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An Approach to Social Service Systems in Europe: The Spanish Case

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Abstract

This chapter endeavors to develop an attempt at characterizing the social service system in Europe, serving three areas that we understand to be present in different system models but with different logics. The first has to do with the different denominations and ways of defining social services in each country. The second refers to the logic that legitimizes it, referring to its objects and purposes, as well as the type of needs and population groups that are targeted. The third area addresses issues of governance, the way it structures its devices and the relationships it establishes between the different levels of government and the main actors (the third sector, families, and the market). Having established this characterization (following this logic), we arrive at the Spanish case, trying to analyze its current model from legislative transformations that it has developed as well as trends and processes that the system has been generating as a result of the socioeconomic crisis, which have led to the modification of its profiles and demands. Finally, we take a rudimentary approach to the different challenges that we claim the Spanish Public System of Social Services must cope with in the current context.

Keywords: social services, crisis, Welfare State, social intervention

1. Introduction

Talking about social services as an object of social policy from a European perspective presents us with a striking frame of mind. Using a *wide-angle* approach, it is evident that in virtually all countries we can identify public policies on the subject; but when approaching each country in *zoom* mode, we observe a great diversity with regard to the conceptions about the areas of their

actions, their aims and objectives, and the type of social goods that protect or promote the needs of people. Perhaps this is one of the great challenges in building a common social space in Europe, the formation of an *approved language* on social services that allow for a possible, solid analysis of comparative politics, an issue that seems to be outshone in other areas of public policy such as health and education, to name a few.

As the previous paragraph mentions, it would be inadvisable to make any attempt to narrow in on a description of social services. We understand in this paper that the ideal is more than a definition, but an identification of areas of visibility to describe its common and different factors. In this sense, we will try to establish a systematization of different fields that, according to our opinion, are present on all conceptions of social policies, even if each of them is settled on a different way depending on the social, political, and legal situation of each country. In this way, we could analyze a conceptual dimension (What the social services are, how they are defined), a dimension related to the sense (the why's of social services), and finally a dimension related to the organization and actors (how they are organized and who will be the one in charge of developing them).

After this section, we will delve deep into the Social Services System of Spain, analyzing the development of the Spanish model in detail, focusing on legislative changes in the evolution of social spending and changes in the profiles and demands of beneficiaries. We conclude by establishing, as our way of understanding, future challenges that this protectionist system must face in the coming years.

2. An attempt at characterizing social services in Europe

To carry out the attempt of characterizing social services in Europe, we understand that there are three areas that must be addressed: the first has to do with the different denominations and ways of defining social services in each country. The second refers to the sense that legitimizes them, we refer to its objectives and purposes, as well as the type of needs and population groups that it is directed at. The third area addresses issues of governance, the way they structure their devices and the relationships established among the different levels of government and between the main actors (the third sector, families, and the market). Below, we will go into each of these issues in detail.

2.1. Designations and definitions around social services: elements confluency

The existence of different denominations and treatments of these services in Europe allows us to identify a variety of approaches according to their role in the political-institutional framework. An approach to the literature on the subject allows us, however, to note that these differences converge around three key elements that permit the building of a dialogic between them. These are discussed in the following three sections:

2.1.1. Attention to the personal and/or family dimension

The designation *Personal Care Services*, deeply rooted in the Anglo-Saxon realm [1], spread to other countries throughout the nineties. It is understood here that social services are mandated to have committed individual care to social needs through an institutional response aimed at situations where citizens lack the autonomy to carry this out on their own. Today, orientation and Personal Care Services are the most common in Europe. Where targeting the personal/ family intervention has never been absent, it is true that demographic and social changes are gradually being given more importance to family approaches [2], so that these services today are actually personal-family care.

2.1.2. Proximity criterion

A second aspect characteristic of Europe is the importance given to proximity. Already in 2007 the European Union stressed the need for such services to be accessible to citizens in their immediate environment: the local [3]. The demand for proximity, as discussed below, has generated the provision of social services as an almost exclusively municipalized competition in some countries. The proximity criterion operates on two lines. Sometimes it appears under the name of *Primary Care Services*. This treatment gives preference to access to social policies, especially through its position as an institution. *Primary Care Services* exercise the function of the gateway, serving the public's basic social demands, although it is true that there are different levels of development and resources to care for them, according to each country. When demands are more complex or specific, these services refer people to other systems (health, employment, etc.). Sometimes these primary care social services do not have their own space and are incorporated as a close resource within other systems of public policy; most often in these cases, their location is within the health network, part of an area of health and social care. A second denomination of these close devices are *Community Social Services*, although the contents are essentially the same, these services are intended to go beyond individual attention to needs, including outreach work with the fabric of local actors. Therefore, they require the complement of individual intervention methodologies with other group and community intervention [4] aimed at social capitalization and empowerment of the local community.

