

The Budgetary Implications of New Social Risk Policies

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Work in Progress, Do Not Quote

Abstract

The welfare state literature has recently identified a shift from the protection against traditional risks to social investment. In this new future-oriented and activating social policy, the focus is on the redistribution of opportunities instead of income. Even if *vertical redistribution* from the rich to the poor may only be one rationale of social action, it should not be overlooked when directing the social policy shift from insurance to investment. This article has two principal objectives: firstly, it investigates how real this shift is in macro-economic terms, and secondly, if the increased focus on new social risks and social investment has possibly changed the welfare states' commitment to redistribute from the rich to the poor. I compare the distribution of benefits from old risk categories (unemployment, sickness, disability, survivor's, old age and family benefits and health care services) and from new ones (education, childcare, elderly care services). Imputing the monetary value of public education, childcare, elderly care and health care to households' disposable income takes us closer to understanding the welfare states' effort in supporting their citizens and enables to examine the redistributive impacts of the spending on new social risks. Analysing six European countries from different welfare state regimes, I find no evidence that new social spending would mean renouncing egalitarian ambitions. On the contrary, in all countries the distribution of new spending is more equal or pro-poor than the spending on old social risks. Different households benefit in distinct ways: the elderly benefiting the most from traditional spending and families with children and single parents from new spending. Therefore, their economic status in a given country largely determines the degree of redistribution.

Keywords: public services, inequality, income, redistribution, new social risks, social investment, household budget, public spending

1. Introduction: From Old Social Risks to New Social Spending

Recent literature on welfare state change has identified – at least in discourse if not yet in practice – a shift from social welfare state to social investment state and from passive protection to activation. Parallel to this discourse, there is evidence that common challenges across European Union member states have pinpointed the need to focus on *new social risks* as opposed to old ones. The first contribution of this article is to examine how public spending on old and new categories of welfare state has changed during the last two decades in Europe. Secondly, to what extent such possible shifts have actually disturbed or altered the redistributive character of the welfare state is examined through an analysis of the distribution of cash and in-kind benefits in Denmark, France, the Netherlands, Slovenia, Spain and the United Kingdom. In other words, I investigate how increased public spending against new social risks (in the forms of education, childcare and elderly care) is distributed among income quintiles in comparison to spending on old social risks and what implications such spending has for households' final budget. I use the notion "old spending" when referring to traditional protective spending against "old" social risks (unemployment, sickness, disability, survivor's, old age and family benefits and health care services), as opposed to "new spending" on childcare, education, and elderly care. In addition to education, childcare and elderly care services, health care is taken into account in the analyses. While spending on health care can be considered as a desirable social investment it is here taken as part of the old risks group (on a conceptual level, it is not different from sickness benefits).

Redistribution of economic resources lies at the very heart of the development and expansion of the modern welfare state. However, the paramount role of redistributive social policies has been called into question by the discourse of social investment especially prevalent in the Third Way ideology in the United Kingdom and the European Union. Facing economic pressures and criticism against extensive welfare state, sceptics of neo-liberalism have asserted the "productive" side of social spending (Jenson and Saint-Denis 2003, 82). Social investment state is supposed to move *beyond* left and right ideologies by

integrating economic and social objectives (Perkins *et al.* 2004). At the EU-level, the presentation of social problems in economic terms has been a standard procedure since the Treaty of Rome. Yet, it has become more explicit with the Treaty of Amsterdam (1999) and the Lisbon Strategy (2000) that aim at full employment, social cohesion and improved competitiveness (Perkins *et al.* 2004, 9). Peter Taylor-Gooby notes (2003, 550): “In all areas of EU policy-making, attempts to tackle welfare-related issues directly have tended to be ineffective, while policies that advance social ends as an adjunct to more directly economic and labour-market policies have enjoyed greater success.” Former British prime minister Gordon Brown has used such rhetoric by envisioning an enabling and empowering role to the government through expanded educational, employment and economic opportunities (Brown 2002 cited in Lister 2003, 429). Rather than reduce income inequality, policies aspire to active society with economic participation and social inclusion through redistribution of opportunities and investment in human capital. Social policies that used to help people in distress are now considered inadequate, instead, they should solve the causes of poverty and other social problems by changing the economic and social conditions in which we live and work. According to Jenson and Saint-Denis (2003, 86), social protection is no longer a sufficient source of security since economic invulnerability will increasingly demand capacity to adapt to changes (see also Giddens *et al.* 2006). Such capacity needs to be built during healthy childhood and life-long learning, both main targets of social investment policies. Likewise, Martin and Pearson (2005) expressed the necessity not only to support those in need but to invest in minimizing future social breakdown. The look towards future – implying often the focus on children – is the central aspect of social investment policies.

While the two concepts, social investment and new social risks, are often used almost interchangeably and their policy implications are partly overlapping, the underlying rationale of new social risks is more the immediate changes in post-industrial societies than an ideological discourse of social investment. The

emergence of new risk groups, such as young, low-skilled and women¹, has obliged the welfare states to ruminate again on traditional social policies aimed at protecting male-breadwinners from such risks as unemployment or illness (Bonoli 2006). Family instability and difficult reconciliation of work and family life have become major policy issues as they increase the incidence of poverty for families with children and especially lone-parents. Other contingencies typical to modern society have rendered employment income sometimes insufficient to maintain adequate living standards. Martin and Pearson (2005) sketch a gloomy future for European societies if new social risks are not integrated in the social policy agenda immediately: continuing with passive social policies would lead to widened income inequalities, social exclusion, falling fertility rates, decline in working age population, excessive pension payments and finally economic stagnation. While there are no significant signs that spending on new social risks is crowding out spending on traditional risks (see below for statistical evidence), these changes and demographic² pressures have benefited areas such as education, childcare and elderly care.

This article studies if this focus on investment in human capital, as well as policies facilitating women's access to labour markets influences income inequality in six European countries. The next section addresses the idea of redistribution in general and, within, the role of public services in particular. It sketches hypotheses based on existing literature. The third section discusses methodological issues and challenges related to the imputation method. The results based on the quantitative analyses are presented in the fourth section with statistical evidence on the relative importance of old and new public spending.

¹ One of the most noticeable changes in post-industrial societies is women's increased participation in paid employment, rising from 45 to 61 per cent in the EU countries between 1970 and 2001. Moreover, the interaction between educational level and gender is especially important from the 'new social risks' perspective: low skilled women in particular are facing a great challenge in combining work and family (Taylor-Gooby 2004, 2–4).

² The oldest age group is the fastest growing demographic segment in the European Union, expected to increase by eight million people between 2010 and 2030, and as a consequence, the proportion of GDP spent on long-term care is estimated to more than double in the next forty years (OECD 2005, 20; Comas-Herrera *et al.* 2006). A growing number of people living alone and the limited capacity (or willingness) of families to provide care, accentuated by the risk of women of working age becoming trapped in care-giving, have already increased demand for formal care (Pavolini and Ranci 2008, 249).

The article finishes with some concluding remarks on the political relevance of the research.

2. Previous Literature and Hypotheses: Inequality, Redistribution and Public Services

Baldock *et al.* (1999, cited in Kennett 2001, 4) define social policy as “a deliberate intervention by the state to redistribute resources amongst its citizens so as to achieve a welfare objective”. In other words, by the means of politics, welfare states distribute anew what has already been distributed in the market. The net effect of such state intervention is usually called redistribution (Ringen 1987, 5; Goodin and Le Grand 1987). The immediate objective of redistribution is to increase equality, which can be defined either as the satisfaction of minimum standards or – more ambitiously – as the overall equality of income distribution. In the first case, one settles for reducing misery and suffering; in the latter case, the goal is to narrow the gaps between the rich and the poor (Ringen 1987, 5–8). Although the social investment state aims at redistributing *opportunities* rather than income, it does not preclude the impact on income inequality. As part of the new social policy agenda, public spending on non-compulsory education, childcare and elderly care has increased in many countries. The focus of this article is the redistributive character of these services compared to traditional social protection: *how is spending on new social risks distributed across income classes?* Accordingly, the monetary value of these services is added to households’ disposable income in order to examine the budgetary implications of new social risks. As a rule, countries diverge greatly regarding the amount of these publicly provided goods. Likewise, they emphasize in various ways the balance between in cash and in-kind transfers. Nordic countries have traditionally spent more in services than any other welfare state model, deserving the nickname “service states”, while some conservative welfare states and the United Kingdom have been latecomers in providing public childcare and elderly care. In fact, as Timonen (2004, 83, 86) claims, the Nordic countries have sometimes even been ignored in discussions of new social risks as their welfare states have responded to such risks with

comprehensive social service system earlier than most other countries. They have relied on dual-breadwinner families and transferring care responsibilities from private to public sphere before new social risks were even recognised.

