by health and social services. The OECD analysis shows that the generosity of current long-term care benefits is below the OECD average. (Oliveira Hashiguchi and Llena-Nozal, 2020[13]) Spain's recent emergency plan for long-term care constitutes a step in that direction since it proposes a series of measures, such as increasing the hours of care available through the home care service and establishing remote care as a subjective right. There are also plans to improve financial benefits by establishing minimum amounts, increasing maximum amounts and reviewing the co-payment model, as well as to prioritise the direct provision of services.

Even so, a better range of services for non-professional carers in family settings would be needed. Royal Decree-Law No. 6/2019 was a breakthrough for carers since it reinstated the special agreement and the payment of informal carers' social security contributions by the general state administration. The emergency plan regulates respite services, but advice, support and respite measures for family carers are currently limited. These services are not usually guaranteed and are rarely offered by many autonomous communities; they are offered only in Andalusia and Aragon, where they are conditional, and in Catalonia, where they are guaranteed subject to conditions.

There is also room for improvement with respect to interventions for people with disabilities. In Spain, as in many other OECD countries, people with disabilities face serious difficulties in obtaining affordable, accessible housing that allows them to live independently. (Plouin et al., 2021[14]) In this regard, few autonomous communities (Aragon, Asturias, Catalonia, Navarre, the Basque Country and Castile-León, with conditions) guarantee residential services.

Housing provision for people with disabilities should be improved by offering more diverse accommodation options that are integrated with other housing assistance policies. Navarre is an interesting example, where supervised apartments are guaranteed, similar to Catalonia and Valencia where supported housing and supervised apartments are services, which are conditional on funds. Countries such as Sweden have made great strides in the de-institutionalisation process for people with disabilities and offer personal assistance for living at home, as well as other options such as supported housing. In Finland, support for more independent living for people with disabilities includes transport services, adapted housing and, for those most in need, a personal assistant and community or supported housing.

An integrated approach would also be needed that first provides permanent housing for people experiencing homelessness, coupled with integrated social services. (OECD, 2015[15]) At present, the catalogue features temporary housing services for people experiencing homelessness. It is interesting to note the "housing first" model that provides *permanent* housing and combines housing services with other social services. The model does not impose prerequisites; rather, the main priority is the provision of housing as quickly as possible, with an emphasis on access to housing as a right. Nor does it impose conditions such as abstinence from alcohol or drugs, nor any obligation to complete subsequent treatment or programmes; it is users who decide which path to follow. (OECD, 2015[15])

The countries using this model include Finland, which adopted it in 2008, achieving a 39% reduction in homelessness within ten years, and a 68% reduction in long-term homelessness (Y-Foundation, 2019[16]). Since 2016, Finland has combined Housing First with an active prevention policy that involves affordable social housing, increased housing benefits and housing advice services. Also noteworthy is the case of Portugal, which in 2009 launched its Housing First programme focusing on people with severe mental illness experiencing homelessness. Some 85-90% of users remained in the initial housing, and there were improvements in personal safety (98% of users), nutrition (80%) and both physical and mental health (78%). (European Commission, 2019[17])

7.3.3. Strengthening legal aid for vulnerable groups

The legal protection contained in the catalogue of social services covers only child guardianship and custody, adult guardianship and the enforcement of judicial measures for minors. Legal assistance for other vulnerable groups, such as survivors of gender-based violence, or for users of social services in general, is not included. This lack of integration between social services and legal assistance can be problematic, since unresolved problems related to, for example, housing or debt resolution can exacerbate problems of social exclusion. (OECD, 2015[15]) Individuals tend to experience legal problems in connection with other social, economic or health problems, hence the need to integrate legal services into other services such as health, training and housing. Doing so helps eliminate some of the main barriers that the most vulnerable users face when gaining access to legal aid, such as a lack of information, perceptions of risk and cost. (OECD, 2019[18]) What these people often need in the first instance is a service providing information and guidance on legal matters.

A good practice in terms of expanding legal assistance in social services is the integration of several services into one-stop shops. These single spaces grant users access to the services of social workers, health professionals (including mental health specialists), employment specialists and legal advisors, among others. They give users access to services in different areas, as well as helping facilitate co-operation among different professionals ((OECD, 2015[15])). In France, multiservice information and mediation points facilitate access to various public services and sources of social assistance, including legal assistance. Most of these points are state-funded. (OECD, 2019[18])

Examples of good practice can also be found in legal assistance for survivors of gender-based violence, as provided for in Article 20 of the Istanbul Convention. This integrated approach has been implemented in countries including, since 2019, Cyprus, where the Women's Houses programme brings together the work of social workers, psychologists, medical professionals and legal advisors, in a multidisciplinary way. (German Federal Ministry for Family Affairs, 2020[19])

7.3.4. Expanding the range of inclusion interventions to go beyond emergencies

Over-indebtedness among vulnerable people can have many consequences, including physical and mental health problems, family stress, barriers to employment and exclusion from basic financial services. In the light of this situation, different countries have developed debt-management services, ranging from advice to financial guarantees, loans and mediation with financial institutions. In Finland and Denmark,

debt management is the responsibility of local authorities, which offer services such as social loans and debt counselling that are available to all citizens, free of charge. (ECDN, 2017[20]) In 2007, Sweden adopted a law on debt relief for over-indebted people unable to pay their debts over a period of many years. The law provides for payments in instalments over five years, and mechanisms to render payments more flexible. In addition, all municipalities in Sweden offer debt-counselling services. (ECDN, 2017[20]) In Germany, debt assistance services are integrated with psychosocial support, and the service includes financial counselling, crisis intervention, psychosocial counselling and legal advice. This includes four objectives: preventing debt problems, rehabilitating debtors, freeing debtors from spirals of consumption and over-indebtedness, and empowering debtors. These services are controlled by the public sector, but are often carried out by the private sector. Debt counsellors are qualified for social, legal and financial work. According to a 2017 evaluation, debt counselling for a period of eight months reduced debt size by 33% and increased people's income by 83% (ECDN, 2017[20]). Certain interventions in Spain are also worth highlighting; for example in Castile-León, a network has been created to protect individuals and families who are most socially or economically vulnerable, and new subjective rights have been created, such as the comprehensive support service for families at risk of eviction due to mortgage debt, as well as economic benefits to address mortgage debt.

Nevertheless, most services in the catalogue and the most tangible inclusion co-ordinated by the autonomous communities relate to emergency housing, food delivery or basic needs programmes. However, the latest inclusion plans highlight the need to create new specific measures, to adapt existing measures to better respond to absence from the labour market and the precariousness of the social and labour market, and to have a multidimensional understanding of inclusion. Autonomous communities, such as the Basque Country, Navarre and Asturias, highlight the fragmentation and lack of financial resources in this area. It is also necessary to have a clear framework for most of the activities that are carried out by the third sector and better differentiation for more personalised schedules. In terms of recommendations for the catalogue, it would be important to combine social integration with insertion into the labour market in order to ensure sustainable inclusion in employment while promoting subsidies for employment in the social economy supported by a training and career guidance plan (OECD, 2021[21]). Likewise, inclusion should not focus exclusively on employability, but should also integrate other dimensions, such as volunteering or other community or social interest activities. The Basque Country, for example, is committed to increasing home- and community-based interventions, providing them with stronger social support and socio-educational and psychosocial interventions (Gobierno Vasco, 2018[22]).

7.3.5. Closing gaps in family and child protection services

Family support and child protection encompass an important set of services that is already quite comprehensive in Spain. Family support services include domestic violence prevention programmes, family mediation services, and social and therapeutic support. Family mediation services are out-of-court and voluntary proceedings to prevent and resolve family conflicts in the field of private law. Family support programmes are directed at parents and adolescents and seek to teach families how to properly look after minors in their care, who are at risk of neglect and drug addiction, among other things. Child protection services include programmes to care for children at social and family risk; (pre- and post-) adoption services; residential or family-based foster homes; after-school childcare centres; and early interventions for young children with developmental disorders.

