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Minimum Income and Social Inclusion Pathways – A review of selected European Union programs

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A review of selected European Union programs

Marta Marzi, Alessandra Marini, Ludovica Cherchi and Francesco Cenedese

Abstract

Across European Union (EU) countries, the institutional design of Minimum Income (MI) programs varies widely in terms of the benefits and services provided to recipients, despite significant convergence toward a similar MI model and shared common approaches. This discussion paper investigates the delivery of social inclusion pathways, i.e., non-monetary support components to foster MI recipients' social inclusion, and highlights common challenges and good practices across eight EU case study countries (Belgium, France, Germany, Greece, Italy, Portugal, Spain, and Sweden). The paper shows that while some countries prioritize labor activation for workforce reintegration of MI recipients, others aim for broader social inclusion, recognizing the challenges of integrating such recipients into the labor market due to their complex needs. Moreover, the paper examines how the social inclusion pathway and case management interventions in MI programs affect recipient's welfare within poverty-targeted programs. It notes the lack of evidence on the effectiveness and impact of social inclusion pathways within MIs and mentions ongoing evaluations in Spain, Italy, and France to address this gap.

JEL Codes: I38, I30, J08, H75, D60, O35, I32, C93

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Executive summary

The European Union (EU), as part of the European Pillar of Social Rights, recommends the adoption and improvement of Minimum Income programs (MIs) as strategic tools to achieve complementary objectives of income support, social inclusion, and labor market (re)integration. The role of MIs has evolved over time from providing income support to the worst-off in society to promoting the empowerment of poor individuals and their social inclusion. Today MIs are “means-tested” last-resort support programs offered to people with insufficient income and resources as part of the wider welfare systems. This report provides a comprehensive analysis of the social inclusion pathways embedded within selected MIs across Europe and an overview of the evidence on their impact on recipients’ welfare and social inclusion.

While sharing common approaches and converging towards a similar model, MIs exhibit a broad range of institutional designs and implementations across EU states, reflecting diverse priorities and contexts. Countries like Germany and France emphasize labor activation in their MI designs, focusing on integrating recipients back into the workforce. Conversely, nations such as Italy lean towards broader social inclusion objectives, offering comprehensive support mechanisms to address various aspects of social vulnerability.

Social inclusion pathways, i.e., non-monetary support to foster social inclusion, are a component of the MIs that might be offered to all or to some categories of recipients and are commonly implemented using a case management methodology (defined in a broad sense), with various degrees of intensity. For instance, Greece provides basic information and orientation, while Germany offers intermediation with minimal monitoring, and more intensive case management models are observed in Belgium, France, Sweden, Portugal and Italy. In particular, Italy is advancing towards the digitalization of its case management delivery, enhancing the efficiency and integration of service provision.

The implementation process in all case study social inclusion pathways typically begins with an application, followed by a needs assessment to create a tailored plan, either focused on employment or broader social inclusion, depending on the individual’s or household’s situation and the country’s specific focus. Needs assessments are most often conducted by social workers (or case managers), and can focus on individual-level needs, or on household-level needs and vulnerabilities, as in Italy and Portugal. A common theme across most case study countries is the recognition that MI recipients might not be readily integrated into the

labor market due to the complexity of their needs. It is common for case managers to undertake in-depth assessments, possibly also involving experts from other relevant sectors in case of recipients with “complex” vulnerabilities.

Service provision responsibilities generally fall to regional or municipal authorities, leading to variability in service availability across different areas. Some countries, like Greece and Italy, are moving towards centralized service catalogues to standardize access and improve equity in service distribution. A diverse range of organizations is involved in delivering integrated services to MI recipients, including PES, social insurance institutions, training institutions, social services, and municipal and local governments. Additionally, services can be delivered by private sector providers as in Germany and Portugal.

Most MIs include some form of sanctions for non-compliance with the social inclusion plans’ requirements, ranging from reductions to complete termination of benefits, with less stringent enforcement for recipients not subject to activation conditions. Diverging trends in terms of sanction enforcement are observed with Germany moving towards a more lenient system and France increasing sanction severity.

While the case study MIs offer a variety of design and implementation options, the effectiveness and impact of these social inclusion pathways within MIs remain under-researched. No study has evaluated how different components of social inclusion pathways within the EU influence socioeconomic outcomes for recipients. A significant insight from a broader literature review suggests that intensive, customized, and integrated social and activation services yield favorable welfare and employment outcomes.

Ongoing evaluations of MI programs in Spain, Italy, and France aim to fill this gap by assessing the outcomes of specific social inclusion and labor activation interventions within MIs. The findings could specifically assist in determining the ideal level of standardization for social and activation services, considering resources and capacity constraints and the goal of expanding program coverage across EU countries.

I. Introduction

Most European countries today offer a comprehensive set of social insurance and social assistance programs to protect individuals and households from poverty and income shocks (Coady et al., 2021). While there is considerable variation in their design features, the welfare state in all European Union (EU) Member States includes, among all social assistance programs, “means tested” Minimum Income programs (MIs).

The function and role of MIs has evolved over time from providing income support to the worst-off in society to favoring the empowerment of poor individuals and their social inclusion (Natili, 2020). At their origin during the Golden Age of welfare state expansion (1945–1975), the main objective of MIs was to provide income support, thus preventing extreme poverty (ibid.). The United Kingdom was the first country to introduce a program in 1948 to cover “exceptional” cases with unusual needs that fell through the net of more comprehensive universal and/or insurance-based social protection programs (ibid.). From the second half of the 1980s, and starting with France, the high unemployment rates across several European States led to the spread of means tested safety nets with an emphasis on “activation strategies” to reduce any potential negative effects on unemployment insurance systems (Asenjo et al., 2022). In the last decade, many European countries have further expanded the function and scope of MIs to include social inclusion and labor market integration (Natili, 2020).

Today MIs act as monetary benefits of last resort to ensure a minimum level of income for households that do not have enough resources for a life in dignity (European Commission, 2022). As envisioned by the EU, MIs are tools to fight poverty and promote active inclusion in society and labor markets. They follow the principle of active inclusion, whereby the most disadvantaged individuals should be supported to fully participate in society through the provision of adequate income support and access to inclusive labor markets and quality services (European Commission, 2008). MIs promote social and economic inclusion of recipients by offering social inclusion and/or labor activation pathways. While labor activation pathways aim at recipients’ activation in the labor market, social inclusion pathways have the objective of strengthening human capital to address the multidimensional and longer-term causes of poverty. These pathways can complement each other to tackle multi-dimensional vulnerabilities.

As part of the European Pillar of Social Rights, adequate MIs are acknowledged as a fundamental right and key tools to combat poverty and foster social inclusion in Europe. In 2023, the European Council issued a set of recommendations to increase MIs' effectiveness in fighting poverty and promoting active inclusion in society and labor markets. Among other dimensions, the recommendations focus on the importance of ensuring effective and equal access to quality essential and enabling services, and of providing tailored and continuous support to MIs' recipients. Regarding individualized support, EU countries are advised to carry out multi-dimensional needs assessments that examine barriers to social inclusion and employment, to draw tailored inclusion plans, and to assign a single point of contact to MI recipients who can determine the type of support needed in the form of social inclusion services and/or active labor market policy measures (Council of the European Union, 2023).

With the foremost objective of generating insightful lessons for the Italian MI program, this report provides a comprehensive analysis of the social inclusion pathways embedded within selected MIs across Europe. It examines the various approaches employed to support recipients, typically associated with case management practices. The report shows a spectrum of social inclusion practices. Some programs adopt a more holistic approach, addressing broader aspects of social inclusion to support recipients' overall well-being and integration into society, and some enforce strict conditionalities.

The remainder of this report is composed of five sections. Section II outlines the methodological framework of the study while section III introduces eight case study programs (Belgium, France, Germany, Greece, Italy, Portugal, Spain, and Sweden). Next, section IV provides a comparative overview of MIs' social inclusion pathways across the selected case study countries. Section V presents the findings from a literature review on evidence-based impacts of social inclusion pathways as part of poverty-targeted cash assistance programs in upper-middle- and high-income countries. Finally, section VI summarizes the report's key takeaways.

II. Methodological framework

Section II.1 introduces the conceptual framework underlining the study, section II.2 lists the research questions guiding this study, while section II.3 outlines the methodology followed to investigate the research questions.

1. Conceptual framework and key definitions

MIs are “means-tested” last-resort support programs offered by all EU Member States to people with insufficient income and resources as part of the wider welfare systems. MIs aim to prevent poverty and social exclusion, while promoting labor market integration for those who can work (European Commission, 2022). They are designed to guarantee a minimum income to allow an acceptable standard of living for households that do not have enough resources for a life in dignity, while promoting social inclusion and labor market integration. Consistent with their objective, MIs combine a monetary benefit whose level is determined by comparing “needs” and “means” of recipient households with the provision of activation and/or social inclusion services.

MIs offer activation and/or social inclusion services to complement the monetary benefit with the objective of strengthening human capital to address the multidimensional and longer-term causes of poverty. The social and labor inclusion objectives can complement each other. The 2023 EU council recommendations stress the importance of providing supporting services (social work, counselling, coaching, mentoring, etc.) and measures facilitating access to quality enabling services (healthcare, childcare, housing) and to quality essential services (such as energy) (European Commission, 2022). In this report, social inclusion pathways are defined as all forms of support offered to MI recipients to foster their social inclusion.¹ Participation in social inclusion or labor activation pathways can be a program requirement or an optional service for all or to some categories of recipients, typically those who cannot be expected to be immediately integrated in the labor market due to temporary or permanent social vulnerabilities. Similarly, labor activation pathways are defined as all support services in support of labor market (re)integration of MI recipients.