The prevalent view of the after-war period was that the state had a paramount role in ensuring a certain minimum standard of living, economic welfare and security to their citizens as a matter of right. Such discourse was supported by expectations that social disadvantages would be erased by the measures (Kennett 2001, 8). Many scholars have agreed that the welfare state is the means for the state to fulfil its obligations to its citizens, and access to welfare services is part of the practical status of citizenship (Salter 1998, 12). The quest for equality stood as one justification for greater state activity. Necessarily, programmes of social policy pursue many goals simultaneously and the redistributive function of public services has usually been given a secondary role. Although these programmes have not been designed to equalize income distribution, they may benefit some income classes more than others, and therefore serve as a redistributive instrument. In this article, the concern with the emphasis on education, childcare and elderly care is thus its egalitarian implications. With the focus on new social risks, are welfare states renouncing their commitment to equality and redistribution towards the poor as the benefits are going to more targeted groups?

Lately, studies on income distribution have shown growing interest in the impact of public services on income inequality (Smeeding *et al.* 1993; Marical *et al.* 2006 Vaalavuo 2009). The focus on household's disposable income seems increasingly inadequate as people's living standards are not only affected by in cash transfers from the welfare state but also in-kind benefits. For example, the UK office of national statistics publishes an annual overview of income distribution that takes into account public expenditure on education, housing, health care and transports (Jones 2006). In the United States, research has even gone as far as integrating all public expenditures, from national defence to highways, to the study of income distribution (Ruggles and O'Higgins 1981). These studies indicated that public services can smoothen the gaps in income distribution. However, childcare or elderly care services have not been included in previous analyses and no

comparison has been made between the benefits received from old and new social spending in household's budget.

Much of the redistributive consequences of public services depend on socio-demographic structure of the society and the distribution disposable income. The main consequence of the shift from old to new social spending is the changing of target group from elderly to children. The extent to which new social spending reduces or increases income inequality follows therefore from the economic status of different household types in the given society. For example, children between 0 to 6 years old are more heavily concentrated in the two bottom income quintiles in Iceland and Hungary (52 and 47 per cent respectively of all young children) than in Estonia and Denmark (32 and 38 per cent respectively) (Figure 1). Thus the equalizing effect of new social spending is likely to be greater in the former countries where childcare and educational benefits go to lower income quintiles where children are overrepresented.

(Figure 1 around here)

Families with children will be the net gainers of increased spending on education and childcare. Single-parent families especially (often with low disposable income) see their final income increase (relative impact). However, middle class families (with both parents working) are more likely to use childcare services intensely. This is likely to result in pro-rich redistribution especially in countries that provide only few public childcare facilities (the so-called Matthew effect). In general, studies on the redistributive effects of compulsory education have shown that it reduces inequality quite efficiently (Tsakloglou and Antoninis 1999; Sefton 2002; Lakin 2004; Marical *et al.* 2006). Higher education is not studied in this paper but its impact would most likely be opposite because of the over-representation of higher socio-economic classes in tertiary education due to the inequality of access. Instead, elderly care services benefit oldest citizens the most. The elderly households are overrepresented in the lower income deciles in most countries, and while the oldest of them are often highly educated and more affluent, the population over 75 years old is even more concentrated in the bottom income quintiles (e.g. in Denmark, 71 per cent of 75+ population belongs

to first and second quintiles) resulting in redistribution towards the lowest income classes via elderly care benefits. However, in conservative welfare states with generous pension system, the elderly people enjoy usually a higher economic status when disposable incomes are compared (Figure 2). A large part of the social spending benefits the elderly: pensions, elderly care and health care, thus their relative position in society determines to a large extent the efficiency of the overall distributional system. While not taken into account here, the indirect impacts of these services may be considerable, especially for women who have traditionally taken care of children and frail parents or spouses at home.

(Figure 2 around here)

3. Data and Methodological Design

3.1. Imputation Method

The analyses are based on micro-level data from EU-SILC (European Union Statistics on Income and Living Conditions) for 2007 (income reference year 2006). It contains data on household income as well as socio-demographic information on both household and individual levels. OECD statistics provide information about the cost of production for health care and education. Information for childcare and elderly care was acquired mostly through national statistical offices (see appendix for details). This might influence the comparability between countries but allows access to more detailed data. However, we should be cautious with the monetary value received from cost of production. As Le Grand (1987) warns, it might not reflect the *value* of the service to the individual and it can overestimate the real increase in households' well-being since some people prefer smaller monetary transfers than the free or subsidized use of public services. Economists often argue that in-kind transfers are less valuable to their recipients than an equivalent amount in cash that entails the liberty to consume the money as wished (Smeeding *et al.* 1993, 249; Canberra Group 2001, 15). While acknowledging that the monetary value of in-kind transfer is not equal to in cash transfer, this standard method offers an opportunity to compare more systematically between countries, services, as well as old and new social spending.

The next step in the imputation method, adding the monetary value of public services to disposable income, poses some difficulties as well. Each service included, education, childcare, elderly care and health care, needs separate consideration on how to be imputed to households' budget in the most coherent and reliable way. The monetary value is derived from the cost of production of the service but due to lack of available data the allocation of this transfer is less straightforward. Imputation is not always based on the real use of public services but on the personal characteristics of individuals such as age and gender that, for the most part, determine the use of services; thus it remains an estimation of *potential* use of a service. Previous studies on income distribution that have taken into account some public services (usually health care and education) have opened up ways to overcome these contingencies and serve as a manual for this study (Evandrou *et al.* 1993; Smeeding *et al.* 1993; Sefton 2002; Harding *et al.* 2004; Garfinkel *et al.* 2006; Marical *et al.* 2006; Aaberge *et al.* 2010).

Primary and Secondary Education

Imputation of in-kind benefits from primary and secondary education is based on age since the enrolment is almost 100 percent for age groups below 18 years old in each country (OECD Education Database provides information on the exact enrolment rates for each age group).³ Higher education is not taken into account in this paper though it is an important part of the social investment ethos. As categories of pre-primary education and childcare are sometimes overlapping in the OECD and national data, pre-primary education is studied together with childcare⁴; in addition, the focus of new social policies on small children will make this grouping theoretically more logical.

³ According to the OECD (2008), only a small share of children (though often from already disadvantaged families) or on average 1.5% of children aged between 5 and 14 are not enrolled in school.

⁴ Eurostat defines pre-primary education (ISCED level 0) as “the initial stage of organised instruction, designed primarily to introduce very young children to a school-type environment”. Childcare, instead, can comprise formal and informal providers in the form of crèches, kindergartens, pre-school, out-of-school clubs, family care, childminders, nannies, relatives, friends, neighbours etc. (Eurostat 2004, 11–12). While the majority of the age group of 3 to 6 years-olds is often enrolled in pre-primary school, services provided to younger children (under 3 years old) are scarcer and opening hours are limited in many countries resulting in greater country variation.