Recent years have seen significant reforms in family support and child protection. Family support has evolved from a model of compensating for deficiencies to a model of strengthening families and communities (Churchill et al., 2020[23]). For example, in the area of family support services, family mediation was only introduced in the 1990s, but there are now relevant laws in 13 autonomous communities (Unión de Asociaciones Familiares (UNAF), 2015[24]) and it is considered a priority at the national and regional levels, as evidenced by its inclusion in the call for proposals for subsidies funded by 0.7% of income tax (Churchill et al., 2020[23]). A lot of progress has also been made in the development of

positive parenting programmes, spurred in part by a recommendation from the Committee of Ministers of the Council in 2009. The programmes' focus has evolved towards improving parenting skills and providing comprehensive social support to promote parental autonomy (Rodrigo, 2016[25]). Regarding the protection of minors, a 2015 government legal reform sought to establish the key elements for a more coherent child protection system at the national level (Act 26/2015 of 28 July and Organic Act 8/2015 of 22 July). In fact, through this reform, Spain was the first country to follow the United Nations' recommendation to incorporate the best interest of the child as an interpretative principle, substantive law and procedural rule in its regulations (Arenas, 2018[26]). The law established common definitions and changed the procedural requirements for establishing protection measures (residential or family-based foster care and pre-adoption family-based foster care); established that children under 3 years of age should be exclusively fostered in families and not residences; introduced new categories of foster care (such as professional family-based foster care for children who require very close psychological support and specific residential foster care for young people with serious behavioural problems (del Valle, 2018[27])); and directed the implementation of a state-wide information tool.

Nevertheless, access to services may vary according to geographical area and the characteristics of families in family mediation programmes. In most autonomous communities, family mediation is only used in situations where the conflict stems from couples splitting up and relates to child custody or child support; however, there are varying eligibility requirements regarding what constitutes a family. In most autonomous communities, family mediation is subject to co-payment, except when it is provided by legal aid. However, in three autonomous communities, services are free of charge for those eligible. The use of mediation remains low. In child protection, so far, only a handful of regions appear to have applied in full the definitions and standards established by government legislation. Instead, most of them have responded by adopting specific rules for urgent matters, such as unaccompanied foreign children.

To increase the use of mediation, elements of mandatory mediation, as in Italy, could be useful. There was a significant increase in the use of these services in the country when mediation became a pre-trial prerequisite in certain categories of cases (De Palo et al., 2014[28]). The mediation requirement is fulfilled once the parties have participated in the first meeting with a mediator, which can develop into a full mediation process if both parties agree to it.

In the field of child protection services, it could also be evaluated whether introducing additional services could better respond to the needs of young people and their families. This may include an ombudsman for children and young people – whose functions can include helping young people to express and represent their interests in situations of conflicting mediation with their parents or legal guardians, as exists in Austria – or making institutional care available for entire families, as exists in Germany (for single-parent families only) and Finland.

7.4. Strengthening government funding

To ensure the success of a national law on social services, it is important to guarantee the sufficiency of the financial contribution for social services, and its sustainability over time. Above all, the autonomous communities required to increase their offer of services might have difficulties without additional central government support. To fully understand the opportunities and risks of funding the social services act from a legal point of view, it is important to understand how Spanish autonomous funding works on the one hand and how the Long-term Care Act, which is the closest model, has been funded on the other.

In Spain, the benefits provided by an autonomous community must be funded using its own budget. However, this budget is made up of annual central government contributions, which means that social services can be one of the criteria used for calculating the overall annual central government contribution for each community.

The funding of autonomous communities does not follow a set model, but it is often the result of bilateral negotiations between each autonomous community and the central government, rather than objective planning. The Basque Country and Navarre have a specific set of rules that give them ownership of the taxes collected in their territory. They manage the taxes themselves and contribute a portion to the central government to fund it. The agreement on the annual contribution to the state is called "*cupo*" (Basque Country) or "*aportación*" (Navarre). The remaining autonomous communities are primarily funded through their participation in taxes levied by the central government and through central government monetary transfers. The rules determining the resources available for the autonomous communities to fund their competencies are set out by Organic Act 8/1980 on Autonomous Community Funding, amended by Organic Act 3/2009 of 18 December, and the funding systems approved every few years, now replaced by Act 22/2009 of 18 December, which regulates the funding system for the autonomous communities under the common system.

The system is essentially based on calculating the financial resources that each autonomous community requires annually to fund the services under its competence. Once a figure is available, the form in which each autonomous community will receive these resources is decided, either through participation in taxes or state transfers. To calculate an autonomous community's required resources (beyond calculating services), the political discussion takes precedence and it is not even clear in advance which criteria should be prioritised. However, there are several more or less fixed resources. Thus, in the case of long-term care, the Long-term care Act establishes a set of criteria (for 2009) for calculating additional resources to strengthen the welfare state. These resources are distributed among autonomous communities according to population change and the adjusted population, the potentially dependent population, and the number of people recognised as dependent and entitled to benefits. These contributions are, however, different to the targeted contributions for long-term care: they are calculated based on dependency, but they are imputed as revenue in the budget of each autonomous community, which has the liberty to decide on its explicit use. The objective is to reduce, to a certain extent, the contributions that the autonomous communities must make for their share of long-term care funding.

The Long-term care Act establishes three possible levels of protection, each with different funding mechanisms.

- Minimum protection level. Determined and funded entirely by the general central state administration, its objective is to guarantee a base level of protection for each of the system's beneficiaries. The final amount transferred to the autonomous communities depends on the number of dependent people recognised and their degree of dependency.
- Agreed level of protection. Funded in equal parts by the general central government administration and the autonomous communities, this is established in the various inter-administrative collaboration agreements made in bilateral negotiations between the two administrations according to the different services provided and each region's specific characteristics. In agreement with the first transitional provision of Act 39/2006, the government was required to allocate an item in the general state budget to fulfilling these agreements from, at a minimum, 2007 to 2015. Subsequently, the autonomous communities have ceased to fund their share due to a lack of state funding.
- Additional level of protection. Funded entirely by the autonomous communities if they consider it necessary to contribute above the agreed level.

Based on the lessons from the Long-term Care Act, an estimate of additional resources based on social services provision (including, for example, the number of potential users) could be included in the funding legislation. This means committing greater central government expenditure to regional funding for the future. However, this increase is subject to annual negotiation. It is not a certain amount or a predetermined amount.

The central government may consider different ways of contributing to the state funding of regional social services, which can be used to encourage the implementation of the future law on basic conditions and the common minimum Social Services. It can make use of legal modifications that allow social services to be considered when calculating the financial resources required annually by each autonomous community.

The law itself may establish different mechanisms for targeted funding. On the one hand, there are transitional contributions, including those aimed at helping the autonomous communities to achieve the minimum portfolio of services. The state may fund the difference between the services currently provided and those required under the new law for a period of time. On the other hand, there may be central government contributions subject to autonomous communities contributing similar amounts so that certain services can be co-funded. The problem with this type of funding is that if the central government contribution were to cease, so would the very existence of the service itself.

To conclude, it would be essential for the new law to include a section on funding to ensure resources for the transitional period when regions must step up their efforts (if lagging behind in service provision) and beyond that transition. Current central government funding for social services remains small and there is room for increasing funding through increasing the regions budget or targeted contributions. However, current mechanisms do not appear to offer guarantees of sustainable funding and this will require a constant process of consensus building across different stakeholders.

References

Aguilar Hendrikson, M. (2013), “Los servicios sociales en la tormenta”, *Documentacion social*, pp. 145-167. [1]

Arenas, E. (2018), “El acogimiento residencial de menores”, *Quaderns de Politiques Familiars*. [26]

Bergen, A. et al. (2019), *The association between social exclusion or inclusion and health in EU and OECD countries: a systematic review*, pp. 572-582. [8]

Churchill, H. et al. (2020), “Developing family support services: A comparison of national reforms and challenges in England, Ireland and Spain”, *Social Work and Social Sciences Review*, Vol. 21/2, pp. 58-83, https://doi.org/10.1921/swssr.v21i2.1418. [23]

Consejo Economico y Social (2020), *INFORME 03|2020: El sistema de promoción de autonomía personal y de atencion en situacion a las personas con dependencia*. [7]

De Palo, G. et al. (2014), “’Rebooting’ the Mediation Directive: Assessing the Limited Impact of its Implementation and Proposing Measures to Increase the Number of Mediations in the EU Study”, *European Parliament. Policy Department C: Citizens’ Rights and Constitutional Affairs*, https://www.europarl.europa.eu/RegData/etudes/etudes/join/2014/493042/IPOL-JURI_ET(2014)493042_EN.pdf (accessed on 3 December 2021). [28]

del Valle, J. (2018), “La Intervención del Psicólogo en los Servicios Sociales de Familia y Infancia: Evolución y Retos Actuales”, *Papeles del Psicólogo*, Vol. 39/2. [27]

EAPN (2021), *Analisis de los servicios sociales. Las personas atendidadas y la perspectiva autonomica*. [3]

ECDN (2017), *Evaluation of debt advice: an European Overview. Money Matters 13*. [20]