While the types of benefits and services offered as part of social inclusion and activation pathways to recipients vary across countries, there is a convergence towards a specific

¹ “Social inclusion pathways” are mentioned as essential complementary policies to the MIs in the Araunjez Declaration (October 16, 2023).

approach in the EU whereby cash support is provided to recipients below a given income threshold under the condition that they respect given country-specific requirements. The extent to which adherence to labor activation and social inclusion pathways is a condition to receive income support varies across countries, depending on the design, objectives, and monitoring capacity of the MI program.

In other words, EU MIs can be seen as a type of cash transfers programs (CTs). CTs can take many forms across different contexts and are categorized as Conditional cash transfers (CCTs) or Unconditional cash transfers (UCTs) depending on the presence or absence of conditionalities. Moreover, to enhance their impact, CTs can offer additional support interventions or services, in which case they are referred to as Cash transfers plus (CT+) (see Table II.1 for an overview of the CT typologies). EU MIs specifically are akin to CCTs (see Box II.1) in that they combine cash transfers with other requirements and/or with supplementary support to have an impact on longer term poverty reduction and accumulation of human capital. While not all CCTs offer additional support measures, EU MIs reviewed in this case study include support measures. There is therefore some potential for cross-learning across the two types of programs, especially between MIs and Conditional cash transfers plus (CCTs +).

TABLE II.1 TYPES OF CASH TRANSFERS AND MI PROGRAMS

Types of Cash transfers (CTs)	Specific type of intervention
Conditional cash transfers (CCTs)	CCTs without “plus” components
	CCTs + 
Unconditional cash transfers (UCTs)	UCTs without “plus” components
	UCTs +

Source: Authors’ adaptation from Pasha et. Al. (2023)

Labor activation and social inclusion pathways as part of EU MIs are commonly implemented using a case management methodology to offer integrated and personalized support to beneficiaries, by linking them to other benefits and services based on their needs. Case management is an overarching approach to promote social inclusion and it is used at varying

degrees of intensity. Following the World Bank’s Case Compass framework², this study defines case management as “a client-centered, goal-oriented process that connects individuals and their families to the services they need, based on an assessment of their situation”. A case management intervention is built on frequent interactions between a social worker (or equivalent professional) and a client who needs help resolving various individual or family issues and navigating through the system of benefits and services. Based on an assessment of the client’s circumstances, the social worker provides support, linking her with benefits and services. Case management almost always features the same general actions, activities, and steps (see Figure II.1). These include assessing a recipient’s needs, defining an intervention plan with the recipient, referring the recipient to other services (when appropriate), evaluating, and monitoring the case over time, and, when appropriate, closing the case.

FIGURE II.1 CASE MANAGEMENT METHODOLOGY CYCLE



Source: <https://www.case-compass.org/Home/Guide/LearnAboutCaseManagement>

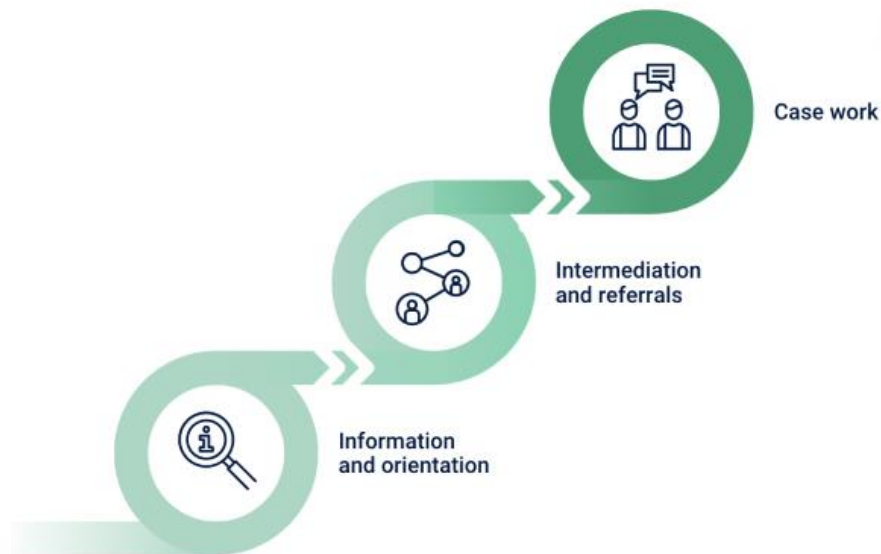
Case Compass classifies case management interventions according to various degrees of intensity, which depends on the complexity of the situation of the client, the frequency of

² The Case Compass Framework was developed based on relevant case studies and work with experts in the field. More details can be found on the Case Compass website.

(<https://www.case-compass.org/Home/Guide/CaseCompassFramework>).

interactions between the social professional and the client, and the type of support required (Figure II.2). In its simplest form, case management consists of providing general information, orientation and guidance about available services and benefits, based on some simple assessment of the needs and situation of the client. While this can be thought of as a more general service, it can be considered case management when there are repeated interactions with the client that would eventually lead to more tailored orientation about the available services. At a next level of sophistication, case managers broadly assess individual or family needs and situations to provide information, orientation, but also intermediation to available benefits and services, based on the results of the assessment. This support may include referring the client to another service (within the same agency or in another agency) for which they are in principle eligible. At its most advanced stage, that of casework, the interaction between the case manager (a social worker) and the client involves a more in-depth assessment, the preparation of an agreed intervention plan and close monitoring of the actual provision of support and more frequent contact with the client.³

FIGURE II.2 “DEGREES OF CASE MANAGEMENT INTENSITY” - A CONTINUUM



Source: <https://www.case-compass.org/Home/Guide/LearnAboutCaseManagement>⁴

³ This most intense degree is what is generally understood as case management in the social work sphere.

⁴ Inspired by: <https://openknowledge.worldbank.org/entities/publication/c44dc506-72dd-5428-a088-6fb7aea53095>

In the context of EU MIs, case management is provided to beneficiaries that are enrolled in the program to deliver social inclusion pathways alongside the monetary benefit (“indirect intake” into case management). In other contexts, people are provided case management directly at a front office (“direct intake” into case management). This happens, for example, in countries where municipalities provide integrated support to citizens through local social assistance units or “one-stop shops”. There, municipalities guide clients to adequate support, or refer them to benefits or more specialized social services.⁵ The case studies of this discussion paper are all examples of indirect intake into case management.

BOX II.1 SIMILARITIES AND DIFFERENCES BETWEEN MIs AND CCTs

Cash Transfers (CTs) programs are pivotal in poverty reduction and social protection strategies across low- and middle-income countries in regions such as Latin America, the Caribbean, Asia, and Africa. These programs provide financial assistance directly to poor and vulnerable populations at risk of falling into poverty (Bastagli et al., 2019). Conditional Cash Transfers (CCTs), a specific category of CTs, have a dual goal: they provide immediate relief from poverty to the current generation and aim to break the inter-generational cycle of poverty by promoting human capital development for future generations (Banerjee et al., 2024). When CTs or CCTs include support measures – such as training, health, nutrition, sanitation, and education – they are referred to as CT+ and CCTs +.

Minimum Income (MI) programs are more widespread in higher-income countries and aim to prevent households from falling below a set poverty threshold. Like CCTs, most MIs also pursue additional short- and long-term objectives for poverty alleviation, such as promoting social and economic inclusion. While enhancing human capital is one of the many dimensions aimed at by these programs, it is more central to CCTs than to MIs. In the EU, MIs tend to be conditional.

The following paragraphs review differences and similarities between the critical design parameters of CCTs and MIs.

Targeting Mechanisms: CCTs, given their prevalence in lower-income countries, focus on households identified as poor using methods such as Proxy-Means Testing, geographical, and categorical targeting—specifically targeting households with children to address demand-side constraints in human capital development. MIs target poor households through means testing, extensively utilizing administrative data, and adjust benefits based on household income, size, and composition. Unlike often observed in CCTs, having children is not a prerequisite for receiving MIs.

⁵ <https://www.case-compass.org/Home/Guide/CaseCompassFramework>

Benefit Structure: CCTs often disburse a fixed amount or an amount that varies according to the household's size and composition and poverty level. Conversely, MIs generally set benefit levels to match the shortfall between household income and a specified income threshold, which also fluctuates based on household size and composition.

Duration of Benefits: CCTs provide ongoing support as long as households meet eligibility criteria, with recertification typically occurring infrequently (every 3-5 years, as noted in Fiszbein et al.'s annex). These programs cover critical periods for human capital accumulation, from birth through high school graduation. MI programs typically offer shorter duration of support (12-18 months) before a recertification is required, due to means testing, thanks to the availability of administrative data. Benefits phase out as household incomes rise above the defined threshold, although some programs implement tapering policies (income disregard) to vary the reduction rate. These measures also aim at not disincentivizing job search, and at providing some protection in the initial months after graduating from the program.

Conditionality: CCTs mandate compliance with specific behaviors, often referred to as conditionalities or, particularly in Latin American and Caribbean programs, as co-responsibilities (Fiszbein et al., 2009). These conditionalities typically relate to investments in human capital and commonly include requirements such as school enrollment and attendance, health checkups, completion of vaccination schedule, and attendance of training sessions or workshops (Banerjee et al., 2024). MIs also feature conditionalities which focus not only on incentivizing human capital investments but also on integrating beneficiaries into the labor market and promote the social inclusion of the household. They often include activities such as registering at employment offices, actively seeking employment, or engaging in social inclusion-promoting activities, thus imposing a 'cost' of participation on households. While not all MI programs mandate these conditions to access benefits, there is a growing trend towards stricter conditionality within EU Member States (Weber, 2024). In the EU, the stringency and nature of these conditions vary across countries.

Support Measures (or “plus” components): CTs and CCTs often include predefined support measures such as training, health, nutrition, sanitation, and education. In this case they can be defined as CT+ and CCTs +. In Latin America and the Caribbean, they also tend to provide tailored psychosocial support and participation in community-based activities. In contrast, MI program in the EU and other OECD countries offer a broad spectrum of support measures, often coordinated through case management practices for a more integrated and personalized approach. These measures include activation programs and social services.