2.1.3. The transition from social care services to welfare services

In general, the consolidation of modern welfare policies in Europe have been shaping different *welfare regime*, influenced by different historical and political contexts and traditions, as suggested by Esping Andersen [5]. The purpose of these *regimes* has provided social services with a different role as a piece in the puzzle of the social policies of each country. Their evolution over time until today has also influenced, as cannot be otherwise, every society adapting to a globalized economic context. However, a trend is observed, where the role assigned to these services has evolved from being almost exclusively institutions focusing on attention to people in poverty to the provision of broader logic, where the objective of social inclusion of disadvantaged social groups coexist, with more universalistic objectives aimed at the needs of the whole population [6]. Yet it is true that this trend prods two questions: firstly, this definition of universal social services is still incomplete in some countries, as discussed below, largely

because they are incorporated late into the logics of the Welfare State. On the other hand, the current crisis is producing a significant general decline of universalist approaches, the result of cuts to social policies and the sharp increase in social risks, Rodríguez Cabrero and Marbán describe this process as *quasi-universalism* [7].

2.2. The meaning and legitimacy: objects, objectives, and content

What justifies the existence of social services in Europe? We speak of the agenda of objectives and content that have to address the role of satisfying social needs of which we have already spoken. The trend of social policies in the organizational aspect has seen their management in specialized systems in different areas of social goods. Khan and Kamerman [8] identify Personal Social Services as one of these specific systems, together with the educational, employment, income security, health, and housing systems. While not all European countries have ordained their offering as a system in the strict sense; on the other hand, those countries that have done so, contemplate them within the same areas and groups of different care [9].

The European Commission has made a tentative proposal found in a 2006 report [3] where they annotate five fields [9]:

- Care and dependent care.

- Children's and minor's care of a nonscholastic character.

- Integration and reintegration services for people in difficult social situations and/or exclusion.

- Employment services for people with disadvantages.

- Social housing.

While it is true that, as suggested by the work of Manuel Aguilar [9], in many European countries, fields such as housing or employment are placed in other, different systems. The first three areas, however, appear as highly generalizable contained throughout Europe. This allows us to infer three large common areas around which programs and intervention processes are grouped giving content to social services:

•Exclusion – social inclusion. Which would cover all actions aimed at fighting poverty and supporting population groups with social difficulties, contemplating those seeking to promote social integration in the broadest sense.

•Dependence – autonomy. Those programs created for the care of people with personal autonomy deficits. In some countries these services focus on groups of elderly or the disabled, other countries also provide for child care.

•Conflict – protection. Within this space, we find programs of intervention in families in conflict, especially highlighting the areas of child protection and the intervention in situations of gender violence.

2.3. Governance issues

The main aspect of confluence around governance is the consideration within the different states of what Demetrio Casado called a *branch of social service activities* [10]. While the structure of such an industry obeys very different forms, we will focus on this matter in greater detail below for the case of Southern countries and, especially, the Spanish case. For this reason, we limit ourselves in this section only to identifying conceptual areas of differentiation.

A first differentiating factor is the regulatory recognition of social services itself. Starting with the idea that there is a recognition of the existence of an industry in each country, we find states that have produced laws intended to govern it as an integrated system to ensure its cohesion, coordination, funding, and institutional leadership. The different positions on the consolidation of the industry as a system are situated between two ends of a continuum: on one side, those States which have a system of social services defined by a unifying legislation, characteristic of countries of the so-called *continental regime* [11]; on the other, countries that failed to address the construction of such a system and consider social services as a *variable geometry* resource network, Portugal is a paradigmatic case of this model. Governance strategies are positioned among social service systems or networks.

A second element is related to levels of governance, which is inevitably conditioned by the diversity of each State's institutional organization modes, although it is true that in most States, the coexistence of three institutional levels takes place: state, regional, and local. On this, governance in social services pivots between positions in which the different levels of governance are involved in the guaranteeing and management of social services for states where there is strictly municipal competition, with little or no competition role at the state and regional levels.