Pre-primary Education and Childcare

Comparable data on childcare services is still not widely available (Eurostat 2004). Many different categories exist in this sector making it difficult to acquire coherent data on both public spending and the number of users. This led to the disregard of some of the subcategories. However, it proved only the case in minor expenditure categories (such as play ground and after-school activities for children) and will unlikely change the overall results.⁵ The EU-SILC contains data on the number of hours per week a child attends formal day care and pre-primary education. Thus, the imputation of transfers is based on the real use on an hourly basis and takes into account the important distinction between part-time and full-time use that may vary according to socio-economic class (see also Ghysels and Van Lancker in this issue).⁶ In many countries, families benefit from different types of state support; family and child allowances (here considered as old social spending) are common everywhere, while some countries prefer tax credits or fiscal benefits for families and parents paying for private childcare (especially in the UK and France). Such governmental support is taken into account in this study automatically as it is included in the concept of disposable income (monetary income after cash benefits and direct taxes), however, no separate analysis is conducted for the measurement of the volume and relative impact of the tax system.

Elderly Care

From the income point of view, the aim of social care services is to improve the living standards of people who need help, and to offer relief to relatives from the burden of continuous care (Sipilä 1997, 36). Accordingly, it may be hard to judge if elderly care is benefiting the old person who is actually using the service or his/her children (living in a separate household) who are no longer responsible of

⁵ Due to high levels of fragmentation, the same kind of disregard took place in the sector of elderly care (e.g. various forms of daytime activities with no available data on either spending or the number of users).

⁶ However, as with health care and education, the distinction between the use of private and public services is impossible in the EU-SILC. This is not necessarily a great problem for some countries where private services are rare or almost entirely subsidized by the state (as in Denmark). But in the case of the United Kingdom, where many parents pay for the private childcare and are partly reimbursed through the tax system this might lead to double-counting of the benefits.

taking care of their father/mother. In this study the beneficiary is the elderly person (and his/her household⁷) receiving the care.

In comparison to childcare, no similar data on the use of elderly care services exist in the EU-SILC. Therefore, imputation is based on the potential use of elderly care services. The probability is derived from national user profiles, in other words from the real percentage of use by different age groups (as in the case of health care). Thus, each person above 65 years old (60 years in the Netherlands and Denmark) will be allocated an in-kind transfer but the exact amount depends on the probability of use (probability x expenditure per capita). These probabilities are presented in Table 1 together for home care and institutional care.⁸ Despite the fact that people living in institutions are excluded from the EU-SILC survey, this in-kind benefit is included in the imputation. Even if no respondent in the data is actually staying in an elderly institution, this service is considered as an insurance against old age, thus the possible, not real, benefit is taken into account here. The rationale behind is the same as for health care services (see below). Likewise, the pattern of use resembles that of health care, except that the targeting is even more focused on the oldest citizens; for example, an 80 year-old Dane has a probability of 0.63 of using elderly care services compared to the probability of 0.10 of a person in the first age group⁹. A great deal of variation can be found between countries in the use of elderly care services, varying from the Dutch 68 per cent to the English 11 per cent for the oldest age group. In general, these services only benefit a marginal proportion of the whole population – in Slovenia public spending is too modest to make a difference in the household budget in any case.

(Table 1 around here)

⁷ Household's disposable and extended income is assumed to be shared equally by the members of household so that in-kind transfers benefit all the members and not only the individual receiving them.

⁸ For Spain and Denmark, the actual imputation is based on different probabilities for institutional and home care are used. Some categories of services are not included in Table 1 such as clubs for elderly in Spain where the majority of elderly people use them.

⁹ In the EU-SILC, the last age category is 80 years old, which limits the use of more detailed data on very old people.

Health Care

The data used for health care is derived from OECD health data that estimates the distribution of expenditures across age groups. It takes into account the considerable differences between age groups in the use of health care services, increasing exponentially from the age of 50. As a consequence, in the imputation of the monetary value of health care, each person in the EU-SILC is assigned a transfer according to his or her age. More detailed information, for example considering unequal use by people from different social and income classes, was not available for the study.¹⁰

Earlier studies imputing health care spending to households are also based on such ‘insurance approach’ in which benefits are distributed to individuals based on their age only (Smeeding *et al.* 1993; Steckmest 1996; Lakin 2004; Garfinkel *et al.* 2005; Aaberge *et al.* 2006; Aaberge *et al.* 2010). The insurance principle considers health care services as a public good that benefits everyone: the possibility to use them is more important than actual use (Ringen 1987, 255). Studies based on the *real* consumption of health care services show that the lowest quintiles may benefit more because the poor report illness more often and, accordingly, also use these services more (Goddard and Smith 2001)¹¹. Despite the differing standpoints, results based on the real use of health care services in the United Kingdom (Evandrou *et al.* 1993; Sefton, 2002) compared to similar study based on the insurance principle (Lakin 2004) demonstrate that the differences between the approaches are not breathtaking. The greatest difference is thus a theoretical one: can we consider potential use as equivalent to real use, and how can we manage not to consider ill people as better off just because they receive expensive medical treatments?

¹⁰ As a proxy of the unequal use of services, EU-SILC does investigate the reasons for unmet needs for medical examination. It appears that, of the countries studied in this paper, only in France the effect of income class is noticeable: 4,0 per cent of the bottom quintile report unmet needs due to too expensive health care compared to 0,3 per cent in the top quintile (less than 0,4 per cent for all quintiles in the other countries studied here) (Eurostat: “People with unmet needs for medical examination by sex, age, reason and income quintile”).

¹¹ This is naturally connected to the question of equal opportunity of access to these services. Indeed, there exists a connection between the use of health care services and income: wealthier and better educated people use special health care services more than poorer people, even though the latter group generally has a bigger need for these services (De Graeve and Van Ourti 2003; Van Doorslaer *et al.* 2004; Kunst *et al.* 2005; Hernández-Quevado *et al.* 2006).

The connection between public services and redistribution can be very complex, and especially because of externalities it may be difficult to determine who is really benefiting. The impacts of public services move in time and place: they produce positive effects in the future and directly increase the well-being of individuals benefiting from them, as well as indirectly the well-being of the wider citizenry (or even the functioning of the national economy). Obviously, these externalities form the basic rationale behind social investment state, but the existence of such indirect effects complicates measuring exactly the impact of public services on income distribution as they make problematic the identification of benefiting households in the long run. In this article the focus is on a snapshot picture of the society, analysing the social distribution of old and new social benefits at one point in time only and assuming away the possible externalities.

3.2. Analysing Inequality and Distribution of Old and New Social Spending

The basic unit of analysis is the household.¹² Income is then adjusted to reflect the size and composition of the household: equivalence scale used in the EU-SILC assigns the first adult of the household the value of 1, the next adult 0,5 and all children under 14 year-old gets the value of 0,3.¹³ The period of analysis in this study is one year.

The analyses are based mostly on the study of quintile shares of received benefits and also on quintile share ratios for old and new social spending (income quintiles are based on disposable income throughout the study). The ratio between the highest and lowest income quintile is preferred to the Gini coefficient when one wants to know the changes in the two extremes.

¹² In this study household means all the people living under the same roof, i.e. a 'common dwelling' as used in the EU-SILC.

¹³ Radner (1997) has put in question the practice of correcting non-cash income with the same equivalence scale than cash income but this remains the standard method in the studies including non-cash elements. Aaberge *et al.* (2010) adjusted for differences in needs for public services in their study on distributional effects of health care and education in Norway. They found out that taking into account differing needs across population offsets about half of the inequality reduction connected to the inclusion of non-cash benefits.

4. Analysis and Results

This section presents in its first part macro-level statistical evidence on old and new social spending, focusing in particular on childcare and elderly care, across European countries, and in the second part the focus turns to distributional analysis for the six countries studied in more detail.

4.1. Old and New Social Spending in Europe

As the aging population and the reconciliation of work and family life are the main concerns of current new social policies, Figure 3 shows the development of public spending on these domains. First, we notice that spending on elderly care (old age in-kind benefits) and childcare makes up just a small fraction in social budgets compared to spending on old categories like health and old age cash benefits. Secondly, spending in all domains, except for family benefits, has increased considerably during the last twenty years. Average spending on day care for children (excluding pre-primary education) has more than doubled from 0,36 to 0,74 per cent of GDP, and spending on elderly care from 0,45 to 0,66 per cent according to OECD statistics on social expenditures. Although old spending is still greatly more important than new spending, we can conclude that growth has been much faster on the latter category.¹⁴

(Figure 3 around here)

Considering also other spending categories, Figure 4 illustrates the changes in the ratio between old and new social spending.¹⁵ We can observe that in the majority of European countries this ratio has decreased (on average dropping from 25 to 14), meaning an increase in relative importance of new spending, while the differences between countries remain substantial. The decrease has been the largest in the countries that started with highest ratios (i.e. the most modest new spending), namely in the Mediterranean countries, the United Kingdom and

¹⁴ Growth rates 1980-2005: old age cash benefits 33%, health care 34%, family benefits 6%, old age in-kind benefits 48%, and childcare 104%.