Overall, while both CCTs and MIs aim to reduce poverty and facilitate social inclusion, they differ significantly in their approach, the nature of conditionalities, and the type of benefits provided. These differences reflect the diverse economic contexts, data availability, and policy objectives of the countries implementing these programs.

2. Research questions

The first objective of the study is to investigate how social inclusion pathways are delivered in the context of MIs and to highlight common challenges and good practices across European countries. The delivery chain of all MIs goes through similar implementation phases, which include an enrollment, an assessment, a provision of benefits, and provision of services (social or labor inclusion pathways) (Lindert et al., 2021). Depending on the context and on the objective of the program, there is, however, variation in the intensity and order of each delivery phase across programs. Social inclusion pathways within MI programs might include an individual assessment, a tailored inclusion plan, the provision of tailored inclusion services, throughout progress monitoring, and final evaluation.

This study looks at how different MIs foster social inclusion through the provision of a social inclusion pathway to program recipients. It focuses on the components of the social inclusion pathways that have been highlighted by the European Council as fundamental to increasing MIs effectiveness in fighting poverty and promoting active inclusion in society and labor markets. Moreover, the role of case management as part of the delivery of the social inclusion pathway will also be investigated, given the prominence of this delivery modality in the context of the Italian MI. Accordingly, the key questions guiding the review are the following:

- How do different programs carry on needs assessment examining barriers to social inclusion and employment?
- Are tailored inclusion plans provided to all MI recipients?
- How is access to quality enabling and essential services ensured across programs?
- Are MI recipients offered tailored and continuous support?
- Which type of case management is offered to MI recipients?

As a second objective the study aims to summarize the impact on recipients' welfare and social inclusion of the social inclusion pathway component of MI and, more specifically, of case management in the context of poverty-targeted social assistance programs. More specifically, the questions guiding the research are the following:

- What evidence exists regarding the impact of the social inclusion pathways within EU MIs?

- What evidence exists regarding the impact of social inclusion pathways in the context of poverty-targeted programs with a monetary transfer component?
- What evidence exists regarding the impact of case management in the context of poverty-targeted programs with a monetary transfer component?
- What is the relative effectiveness of the various components of the social inclusion pathways in the context of poverty-reduction programs?

3. Methodology

The comparative study on the delivery of social inclusion pathways across EU countries is based on a literature review of publicly available studies on MIs across EU countries and of publicly available program-specific documents, literature, and legislation. For countries where the MI program is highly decentralized the focus of the study is on the minimum level of services offered across the country. Due to resource constraints the study focusses on a selection of EU case study countries (Belgium, France, Germany, Greece, Italy, Portugal, Spain, and Sweden). Case study countries were selected based on a combination of availability of information and of relevance of the type of social inclusion pathway in relation to the Italian MIs.

The findings on the impact of social inclusion paths are based on a literature review. As a first step, the literature search exploited a combination of AI-based⁶ and keyword-based Google Scholar searches to identify peer-reviewed studies published in English after 2003 on the impact of poverty-targeted programs with a monetary transfer component and one or more social inclusion pathway element. Keywords used to identify the social inclusion pathway are: “bridge services, social services, personal targeted social services, personal social services, social intermediation, tailored assessment, tailored response, tailored support, inclusion plan, multi-dimensional needs assessment, case management, psycho-social support”. Results of the combined search were screened based on titles and abstracts leading to the identification of 15 relevant papers. The latter were then imported in two selected AI software programs to explore related literature.⁷ 84 studies selected through this second

⁶ The software used at this stage is “elicit”, an AI research assistant that uses machine learning to help automate research workflows. It can find relevant papers without needing exact keyword matches and extract key information from them.

⁷ The software used to explore related literature are “Semantic Scholar”, an AI academic research tool with advanced search

search step passed the first screening. After in-depth screening, 21 studies met the inclusion criteria.

To complement results from the first step of the literature search, a search for peer-reviewed impact evaluations of conditional cash transfers (CCTs) in upper-middle and high-income LAC countries published in English after 2003 was conducted. A list of national level CCTs in upper-middle and high-income LAC countries was prepared and used to search for experimental and quasi-experimental program level impact evaluation. In addition, a keyword search in Google Scholar was conducted for published meta-reviews of CCTs' impact evaluations that included findings on upper-middle income and high-income countries. After in-depth screening, 40 studies met the inclusion criteria.

III. Case study programs

This section covers programs from eight European countries. Section III.1 introduces the MIs included in the comparative study. Section III.2 describes key design parameters such as target population, eligibility criteria, and benefit duration. Furthermore, it includes information on the programs' coverage and the monetary transfer value it provides. Finally, section III.3 gives an overview of the programs' application modality.

1. Overview of the programs

The countries included in this study, like most European countries, offer a comprehensive set of social insurance and social assistance programs. In 2021, average spending on social assistance across European countries stood at 5.2 percent of GDP⁸ with a third of this amount spent on means-tested benefits⁹ (Coady et al., 2021). Moreover, the share of spending on means-tested social assistance benefits, with minimum incomes (MIs) as primary instruments, increased over recent decades in most of the countries under analysis.¹⁰ The role of MIs as essential tools for economic resilience and recovery became particularly evident during the COVID-19 pandemic (SPC and DG EMPL, 2022a). In Italy (RdC), the MI (Rdc) significantly contributes to the total disposable income of beneficiary households, with its impact rising from 9% in 2017 to 41% in 2020, and reaching 65% for the poorest families, comparable to levels in countries like the Netherlands, Sweden, Germany, Austria, and Spain (*Rapporto di monitoraggio RdC 2020-2023*).

While some European countries offer one comprehensive MI program, in other cases separate MIs target different categories of beneficiaries (Coady et al., 2021). The study focuses on one national program for Belgium, France, Greece, Portugal, Spain, and Sweden, while for Italy and Germany the study includes multiple programs to account for country-specific system characteristics and for recent reforms (see Table III.1 for the name, objective, and year of introduction of the selected MIs). The Swedish "Social Assistance" (*Ekonomiskt bistånd* - EB) was established in 1998 and it is the longest running program among the selected case studies. The Portuguese "Social Integration Income" (*Rendimento social de*

⁸ Source: Author's calculation based on Eurostat (online data code: spr_exp_sum). Average spending on family/children, unemployment, and housing and social exclusion.

⁹ This estimate refers to 2018.

¹⁰ Average spending on means-tested benefits increased between 1990 and 2018 in all countries in the study except in Sweden where it stayed constant. Data is missing for Greece.

inserção - RSI) and the French “Active Solidarity Income” (*Revenu de solidarité active* – RSA) were introduced in 2003 and 2008, respectively. The Greek “Minimum Guaranteed Income” (*ΕΛΑΧΙΣΤΟ ΕΓΓΥΗΜΕΝΟ ΕΙΣΟΔΗΜΑ* - EEE) was nationally scaled up in 2017. It includes a monetary benefit, a social inclusion support component, and an activation component. National implementation of the last two components started in June 2021. In the case of Belgium, the MI program is part of a broader institutional design referred to as the ‘right to social integration’, which is formalized in the law as both an individual right and a goal. To achieve social integration, Social Welfare offices must provide the “Social integration Revenue” (*Revenu d’intégration sociale/ leefloon* - RIS) and/or employment opportunities within three months from the date of application. Both instruments might in some cases be embedded in an individualized project for social integration (Ministere des Affaires Sociales, 2002).

For Italy, the analysis looks at both the “Citizenship Income” (*Reddito di Cittadinanza* - RdC) that phased out in 2023 and the “Inclusion Allowance” (*Assegno di Inclusione* - ADI) program that was rolled out in 2024.¹¹ For Germany, the study includes two complementary MI programs that target individuals based on their work capacity. The report presents information on both the social assistance program for individuals with no work capacity (*Hilfe zum Lebensunterhalt/ Grundsicherung im Alter und bei Erwerbsminderung* – SH) and on the program targeted at people with work capacity. The latter was reformed in 2023 moving from the so-called *Hartz IV* system (comprising the “Basic Income Support for Jobseekers scheme” for individuals capable of work and a social benefit for those not capable of work (*Sozial Geld*)) to a new integrated program called “Citizen’s money” (*Bürger Geld* – BG) (3Beta Institut gemeinnützige GmbH, 2023). The report highlights relevant differences between the previous “Hartz IV” program and the newly introduced BG.

The Spanish MI system was until recently highly decentralized. In 2020, a unified national program, the “Minimum Living income” (*Ingreso Mínimo Vital* - IMV) was introduced to ensure a minimum homogenous level of benefits for all citizens. While the national roll-out of the IMV's monetary component is completed, the parameters for the labor integration and

¹¹ The present report does not focus on the design and implementation of the “Training and Employment Support” (SFL), an active inclusion program that provides a reimbursement for activation training participation and was introduced in 2023. For eligible individuals, the program provides 350 EUR per month for a maximum of 12 months, also nonconsecutive, as an expense reimbursement for the participation in mandatory activation programs.

social inclusion component are still under definition and thus recipients are currently not required to respect any conditionality. It is likely that decisions on labor integration and social inclusion policies and requirements will be taken at decentralized level.