The third differentiating factor is in the public sector leadership regarding services and the role of other actors in this framework. This issue has been widely discussed in different works, especially in recent times in the interest of elements such as the effect of the crisis or the intensification of new social risks such as dependence [3, 11]. The trend, with very different intensities, is in systems regulated by the government (either at the state, regional, or municipal level), where the assurance of benefits is shared between public services and the third sector of social action and services provided by multinational companies. Therefore, a *mixed welfare* model of different intensity is imposed depending on the country.

The last factor of interest lies in funding. Essentially, there are four sources of funding schemes or social service networks. The common way is through taxation, which is channeled directly to public social services, or deferred through grants or concerted in third sector organizations and companies that provide services. A second way of funding is through business or workers' contributions, this occurs in states that provide these services, in whole or in part, within their national social security systems. The third source is through copay, increasingly present in areas such as care for dependents. Finally, a fourth way, not always analyzed, is the contribution in the form of kind (volunteer collaboration, provision of infrastructure, etc.) and cofinancing with own resources from third sector entities of social action [12]. These organizations have emerged as an entryway for private resources to social service systems in Europe. In this sense,

consistent with the logic of mixed governance, financing strategies have gradually been becoming more diversified.

3. The public social services system in Spain: current state and challenges

Next, we try to delve into and describe the model of social services that have been developed in Spain in response to those factors that have been discussed in the previous section of a conceptual characterization, taking into account the effects that this model has incurred over the last few years from the socioeconomic crisis.

3.1. Legislative changes

The implementation of the regulatory and legislative system referred to as social services in Spain has its starting point following the adoption of the Constitution of 1978 [13], resulting in a broad and deliberate action of reforming social services public management. Due to the changes envisaged in this transitional stage, it was thought that the Constitution would give rise to a System of Social Services at the beginning. However, after its publication surprisingly, in its content, the obligation or indication of creating social services never appears. Although they do not explicitly speak of a Public Social Services System, it appears between the lines and implicitly obliges the administration to create this system (Art. 1, 9.2, 50, 148.1, etc.).

The constitutional gaps in this matter could have been resolved with the approval of a General Law of Social Services throughout the state, as was done with other protection systems (Health and Education). Yet since this was never carried out, between 1982 and 1993 all regional governments developed (through legislation) their respective social service systems. From our point of view this is the main weakness is the Public Social Services System in Spain since although on paper there are many similarities between them, the practices are very different, which results in the current Social Services System being composed of 17 subsystems based on political will, funding opportunities, and the responsibilities of the regional administration. Thus, "depending on where you live, different types of service or equipment will be available [14]". We believe that the lack of a common legislative framework for the entire national territory is the main cause of weakness, fragility, and lack of consolidation of this pillar of Welfare, which is very distant from the consolidation of the other pillars of the aforementioned Welfare (Education and Health). It was only with the approval of Law 39/2006 of 14 December on the Promotion of Personal Autonomy and Care for dependent people [15] that an important step in this line was taken, but with the arrival of the socioeconomic crisis, the implementation of this law was greatly reduced and in many cases completely paralyzed. Focusing on regional policy development, [14] mentions, firstly, four phases:

• The first phase spanning from 1982 to 1985, when the laws of the Basque Country, Navarra, Madrid, Catalonia, and Murcia are approved. They are, therefore, five regulations that lay the foundation and serve as an example for the rest of the regions.

- The second phase between 1986 and 1992, in which the laws of other Autonomous Communities are approved. These laws are very similar in both the substantive and operational dimension to those already approved in the first phase.

- The third phase between 1993 and 1997 where it carries out a reform of its laws in Galicia, Catalonia, the Basque Country, and Valencia. They constitute examples again for further reforms of other Autonomous Communities.

- The fourth phase that includes reforms of laws between 2002 and 2003 of La Rioja, Asturias, Madrid, and Murcia. It involves more extensive laws that incorporate elements such as the rights and obligations of users or quality control criteria as well as the inclusion of new situations that respond, for example to dependency. However, this fourth phase also includes reforms to the Law of Navarra and Aragon and the beginnings of the second reform to the laws of Catalonia and the Basque Country, which gives rise to the laws of social services for the third generation. In these recent reforms, a major change occurs which is specified in the subjectivity of rights, the explicitness of economic participation of the beneficiaries and the inclusion of a portfolio of services and equipment that make up the system.