¹⁵ The figure is based on OECD data on absolute spending in national currency in current prices.

Belgium. When we look at the current ratios (for 2006), no clear welfare state clusters emerge from the figure except for the Nordic countries that unsurprisingly have the lowest ratio. In this group, the development has been quite modest as the old spending was only around ten times higher than new spending already in the beginning of the 1990s.

(Figure 4 around here)

Given the importance of family-friendly objectives¹⁶ in many countries, it is not surprising that spending for families has grown significantly since the 1980. This has happened mostly through the in-kind part of the family transfers, i.e. as investment in day care and early education (as seen in Figure 3). Without a doubt, state involvement in providing childcare will grow even further in the countries where it is now less developed. In Spain, in-kind spending on day care has already increased from a negligible 0,03 per cent of GDP in 1980 to 0,53 in 2005, in Finland from 0,65 to 0,96, and in France from 0,17 to 1,19 (OECD Social Expenditure database). Even if the fertility rates are going down in the vast majority of countries, there is more and more demand for public day care services since women are entering labour markets at growing rates. The Nordic countries unsurprisingly are the most generous spenders on early childhood education and childcare, while in Germany, Spain and Estonia these services are still largely underdeveloped (Figure 5).

(Figure 5 around here)

The variation in expenditure levels on elderly care services is substantially greater than for other public spending, such as health care (see also Jensen 2008). The levels shown in Figure 6 are to change in the near future. Especially in Spain the aim is to devote 1 per cent of its GDP on public long-term care by

¹⁶ OECD's definition of family-friendly policies: "policies that facilitate the reconciliation of work and family life, ensure the adequacy of family resources, facilitate parental choice about work and care, and promote gender equity in employment opportunities. They include improved access to affordable and quality childcare, arrangements that allow working parents to take leave to care for children, and flexible workplace practices that allow a better reconciliation of work and commitments. They also include financial incentives to work for families with children and employment support for jobless parents" (OECD 2007, 13).

2015 (Celdrà *et al.* 2009, cited in Huber *et al.* 2009, 98). It has already increased the public provision of elderly care services to a great extent; for example the number of users of home help has more than doubled in the past twenty years, providing care to 4,09 per cent of the elderly population (65+) compared to 1,67 percent in 1990 (Sancho Castiello *et al.* 2006). According to estimations by European Union (EC 2006, 157), public spending on long-term care will increase by around 1 percentage point between 2004 and 2050 in most member states, and by over 2 percentage points in Finland, Sweden and Slovenia due to their more developed formal care system (see also *fn.* 2).

(Figure 6 around here)

4.2. Social Distribution of Old and New Social Spending

The countries studied in more detail in this article belong to different welfare state regimes. Therefore, the results show somewhat different patterns of distribution among income quintiles. However, no sign indicates that welfare state would be retreating from its equality ambitions in any of them by shifting from old to new social spending. Figure 7 illustrates the main findings of this study: spending on new social risks, in the form of public services of childcare, education and elderly care, is generally more progressively distributed among income quintiles than in transfers tackling old social risks. Only in Denmark, the lowest income quintiles benefit more from old spending categories than from new ones. It seems that old spending follows more clearly the traditional division between welfare state regimes and new spending forms very similar pro-poor or pro-middle class pattern in all countries. Health care, that I consider as an old social spending category, is also very equally distributed in all countries and even slightly progressive (Figure 8).

(Figure 7 around here)

The differences between services and benefits received are shown in Figure 8. Even though spending on childcare and elderly care has increased in recent years they make up a quite limited resource for each income class since the number of beneficiaries is very limited. However, when compared to disposable income of

the first income quintile elderly care is definitely non-trivial in Denmark and the Netherlands (as could be predicted from Figure 6) and to some extent in the UK as well (18, 16 and 8 per cent of disposable income respectively). Pre-primary education and childcare appear slightly important income source only in Spain and France (less predictable from Figure 5 when it comes to Spain), representing 4 and 3 per cent of disposable income in the first income quintile. Education is more significant in-kind transfer for all income classes. All in all, it is evident that old cash benefits are still the most important source of income for all income classes.

(Figure 8 around here)

Relatively speaking in France and in the Netherlands new spending is significantly less pro-rich than protective social policies that follow more strictly the “conservative” ethos of their welfare architecture. In other countries, differences between the two categories are less pronounced. Table 2 considers this aspect more clearly by examining the quintile share ratios for old and new spending. In all countries new social spending benefits the bottom quintile more than top quintile (shares below one), this is especially so in Denmark and in the Netherlands where the top quintile receives only a half of the amount received by the bottom quintile. Instead, such pro-poor distribution is only seen in Denmark when old social spending is studied (note, however, that benefits from old spending do not include taxes or social contributions that they can be subjected to); quite the opposite, in France, the richest quintile receives more than twice as much as the poorest quintile.

(Table 2 around here)

Finally, Figure 9 visualises how different household types benefit from cash and non-cash transfers. Although the figure illustrates the distribution of public transfers only for the United Kingdom due to the lack of space, the pattern is common to the rest of the countries as well. Only the benefits received from elderly care and childcare vary from non-existent (Slovenia) to modest (rest of the countries), but the relative height of the pillars remain the same. The elderly gain the most from the traditional protective welfare state through pensions and

health care system. The increased attention paid to social investment and new social risks have not altered the picture: unemployment, disability, sickness, family, survivor's and old age benefits together, and health care services still remain the largest expenditure categories in modern welfare state. But as the new rhetoric goes, families with children benefit considerably from new spending categories, and childcare together with education represent an equal share of state support with old benefits in their budgets. Hence, there is evidence of a shift from supporting (only) the elderly to investing in the youth and promoting labour market attachment of both parents. If activation and re-training, important new spending categories, had been taken into account in this analysis, households not benefiting much in these analyses (people living alone, childless couples and other) would probably profit as well.

(Figure 9 around here)

5. Conclusion

As new social policies have prioritised redistribution of opportunities over redistribution of income from the rich to the poor, there is a concern that such focus on the future will undermine current endeavours to reduce existing inequalities. In this article, I have analysed the social distribution of in-kind benefits and the possible (in)egalitarian consequences of the shift from spending against traditional risks as unemployment to spending against new social risks as the reconciliation of work and family life.

In the majority of European countries, the welfare state budgets have given relatively more emphasis on new social spending, while both the new and old categories have grown during the last two decades in absolute terms. However, there is no evidence that focusing on social investment and new social risks disturbs the egalitarian ambitions of the welfare states in any of the 6 countries studied. Neither can we find great variance between welfare state regimes in this matter: the most significant differences are caused by social spending on old social risks – the initial variance (meaning disposable income or benefits from

old spending here) in the patterns of distribution is not greatly affected by the inclusion of education, childcare and elderly care. However, in each individual country, the inclusion of public services does decrease the level of inequality. Public services clearly function as a means of redistribution towards the bottom income quintiles, and new social spending is generally more equally distributed among income quintiles than old social spending. This is especially the case in France and the Netherlands, where the insurance system against traditional risks follows the ideals of conservative welfare states whilst new social spending does not.

As hypothesized, the socio-demographic structure determines the results in each country: I have demonstrated that new social spending benefits, on the one hand, families with children and single-parent families the most, and, on the other hand, elderly households receive the greatest benefit from old social spending. Thus, the distribution of household types among income classes shows how the focus on one or the other might influence inequality. In the Nordic countries where children most often belong to middle class households, new social spending translates into pro-middle class spending, while in the countries with higher levels of child poverty, such spending can efficiently smoothen the income gap between the extremes if access to services is equal.