TABLE III.1 CASE STUDY MIS

Country	Scheme	National roll-out	Original name	Objectives
Belgium	Social integration income	2002	Revenu d'intégration sociale/ leefloon (RIS)	Ensuring maximum integration and participation in social life.
France	Active solidarity income	2008	Revenu de solidarité active (RSA)	Ensuring minimum income level, social and labor market integration.
Germany	Citizen's money	2023	Bürgergeld (BG)	Ensuring subsistence level of incomes, labor market integration of claimant. If hard to employ social inclusion, independence, self-responsibility, employability.
	Subsistence benefit / Basic Income Support (Social assistance)	2005	Hilfe zum Lebensunterhalt/ Grundsicherung im Alter und bei Erwerbsminderung (SH)	Allowing recipients to live a dignified life, strengthen self-sufficiency and independence.
Greece	Guaranteed Minimum Income	2017	ΕΛΑΧΙΣΤΟ ΕΓΓΥΗΜΕΝΟ ΕΙΣΟΔΗΜΑ (ΕΕΕ)	Income support, integration with social services, reintegration into the labor market.
Italy	Citizenship income or Citizenship pension	2019	Reddito/Pensione di cittadinanza (RdC)	Income support, social inclusion and/or labor market integration.
	Inclusion Allowance	2024	Assegno di inclusione (ADI)	Income support, social and labor inclusion.
Portugal	Social integration benefit	2003	Rendimento social de inserção (RSI)	Ensuring minimum income level, social and labor market integration of all family members.
Spain	Minimum Living Income	2020	Ingreso Mínimo Vital (IMV)	Preventing poverty and social exclusion, ensuring full participation of all citizens in social and economic life.
Sweden	Social assistance	1998	Ekonomiskt bistånd (EB)	Income support, strengthening individual's resources to live an independent life.

Source: Authors. Notes: The present report does not focus on the design and implementation of the Italian "Training and Employment Support" (SFL), an active inclusion program that provides a reimbursement for activation training participation and was introduced in 2023.

2. Design parameters

All MIs are means tested and open to all households with an income below a selected threshold and might include other residency and demographic eligibility criteria. Table III.2 compares target populations, eligibility criteria, and the duration of the selected MIs. While most case study MIs are targeted at households, in Belgium and Germany there is an individual entitlement to the MI. All programs are targeted at individuals and households with insufficient resources and rely on means testing as the main tool to identify households in need.¹²¹³ In Germany, because programs target different subpopulation groups, self-assessed work capability is part of the eligibility criteria.

All countries in the sample restrict eligibility based on age (except for Sweden) and on residency status. France and Spain have the highest age threshold in the sample with applicants required to be older than 25 and 23, respectively. However, the age threshold is lowered in the case of applicants with parental care duties or in case applicants belonging to vulnerable categories¹⁴. The strictness of legal residence requirements goes from the Italian RdC requiring a qualifying residency period of 10 years, reduced to 5 years for ADI, to Sweden where everyone with a right to stay in the country can apply for the MI.

In all countries households or individuals can benefit from the MI for as long as the status of need that is assessed through means testing persists. However, only in France, Belgium, and Spain recipients are not required to renew their application periodically and can thus benefit from the MI as long as they meet the eligibility conditions. Recipients are required to reapply for the benefit every 18 months in Italy (RdC), annually in Germany and Portugal, every six months in Greece, and monthly in Sweden. Italy is the only country where there must be a suspension period of 1 month before a new application can be submitted. Moreover, in the case of the new ADI program the benefit duration is reduced from 18 to 12 months from the first renewal.

¹² The present report does not focus on the design and implementation of the Italian “Training and Employment Support” (SFL), an active inclusion program that provides a reimbursement for activation training participation and was introduced in 2023.

¹³ These categories are households with minors, elderly, persons with disabilities and persons in “conditions of certified disadvantage” (mainly persons with addictions and pathologies that require health services, homeless, former inmates, young care leavers, victims of violence or trafficking).

¹⁴ In France, individuals between 16 and 24 years old not in education, employment, or training can also apply for a specific program called “Youth Guarantee” that offers a monetary transfer equivalent to the one of the RSA and individualized support to achieve labor market integration for up to 18 months.

TABLE III.2 TARGET POPULATION, ELIGIBILITY CRITERIA, AND DURATION

	France	Germany		Greece	Italy	
	RSA	BG	SH	EEE	RdC	ADI
Target	Individuals and households with insufficient resources	Individuals in need and dependents ¹⁵	Individuals in need	Households in extreme poverty	Households in need	Households in need with vulnerable members
Eligibility criteria						
Means test	Country specific parameters: maximum total value of monetary resources to access scheme, income sources and assets considered, income and assets disregarded, equivalence scales					
Demographic	Age: 25+ / 18-24 with Parental care duties or with 2+ years of professional activity in the 3 years prior to application. Not a pupil, student, trainee, on sabbatical/ Parental leave/unpaid leave/ stand by	Age: 15 to pension age Ability to work 3+ h/d (self-assessed)	Age: to pension age / 18+ ^a Inability to work 3+ h/d (self-assessed)	Age: 18+ School Enrollment and past regular attendance for children	Age: 18+	Age:18+ Vulnerability: 1+ member: with a disability, minor, 60+, in condition of certified disadvantage
Residency	French or with residence permit authorizing work for 5+ years	Legal residency (non-EU: 3+ months)		Regular residency	Legal Residency for 10+years (last 2 cont.)	Legal residency for 5+ years (last 2 cont.)
Duration and reassessment						
Duration	Unlimited	12 months (renewable)	6 months (renewable)	18 months (renewable after 1 month suspension)	18 months (renewable after 1 month suspension)	18 months (renewable for 12 months after 1 month suspension)

¹⁵ Eligibility for the scheme is extended to the applicant's "benefit community", i.e., his/her cohabiting spouse/partner and his/her unmarried children under 25 years of age who cannot secure their livelihood.

	Belgium	Portugal	Spain	Sweden
	RIS	RSI	IMV	EB
Target	Individuals lacking economic resources to support themselves	Individuals and households in extreme poverty	Individuals and households lacking economic resources to cover basic needs	Individuals or households unable to support themselves
Eligibility criteria				
Means test	Country specific parameters: maximum total value of monetary resources to access scheme, income sources and assets considered, income and assets disregarded, equivalence scales			
Categorical	Age: 18+ / minors emancipated by marriage, with parental care duties, pregnant minors	Age: 18+ / minors married or living in a non-marital partnership for more than 2 years, with parental care duties, pregnant minors, minors with own income higher than 70% of the RIS value	Age: 23+ / 18+ or emancipated minors with Parental care duties, 18+ women victim of GBV, Human Trafficking or sexual exploitation, 18-22 orphaned and living alone, 18-22 living in a residential or foster care prior to their age of majority	None
Residency	Permanent residency (EU, foreigner listed in national register, refugee, stateless resident: 3+ months)	Legal residency (non-EU 1+ year)	Legal residency (1+ year)	Right to stay (irregular stay in some areas)
Duration and reassessment				
Duration	Unlimited (annual revision)	12 months (renewable)	Unlimited (annual revision)	1 month (renewable)

Source: Authors. Notes: ^a Subsistence benefit is available to minors. On reaching the statutory retirement age and in case of permanent full earning incapacity from the age of 18, Basic Income Support Subsistence benefit for the elderly and for persons with reduced earning capacity is granted.

Table III.3 gives an overview of the benefit amount and coverage as of December 2022 of each of the case study programs. The German BG is the program with the highest coverage (6.4% of the population), followed by the French RSA (6.1% of the population), and by the Greek EEE (5.7% of the population). The Italian RdC program covered 4.2% of the population, while the estimated coverage of the new ADI¹⁶ is 3%. The Swedish and the Belgian programs have the lowest coverage at 1.7% and 1.3% of the population.¹⁷

The size of the monetary benefit in all countries considered depends on household size and composition based on a country-specific equivalence scale. The amount received by each recipient is the difference between the maximum possible amount and a country-specific threshold. When looking at the maximum amount, Belgium offers the highest benefit amount for both single member households and couples with two children. Among the remaining countries, France and Spain offer the highest benefit amount for single member households, while couples with two children receive the highest benefit in Germany, France, and Sweden. The household specific benefit amount is recalculated with monthly frequency in Italy and Sweden, every six months in Greece, quarterly in France, and yearly in Portugal and Spain.

In some of the case study countries MI recipients are automatically granted accessory monetary benefits. Housing benefits are paid in Germany and Italy in the form of payment of actual housing and heating costs and rent subsidies up to a maximum amount¹⁸, respectively. In Sweden, housing costs are usually covered in full. In Germany (BG), Italy (RdC)¹⁹, and Spain, MI recipients automatically receive child benefits for which they are eligible. Finally, an activity premium benefit for all employed members is paid to RSA recipients in France while the new BG program in Germany introduced a bonus to incentivize participation in selected activation measures.

¹⁶ The present report does not focus on the design and implementation of the “Training and Employment Support” (SFL), an active inclusion program that provides a reimbursement for activation training participation and was introduced in 2023.

¹⁷ Low coverage of the Swedish scheme is partly explained by the existence of a broad net of other social assistance benefits (child allowance, extended parental allowance, housing allowance) that must be accessed prior to resorting to the MI.

¹⁸ RdC can also benefit from mortgage payment contributions if they are household owners.

¹⁹ Recipients of ADI must apply separately for child benefits for which they are eligible.

TABLE III.3 COVERAGE AND MONETARY BENEFITS

	France	Germany		Greece	Italy		Belgium	Portugal	Spain	Sweden
	RSA	BG	SH	EEE	RdC	ADI	DIS	RSI	IMV	EB
Coverage (December 2022)										
Indiv.	4.2 M	5.4 M ^a	120 k / 1.2 M	589 k	2.48 M	1.5 M ^b	154 k	262 k	1.6 M	176 k
Pop %	6.10%	6.40%	0.1 % / 1%	5.70%	4.20%	2.50% ^b	1.32%	2.50%	3.40%	1.70%
Max amount of monthly benefit, in euros (07/2023)										
Single Person	608 €	502 €		200 €	500 €	500 €	1,238 €	209 €	565 €	398 €
Couple (2 child.)	1,276 €	1,619 € ^c		400 €	700 ^d €	650 ^e €	1,674 €	566 €	1,074 €	1,221 €
Other benefit	Activity premium: 595 €	Actual costs for Housing and heating			Rent subsidy ^f : 280 €				Child benefit: 138 €	Housing costs
		Child benefit: 20 € Bonus for participation in selected measures: 75 €			Automatic child benefit: 189 €	Child benefit: 189 €				
Benefit determination										
Frequency / Mode	Quarterly Part of renewal	N/A		6 months Part of renewal	Monthly Admin. process		N/A Admin. process	Yearly Part of renewal	Yearly Admin. process	Monthly Part of renewal

Source: Authors. Notes: ^a 3.8 M are individuals capable of work and 1.6 M are members of the benefits community not capable of work. ^b Beneficiaries in May 2024 (INPS); ^c Amount computed for a couple with one child 5 and another 8 years old ^d For RdC this amount does not include the share of RdC benefit allotted to children and is automatically topped up by the child benefit amount below (per child). In this case a couple with two children would get 1,078 €. ^e Amount computed for a couple with two children >3 years old. ^f Recipients of the RdC if household owners can benefit from 150 EUR as a contribution for mortgage payment.