Apart from these four phases, a fifth phase could be incorporated [16] which would remain until present, in which the law of Castile and Leon and Castilian-Manchega, or Andalusia (still under approval) would be incorporated, imbibing directly from the latest developments in the laws of the third generation.

It can be said that the set of regional legislation on social services until now, largely promotes, the principle of subsidiarity, placing the management of social services at the local level, given their greater ability to adjust the response of public powers to the social needs of the population. Nevertheless, this principle that inspired all this regional legislation is now in question and weak due to the adoption of the Law 27/2013, of 27 December, for the Rationalization and Sustainability of the Local Administration [17]. According to some authors [18] it profoundly modifies the social services system that had been developed over the last thirty years in Spain. The system had managed to consolidate itself after thirty years of slow development, where its fundamental value is its proximity to citizens, guaranteed by the management and delivery of the councils of the General Social Services. But this new legislation, specifically Article 7, amending Article 26 of Law 7/1985 of 2 April, regulating the bases of local government on powers of municipalities and specifically social services, generates uncertainty and concern when it says that the only proper authority of the municipalities will be "the assessment and reporting of situations of need and immediate care for people at risk or risk of social exclusion."

Currently, this law has been appealed to the Constitutional Court, which failed in March 2016. In said judgment, precisely those items that most affect social services were declared unconstitutional. In this sense, we are currently faced with a number of uncertainties and questions about the future consequences of the application of this law as it has been drafted and especially many doubts about what role municipal social services will develop, as up until now, they were the guarantors of that valuable proximity to the Public Social Services System in Spain.

Although there has been a limitation in this judicial review, the trend is to disempower and take away the relevance at the local level in the implementation of the system.

3.2. Trends in a context of crisis

The long period of crisis in which Europe currently lives has had an intense impact on peripheral countries, including Spain among others. The future of social services is found here, as it cannot be otherwise, a direct parallel with the political and social evolution of the country. Spanish society has experienced a long period of growth since the beginning of the democratic era in 1978 until the crisis of 2007 as shown in the previous section referring to the legislative changes; the developmental trend hardly incurred a slowdown during the 1993–1994 period [19], to later recover its expansionist force until the beginning of the great crisis.

Social services will relatively benefit from this expansion, although as suggested by Ayala [20], the promotion of social policies in the democratic period in Spain is still evident, it is also true that their improvement has not been proportional when compared with the economic development of the country. The previous scenario to the *great crisis*, shows a country with rising macroeconomic variables (in 2007 Spain was the country with the fourth highest GDP in the EU); nevertheless with a precarious social cohesion model. It is influenced by factors such as the fragility of its labor market, its dynamics of social cohesion, and underdeveloped social policies in comparison with the rest of Europe. Referencing 2007, according to Eurostat, social spending in our country amounted to 21% of GDP, while the average in the EU 15 was 26.9%. This social expenditure, compared according to *purchasing power units* is the lowest in the EU 15, after Portugal and takes the 14th position with reference to all 27 EU countries [21]. This circumstance led to a paradoxical effect, despite the strong economic growth seen in Spain until the arrival of the great crisis, the Poverty Risk Rate hardly reduced during this period of expansion [22], reaching 19.7% in 2007 according to data from the Survey of Living Conditions.
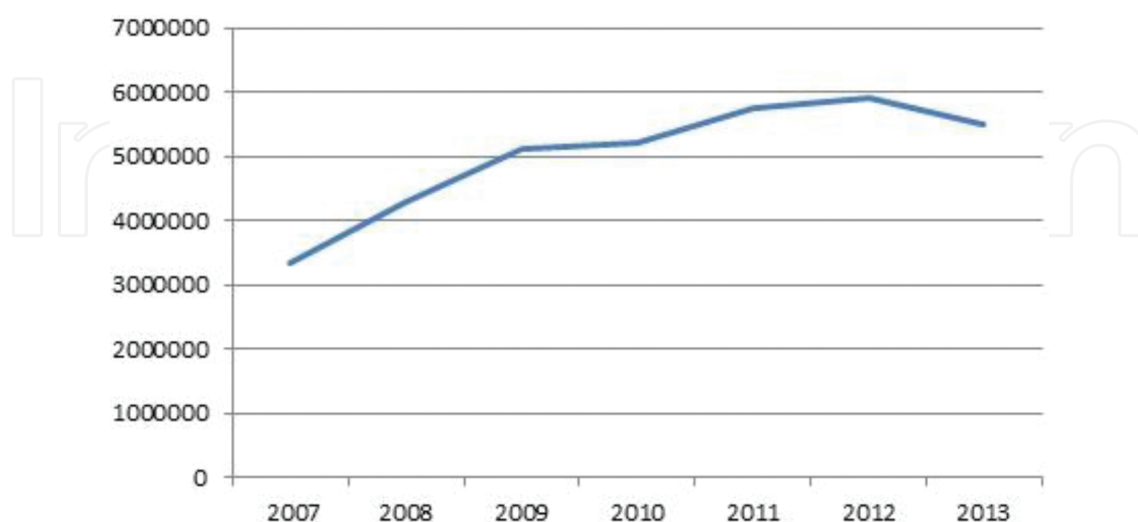