From a political point of view, these findings are critical to the formulation of reforms in the public service sector and the design of new welfare architecture. We should bear in mind that even if *vertical redistribution* from the rich to the poor may only be one rationale of social action, it should not be overlooked when directing the shift from protective social policies to new activating ones, or from insurance to investment. Although the priority has been elsewhere, my results show that these shift do also serve a redistributive effort.

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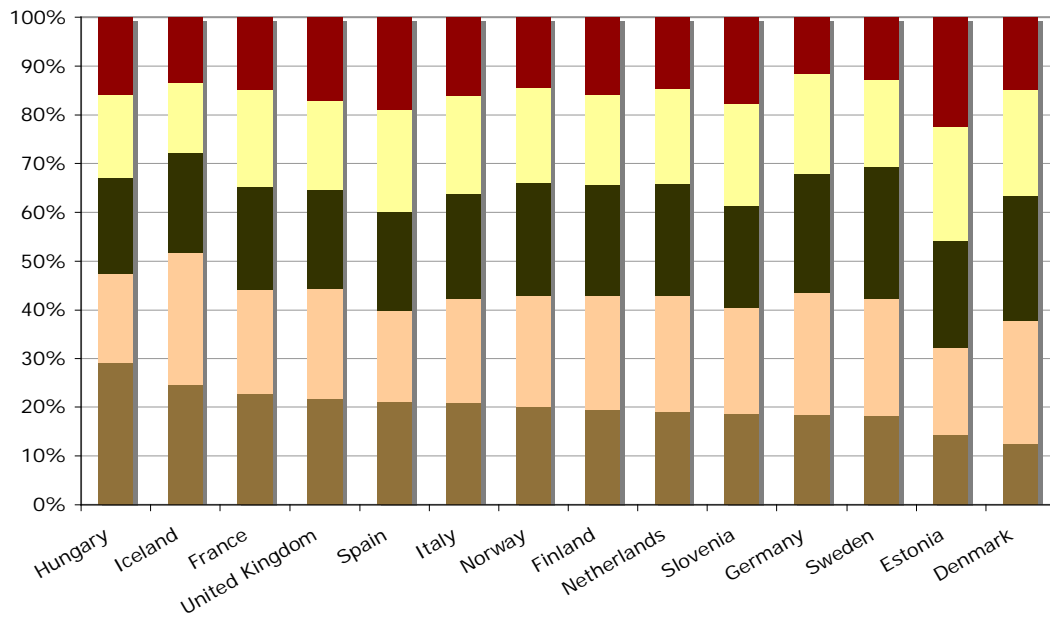
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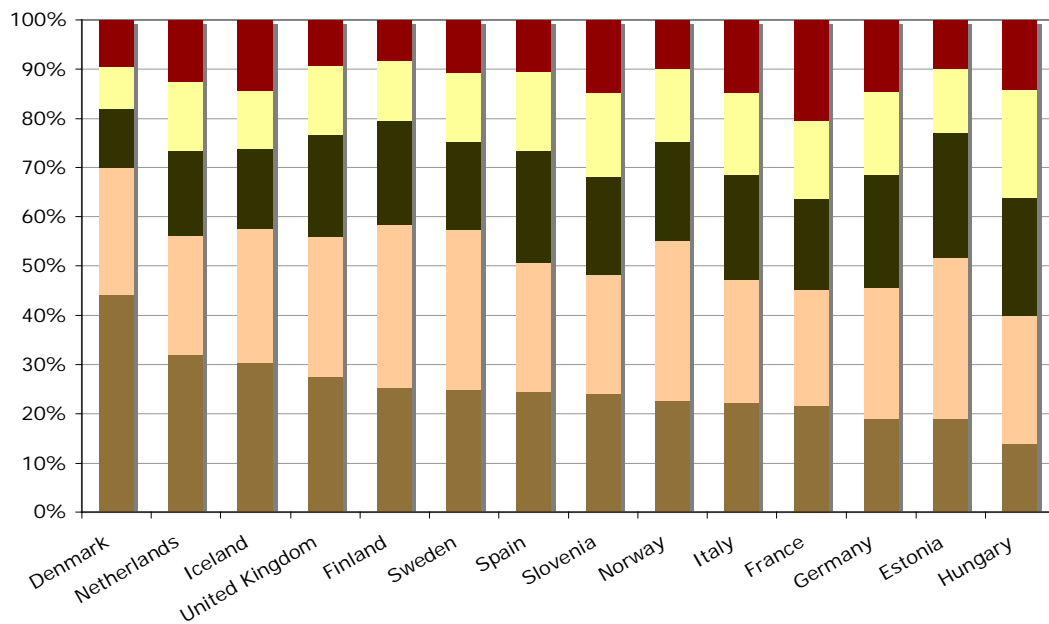
Figure 1. Distribution of Children from 0 to 6 Years Old by Income Quintiles.



Note: Income quintiles based on disposable income.

Source: Author's calculation based on EU-SILC 2007.

Figure 2. Distribution of Population over 65 Years Old by Income Quintiles.



Source: Author's calculation based on EU-SILC 2007.

Table 1. Use of Elderly Care Services. Share of Age Group.

	60-64	65-74	75-79	80+
Denmark	0,03	0,10	0,25	0,63
France	..	0,01	0,04	0,16
Netherlands	0,04	0,10	0,29	0,68
Slovenia	..	0,01	0,04	0,14
Spain	..	0,08	0,08	0,25
United Kingdom	..	0,01	0,11	0,11

Note: a) Due to the lack of available data for the United Kingdom, these numbers refer only to England.

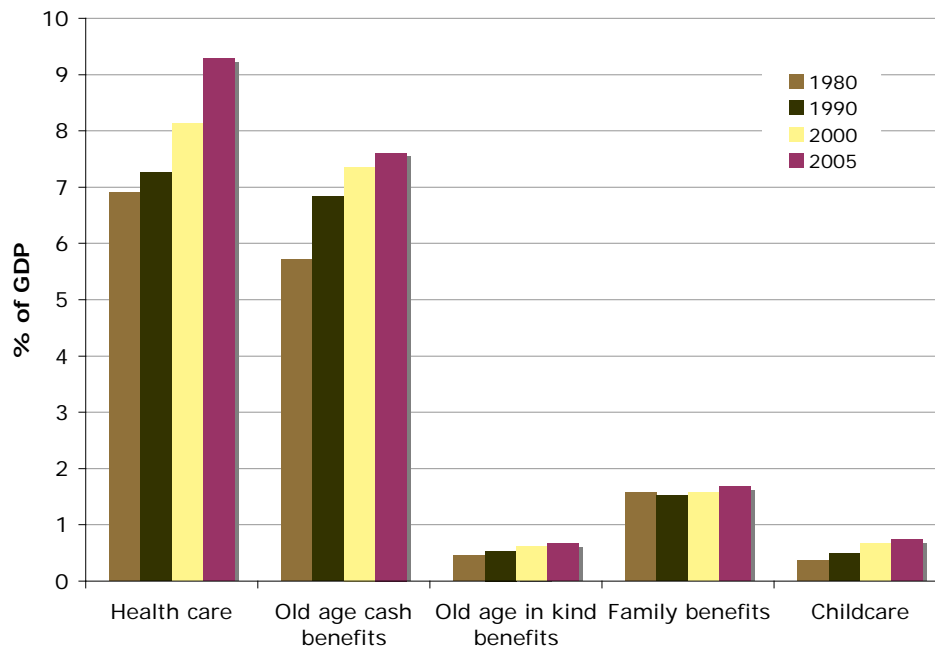
b) Data for Slovenia includes only institutional care.

c) Age groups: in Denmark and the Netherlands the first group is 60–66, in Spain the second group is 65–79, and in the UK the third age group is 75+.

d) Data from 2005 for the Netherlands and England, from 2006 for Spain, and from 2007 for the rest.

Source: Different national sources (see appendix).