3. Application modalities

Online and in-person applications are the most common application modalities among case study MIs (see Table III.4). Other application modality offered include phone or email application to Social Welfare offices in Sweden and Belgium, respectively, and mail application to social security institutions in Portugal and Spain.

Online applications are common across the case study countries and respond to the need of processing high caseloads. They are submitted through the national social security agency website, except in the case of the German BG program that is managed by PES. Online application is, however, not possible in Sweden and in Germany for SH, while Belgium is planning to launch an online application tool in 2024.

All case study MIs except the French RSA offer the option of in person application. In person application at social welfare offices is possible only in Sweden, Germany (SH), and in Belgium, while Greece has introduced community centers that function as application points (see Box IV.1). In Portugal and Spain applications can be submitted at social security institutions, while applications for the German BG are managed by the Public Employment Services (PES). Finally, in Italy in-person applications can be made at post offices (RdC) and tax assistance centers (RdC and ADI).

TABLE III.4 APPLICATION CHANNELS

	Belgium	France	Germany		Greece	Italy		Portugal	Spain	Sweden
	RIS	RSA	BG	SH	EEE	RdC	ADI	RSI	IMV	EB
Online	✓	✓	✓		✓	✓	✓	✓	✓	
Phone									✓	✓
By mail								✓	✓	
Email	✓									
In person	✓		✓	✓	✓	✓	✓	✓	✓	✓
Social welfare	✓			✓	✓					✓
Social security								✓	✓	
PES			✓							
Post						✓				
Other						✓	✓			

Source: Authors. Notes: ^a Online application tool will be launched in 2024.

IV. Social inclusion pathways across EU countries

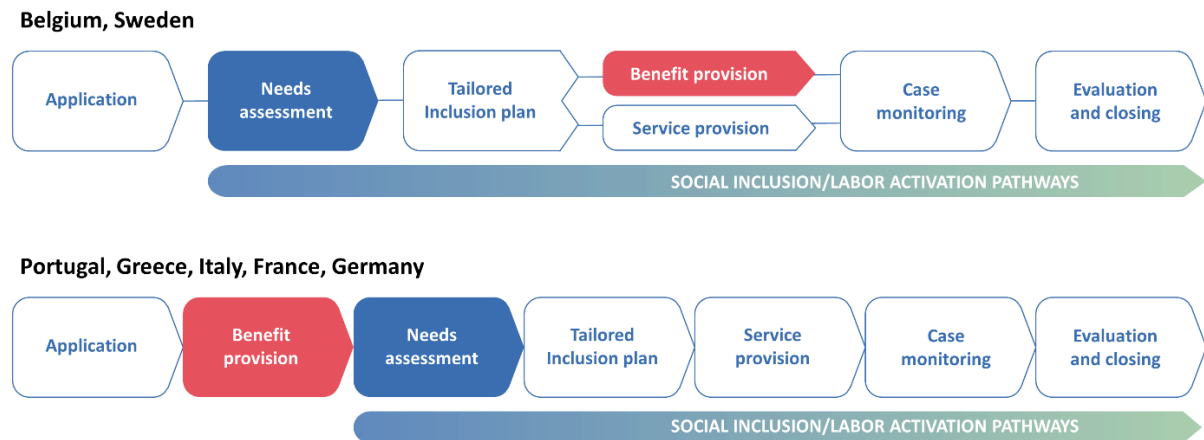
Section IV.1 introduces the social inclusion pathways offered as part of the MIs in the selected countries including a discussion on eligibility criteria to access them and an overview of case management practices. The following sections IV.2, IV.3, IV.4, and IV.5 discuss commonalities and differences across countries, key challenges, and good practices along the key steps of the social inclusion pathway.

1. Social inclusion pathways within the MI's delivery chain

The delivery chains of the selected MIs go through similar implementation phases, although depending on the context and on the objective of the program, the intensity and order of each delivery phase varies across programs (see Figure IV.1). Most programs employ some form of case management to make sure that the beneficiaries' needs are matched with appropriate benefits and services. Following application to the MI program, some form of needs assessment takes place to identify recipients' needs and resources. The results of the assessment form the basis for tailored inclusion plans and/or employment plans²⁰ depending on the characteristics and needs of the recipient, which are then used to define service provision, case monitoring, and evaluation. The recently introduced IMV in Spain currently provides only monetary transfers and social inclusion and labor activation components have been tested only locally (see section V.2). While some of the piloted pathways might become part of regional or national IMV at a later stage, it is currently not possible to include them in the current analysis.

²⁰In the context of EU MIs, employment plans are also referred to as integration contracts and insertion contracts (Frazer and Marlier, 2015).

FIGURE IV.1 TYPIFIED MI DELIVERY CHAIN



Source: Authors.

The main difference observed across case study programs' delivery chain pertains to the timing of the monetary benefit's provision (see Figure IV.1). While in Sweden and Belgium recipients start to receive the monetary benefit only after the completion of the needs assessment, in all other countries benefits are paid after the application, and before case management begins. The payment of benefit directly after application is at least partially motivated by the need to address the financial needs of the target population in a timely manner in contexts where there might be considerable delays between application and needs assessments, for instance when there are high volume of applications and limited human resources. The new Italian program ADI strikes a compromise by requiring all recipients to see a social worker within 120 days from eligibility declaration to avoid suspension of the benefit payment and to subscribe online the Digital Activation Pact (PAD).

Social inclusion pathways are a component of the MIs that might be offered to all or to some categories of recipients. While there are differences in the intensity and in the population covered, social inclusion/labor activation pathways generally start at the needs assessment stage and follow recipients through similar implementation phases. Once associated to a social inclusion pathway based on country-specific mechanisms, recipients tend to be the object of in-depth individual assessment, they are provided with a tailored inclusion plan with a focus on social inclusion and with tailored inclusion services, and they are generally monitored throughout.

Identification of potentially activable recipients

All selected case study MIs share a dual objective of supporting both social inclusion and labor market reintegration. For this reason, the need to identify target recipients for the activation and/or social inclusion pathways arises at some point along the delivery chain. In all countries, except the new program ADI in Italy, the problem of splitting recipients between the two pathways is addressed by identifying potentially “activable” recipients and, as a residual category, recipients who should not be the object of activation measures. Another exception is the Belgian MI, under which all recipients are considered “activable”; those who should not be required to take part in activation measures are identified on the basis of health or fairness considerations.

Among the case study programs we identify three main modalities of splitting activable from non-activable recipients (see Figure IV.2). As a first option, a needs assessment is used to identify recipients who are “activable”. As a second option, assessment-based splitting is complemented using administrative data to identify “activable” applicant households and refer them to PES. When relevant, needs assessments can be leveraged to further identify “activable” individuals within households in the care of social services. As a last option, there might be self-selection of applicants into programs based on self-assessed employability status.

Pure assessment-based splitting is a characteristic of the Belgium, Swedish, Greek, and Portuguese MIs. In Sweden, social workers decide on a discretionary basis whether the applicant is considered able to work and whether they should participate in a labor market activation program (SPC and DG EMPL, 2022b). Similarly, social workers in Belgium can exempt RIS recipients from having to prove their willingness to work²¹ by verifying health-related constraints (optionally through a medical examination) or by taking into account fairness considerations (e.g., single parents with caring duties, students in full time education, limited public transport to reach working place, localized labor market conditions) (Locquet et al., 2016). In Greece, the identification of MI recipients subjected to employment conditionalities and to the requirement of signing an employment plan takes place through the needs assessment and application meeting with social workers. The Greek Management information system flags cases to be referred to PES that require signing an employment

²¹ Willingness to work does not necessarily have to result in employment. Participation in education, training, or any kind of ‘social activation’ may be considered by the social worker a sufficient proof of commitment (Cincinnati and Nicaise, 2009).

contract, based on a set of qualifying conditions and on whether the monthly PES caseload allowance has been reached (Spiliou and Papandrianou, 2023).

On the other hand, in Italy (RdC) and France household-level information collected through the application form is used to perform a first screening of activable recipients and to split caseload between PES and social services. In France, provinces are responsible for the initial orientation of RSA recipients to employment services or social services, and there is regional variation in the way recipients are oriented to PES or social services. Some regions base the decision on an initial interview and some on an algorithm based on information from the application form (Cour des comptes, 2022). Recipients are oriented towards PES if they can work immediately and towards social services if personal or social difficulties represent a barrier in finding a job (Beydon, 2022).²² In Italy, information from the RdC application form was used to identify households with individuals closer to the labor market and orient them towards the PES to sign an employment plan. The remaining households were oriented towards social services to sign an inclusion plan.²³ With the new Italian ADI, on the other hand, application form data is used to support social workers identify household members that are subject to employment conditionalities.²⁴ Social workers then use the needs assessment to confirm that the preselected members should be referred to PES.

In Germany splitting between “activable” and not “activable” applicants is based on a self-assessment. Individuals in need must assess on their own whether they are able to work for a minimum of three hours per day and contact the institution responsible for BG or, if not able to work the minimum hours, SH. Subsequently, PES and social services might request in-house evaluation of the work capability if needed (World Bank, 2020).