Figure 1. beneficiaries of Social Services System.
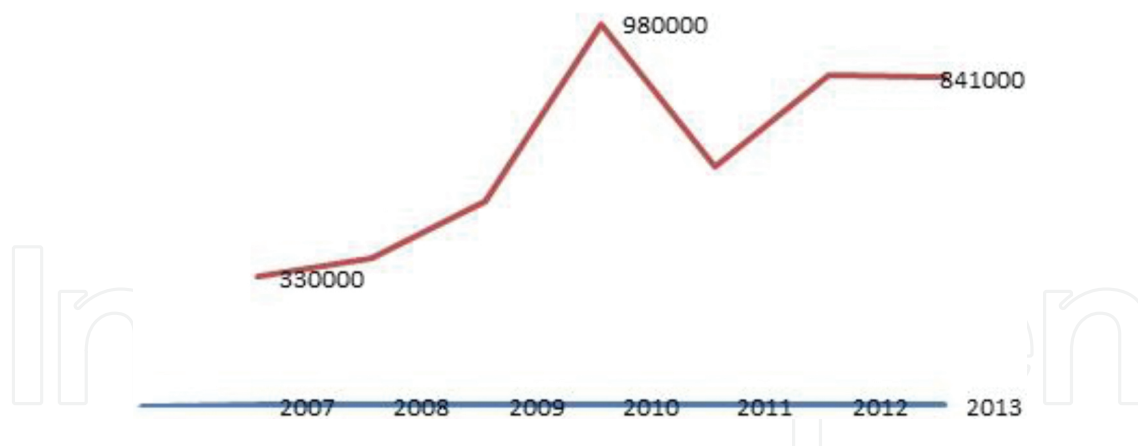Source: Calculations based on data from the concerted plan.

Figure 2. Evolution of beneficiaries of social emergency aid.
Source: Calculations based on data from the concerted plan.

These facts allow us to appreciate the fragility with which the social service system is constructed and understand the precariousness of it in the current context. We have addressed this issue in recent research [23] in which we pointed out three major processes that reconfigure the current situation:

•Process 1. Social services as a refuge for new social vulnerabilities.

The unemployment rate grows from 8.1 points in 2007 to 26.94 in 2012, when it reaches its highest level. Then it starts a slow descent to find itself at 22.3 points by the end of 2015. This vertiginous rising of unemployment has a direct proportional effect on the demand for social services, as shown in the following chart, they go from having to attend to just over 3.4 million users to more than 5.5 million users according to data from the Ministry of Health, Social Services and Equality (the latest data available) (**Figure 1**).

•Process 2. Intensification of welfare functions and emergency care.

The increased demand has forced a radical change in the character of the response. At the end of 2006, social services in Spain were leading the momentum of the most important legal right that would be assigned, developing a strategy of universal dependency care. The Law on Promotion of Personal Autonomy and Care for Dependent Persons was approved in the Spanish Parliament at the end of 2006, which granted social services a leading role in the development of a new individual right. However, the increased demand noted above forced a delay in expansion plans coverage for dependents and redirected much of the resources to mere attention to economic emergencies of individuals and families, as we see in the chart below, it managed to triple in the period from 2007 to 2010 (**Figure 2**).

•Process 3. Cuts and concentration of local government efforts.