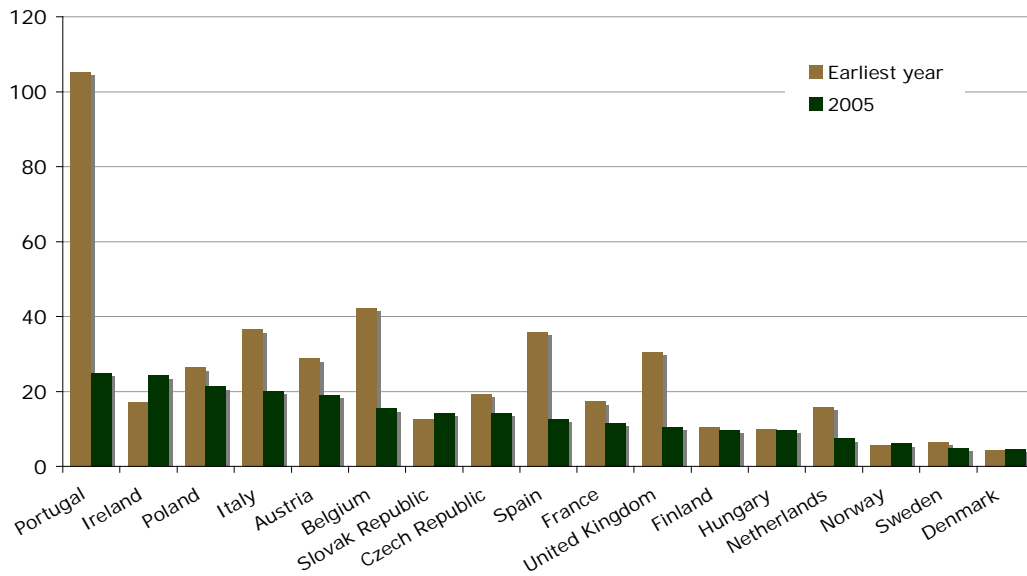
Figure 3. Average Public Spending 1980-2005.



Note: Average of 16 European countries for which data was available.

Source: OECD Social Expenditure Data and OECD Health Data, online: www.stats.oecd.org

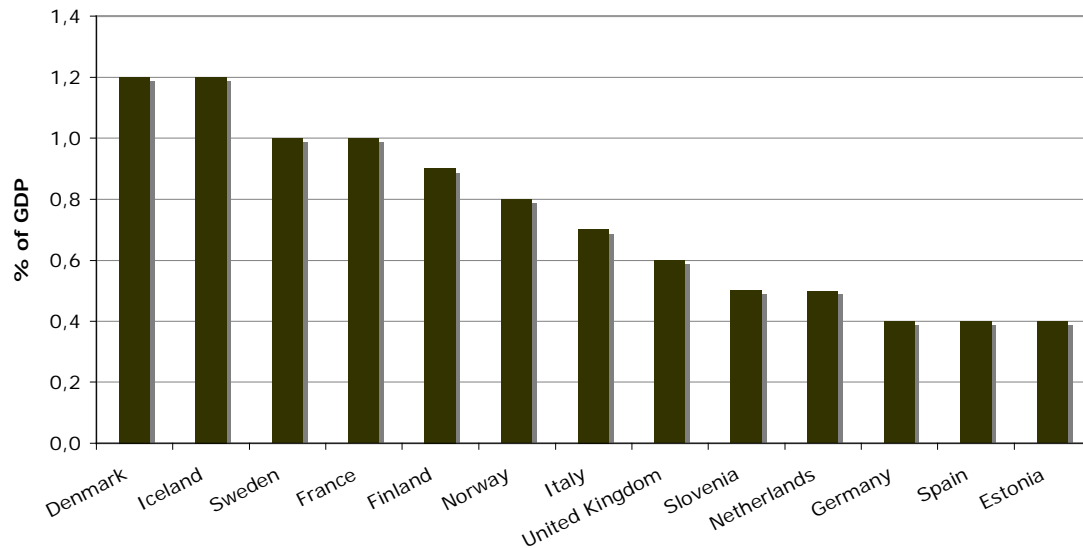
Figure 4. Ratio Between Old and New Spending in 1990 and 2005.



Note: a) Ratio= old spending in national currency (disability, unemployment, old age cash, family, survivor, health and sickness) divided by new spending (old age in-kind, child day care, pre-primary education).
 b) The first data is from the earliest possible year for each country. 2000 for Poland; 1999 for Hungary and Slovak Republic; 1995 for Czech Republic; and 1990 for the rest of the countries.

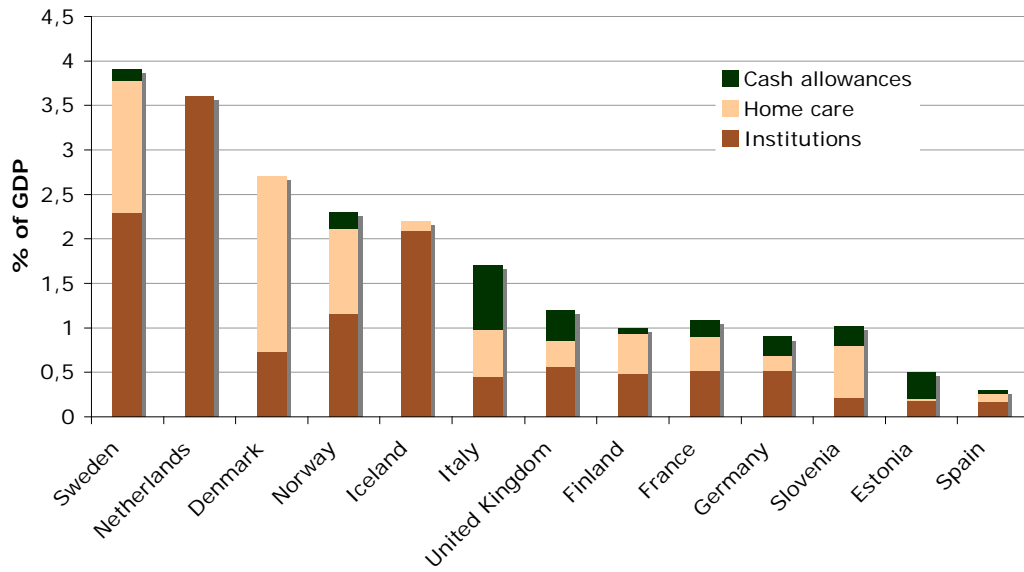
Source: OECD Social Expenditure Data, OECD Education Data, online: www.stats.oecd.org

Figure 5. Public Expenditure in Childcare and Pre-primary Education as a Percentage of GDP, in 2005.



Source: OECD Family Database.