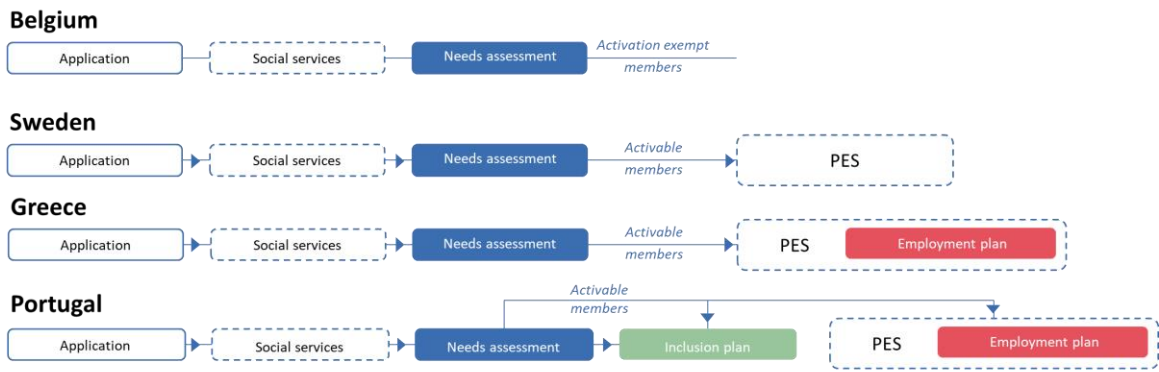
²² In 2021, 86% of recipients were oriented towards a specific type of support (DREES, 2022).

²³ In 2022, 5% of recipients were exempt from conditionalities, 50% were oriented to social services and 45% to PES (Ministero del lavoro e delle politiche sociali, 2024b). Within the households oriented to social services by an algorithm (drawing from administrative data and the application form) there could have been “activable” individuals who were required to sign both a labor activation and a social inclusion plan.

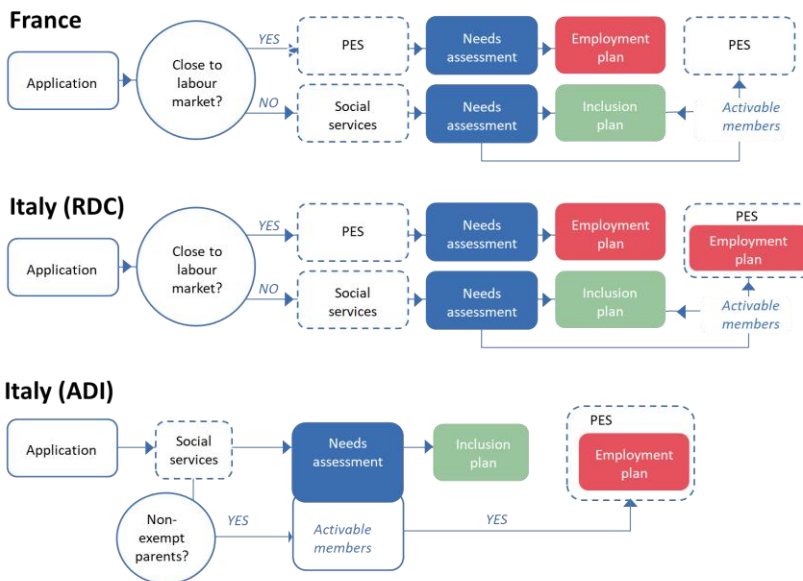
²⁴ Under the ADI, activable beneficiaries are those between 18 and 59 who exercise parental responsibility.

FIGURE IV.2 IDENTIFICATION OF “ACTIVABLE” AND NOT “ACTIVABLE” RECIPIENTS

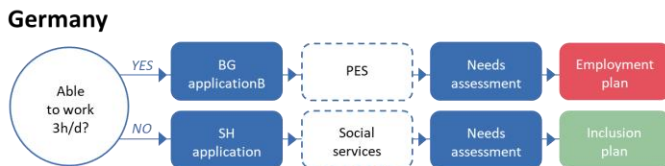
Needs assessment only



Administrative data and needs assessment



Self-selection and needs assessment



Source: Authors

Although each country applies specific criteria, “activable” recipients are usually those considered “fit for work” and/or “close to the labor market” because of their skills or because they were recently employed, while recipients with a disability over a certain threshold, those

caring for children or dependents, and those still in education or training are considered not “activable” (SPC and DG EMPL, 2022a). Except for the Swedish and Belgian MIs, all programs specify clear-cut criteria to identify recipients exempt from activation conditionalities as summarized in Table III.1. The German BG and the French RSA²⁵ are primarily targeted at individuals able to work and thus have fewer exemptions from activation conditionalities.

TABLE IV.1 CATEGORIES SUBJECT TO ACTIVATION REQUIREMENTS

Country	MI	Activable	Exemptions
Belgium	RIS	All	- Social worker’s decision based on health, equity, and fairness considerations
France	RSA	All	- Employed (with income above 500 EUR per month)
Germany	BG	All	- parents with children below three years of age
	SH	None	
Greece	EEE	All 16–65 years old	- Full time students - Employed - People with a disability ^b
Italy	RdC	All 18–29 years old and 30-59 years old if employed in the last two years or recipient of unemployment insurance benefit or already registered at PES	- Students - Employed (with income above a threshold) - Pensioners - People with a disability - Care duties ^c
	ADI	All 18–59 years old, with parental responsibility and no cause for exemption	- Students - Employed (with income above a threshold) - Pensioners - People with a disability - Care duties ^d - Oncological patients - GBV victims - Vulnerable categories
Spain	IMV	All 18–66 years old	- Full time students under 28 - Care duties ^e - Pensioners - People with a disability over 65%
Portugal	RSI	All 16–pension age ^a	- Employed - Temporary work incapacity - People with a disability (above a threshold) - Care duties ^f
Sweden	EB		- Social worker’s discretionary decision

Source: Authors. Notes: ^a66 years 4 months in 2023. ^b They are required to present a disability certificate from the official Disability Certification Committee. ^c Care duties are defined as caring for members under three years of age or severely disabled and not self-sufficient in the case of the RdC. ^d Care duties are defined as

²⁵ In 2020, 98% of adult RSA recipients were deemed “activable” (Cabannes and Chevalier, 2022).

caring for children under three years of age, for more than two children, or for other dependents. ^e Officially recognized family long-term carers. ^f Informal primary caregivers recognized by the competent social security services.

Degree of case management for MI’s recipients

The case study MIs offer various degree of case management to all recipients starting from the needs assessment phase. The case study programs offer some form of case management both to recipients associated with a social inclusion pathway and to those considered “activable”. The degree of intensity of case management (see section II for an overview of framework) varies from information and orientation (Greece) to intermediation and referral with limited monitoring (Germany), to more intensive case-work models (Belgium, France, Italy, Portugal, Sweden). While Spain offers case management only as part of some pilot projects (see section V.2), in Greece case management happens consistently only for recipients who sign an employment plan at PES. Table IV.2 summarizes case management practices across the countries studied.

TABLE IV.2 OVERVIEW OF CASE MANAGEMENT PRACTICES²⁶

	Belgium	France	Germany		Greece	Italy		Portugal	Sweden
	RIS	RSA	BG	SH	EEE	RdC	ADI	RSI	EB
Who is the case manager?	SW	SW / PES	PES	SW	SW	SW/PES	SW	SW	SW
Which type of case management?	Case work	Case work	Intermediation and referral		Information and orientation	Case work		Case work	Case work

Source: Authors. Notes: Social worker (SW).

In Greece, applications for the MI are submitted at community centers (see Box IV.1). Social workers welcome applicants and conduct an in-depth needs assessment and, in some cases, develop a tailored inclusion plan. All recipients are, however, provided information on existing social assistance and social service programs for which they are eligible.

²⁶ See Case Compass framework (<https://www.case-compass.org/Home/Guide/CaseCompassFramework>).

Box IV.1 COMMUNITY CENTERS AS “ONE-STOP-SHOPS” IN GREECE

Starting in 2017, the Ministry of Labor and Social Affairs in Greece has designed and established 250 Community centers in 12 regions of Greece. These are municipality level structures that function as “one-stop-shop” for a wide net of benefits and social services, in collaboration with the Directorate of Social Services of each municipality. MI recipients are one of the served populations together with households living in poverty and social exclusion, immigrants, people with disabilities, and Roma (Planiteros, 2023).

The centers were established to develop local reference points to receive, serve, and connect citizens with all the social programs and services being implemented in an intervention area. To improve the reach out services are offered through mobile units for mountainous and island municipalities and special support is offered for Roma communities and immigrant populations (Planiteros, 2023).

Community centers offer a range of services from reception and application support, to provision of psychological support and counselling, to cooperation with other services and structures at local level. As an example, MI applicants can receive information on the program and be supported with the application process (Planiteros, 2023).

In the case of Germany, after their self-selection in the BG program²⁷, applicants are assessed and split based on the number of barriers to employment identified during profiling between those that can be integrated in labor market within 12 months and those that will require more support.²⁸ The latter (and possibly also their families) are referred to so-called specialized case managers who will conduct a more in-depth household level assessment of needs. It should be noted, however, that there is a high level of decentralization in case management practices across PES with each employment agency developing its own guidelines and procedures, considering the local context.²⁹ As a novelty in the new BG program, recipients can also receive holistic support through an individual coach in case of “complex” needs. The coach can tackle financial, health or family difficulties, etc. Moreover, if the recipient is willing, the coach can also advise and accompany the recipient outside of the PES office, for example at appointments with the authorities or at home (Bundesagentur für Arbeit, 2023).

²⁷ Information on case management practices for SH recipients could not be identified.

²⁸ According to the directives of the Federal Employment Agency, if three or more barriers to employment are observed in the key categories of capability and/or environmental factors, and if it is unlikely (based to the result of the profiling) that the beneficiary can be integrated into the labor market within 12 months, the beneficiary is referred to specialized case managers.