European Commission (2021), *Better mental wellbeing encourages social inclusion*, European Social Fund Plus. [10]

European Commission (2019), *Mental Health: Good practices and implementable research results*. [17]

European Commission (2016), *Best practice Portal: Regional Mental Health Plan of Andalucia*, https://webgate.ec.europa.eu/dyna/bp-portal/practice.cfm?id=171. [11]

Fantova, F. (2008), "Sistema público de servicios sociales. Nuevos derechos, nuevas respuestas", *Cuaderno de derechos humanos*. [5]

German Federal Ministry for Family Affairs, S. (2020), *Protecting Women against violence: Best practices from all over Europe*. [19]

Gobierno Vasco (2018), *IV Plan de Inclusión 2017-2021. Euskadi, territorio inclusivo*. [22]

Huber, M. and S. Maucher (2008), *Study on Social and Health Services of General Interest in the European Union: Final Synthesis Report*, DG Employment. [4]

OECD (2021), "Building inclusive labour markets: Active labour market policies for the most vulnerable groups"*, OECD Policy Responses to Coronavirus (COVID-19)*, OECD Publishing, Paris, https://doi.org/10.1787/607662d9-en. [21]

OECD (2019), *Equal Access to Justice for Inclusive Growth: Putting People at the Centre*, OECD Publishing, Paris, https://doi.org/10.1787/597f5b7f-en. [18]

OECD (2015), *Integrating Social Services for Vulnerable Groups: Bridging Sectors for Better Service Delivery*, OECD Publishing, Paris, https://doi.org/10.1787/9789264233775-en. [15]

OECD (2012), *Sick on the Job?: Myths and Realities about Mental Health and Work*, Mental Health and Work, OECD Publishing, Paris, https://doi.org/10.1787/9789264124523-en. [9]

Oliveira Hashiguchi, T. and A. Llena-Nozal (2020), "The effectiveness of social protection for long-term care in old age: Is social protection reducing the risk of poverty associated with care needs?"*, OECD Health Working Papers*, No. 117, OECD Publishing, Paris, https://doi.org/10.1787/2592f06e-en. [13]

Plouin, M. et al. (2021), "A crisis on the horizon: Ensuring affordable, accessible housing for people with disabilities"*, OECD Social, Employment and Migration Working Papers*, No. 261, OECD Publishing, Paris, https://doi.org/10.1787/306e6993-en. [14]

Portillo, A. and G. Arroyo (2016), *An Approach to Social Service Systems in Europe: The Spanish Case*, IntechOpen. [2]

Rocard, Sillitti and Llena-Nozal (2021), *COVID-19 in long-term care: Impact, policy responses and challenges*. [12]

Rodrigo, M. (2016), "Quality of implementation in evidence-based positive parenting programs in Spain: Introduction to the special issue", *Psychosocial Intervention*, Vol. 25/2, pp. 63-68, https://doi.org/10.1016/J.PSI.2016.02.004. [25]

Unión de Asociaciones Familiares (UNAF) (2015), "Valoración sobre la mediación familiar en España", http://www.unaf.org (accessed on 29 November 2021). [24]

Uribe Vilarrodona, J. (2019), “Rellenando espacios: hacia una ordenación de los sistemas de servicios sociales desde la respuesta a la complejidad”, *Zerbitzuan*. [6]

Y-Foundation (2019), *Ending Homelessness in Finland with Housing First*, https://www.oecd.org/social/soc/OECD-Workshop-Homelessness-PPT-S1-Kaakinen-Finland.pdf. [16]

8 Measures to improve the quality of social services in Spain

The chapter discusses different aspects of possible improvements in the quality of social services. The first part deals with measures to strengthen staffing lighten their workload and improve their continuing education. The second part proposes ideas for integrating the provision of primary and specialised care and social services with services in other sectors. The third part contains proposals on strengthening the accountability requirements of private providers.

The creation of a national law and the co-operation of the autonomous communities in defining a new minimum catalogue can help improve the supply of social services in Spain. However, substantial improvements in the quality of services mostly depend on the efforts of the relevant authorities, particularly the autonomous authorities. The existence of strategic plans for social services and the periodic reformulation of regional legislation make it clear that the autonomous communities are committed to improving services. This chapter discusses promising initiatives in Spain and in other countries to improve the quality of services through human resources, the integration of services, and the accountability of social providers. These aspects have been identified as potential areas for improvement that affect all or a large majority of autonomous communities.

8.1. Rethinking staffing

Staffing remains a challenge for social services that should be addressed by a combination of measures. On the one hand, an increase in the number of social workers and other professionals working in social services could lighten workloads and improve the ratio of staff to service users. On the other hand, measures to improve the working conditions of social service professionals could also help facilitate their work. These measures would include simplifying administrative procedures and facilitating staff training.

8.1.1. Ensuring adequate ratios of staff to users

Social services staffing is not the same in the different autonomous communities. In approximately half of the regions, regulations define statutory ratios of primary care staff to inhabitants, which in some cases are differentiated according to the size of the local entity. Regulatory ratios vary from around 1 600 to 4 000 inhabitants per professional. Although staffing improved from 2012 to 2018, the actual ratios still sometimes remain below the minimum ratios established by the regional regulations, where these exist. There are still disparities between and within autonomous communities. Differences in needs linked to the age, socio-economic and regional structure of the population partially explain these disparities, but most likely do not explain all of them, since the difference between the autonomous communities with the lowest and the highest ratios can reach a factor of ten.

Although the statistics are not complete or fully comparable, other countries in the European Union appear to employ relatively more staff than Spain. In Spain, there are approximately 90 inhabitants for each person who reports that they work in the social services sector. This ratio is higher in Greece (301) and several eastern and southern European countries; however, it is lower in Norway (17) and other mostly Nordic and western countries.

Social service professionals tend to have a significant workload in Spain as well as in other countries. In Spain, various studies and autonomous community representatives note excessive workload that can reduce well-being and, in the worst-case scenario, lead to staff burnout. Inevitably, this is also reflected in deteriorating service quality. A significant proportion of social service workers in other countries also suffer from stress and work overload, even in Nordic countries that have a more favourable ratio of inhabitants to social service workers.

Central governments of OECD countries use different strategies to maintain acceptable staffing levels across the entire country. In some countries, national legislation establishes minimum ratios of staff to inhabitants or users. For example, in Finland, the Act on Supporting the Older Population has introduced ratios that will increase progressively until 2023 and that vary according to needs. In Germany, the Ministry of Health and the Ministry of Family Affairs, Senior Citizens, Women and Youth have initiated a process to develop a uniform tool for the entire territory to establish the number and mix of professional profiles suitable for care facilities (Rothgang, Fünfstück and Kalwitzki, 2020[1]). In other countries, the central government does not have the power to establish minimum standards, but tries to encourage the relevant

authorities to improve these standards. One example is the 2018 act on improving quality and participation in child day care centres in Germany. Based on this act, the federal government concludes contracts with the states to improve various aspects of quality, including the ratio of staff to children cared for.

Establishing and achieving adapted ratios. The regulatory process cannot establish staffing standards that apply rigidly to all social services. Rather, these should reflect the demographic structure of each autonomous community as well as users' needs. For example, for primary care services, minimum ratios of staff per population could vary depending on the percentage of older people in the community. With regard to specialised social services, in addition to staff-to-population ratios, workload standards that take into account the severity of users' needs could also be established. A monitoring mechanism is required to ensure that ratios are, in fact, respected.

The experience of other OECD countries can point towards good practices in this area. With regards to adapting staffing ratios to the severity of user needs, in the state of North Rhine-Westphalia in Germany, one professional is required for every four Grade I residents (with slightly limited autonomy and 1 for every 1.8 Grade III residents (with severely limited autonomy) (Harrington et al., 2012[2]). Concerning the monitoring, the state of Maryland in the United States mandated that child protective services had to meet the standards for the ratio of staff to caseload and their workload proposed by the Child Welfare League of America, and that the relevant authorities must hire independent experts to ensure that standards are met. A first analysis revealed that the state was short of over 100 professionals. However, in some departments, there were more workers than the strict minimum required, while workers were lacking in others (DePanfilis et al., 2008[3]).

Considering elements of flexibility. Demand for services, and even more so the workforce, can vary in a way that is not always predictable. For example, several professionals working in a social services centre may be on sick leave for a few weeks. Most responsible entities are most likely unable to hire staff in excess of current regulations just to deal with surges in demand or temporarily reduced staff. One option may be to introduce elements of flexibility into the system. For example, in its 2017 Social Services Centre Improvement Plan, the City Council of Madrid planned to create mobile work teams to assist in certain circumstances (Dirección General de Personas Mayores y Servicios Sociales del Ayuntamiento de Madrid, 2017[4]).