The third process that has influenced the decline of the dynamic expansion of social services after the crisis has to do with the governance of the various administrations, which is especially relevant with regard to the financing of the whole system (**Figure 3**).
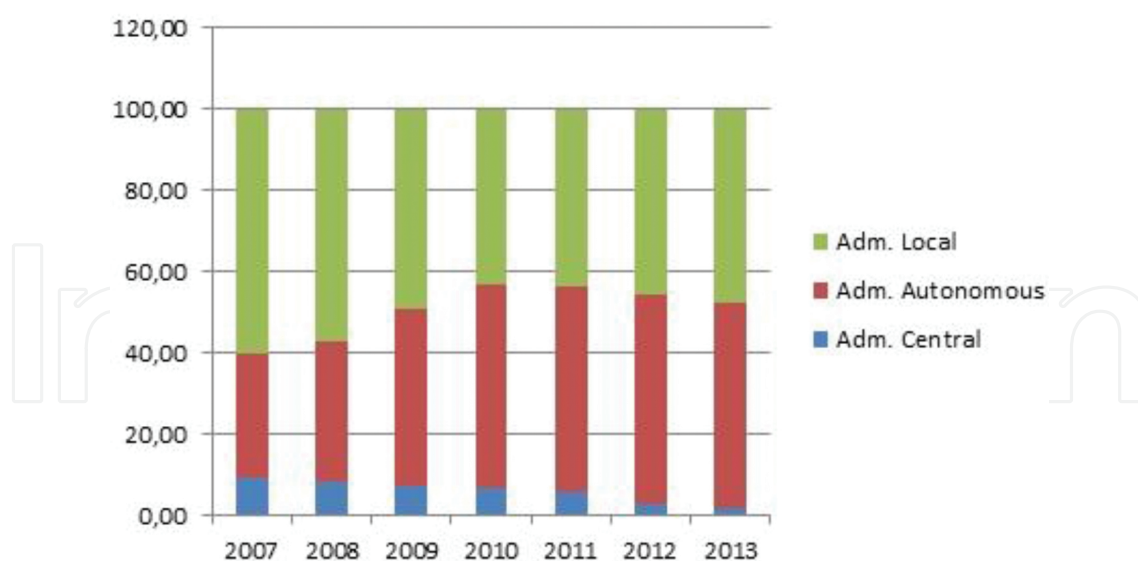
Figure 3. Percentage of funding according to each administrative level.

As shown in the chart above, we can see that movements following the crisis have concentrated the majority of the energy on municipal administrations, which have generally had to take on most of the efforts of sustaining personal social services. The Autonomous Communities have also increased their efforts, although they have especially focused on the development of specialized social services and specific attention to the field of dependency. The most pronounced effect on the strategy of financial governance of social services has been, without a doubt, the withdrawal from the State's central administration. If the regional and local administrations have intensified their support for a system of basic protection, the central one has been gradually eliminating its funding for the system to make it irrelevant.

All the three processes result in transformations in logic and demand for social services in Spain and also in the profiles of people who are now approaching the social service system for help.

3.3. Evolution of profiles and demands

Although the reason for which social services were created in Spain was universalist, practice has shown that in its further development, the Public Social Services System has been designed for people in situations of vulnerability and social exclusion, thus creating a certain "stigma" on users using it and therefore some resistance and prejudice.

These profiles traditionally linked to vulnerability and exclusion brought with them some types of demands closely linked to basic assistance needs, related to payments for supplies, financial emergency aid, etc. and the origin of these situations can be ascribed to three types of causes [16]: structural (linked to the disadvantages created by the discriminatory system itself in which we live), cultural (related to a model of life that is inherited from generation to generation), and finally linked to the same Social Services System (the lack of action and social intervention that have made the system itself contribute to the upholding of these situations).

Yet these profiles (and therefore demands that follow them) have been substantially modified in recent times mainly for two reasons:

- The adoption of the Law 39/2006 of 14 December for the Promotion of Personal Autonomy and Care for Dependent People, where, starting from its date of publication, many citizens (due to its universal vocation) took to the Public System of Social Services because they inescapably had to go through the Information, Assessment and Orientation System of the Community Social Services to begin the procedure. And, although in theory it is only an administrative procedure to start the application, the relationship endures throughout the system through the Individualized Care Program.

- The socioeconomic crisis of recent years, which still retains its consequences. There are numerous reports and studies from different sources [24, 25] and research [16, 26], which demonstrate significant increases in applicants who resort to social services (and the change in profiles) as well as the increased demands that arise (as well as the change in the type of demand).