²⁹ This includes the definition of the local implementation concept of case management, including how to determine which beneficiaries qualify for in-depth case management, how to regulate the incoming and outgoing processes, etc.

In Portugal, case management of MI's recipients is provided by a social worker assigned to the case in collaboration with local integration committees (NLIs) – multidisciplinary teams composed of local authorities and local representatives from public bodies in social security, employment and vocational training, education, and health.³⁰ The social worker, with the support of one or more NLI's member (depending on the recipient's needs), conducts recipients' multidimensional needs assessment, prepares social inclusion plans, and monitors progress towards the plans' objectives.

Swedish MI recipients are followed by an assigned social worker (Socialstyrelsens, 2021). Upon the first appointment the social worker conducts an in-depth multidimensional assessment that will inform the action plan for the recipients. The social worker provides referrals and meets with recipients monthly to monitor their progress.

In Italy, all RdC recipients had to be summoned by PES or social services within 30 days of the allocation of the benefit and matched with case managers³¹ (Ministero del Lavoro e delle Politiche Sociali, 2019). While the case management guidelines for the newly introduced ADI preserved the initial 30-day timeline for summoning recipients by social services start the assessment, the program also introduced an automatic suspension of the benefit if the first appointment is not completed within 120 days (Ministero del Lavoro e delle Politiche Sociali, 2024). Case managers conduct an in-depth multidimensional assessment, prepare the tailored inclusion plan, provide services including referrals, and monitor the case. Under the RdC, the result of the assessment determined the type of case management received: an individualized employment plan at PES in those cases where the main vulnerability identified was related to the labor market; referrals mainly related to health problems; and case management provided by social workers for other cases. For recipients who were identified as having “complex” needs a multidisciplinary team with experts from all the relevant sectors were activated to manage the case and ensure comprehensive follow-up by the different sectors.³²

³⁰ In addition, NLIs can also integrate representatives of other public entities (specifically immigration and justice) in case of needs specifically related to the area; and representatives of non-profit organizations willing to partner with the NLI and create effective opportunities for integration (SPC and DG EMPL, 2022b).

³¹ The 30-days deadline was not strictly enforced, and no sanctions were foreseen by the law.

³² Due to resource constraints, only a minority of RdC recipients had been summoned within the foreseen timeline. In 2022, less than 30% of recipients were summoned within three months and only around 50% of them were summoned within nine months. However, MI benefits were not reduced or terminated due to the lack of respect for this conditionality (World Bank, 2022).

In Belgium, the type of support provided by case managers depends on the nature of the tailored inclusion plan. For RIS recipients under 25 who are in full-time education, the inclusion plan takes the form of an education plan (see section 3). These recipients are supported by their case manager both in terms of educational needs and family issues (Ministere des Affaires Sociales, 2002). Results from an online survey show that young recipients with an active education plan are likely to have in-person meetings with their case manager at least every quarter and more frequent e-mail and phone interactions. As part of these meetings, they discuss progress with their studies as well as personal issues, future projects, and rights and duties as recipients including the need to demonstrate willingness to work through occasional employment (Albertijn et al., 2023).

In France, all RSA recipients oriented towards a specific service must be assigned a single point of contact or case manager (Cabannes and Chevalier, 2022). Recipients of the French RSA oriented toward PES are assigned specific case managers based on their age and closeness to labor market. PES offer four degrees of case management on the basis of the support needed: follow-up support (*accompagnement suivi*)³³ for recipients closest to the labor market, who have case managers who tend to have a heavier workload (between 200-300 clients); target guided support (*accompagnement guidé cible*)³⁴ for recipients who need more in-depth and tailored support, and who are offered more regular appointments with case managers who work with between 100 and 150 recipients; reinforced support (*accompagnement renforcé*)³⁵ for recipients in need of strong support, who are offered face-to-face appointment with case managers working with maximum seventy clients; and the global support (*accompagnement global*)³⁶ for recipients facing both employment and social challenges who are managed jointly by PES and social services. Finally, intensive youth support (*accompagnement intensif jeunes*)³⁷ is offered to recipients under 26 years old and takes the form of either individual support for 6 months or group support for three months (only 0.5% of clients in 2020) (Cabannes and Chevalier, 2022).

³³ This support was offered to 13% of RSA recipients in 2020.

³⁴ This support was offered to 57% of RSA recipients in 2020.

³⁵ This support was offered to 23% of RSA recipients in 2020.

³⁶ This support was offered to 4% of RSA recipients in 2020.

³⁷ This support was offered to 0.5% of RSA recipients in 2020.

2. Multidimensional needs assessment

Multidimensional needs assessments are tools of case management used to comprehensively identify needs and available resources (“strengths”) of MI recipients, considering various areas and issues. All MIs under analysis include a multidimensional needs assessment for benefit recipients, although the level of complexity and depth varies. The only exception is the Spanish IMV for which assessment modalities have not yet been established. Table IV.3 presents an overview of the fundamental characteristics that define multidimensional assessments across the countries included in the study. Further details on each aspect are provided in the subsequent section.

TABLE IV.3 OVERVIEW OF MULTIDIMENSIONAL NEEDS ASSESSMENT

	Belgium	France	Germany		Greece	Italy		Portugal	Sweden
	RIS	RSA	BG	SH	EEE	Rd C	ADI	RSI	EB
What is the focus?	Individual	Individual	Individual		Individual	Individual and household		Individual and household	Individual
Which dimensions are covered?	Labour and social	Labour	Labour	Labour and social	Labour	Labour and social		Labour and social	Labour and social
Who does the assessment?	SW	SW / PES	PES	SW	SW	SW / PES	SW	SW	SW
Which guidelines?	National	Local	Nat.	SW	National ^a	National		Local	SW
In depth assessment?	✓					✓		✓	✓
Multidisciplinary teams?						✓		✓	✓

Source: Authors. Notes: Social worker (SW). ^a Greece is working on the introduction of a common methodology for the needs assessment.

While in most case needs assessment take place once recipients are already enrolled in the MI, in the case of Sweden and Belgium needs assessment are also used to assess whether applicants are eligible for the MI. In Belgium, a qualified social worker must carry out a social and means investigation of all applicants and take a final decision on eligibility within 30 days

from the application (SPP IS, 2019). In Sweden social workers assess applicant's right to EB based on their financial and livelihood situation.

Needs assessments can focus on individual-level needs or take a more holistic approach, looking at the needs and vulnerabilities of all household members. In the case study sample, MIs in Italy and Portugal include the most comprehensive household-level needs assessments. On the other hand, needs assessments in Belgium, Germany, Greece, France, and Sweden put more emphasis on the applicant's individual needs.

Mapping the exact dimensions covered as part of the needs assessments is challenging because in some countries the methodology varies at regional, municipal, or even implementing-agency level. Generally, across EU Member States, multidimensional assessments of broad social needs at household level are not performed if all working-age individuals in the recipient households are subject to activation measures. In these instances, the approach is limited to a standardized initial assessment and profiling that determines proximity to the labor market of the working age recipients. Among the case study programs, needs assessments cover a wide range of dimensions, with some programs limiting the assessment to enablers and barriers to employment (Germany (BG), France, and Greece) and others also looking at social needs (Belgium, Italy, Portugal, Sweden, and Germany (SH)).

The methodological tools used for the needs assessments vary by program and, in some cases, they are not homogenous across a country or across assessors. In France and Portugal, the assessment methodology is determined at local level by each municipality or implementing agency. In other cases, a social worker autonomously decides how to structure the assessment (Sweden and Germany (SH)). In Sweden the multidimensional assessment takes the form of a dialogue with the applicant to assess their financial situation and other obstacles to self-sufficiency and relevant conditionalities and supports (Socialstyrelsens, 2021). Although there is no structured methodology for the assessment, it is recommended that a Swedish social worker adopt a multidimensional and holistic approach, recognizing complexities beyond financial needs and acknowledging how employment might not always be the solution. Social workers are also encouraged to motivate and encourage individuals during the assessment.³⁸

³⁸ Socialstyrelsens.

In Belgium, the first step of the social investigation is an in-person interview with the applicants to understand their challenges. It is guided by a set of pre-defined questions. Next, social workers visit applicants at their residence to deepen the understanding of their situation and to collect any relevant document. The social worker can then access recipients' social security and social assistance records and contact other relevant professionals (PES, other social welfare offices, medical health centers, landlords, etc.). The nature of information that can be collected is specified by law and limited to recipients' identity, nationality, family composition, income and living conditions, and social security records (SPP IS, 2023).

For the German BG, the Italian MIs and the Belgian RIS, national-level guidelines define the structure and content of the assessment. Needs assessment for the new Germany BG follows the same structure of the one used for the previous "Hartz IV" scheme. So-called integration specialists at the PES use a management information system to build a profile of applicants with a focus on the individual's labor market integration by collecting information on the qualifications, capability, motivation, and environmental factors affecting employability. In the case of the Italian RdC and ADI, a case manager from social services conducts the first meeting with the recipient household (and optionally subsequent meetings) following a structured and homogeneous process and tools. The social workers are also aided by a purpose-built country-wide Case Management Information System (CMIS), (see Box IV.2).

Finally, Greece has recently formulated a common needs assessment reference tool for social workers at community centers. While the tool has not yet been distributed to community centers, efforts are underway towards its digital development on the EEE's management information system.³⁹

In most of the programs studied, social workers are responsible for administering the multidimensional needs assessment. In Belgium, Greece, Italy (ADI), Portugal, Sweden, and Germany (SH) social workers are responsible for assessing applicants' needs. However, when splitting takes place before the needs assessment (Italy (RdC), France, and Germany (BG)), the needs assessment of recipients oriented to PES primarily focuses on the recipients' proximity to the labor market and is conducted by PES staff.

³⁹ Information based on communication with EEE's implementers.