8.1.2. Simplifying administrative procedures for both staff and users

There are multiple studies on how administrative procedures can increase the workload of professionals in the social services system. If there are no opportunities for the population to learn about the range of available services and benefits, and to directly apply for services that do not require a prior assessment, professionals have to spend time informing and enrolling people even though the same procedure could have been done independently online. Social workers having to enter identical information about a case in two or more computer applications or having to manually request information from other IT systems rather than receiving it automatically, takes away time they could have been using to address users' problems. Likewise, if a service supervision authority receives information from NGOs in the form of an annual report rather than through information systems, this also increases its administrative burden. The central government and the autonomous communities are undertaking efforts to reduce the administrative burden, for example, through regulatory impact reports (Red Interadministrativa de Calidad en los Servicios Públicos, 2021[5]).

Creating interoperable operational and statistical applications, digitising procedures, consolidating responsibilities, and promoting the use of vouchers could reduce administrative burden and streamline procedures.

Ensuring that applications and records are interoperable. Social services information systems and other information systems in several autonomous communities are currently not very interoperable. Many

autonomous communities therefore have projects to improve interoperability, including by creating a single social history. The OECD performed an assessment of the current situation across regions to understand social services information systems and included some suggestions for improvement, including discussions on possible indicators to be collected, a common taxonomy and a new architecture for the repository of indicators (Fernadez, Kups and Llena-Nozal, 2022[6]).

Making best use of digital procedures and services. Allowing social service users to initiate online support requests and, when appropriate, to receive digital services could lighten professionals' workloads. The central administration (see, for example, Act 39/2015 of 1 October on the Common Administrative Procedural Regime Applicable to the Public Sector and the Plan for the Digitalisation of Spain's Public Administration 2021-25) and the autonomous administrations (Fernadez, Kups and Llena-Nozal, 2022[6]) already have multiple activities to increase opportunities for requesting services digitally. However, the digitisation of procedures and services goes beyond technical capabilities:

- Facilitating the online processing and, where possible, evaluation of applications: In various autonomous communities and in other countries, both appointment requests and applications for benefits such as the minimum living income are frequently handled online; and sometimes,the same is true for the initial application for long-term care services. For example, Catalonia is considering creating a self-service platform for citizens. Of course, for the evaluation and assessment stage, there are dozens of situations in which only a personal assessment is appropriate. However, in some specific situations, a telephone or video consultation may suffice. The experience of the municipality of Trelleborg in Sweden shows how online and in-person assessments can be combined: people wishing to receive financial assistance must first contact a social worker. Afterwards, they can apply for continued assistance online; and in most cases, an algorithm takes the decision (Ranerup and Henriksen, 2019[7]; Lind and Wallentin, 2021[8]).
- Assisting professionals through tools: University students in Barcelona have developed an application that can help social workers assess the degree of applicants' (in)dependence (Ortiz et al., 2021[9]).
- Strengthening remote consultations, especially in rural areas: For example, in Finland, the Virtu.fr platform offers video consultations, for example, for people with disabilities and families (in the field of legal and psychosocial assistance).

Consolidating responsibilities. In some cases, social service professionals' workload increases because rules require co-ordination despite it not being necessary for ensuring continued care for users. Identifying and eliminating these cases of redundant co-ordination can alleviate workload. For example, in a 2021 decree, Andalusia acknowledged that the administrative procedure to recognise the applicant's entitlement of a situation of dependency – which required back-and-forth between the local and autonomous administrations – increased workload and slowed down decision-making. To alleviate this burden, the decree consolidated assessment within the regional or provincial delegation of the regional ministry. However, the existence of multiple service areas can confuse people with multiple support needs, leading to them not using services that could help them, or initially turning to entities that are not able to help them. Several autonomous communities have recognised this problem, and have established or strengthened the role of the "reference social professional" in their recent (draft) laws. This professional can direct users to the appropriate services.

Enabling social professionals to use vouchers. It may be appropriate to use vouchers when there is a range of service providers, allowing the user to choose their preferred provider. For example, in Bologna (Italy), instead of allocating subsidies to providers, older people and their families received social vouchers to access the appropriate services. This change improved services and reduced costs (OECD, 2021[10]). In Chicago (United States), the CommunityRx system created an index of potentially helpful resources for recurring social and health problems, and referred users to it. Participating organisations and users had a positive perception of the programme, and one-fifth of users followed recommendations (Lindau et al., 2016[11]).

8.1.3. Facilitating staff training and development

Social service professionals have varied professional profiles and qualifications, and as in other professions may benefit from continuous training. According to a 2017 survey in Andalusia, social workers identified the main areas of their training needs to be family intervention, promotion of social inclusion, social care needs assessment and social report preparation (Secretaría General de Servicios Sociales, 2018[12]). Some university studies also suggest that high-quality initial and continuous training can prevent burnout among social workers (Caravaca-Sanchez et al., 2019[13]).

According to Fustier i Garcia (2018[14]), postgraduate training for social services professionals is very poorly developed in Spain, and continuous training depends on individual employers rather than being required and regulated by a government entity. An exception (of voluntary participation) is the permanent social services training classroom recently established in Cantabria, which holds monthly workshops to encourage attendees to reflect on possible reforms in the sector (Servicios Sociales Cantabria, 2021[15]). Some recent strategic plans also recognise the importance of training. For example, in Catalonia, the 2010-13 Strategic Plan for Social Services included the objective to increase the number of organisations in the public social services network that have professional development tools and specific training plans by a quarter. Recently, the 2021-24 Strategic Plan highlighted that the Committee of Social Action Training Experts was consolidated as an advisory body in the definition of training programmes for the professional community, and noted that from 2010 to 2018, over 4 000 professionals were trained annually in the specialised training programme (Generalitat de Catalunya, 2020[16]). The Department of Social Rights recognises continuous education and postgraduate courses as training of interest in social services (DIXIT, 2021[17]).

Several European countries have launched initiatives to ensure the quality and continuity of continuous education for professionals in the sector. These initiatives suggest strategies that could also be adapted to the Spanish context:

Leveraging European funds to implement training strategies: The 2007-13 Human Capital Investment Operational Programme in Poland, co-funded by the European Social Fund, trained more than 50 000 people in the social services and employment sectors, from both public and private entities. The programme aimed to improve staff's competencies and interpersonal skills (Baltruks, Hussein and Lara Montero, 2017[18]).

Establishing training priorities among the various stakeholders: In France, the government launched the Estates-General of Social Services in 2013, a consultation process between politicians and associations to reform social work that involved over 50 000 people, in addition to 14 000 responses to an online survey. The consultations resulted in a proposal that the state, local entities and social actors should agree on national priorities in the area of continuous education, and that the state and regions should establish quality criteria for training. It also proposed that continuous education should be compulsory for public service employees (Perrin, 2015[19]). However, the first evaluation of the action plan found that in 2017, negotiation between the state and the regions had not yet started (Soulage and Reymond, 2017[20]).

Establishing minimum compulsory continuous training for professionals and employers: In Scotland, continuous education and training is compulsory for social workers, with varying requirements depending on whether or not they are newly qualified. Social workers have to document their time spent learning and training; but in addition to formal training, they can fulfil the requirement through reading relevant works (SSSC, n.d.[21]). While this flexibility may be desirable, employers are under no obligation to assist professionals in fulfilling their training obligations, and almost half of newly qualified social workers were not offered training or education by their employers (Grant, Sheridan and Webb, 2016[22]). In contrast, in the Czech Republic, social service employers must provide training options for the mandatory 24 hours of continuous education social workers must complete (Borská and Švejdarová, 2016[23]). A possible lesson

for Spain is that training requirements could be formulated flexibly, but that this should not release employers from offering formal training options and compensating employees.

Establishing advanced and administrative training. The skills required to manage the provision of social services differ from the skills required to work directly with users, and this is not always sufficiently reflected in training. In Catalonia, the strategic plan includes a proposal to offer postgraduate studies in social services management, as well as to build a network of managers for sharing best practices.

8.2. Designing integrated services within a broader strategy

Integrating different social services, and social services with other services such as health and education, can contribute to positive results. These may include reduced duplication of administrative steps and thus reduced costs; better strategic planning; a reduced need for emergency assistance; reduced barriers to accessing services; more comprehensive and tailored support; and improved results for users. However, there is little empirical evidence to confirm these benefits, in particular reduction of costs (OECD, 2015[24]). In fact, the second of Leutz's (1999[25]) five "laws of integration" was that integration initially generates higher expenses before reducing costs. Nevertheless, user outcomes may improve significantly due to the integration of services.