Andalusia	76.6
Aragon	74.3
Balearics	100.0
Cantabria	67.8
Castilla – La Mancha	59.3
Castile and Leon	76.0
Catalonia	75.8
Navarra	94.1
Valencian Community	74.1
Estremadura	73.7
Galicia	74.2
Canary Islands	86.7
The Rioja	62.5
Madrid	80.9
Murcia	62.8
The Basque Country	70.2
Asturias	76.9

Source: OTSLP and ISSE (2013).

Table 1. Increased demand for social services by Autonomous Communities (%).

With regard to demands, the Social Services Report 2014 [25] shows an increase of 75.6% on average in the demands applied to social services, with this increase reaching 100% in some Autonomous Communities such as the case of the Balearic Islands (**Table 1**).

Normally they turn to social services to apply for basic aids such as supplies or loss of housing to nonpayment of mortgages. But the situation of these new groups does not stop here, and although these were initial claims, this material loss has greatly affected family relations. Therefore, there are quite a few families who also end up requesting aid from the Family Guidance Service.

With regard to the change in profiles, this report notes that in recent times, the main users of social services are people who were from the middle class before, people without any form of income, and young people.

The profile of the user "type" is as follows: female, 36–50 years, primary education, married, lives with a partner and children, unemployed with unemployed or pensioner's subsidy.

4. Challenges of the Spanish Public Social Services System

Throughout this chapter we have tried to a picture of the situation of social services. In the first section, from a wide-angle approach, we tried to different times and ways are applied at the European level. Later, we have used the zoom mode to analyze the Spanish Social Services System, developing a much more detailed study.

But far from understanding that social policies must be static, we are in favor of continuously checking policies, in such a way that they can give a real answer to the changeable social reality. In fact, as we have studied in previous sections, the socioeconomic crisis brings forth the need to readapt the Public Social Services System in Spain, a need whose root cause is not alone in the crisis (since many of the issues that needed to be dealt with existed before the crisis) but perhaps during these times, have become much more evident.

Some of the challenges we recognize to be addressed are:

• Consolidation of the Social Services System as the Fourth Pillar of Social Welfare, together with Education, Health, and Social Security. We understand that this consolidation necessarily involves the recognition of access to the system as an individual right (which does not appear as such in all regional legislation), followed by the support and funding which the other pillars of Social Welfare (Education, Health, and Social Security) account for. The Law 39/2006 of 14 December on the Promotion of Personal Autonomy and Care for Dependent People was a breakthrough in this strategy, it being a law that recognized dependent care as an individual right. Yet in this regard, there are two weaknesses, first that despite the progress it embodied, it has had a different pace of implementation, at first, as it depends on the objectives of the Autonomous Communities (those who were competing for their implementation) and secondly, when the crisis and budget cuts in social policies completely blocked this law before it could become fully implemented. On the other hand, from our point of view, we could run the risk of social services becoming seized by this protection system intended for dependents (and in fact spoke about it as the Fourth Pillar of Welfare), but argue that the Social Services System must be a system of protection that must go beyond attention to dependent persons.

- Recovering of intervention programs above management ones. It is necessary for System professionals to be freed from the bureaucratic burden and management, which in recent times have occupied all of their professional responsibilities and carry with it a greater action related to intervention in their various lines (individual, group, and community), as well as the development of preventive actions. This occurs in order to advance and overcome the binomial: need-resources that has so influenced the development of the Social Services System and reclaimed other logics and ways of understanding social intervention beyond performance closely linked to material (monetary aid mainly).

- Advancing social innovation. The rapid pace at which society advances will continually bring about new social situations that require new responses that will not fit the traditional strategies and logic that we discussed in the previous section. We need to rethink the social intervention of Social Services System and for that, the transition through social innovation is seen as mandatory. Progress in this innovation necessarily involves a greater impact on evaluation, information management, and research. It is therefore essential that social innovation remains incorporated and recognized as an element in policy, however not only there, but also be recognized within the framework of institutional organization so that it will be equipped with a space, a time, and real actors.

- Advancing a logic for the common good in the management of social services. While certainly the System must be public, we cannot expect it to be solely and exclusively of the Public Administration. There are different trends related to this issue and is therefore a topic of great controversy. From our perspective, expecting the state to be the only actor in the development of social services is illusory. We argue that it is necessary for all stakeholders (the State, the Third Sector, and the Market) to organize the development of the System's management, guaranteeing its public coverage and access to it as a fundamental right.

Acknowledgements

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