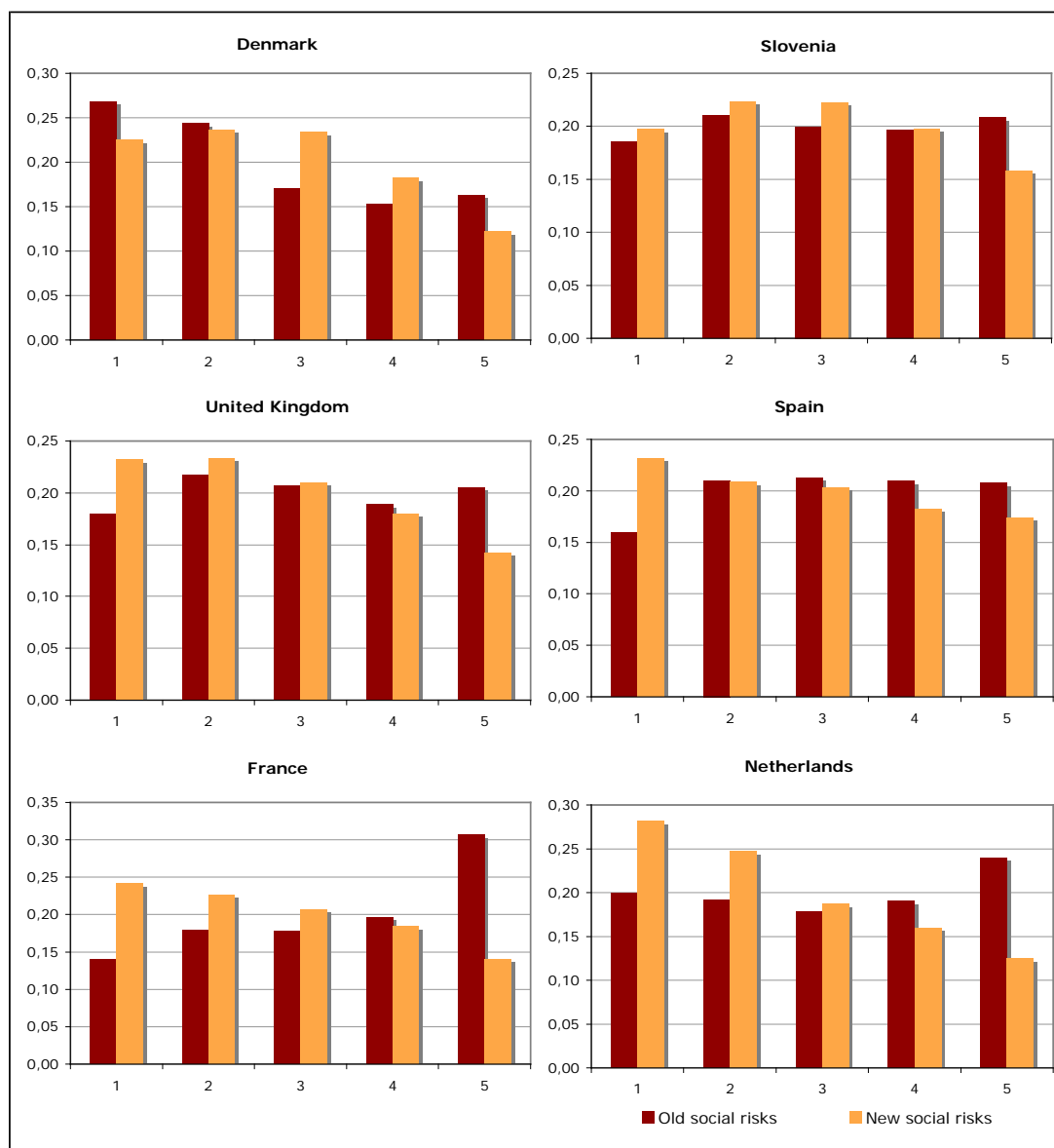
Figure 6. Public Expenditure on Long-Term Care as a Percentage of GDP, 2004-2008.



Note: No data on different categories for the Netherlands.

Source: Huber, M., Rodrigues, R., Hoffmann, F., Gasior, K., Marin, B. (2009), p. 99.

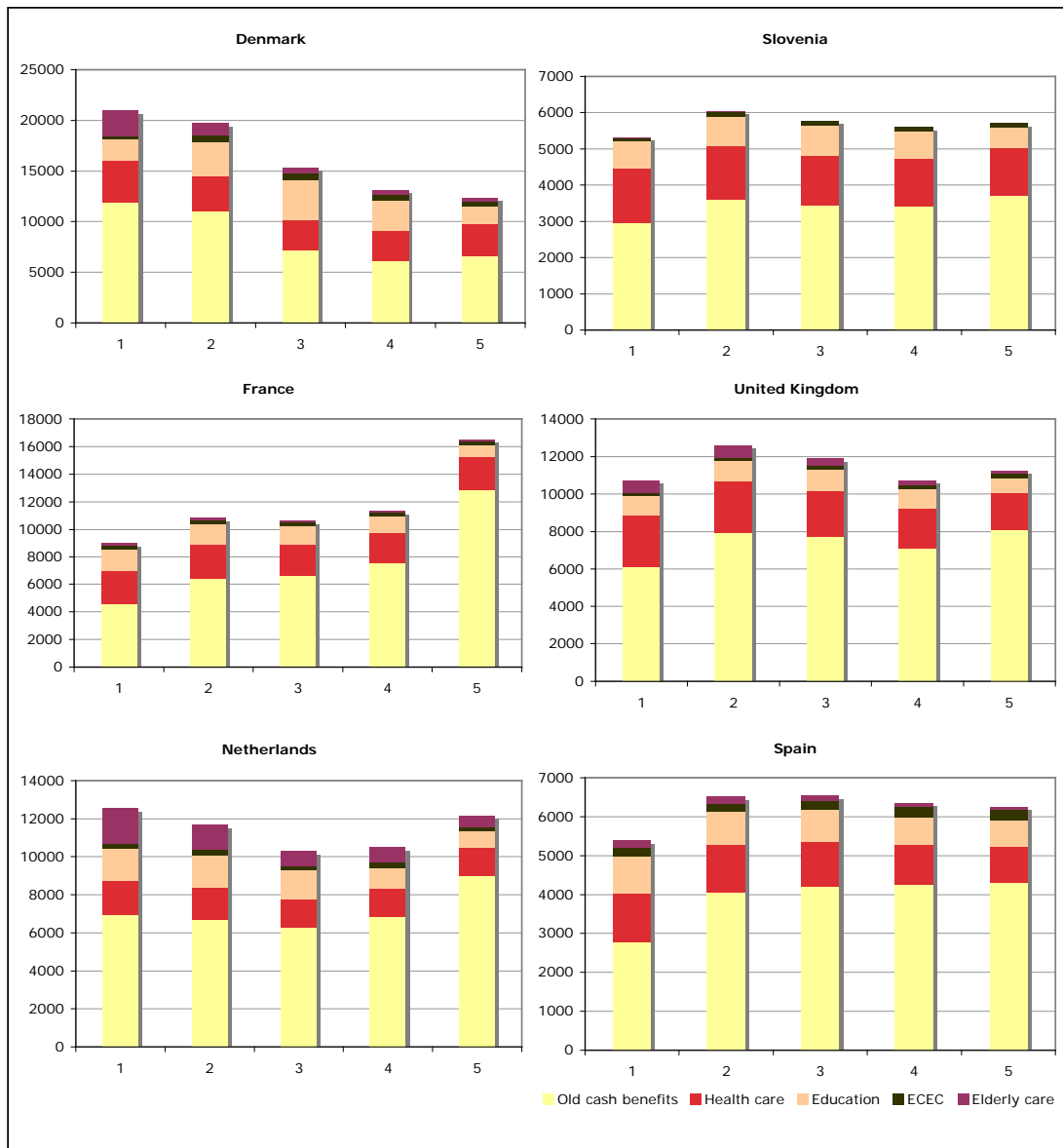
Figure 7. Distribution of Old and New Spending Across Income Quintiles. Share of Total Old and New Spending Received by Quintile.



Note: a) In all figures of the article, the in cash benefits are gross income, so the tax at source, the social insurance contribution or both are not deducted in the cases were it is applicable.
 b) Old social risks= benefits for unemployment, old age (only cash), survivor, sickness, disability and family and health care. New social risks = childcare, pre-primary, primary and secondary education, and elderly care services.
 c) In all figures benefits are equivalised to household size.

Source: Author's calculations based on EU-SILC 2007 and imputed benefits for services.

Figure 8. Distribution of Benefits Across Income Quintiles.