There can be different forms of integration. A distinction is made between vertical integration (between services administered by various levels of government, such as primary services generally under local responsibility, and specialised services generally under regional responsibility) and horizontal integration (for example, between specialised services from various fields, such as personal autonomy and family services; or between social services and employment services). A distinction is also made between the various levels of integration, including the co-location of various services in a shared space; the collaboration between various providers with an increased exchange of information on individual users; and co-operation between different professionals within the same team. Finally, a distinction is made between integration at the macro level, i.e. functional and organisational integration, and at the micro level, i.e. integration of professionals' work and service provision. Although organisational and funding bodies affect the success of integration projects, this section focuses on integration at the micro level only.

8.2.1. Integrating social service provision

The way in which social services are organised and the lack of information exchange can lead to fragmented care for users with multiple needs, which is why autonomous communities are already taking steps to avoid this situation. The compartmentalised structure between primary and specialised social services, although necessary from an organisational point of view, can make it difficult to offer integrated and personalised solutions (Fresno, 2018[26]). The lack of a single social history and of interconnectivity between primary and specialised information systems hinders holistic intervention. This issue is particularly significant for the management of complex cases requiring attention from several professionals at once (e.g. from the health, education and employment systems). Currently, many information technology tools have limited capacity to exchange data automatically, meaning the same piece of information has to be collected multiple times. The current central information technology tool for social services (SIUSS) does not have application programming interfaces (APIs), thereby limiting the possibility to strengthen interoperability between the information systems used for primary and specialised services. Finally, none of the autonomous communities has an integrated management system for all social services (Fernadez, Kups and Llena-Nozal, 2022[6]).

To address these difficulties, autonomous communities are investing in technical and non-technical solutions:

- Since the first legislative introduction of the *reference social professional* through the 2003 Social Services Act of the Community of Madrid, the vast majority of communities have this role (Barrales and Trujillo, 2020[27]). In many cases, this person must be a social worker. Depending on their assigned role and workload, this person can "guide and support people throughout the whole process of social intervention" (Social Services Act 11/2003 of the Community of Madrid of 27 March), and help ensure "coherence, comprehensiveness and continuity of the intervention process" (Social Services Act 9/2016 of Andalusia of 27 December). However, the reference professional often only exists in primary care and lacks the role of a manager co-ordinating the integrated intervention of primary and specialised services.
- Several strategic plans aim to improve co-ordination and are working towards inclusion trajectories. The new strategic plan of Navarre foresees improvements to legal instruments to facilitate social services integration through inter-agency agreements. One option is to create a public sector foundation able to foster new forms of co-ordination between the levels of administration in the public social services system, and between those levels and the third sector of social action. The plan also highlights the possibility of having response models defined in terms of "care packages" with sectoral itineraries. Likewise, Catalonia's new strategic plan proposes shared assessment instruments and protocols.
- Several autonomous communities are working on a closer integration of the information systems for primary and specialised social services. Examples include the Protecnica systems in La Rioja, ASIST/MEDAS in Castile-La Mancha and the SAUSS system/social action centres in Castile-León.

A strategy that simultaneously improved these technical and non-technical routes would likely be more successful in delivering services that are more integrated to users:

- *Strengthening the role of the reference professional.* Strengthening the role of the reference professional to that of a true case manager who can connect users to specialised services can prevent users from having difficulty navigating the system. At the same time, Barrales and Trujillo (2020[27]) (referring to the 2010 special report on the state of basic social services in the autonomous community of the Basque Country) observe that the role of the reference professional is not just to advise the user about the network's services.

  Identifying people with complex needs. Individuals whose needs that go beyond what individual professionals can provide may benefit more from integrated care, but are also less likely to approach the social services providers in the first place. The integration of databases from different sectors has the potential to help identify people in need who do not reach out to services on their own account (OECD, 2015[24]). As a first step, this would require information systems to be more closely integrated than they currently are in any autonomous community, and would raise questions about data privacy and the autonomy and freedom of choice of the population identified in this way. The efforts on the technical side should be accompanied by the development of strategies to remove or lower barriers to access, to identify the size of the population with complex needs and to reach out to them. The good practice of offering a "cascade" of services combining universal services with problem assessment and services that are more intensive is fully compatible with the two- or three-level model of care in autonomous communities.

8.2.2. Increasing the interoperability of social services with other sectors

The problems associated with service integration, including the challenges of collaboration and information exchange, are even more evident when co-ordinating with the activities of other sectors. People suffering from a loss of autonomy, for example, could benefit from collaboration between the primary health care system and the home-based care system. Individuals who have been inactive for a prolonged period due to a combination of social and employment problems may require simultaneous and co-ordinated support from social and employment services.

In other countries, the most intensive areas of co-operation tend to be with employment services (generally to promote the social and labour market integration of users) and with health services (generally to ensure that living circumstances do not have a negative health impacts, as may be the case when a person requires help with daily activities). In some cases, it is simply a matter of ensuring a smoother information exchange, or that the case managers of the two or three respective systems exchange information on the monitoring of users with complex needs. In other cases, it ranges from creating common structures to formalise co-operation, up to the creation of "one-stop shops" to treat people holistically. For example, in Finland, multisector services centres were established in 2015. These centres provide employment, social, health, rehabilitation and social security services to vulnerable people referred by public employment offices or social centres. In Catalonia, a draft bill is currently being drawn up for the Integrated Social and Health care Agency of Catalonia, which aims to ensure more integrated care for older people, people with disabilities, and those experiencing social problems due to mental health.

Ensuring that responsibilities and competencies are understood. An analysis of the collaboration between professionals from the education, health and social sectors in Stockholm, Sweden, revealed some key prerequisites for fruitful co-operation (Widmark et al., 2011[28]): having a mutual understanding of the responsibilities and competencies of the professionals from other sectors appears to be important to create the trust required for good working relationships. Without this understanding, practitioners in one sector may have expectations that are either too high or too low in terms of the results that services in other sectors can provide to typical users (Lara Montero, 2016[29]). This lesson most likely equally applies to collaboration between different social service areas. Joint training for the professionals involved can deepen the understanding of the role and skills of professionals from other sectors.

Defining care packages. As mentioned in Chapter 7, Section 7.3.1 (on prevention services), people with complex needs may require co-ordinated services from different sectors. A resource summary table defining integrated service packages that respond to different need profiles can facilitate the work of professionals in the health, social or another sector (Pinzón-Pulido et al., 2016[30]).

Creating co-operation councils on an equal footing. Attempts to integrate health and social services in England have suffered in several instances from an overly dominant position of National Health Service (NHS) representatives; while the NHS and local services (including social services) have a comparable number of staff, the NHS has a much higher budget. It is important for the representatives of the service with the most weight (in terms, for example, of its budgetary or political significance) to be aware of this imbalance and be willing to remedy it to avoid this kind of situation.

Sharing the financial responsibility. A common difficulty when treating people with complex needs is that each provider has an incentive to move users to other providers. For example, to save costs, hospitals may prematurely discharge "expensive" patients back to nursing homes in order; or nursing homes may not invest enough in preventive care services that could have avoided the need for a hospital stay in the first place. During the process of developing integrated services, it is worth reflecting on the possibility of creating cost-sharing and cost-saving mechanisms. Pooled funds under common supervision can be useful in achieving a more efficient and equitable distribution of expenditure on services in different areas serving the same population (OECD, 2015[24]). However, this would require a thorough understanding of how investments in social services can decrease health care costs.

8.3. Strengthening accountability requirements for private and third-sector providers

The lack of data transmission from non-public social service providers can be a barrier to more integrated service delivery and evidence-based policy making. The regional social services legislations allow for-profit and non-profit providers to participate in the social services system to different degrees and under different conditions, especially in providing specialised services. Contracting occurs through different legal

instruments through tenders, subsidies or agreements. Providers are typically required to report basic information about their expenditure and users to the co-funding administration. In particular, documentation of expenditure is generally required, as well as an overview of the served users. In some communities (Castile-La Mancha and Castile-León), the information is communicated through their information systems, while in other communities, the information is communicated in the form of reports or briefings and is not linked to databases or information systems.

Defining accountability requirements within new regional legislation. Some regions, such as the Community of Madrid, are currently exploring the possibility of developing new regulations that would define mechanisms necessary to facilitate collaboration with the private sector in more detail and to anticipate all possible forms (such as subsidy, agreement and tendering) and the suitability of each of them as a function of the service in question. In several autonomous communities, the social accordance (*concierto)* has been regulated since it is considered to potentially be an ideal method for providing quality social services as it allows for a stable model of collaboration.

Regardless of method, if several entities take care of a person, there must be administrative and technological means to record their trajectory and to guarantee service continuity. Within this context, accountability requirements could be strengthened. In addition to annual reports that summarise expenditure and characteristics of services and users, providers could also be required to transmit microdata at predefined intervals. Of course, this requires a transition period so that providers can either adapt their case management IT programmes or establish the technical conditions for data to be transmitted. This also requires a common method of identifying users.

References

Baltruks, D., S. Hussein and A. Lara Montero (2017), *Investing in the social services workforce*, European Social Network, Brighton. [18]

Barrales, D. and R. Trujillo (2020), “El concepto de profesional de referencia en los servicios sociales: Un análisis crítico desde múltiples criterios éticos, lógico-formales y metodológicos”, *Encuentros*, pp. 157-187. [27]

Borská, J. and S. Švejdarová (2016), “Legal regulation of training of social workers in the Czech Republic”, *Kontakt*, Vol. 18/1, pp. e42-e48, https://doi.org/10.1016/j.kontakt.2016.01.004. [23]

Caravaca-Sanchez, F. et al. (2019), “Prevalencia y factores de riesgo asociados al síndrome de burnout entre los profesionales del trabajo social en servicios sociales municipales en España”, *Trabajo Social Global-Global Social Work*, Vol. 9/17, pp. 89-109, https://doi.org/10.30827/tsg-gsw.v9i17.8284. [13]

DePanfilis, D. et al. (2008), *Calculating Caseload and Staffing Needs: In-home Services Redesign in Maryland*, https://archive.hshsl.umaryland.edu/handle/10713/645 (accessed on 6 December 2021). [3]

Dirección General de Personas Mayores y Servicios Sociales del Ayuntamiento de Madrid (2017), *Plan de Mejora de los Centros de Servicios Sociales del Ayuntamiento de Madrid: Criterios Organizativos para la mejora de la Atención Primaria*, https://www.madrid.es/UnidadesDescentralizadas/ServSocialesYAtencionDependencia/Intranet/Comunicaci%C3%B3nEventos/Jornada%20Mejorando%20la%20ASP/Ficheros/PLAN_DE_MEJORA.pdf (accessed on 14 January 2022). [4]

DIXIT (2021), *El Departamento de Derechos Sociales concede el reconocimiento FISS a nuevos másters, postgrados y cursos de formación continua*, Centro de Documentación de Servicios Sociales, https://dixit.gencat.cat/es/detalls/Noticies/reconeixement_fiss_departament_formacions_setembre_2021.html (accessed on 20 January 2022). [17]

Fernadez, R., S. Kups and A. Llena-Nozal (2022), *Information technologies for social systems in Spain*. [6]

Fresno, J. (2018), *Algunas prioridades para los servicios sociales en España*. [26]

Fustier i Garcia, N. (2018), "¿Qué formación para qué competencias? Reflexiones sobre la formación de las trabajadoras sociales", *Revista de Treball Social* 213, pp. 11-24, https://cendocps.carm.es/documentacion/2018_N%C2%BA213_RTS.pdf. [14]

Generalitat de Catalunya (2020), "Pla Estratègic de serveis socials 2021-2024", https://dretssocials.gencat.cat/web/.content/03ambits_tematics/15serveissocials/pla_estrategic_serveis_socials/Pla_estrategic_serveis_socials_catalunya_NOU/01_Plana_principal/1.-2020-12-29-Pla-estrategic-de-serveis-socials-2021-2024.pdf (accessed on 20 January 2022). [16]

Grant, S., L. Sheridan and S. Webb (2016), "Newly Qualified Social Workers' Readiness for Practice in Scotland", *British Journal of Social Work*, p. bcv146, https://doi.org/10.1093/bjsw/bcv146. [22]

Harrington, C. et al. (2012), "Nursing Home Staffing Standards and Staffing Levels in Six Countries", *Journal of Nursing Scholarship*, Vol. 44/1, pp. 88-98, https://doi.org/10.1111/j.1547-5069.2011.01430.x. [2]

Lara Montero, A. (2016), *Integrated social services in Europe*, European social network. [29]

Leutz, W. (1999), "Five Laws for Integrating Medical and Social Services: Lessons from the United States and the United Kingdom", *The Milbank Quarterly*, Vol. 77/1, pp. 77-110, https://doi.org/10.1111/1468-0009.00125. [25]

Lindau, S. et al. (2016), "CommunityRx: A Population Health Improvement Innovation That Connects Clinics To Communities", *Health Affairs*, Vol. 35/11, pp. 2020-2029, https://doi.org/10.1377/hlthaff.2016.0694. [11]

Lind, K. and L. Wallentin (2021), *Central authorities slow to react as Sweden's cities embrace automation of welfare management*, https://algorithmwatch.org/en/trelleborg-sweden-algorithm/ (accessed on 17 January 2022). [8]

OECD (2021), "Social vouchers: Innovative tools for social inclusion and local development", *OECD Local Economic and Employment Development (LEED) Papers*, No. 2021/08, OECD Publishing, Paris, https://doi.org/10.1787/a98f02c5-en. [10]

OECD (2015), *Integrating Social Services for Vulnerable Groups: Bridging Sectors for Better Service Delivery*, OECD Publishing, Paris, https://doi.org/10.1787/9789264233775-en. [24]

Ortiz, V. et al. (2021), *Lindaview: An OBDA-based tool for self-sufficiency assessment*, https://upcommons.upc.edu/bitstream/handle/2117/346626/BSC_DS-2021-31_Lindaview%20An%20OBDA-based.pdf?sequence=1 (accessed on 9 March 2022). [9]

Perrin, F. (2015), *Formation initiale et continue - Synthèse du rapport*, États Généraux du Travail Social, https://solidarites-sante.gouv.fr/IMG/pdf/Formation_initiale_et_continue.pdf (accessed on 24 January 2022). [19]

Pinzón-Pulido, S. et al. (2016), "Experiencias, modelos y claves para la coordinación e integración de servicios sociales y sanitarios", *Enfermería Clínica*, Vol. 26/1, pp. 3-6, https://doi.org/10.1016/j.enfcli.2015.08.002. [30]

Ranerup, A. and H. Henriksen (2019), "Value positions viewed through the lens of automated decision-making: The case of social services", *Government Information Quarterly*, Vol. 36/4, p. 101377, https://doi.org/10.1016/j.giq.2019.05.004. [7]

Red Interadministrativa de Calidad en los Servicios Públicos (2021), *Simplificación de procedimientos en las Administraciones Públicas. Mapa de situación*, Ministerio de Hacienda y Función Pública, Madrid, https://www.mptfp.gob.es/dam/es/portal/funcionpublica/gobernanza-publica/simplificacion/doc-referencia/Informe_mapa_situacion_simplificacion_Red-def.pdf. [5]

Rothgang, H., M. Fünfstück and T. Kalwitzki (2020), "Personalbemessung in der Langzeitpflege", in *Pflege-Report 2019*, Springer Berlin Heidelberg, Berlin, Heidelberg, https://doi.org/10.1007/978-3-662-58935-9_11. [1]

Secretaría General de Servicios Sociales (2018), *Plan de Formación Servicios Sociales Comunitarios*, Junta de Andalucía, Sevilla, https://www.juntadeandalucia.es/export/drupaljda/Documento_RESUMEN_Formaci%C3%B3n_Servicios_Sociales_Comunitarios.pdf (accessed on 24 January 2022). [12]

Servicios Sociales Cantabria (2021), *Aula de formación permanente en servicios sociales*, https://www.serviciossocialescantabria.org/index.php?page=aula-de-formaci%C3%B3n-permanente-en-servicios-sociales (accessed on 20 January 2022). [15]

Soulage, F. and V. Reymond (2017), *Premier bilan de la mise en œuvre du Plan d'action en faveur du travail social et du développement social*, Ministère des Solidarités et de la Santé, Paris, https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwj_vq6qzMr1AhVDxIUKHe6QCMwQFnoECAQQAQ&url=https%3A%2F%2Fsolidarites-sante.gouv.fr%2FIMG%2Fpdf%2Frapport-francois-soulage.pdf&usg=AOvVaw07ewpyZQ9rncAfP89jCMZR (accessed on 24 January 2022). [20]

SSSC (n.d.), *Post registration training and learning*, http://sssc.uk.com/registration/registrant-responsibilities/post-registration-training-and-learning (accessed on 24 January 2022). [21]

Widmark, C. et al. (2011), "Barriers to collaboration between health care, social services and schools", *International Journal of Integrated Care*, Vol. 11/3, https://doi.org/10.5334/ijic.653. [28]

9 Initiatives to strengthen evidence-based policy making for social services in Spain

The last chapter of the report discusses the current monitoring and evaluation system and proposes measures to strengthen this system based on the experience of several Autonomous Communities and other OECD countries. It also proposes ideas for increasing the use of evidence in policy design.