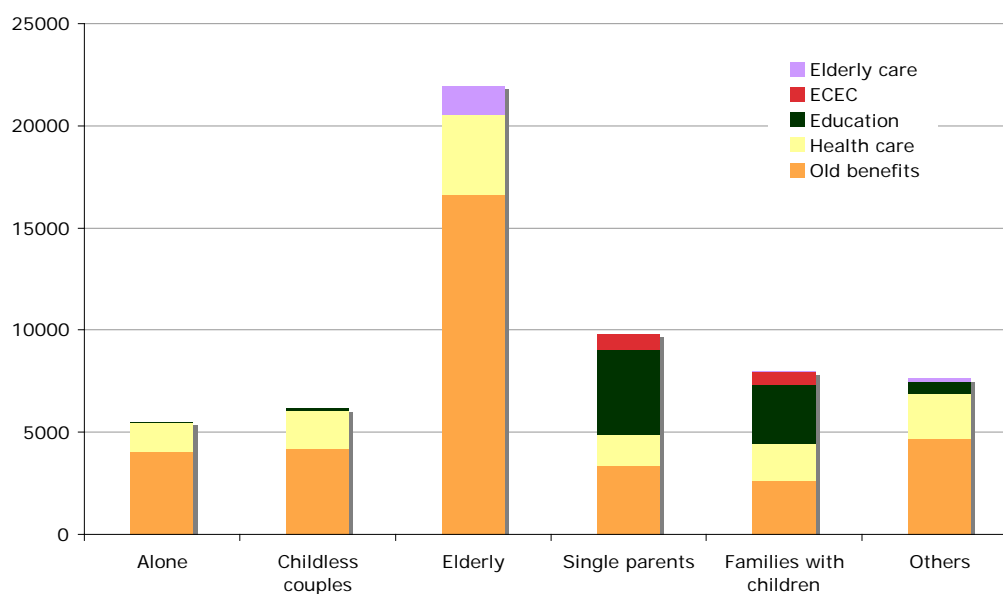
Source: Author's calculations based on EU-SILC 2007 and imputed benefits for services.

Table 2. Quintile Share Ratios for Old and New Spending.

	Old Social Risks	New Social Risks
Denmark	0,6	0,5
France	2,2	0,6
Netherlands	1,2	0,4
Slovenia	1,1	0,8
Spain	1,3	0,8
United Kingdom	1,1	0,6

Source: Author's calculations based on EU-SILC 2007 and imputed benefits for services.

Figure 9. Distribution of Benefits by Household Types in the United Kingdom.



Source: Author's calculations based on EU-SILC 2007 and imputed benefits for services.

Appendix:

Table A.1. ECEC Services. Spending and Users.

	Total public spending				Number of users			Spending per child		Exchange rate in EU-SILC
	Childcare	Pre-school education	Currency	Year	Childcare	Pre-school education	Year	Childcare	Pre-school education	
Denmark	17205	11299	million DKR	2005	312215	253732	2005	55106	44530	7
France	1849	11077	million EUR	2005	650417	2616343	2007	2843	4234	1
Netherlands	206	1846	million EUR	2007	392000	355329	2007	525	5196	1
Slovenia	187	139	million EUR	2007	61359	41658	2007	3051	3346	1
Spain	..	4936	million EUR	2006	..	1249341	2006	..	3951	1
United Kingdom	6360	3905	million GBP	2005	2647412	977448	2007	2402	3995	0,685

Note: All data for pre-primary education from year 2005. Spending is converted to 2006 price level with OECD CPI-conversion rates.

Table A.2. Childcare. Data Sources.

Denmark	<i>Clients in day-care institutions, day-care and school-care schemes by region, measure, ownership and age.</i> Danmarks Statistikbank. http://www.statbank.dk/pas11 (visited 21.1.2009) Personal communication with Helene Gjermansen, Danmarks Statistik.
France	<i>Modes de garde et d'accueil des enfants de moins de 6ans en 2007.</i> Ananian, S. et Robert-Bobee, I. Études et Résultats. No. 678. Février 2009. <i>L'Accueil de jeune enfant en 2005. Données Statistiques.</i> CAF. Observatoire National de la Petite Enfance.
Netherlands	<i>Key Figures 2004-2008. Education, Culture, Science.</i> Ministry of Education, Culture and Science. <i>Welzijnswerk en kinderopvang; exploitatie.</i> Central Bureau voor de Statistiek. http://statline.cbs.nl/StatWeb/publication/?VW=T&DM=SLNL&PA=71469NED&D1=a&D2=0&D3=I&HD=090629-1250&HDR=G2,G1&STB=T (visited 5.7.2009) <i>Welzijnswerk en kinderopvang; personeel en productie.</i> Central Bureau voor de Statistiek. http://statline.cbs.nl/StatWeb/publication/?VW=T&DM=SLNL&PA=71470NED&D1=0,15-25&D2=0&D3=I&HD=090629-1249&HDR=G1,G2&STB=T (visited 6.7.2009)
Slovenia	<i>Expenditure for formal education in Slovenia, 2005-2007.</i> Rapid report no 32. Statistical Office of the Republic of Slovenia. 2009. <i>Kindergartens, Slovenia, School Year 2007/2008.</i> Rapid report no 31. Statistical Office of the Republic of Slovenia. 2008.
United Kingdom	Personal communication with Franziska Kohler, HM Treasury. <i>Public Expenditure Statistical Analyses 2009</i> HM Treasury. http://www.hm-treasury.gov.uk/pespub_pesa09.htm (visited 14.4.2010) <i>Childcare and Early Years Survey 2007 - Parents' Use, Views and Experiences.</i> Kazimirski, A., Smith, R., Butt, S., Ireland, E., Lloyd, E. National Centre for Social Research. 2008

Note: For pre-primary education source is OECD Education Database.

Table A.3. Elderly Care. Spending and Users.

	Total public spending			Number of users		Spending per person	Exchange rate in EU-SILC
	Institutional and home care	Currency	Year	Institutional and home care	Year	Institutional care	
Denmark	28559	million DKR	2007	244858	2007	116637	7
France	6080	million EUR	2007	747000	2007	8139	1
Netherlands	12812	million EUR	2005	685345	2005	18694	1
Slovenia	15	million EUR	2006	16387	2007	928	1
Spain	2867	million EUR	2006	4432650	2006	647	1
United Kingdom	7652	million GBP	2005	481594	2005	15889	0,685

Note: Spending is converted to 2006 price level with OECD CPI-conversion rates.

Table A.4. Elderly Care. Data Sources.

Denmark	<p><i>Clients in nursing dwellings and dwellings for the elderly by region, age and type of measure.</i> Danmarks Statistiksbank. http://www.statbank.dk/resi01 (visited 7.6.2009)</p> <p><i>Number of recipients of permanent home help by region, type of resident, type of benefits, age and scope.</i> Danmarks Statistiksbank. http://www.statbank.dk/statbank5a/default.asp?w=1280 (visited 9.4.2010)</p> <p><i>Social expenditure by kind and purpose.</i> Danmarks Statistiksbank. http://www.statbank.dk/statbank5a/default.asp?w=1280 (visited 9.4.2010)</p>
France	<p>Les résidents des établissements d'hébergement pour personnes âgées en 2007 Études et Résultats. n° 699 - août 2005</p> <p>L'offre en établissements d'hébergement pour personnes âgées en 2007 Études et Résultats. n° 689 - mai 2005</p> <p>Institut de Recherche et Documentation en Économie de la Santé http://www.ecosante.fr/index2.php?base=FRAN&langh=FRA&langs=FRA (visited 9.4.2010)</p>
Netherlands	<p>AWBZ-zorg met verblijf; leeftijd en geslacht. Zorgrekeningen; uitgaven en financiering. Central Bureau voor de Statistiek. http://statline.cbs.nl (visited 5.7.2009)</p>
Slovenia	<p>Rapid Reports No 1. 12 Social Protection. Statistical Office of the Republic of Slovenia. 20 January 2009. Eurostat: Old Age In-Kind Benefits.</p>
Spain	<p>Servicios Sociales para Personas Mayores en Espana, Enero 2006. Sancho Castiello <i>et al.</i> (2006)</p>
United Kingdom	<p>Personal Social Services Expenditure and Unit Costs. England 2005-2006. The Information Centre, Adult Social Services Statistics. 2007.</p> <p>Community Care Statistics 2005. Home Care Services for Adults, England. The Information Centre, Adult Social Services Statistics. 31.3.2006</p> <p>Community Care Statistics 2005. Supported Residents (Adults), England. The Information Centre, Adult Social Services Statistics. 2005.</p> <p>Public Expenditure Statistical Analyses 2009. HM Treasury. http://www.hm-treasury.gov.uk/pespub_pesa09.htm (visited 9.4.2010)</p>