A more sophisticated monitoring and evaluation policy can benefit the planning and continuous improvement of social service provision. The lack of harmonised indicators at the regional level on key characteristics such as accessibility or waiting times complicates the monitoring and measurement of service quality. Although formal evaluations are not the only possible source of information, they are very important. Unfortunately, they are often carried out on an ad hoc basis and are not results-focused, making it difficult to analyse the effectiveness of strategic social service plans.

This chapter presents ideas for (i) strengthening the monitoring and evaluation system, and (ii) increasing the use of evidence in policy design.

9.1. Strengthening the monitoring and evaluation system

With the exception of the sometimes partial information collected within the framework of the Concerted Plan and the long-term care system (in the information system Autonomy and Care System for Dependent People or SISAAD), there is currently no national database with consolidating statistics on the social services system in Spain. Statistics on primary social services and long-term care are relatively consistent because state laws and agreements set out obligations for the production of this information and because the state co-funds these services. In contrast, with the exception of services falling within the framework of the Long-term Care Act, specialised services (are entirely funded by the autonomous communities and not subject to any such obligation.

The Concerted Plan Report is an annual publication by the Ministry of Social Rights and the 2030 Agenda. It collects the information reported by the autonomous communities (which, in turn, collect the information from the local entities) that have signed an agreement to participate in the Concerted Plan for Basic Social Services in Local Corporations, with the exception of the *foral* communities of the Basque Country and Navarre. This information – which includes, for example, funding of centres and number of users broken down by group and sex – is collected using an evaluation sheet and entered into an information system. The regions can send the information through a web-based computer tool, which can be "fed" by the national social services system (SIUSS) in the regions that use its web version.

The homogeneous data collection through the SIUSS constitutes an important source of information on the reality of social services in participating communities, but does not prevent information gaps. In many autonomous communities, there are projects funded exclusively by the autonomous and/or local level without state co-funding. These projects are often not included in the concerted plan report statistics. In fact, some autonomous communities include information on financial contributions in these cases, whereas others do not. This creates problems when it comes to comparing primary social services expenditure between autonomous communities. Furthermore, other indicators, such as waiting times that would be useful for a complete perspective could also be included. Moreover, the way that the report presents summary statistics makes it difficult to cross-reference different indicators and track users or providers over time. The 2006 Long-term Care Act has created a system with a requirement to publish more detailed statistical indicators on applications, opinions, beneficiaries and services for autonomy and care for dependent people than is the case for (other) primary care services. The indicators are published every month (and not annually as in the case of social services in certain autonomous communities). The SISAAD is a tool that autonomous communities can use to manage services (Fernadez, Kups and Llena-Nozal, 2022[1]). More recently, the Commission to Analyse the Dependency Situation was set up to prepare a technical report on the state of the dependency system.

Some autonomous communities publish statistics on their websites to provide an overview of their social service systems. For example, the Basque Country's profile of users of different services does not only distinguish between men and women, but also between age groups. The indicators published by Castile-León include various statistics on family-care and child-protection services. In addition to the national Concerted Plan Report, several autonomous communities also publish their own reports, but the

coverage of indicators sometimes includes only a partial overview of specialised care services. They generally do not include indicators on waiting times and the quality of services. An exception is the quality indicators for secondary care centres promoted by the *Institut Català d'Assistència i Serveis Socials* [The Catalan Institute for Assistance and Social Services] (Centro de Documentación y Estudios, 2011[2]).

Although many strategic plans include budget items dedicated to evaluating social services provision, the availability and scope of these evaluations differ among the autonomous communities. For example, the Basque Country evaluation, under the responsibility of the Inter-agency Body for Social Services, included statistics on deadlines, expenditure, users and the extent to which the actions foreseen in the plan were carried out. The Interim Monitoring Plan for the 2017-20 Strategic Plan also rates the extent to which actions were carried out. Castile-León's strategic plan foresees an annual evaluation. The social services catalogue is also evaluated. Other evaluations include the Social Reality Observatory's interim evaluation of Navarre's strategic plan, and the evaluation report of the Agency of Social Care of Madrid's strategic plan. In other autonomous communities, for example, in the Canary Islands, the law provides for the evaluation of plans, but these evaluations are not necessarily made public.

Some communities are planning to strengthen their evaluation systems. For example, the Cantabrian "Horizon 2030 Strategy" plans to create an evaluation system of the public social services system, with measures that include launching the Social Reality Observatory and developing an evaluation plan. Catalonia's new strategic plan is focused on evidence-based decisions. It includes the design and implementation of a system for evaluating service quality. In some cases, demand forecasts supplement evaluations. An example is Aragon's Planning and Evaluation Service's analysis of social needs and potential demand, which studies met and unmet demand, for example, through the number of users with open tickets in the SIUSS. The Asturian Social Services Observatory prepared a demand forecast for residential care for older people.

At the national level, evaluation bodies and evaluation culture are still less developed than in other OECD countries. Individual institutions and ministries are responsible for evaluating the initiatives under their jurisdiction. As the autonomous communities are responsible for social services, there is no national instrument that systematically evaluates and reports on the provision of these services, except for the aforementioned Concerted Plan Reports. Between 2007 and 2017, the State Agency for the Evaluation of Public Policies and Quality of Services of Spain, under the Office of the President, assisted responsible ministries or institutions in conducting evaluations. Since then, responsibility has fallen to the Institute for the Evaluation of Public Policies, under the supervision of the Ministry for Regional Policy and the Civil Service, which carries out evaluations and offers training and methodological explanations. However, its scope of action is rather limited (de la Fuente et al., 2021[3]).

Defining relevant and stable indicators. In Spain, there are currently few spatially and temporally uniform indicators in the area of primary care services, and none in the area of specialised services with the exception of the field of long-term care. This causes difficulties in planning social services policies at all levels (national, regional and local) because it makes it difficult to compare the functioning and performance of the systems of similar localities and regions, and thus to identify good practices. A set of common indicators may help solve this problem. A working group of the Inter-Regional Social Services Council supported by university researchers could for example identify these,

The working group should seek to identify the indicators that are most relevant to the majority of stakeholders and that could be collected in a manner that is not too onerous. The two-decade experience of the Australian Review of Government Service Provision provides an example of a process to select indicators that fulfil these criteria. The review evaluates the performance of 15 public services, including social services, with the aim to measure equity of access or impact of services for different population groups, the effectiveness of achieving the established objectives, and the efficiency of providing cost-effective services. The selected indicators are meant to reflect the impact of services, be sufficiently comparable over time and space, be easily understood by all, and ideally exist in other countries. If a given

indicator does not yet exist countrywide, efforts are made to incorporate the missing regions over time (Centro de Documentación y Estudios, 2011[2]). For Spain, the selection should ideally include mid-term indicators, which measure the scope of services, and impact indicators, which assess how services affects users. The selection could take inspiration from a recent inventory of social impact evaluation practices of different social services in the European Union, which identified a number of mid-term and impact indicators. Mid-term indicators often include statistics on the number of beneficiaries of different programmes, while impact indicators generally focus on long-term results, such as the number of previous users who are still receiving services/benefits five years later, who have improved their quality of life or whose financial or professional situation has stabilised, for example (EU, forthcoming[4]).

Strengthening administrative-data infrastructure and survey-data collection. Ideally, the information systems used by the various suppliers should be configured in a way that allows indicators to be extracted from the management systems without additional work. Likewise, it would be desirable for certain researchers to have access to anonymised microdata in order to carry out impact evaluations. The 2019 Finnish Act on the Secondary Use of Social and Health Data, which gives the Findata Agency the power to grant researchers with a legitimate interest access to health and social sector data, could be used as a model. However, administrative data are not enough. For example, the single national indicator system in Britain relies heavily on administrative data, but supplements them with data obtained through surveys. Among these surveys is the Adult Social Care Survey, through which each local authority must establish the degree of satisfaction of all home and residential service users who are able to respond (Centro de Documentación y Estudios, 2011[2]). A study of the quality of nursing homes in Denmark also combined administrative data with survey data (Hjelmar et al., 2018[5]).

Examining the possibility of establishing minimum data requirements for autonomous regions to report to the central authorities. The autonomous communities and local entities participating in the Concerted Plan are required to report some basic statistics on their primary care systems' professionals, users and expenditure. As mentioned previously, the autonomous communities differ with regard to whether these statistics also cover projects in this sector that do not use national funds. The Inter-Regional Council could also agree to make reporting part of the indicators for primary and specialised care social services to the relevant state authorities compulsory, regardless of their sources of funding.

Strengthening impact evaluations. The monitoring of strategic plans is a good tool for ascertaining whether planned activities have been implemented correctly and within the planned deadlines and budgets. However, this monitoring does not reveal the impact of these measures in general, nor of any changes in the supply and accessibility of services in particular. These kinds of evaluations could uncover information that could lead to policy improvement and more efficient use of resources, if the results of the monitoring are robust and reflected in decision making (see Section 9.2 below). Strengthening data infrastructure and defining common indicators can facilitate the implementation of impact evaluations. This requires that researchers inside or outside administrations have access to the relevant data, in a secure and anonymised manner. In addition, evaluations require a budget, which may be provided for within the strategic plans or come from other sources. Investing in evaluation skills in the different government institutions can also foster a culture of evaluation. For example, the French region of Auvergne-Rhône-Alpes produced an evaluation manual for health and social service managers.

9.2. Increasing the use of evidence in policy making

Evidence-based policy making can be defined as the consultation of various sources of information, including statistics and research results, before decision making (OECD, 2020[6]). Although some critics question whether this approach leads to better results (Howlett and Craft, 2013[7]), it is generally considered to be a critical step towards a government capable of addressing complex policy challenges in a more effective and efficient manner. As the use of evidence is a challenge common to various policy areas, a

significant proportion of the ideas presented in this section have already been elaborated in the recent OECD report on supporting families (OECD, 2022[8]).

9.2.1. Encouraging policy makers and professionals to consult data

Ensuring that data are of sufficient quality and sufficiently accessible. As already mentioned, the availability and accessibility of data can influence its use within policy planning. Their quality has a significant influence on the accuracy of the resulting evaluation: they must be accurate, verifiable and documented. Finally, the ease or complicatedness of entering information into management systems can affect the quality and completeness of the information that service providers supply. Research based on the OECD OURdata Index suggests that countries with the best results in evidence-based policy making are those that clearly assign responsibility for co-ordinating open-data policies (OECD, 2019[9]; 2020[10]).

Strengthening the role of a government institution in disseminating the practice and use of evaluations, or equipping all agencies with the required expertise. An evaluation agency with more competencies and staff could strengthen knowledge of evaluation methods within the public service, increasing the likelihood that senior officials will consult relevant research results and data before designing or adapting a programme. A successful example is the United States Foundations for Evidence-Based Policy making Act of 2019. Through this act, the federal government sought to increase the use of evidence in policy making in all federal agencies, acknowledging that some were already excellent in this area, while others lacked the necessary skills. The act pushes agencies to adopt more robust evaluation practices in order to generate more evidence on what works and what needs to be improved.

Increasing the demand for evidence from decision makers. Evidence from a number of countries suggests that senior policy makers and public officials often do not base policy making on evidence, including research commissioned by their own ministries or agencies. An important step in increasing the use of evidence in policy making is to ensure that policy makers know where and how to find the information. Knowledge brokers and self-evaluation tools for knowledge on access to research can strengthen the availability of, and demand for, information. For example, Australia and Canada offer self-evaluation tools that help agencies or individuals, respectively, to gauge their ability to use research. Training programmes can increase policy makers' confidence in interpreting evidence. Examples include the UK Alliance for Useful Evidence Masterclass and the Finnish Innovation Fund's training module on putting lessons learned from experiments into practice.

9.2.2. Publicly disseminating the evaluation results

Creating (a network of) institutions responsible for the dissemination of good practices. To establish a culture of using evidence in their public administration, a number of OECD countries have established institutions or teams responsible for evaluating public policies and/or for disseminating evaluation results within and outside the administration (OECD, 2022[8]). For example, The What Works Network was established in the United Kingdom in 2013. This network unifies ten What Works centres, each specialising in a different policy area, for example the Centre for Well-being, which focuses on housing, culture and employment policies and programmes. The centres seek to evaluate existing knowledge gaps in programmes and policies; synthesise existing evidence and present it in a way that is easily understood by non-specialists; disseminate the evidence; and assist professionals and decision makers in understanding and applying the evidence (The What Works Network, 2018[11]).

Ensuring that all evaluations implemented or commissioned by public entities are published and accessible. In Poland, all evaluations commissioned by public institutions must be available to the public. A national database has been created and all evaluations are published on a dedicated website. This platform shares the results of over 1 000 studies conducted since 2004, as well as methodological tools for evaluators. The Norwegian Directorate of Financial Management and the National Library of Norway

maintain a public web service that brings together all the findings of evaluations conducted by the central government. It contains evaluations commissioned by government agencies from 2005 to today, as well as a selection of evaluations from previous years.

Tailoring the communication of results to the audience. Evidence should be presented and disseminated in a strategic way that is driven by the purpose of the evaluation and the information needs of its intended users (Patton, 1978[12]). Tailored communication and dissemination strategies that increase access to clearly presented research results are very important. These strategies include the use of infographics and webinars and the dissemination of parts of the narrative through social media.

References

Centro de Documentación y Estudios (2011), *Cuadros de Mando de Indicadores de Calidad en el Ámbito de los Servicios Sociales*. [2]

de la Fuente, A. et al. (2021), "La evaluación de políticas públicas en España: antecedentes, situación actual y propuestas para una reforma", *fedea Policy Papers*, No. 2021/9, fedea. [3]

EU (forthcoming), *Study on social services*. [4]

Fernadez, R., S. Kups and A. Llena-Nozal (2022), *Information technologies for social systems in Spain*. [1]

Hjelmar, U. et al. (2018), "Public/private ownership and quality of care: Evidence from Danish nursing homes", *Social Science & Medicine*, Vol. 216, pp. 41-49, https://doi.org/10.1016/j.socscimed.2018.09.029. [5]

Howlett, M. and J. Craft (2013), "Policy Advisory Systems and Evidence-Based Policy: The Location and Content of Evidentiary Policy Advice", in Young, S. (ed.), *Evidence-based policy making in Canada*, Oxford University Press, Ontario. [7]

OECD (2022), *Evolving Family Models in Spain: A New National Framework for Improved Support and Protection for Families*, OECD Publishing, Paris, https://doi.org/10.1787/c27e63ab-en. [8]

OECD (2020), *Mobilising Evidence for Good Governance: Taking Stock of Principles and Standards for Policy Design, Implementation and Evaluation*, OECD Public Governance Reviews, OECD Publishing, Paris, https://doi.org/10.1787/3f6f736b-en. [6]

OECD (2020), "The OECD 2019 Open Useful Reusable Data (Ourdata) Index", OECD, Paris, https://www.oecd.org/gov/digital-government/ourdata-index-policy-paper-2020.pdf. [10]

OECD (2019), *The Path to Becoming a Data-Driven Public Sector*, OECD Digital Government Studies, OECD Publishing, Paris, https://doi.org/10.1787/059814a7-en. [9]

Patton, M. (1978), *Utilization-focused evaluation*, Sage, Beverly Hills. [12]

The What Works Network (2018), *The What Works Network - Five Years On*, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/677478/6.4154_What_works_report_Final.pdf (accessed on 11 March 2022). [11]

Modernising Social Services in Spain

DESIGNING A NEW NATIONAL FRAMEWORK

Social services in Spain are confronted with a series of challenges, including growing demand due to population ageing, changing family models, rising inequality and labour market changes. Services are fragmented and, with multiple providers, lack reliable and comprehensive data. There is also a discontinuity between primary and specialised care. The decentralised model of competences generates complexity in management and financing of services. With the current governance and financing system, there are disparities in the type and quality of social services provided across the 17 Spanish Autonomous Communities and two autonomous cities. In addition, there is a lack of portability of benefits throughout the country. This report suggests ways to improve the legal context, move towards more universal services, strengthen quality, and move towards more evidence-based policies.

Funded by the European Union

PRINT ISBN 978-92-64-45775-1
PDF ISBN 978-92-64-48715-4