BOX IV.2 THE ITALIAN CASE MANAGEMENT INFORMATION SYSTEM (GEPI) FOR RdC AND ADI

Italy launched in 2019 a country-wide case management information system (“GePI”) to support social workers in the case management of households enrolled in the MI. The CMIS was developed based on national guidelines for implementation of the RdC and later adapted for the new ADI. It supports pre-assessment phase, in-depth assessment phase, creation of the individualized inclusion plan, and case monitoring.

During pre-assessment, social worker can access a set of guiding questions organized in five sections and can select from a list of predefined vulnerabilities and needs of the recipient households in the areas of care, economic situation, employment and training, education, health, housing, social and family networks (World Bank, 2021). Figure IV.4 **Error! Reference source not found.** shows a screenshot from GePI’s pre-assessment module on economic situation and housing.

FIGURE IV.3 THE FIRST SECTION OF THE IN-DEPTH ASSESSMENT

The screenshot displays the 'Area Ambiente e Famiglia' interface. It is divided into two main sections: '1. SITUAZIONE ECONOMICA (Pre. Ass. 2, 3.2)' and '2. CONDIZIONE ABITATIVA (Pre. Ass. 3.5)'.
Section 1 includes:
- 'A. Condizione economica *': A scale from 'Bisogno' to 'Forza' with a score of 3/6. A note indicates 'Non è una priorità' and 'N/A, già conosciuto, oggetto di presa in carico'.
- 'B. Capacità di gestione del budget e di risparmio *': A scale from 'Bisogno' to 'Forza' with a score of 0/6. A note indicates 'N/A'.
Section 2 includes:
- 'A. Condizione abitativa interna all'abitazione e esterna (nella zona di residenza) *': A scale from 'Bisogno' to 'Forza' with a score of 0/6. A note indicates 'N/A'.
A legend for 'Condizione abitativa' is visible at the bottom right, listing 'in affitto da privato', 'Critticità rispetto all'alloggio', and 'in affitto con vertice di privato'.

For the implementation of the RdC the CMIS recommended to the social worker one of the four possible paths (standard case management by social workers and signing of a simplified social inclusion pact, signing of a pact for complex social inclusion in case of complex or acute needs, case management and individualized employment plan at PES, orientation to specialized services in cases mainly related to health problems) for the recipient household depending on the selected vulnerabilities as part of the preassessment. The in-depth assessment is applied only to cases classified as “complex”. The corresponding CMIS module includes more comprehensive assessment forms covering household and individual level vulnerabilities. It includes two main sub-modules: the first on the family environment and its main strengths and fragilities; the second one on member-level needs and resources. The former covers themes such as the economic situation, housing conditions, care needs and care load, care needs of children and young people, family networks and social networks. The latter focuses on health, education, training and skills, and employment status (World Bank, 2021).

In-depth assessments and multidisciplinary approach

In Italy, Portugal, Sweden, and Belgium additional “in-depth” needs assessments are conducted when recipients present “complex” vulnerabilities.⁴⁰ In Sweden, more in-depth investigations will be granted in case of long-term dependence on social assistance. In these cases, social workers are likely to cover a wider set of areas in their assessments including work life and education, health, goals and plans, housing, family situation, support networks, financial situation, social situation, children situation. Moreover, specific standardized assessment tools might be used in cases of vulnerabilities such as exposure to violence, alcohol and drug problems, or gambling problems (Socialstyrelsens, 2021). In Belgium social workers carry out an in-depth conversation with recipients to understand their needs, challenges, aspirations, and life plans when they cannot be swiftly reintegrated in the labor market and need a tailored inclusion plan (SPP IS, 2017). In Italy (RdC and ADI), the results of the first needs assessment are used to identify cases with “complex” needs for which an in-depth assessment is applied. This covers the family environment (economic situation, housing conditions, care needs and care load, care needs of children and young people, family networks and social networks) and member-level needs and resources (health, education, training and skills, and employment status).

Multidisciplinary teams are involved in the assessment of recipients with “complex” needs in Italy, Portugal, and Sweden. In the case of the Italian RdC, recipients who are identified after the assessment as having individual-level acute/ “health-related” needs are directed to specialized health services (health, mental health, addiction services, etc.) that will then evaluate each case according to specific methodologies. On the other hand, in case of “complex” needs that involve the whole household, a multidisciplinary team with experts from professional areas deemed relevant for the case (e.g., social, employment, health, education, housing) must be formed to conduct an in-depth needs assessment at one or more subsequent meetings with the whole households. Similarly, in Portugal NLI support the needs assessment phase and subsequently the drafting of the tailored social inclusion plan.

The multidisciplinary approach to assessment is not free of challenges. In Italy, the lack of sufficient formalization of the process to form teams and the lack of human resources

⁴⁰There is no common definition of what constitutes a “complex” vulnerability. The concept is related to the fact that the recipient presents needs in multiple areas but ultimately the decision of which recipient present “complex” needs is left to the discretion of the social worker.

(especially in the health sector) limited the actual involvement of experts and the application of the in-depth assessment (World Bank, 2022). Recognizing the implementation challenge of enforcing the use of the in-depth assessment and of the multidisciplinary team whenever there is a “complex case”, ADI, the new measure, relaxes the requirement and recommends the in-depth assessment and multidisciplinary team be considered tools to be used by the case manager as needed.

3. Tailored social inclusion plans

The multidimensional needs assessment is used to orient recipients to relevant services via a specific “social inclusion plan” negotiated with recipients. In around half of the EU Member States the results of the needs assessment inform a tailored inclusion plan laying out the actions to be taken to counter the identified social and financial barriers to social inclusion (SPC and DG EMPL, 2022a). Social inclusion plans can be signed at household level, as in the case of Italy, Portugal, and the German BG or at individual level, as in the case of Belgium, France, Sweden, and the German SH. In Spain, social inclusion plans are not a required feature of the current national level IMV. Table IV.3 gives an overview of which types of plans are required under each program and of the variation in terms of structure and methodology of the plans. The rest of the section offers detailed information on each aspect.

TABLE IV.4 OVERVIEW OF TAILORED SOCIAL INCLUSION PLANS AND EMPLOYMENT PLANS

	Belgium	France	Germany		Greece	Italy		Portugal	Sweden
	RIS	RSA	BG	SH	EEE	RdC	ADI	RSI	EB
Social Inclusion plan for all	✓ ^a			✓			✓	✓	✓
Employment plan for activable		✓	✓		✓	✓	✓	✓	
Social inclusion plan only for not activable		✓				✓ ^c			
Which guidelines?	National	National	Local		National ^b	National		National	Social worker

Source: Authors. Notes: ^aTailored social inclusion plans are compulsory for recipients under 25 years old, for those benefiting from the RIS for the first time, and for those benefiting from the RIS after three or more months from the last RIS payment (SPP IS, 2017). ^bGreece is working on the introduction of a common structure for the inclusion plans. ^cWithin the households oriented to social services, i.e. defined as “non-activable” by an algorithm (drawing from administrative data and the application form), there could have been “activable” individuals who were required to sign both a labor activation and a social inclusion plan.

Tailored inclusion plans are a required program service for all recipients in France, Germany, Italy, and Portugal⁴¹ and for some categories of recipients in Belgium. In Sweden plans are common especially when coordination across services is needed, but they are not mandatory (SPC and DG EMPL, 2022b). Greece is working towards the introduction of a tailored inclusion plan for all EEE recipients, while currently individual plans are provided only to “activable” individuals by PES job counsellors and to a limited subset of the not “activable” recipients (Spiliou and Papandrianou, 2023).⁴² In Belgium, the right to social inclusion plans within 3 months from the confirmation of eligibility to all recipients was until 2016 a prerogative of recipients under 25 years old.⁴³ Today, inclusion plans are mandatory only for certain categories of recipients⁴⁴, but they can be requested by all recipients and social workers⁴⁵. Moreover, for the categories for which they are mandatory, social workers can decide to forsake them for health or fairness reasons (SPP IS, 2017).

In France, Italy (RdC), and Germany where the splitting between “activable” and not “activable” households takes place before the needs assessment, recipient households sign either a social inclusion plan or an employment plan. On the other hand, in Portugal, recipient households sign a social inclusion plan and “activable” individuals within the household sign an employment plan. In Italy (ADI), all households are involved in the social inclusion plan. In addition, recipients 18-59 years old with parental care duties and “activable” are required to sign both a social inclusion and an employment plan while members of recipient households 18 years old or above exempt from activation conditionalities must sign only a social inclusion plan and can opt in to also sign the employment plan.⁴⁶

⁴¹ At present the Spanish program does not require the drafting of individualized plans.

⁴² Between June 2019 and June 2023, 156,285 individual action plans and 25,311 employment plans have been signed (Spiliou and Papandrianou, 2023).

⁴³ Based on the 2002 law on the right to social integration, all beneficiaries under 25 years old are entitled to a plan within 3 months of the claim, while older recipients can request or be offered one by the Social Welfare Offices (Ministere des Affaires Sociales, 2002).

⁴⁴ Compulsory for recipients under 25 years old, for those benefiting from the RIS for the first time, and for those benefiting from the RIS after three or more months from the last RIS payment (SPP IS, 2017).

⁴⁵ As of December 2022, 35% of recipients 25 years or older had an active plan with respect to 71% of those under 25 years according to the barometer of social integration (<https://stat.mi-is.be/fr>).

⁴⁶ Recipients with a disability, over 60 years old, and GBV can request to sign a social inclusion plan and/or employment plan (<https://www.lavoro.gov.it/adi/percorsi-di-attivazione/obblighi-di-attivazione>).

Box IV.3 CHALLENGES: EXCESSIVE CASELOAD DELAYS THE IMPLEMENTATION OF SOCIAL INCLUSION PLANS

There are often limited human resources available for case management. The excessive workload has implications on the timeliness and on the quality of the case management provided. While comparative statistics on the number of MI recipients per social worker are not available, estimates on the number of inhabitants per social worker are indicative of the available human resources to support the implementation of social inclusion within MIs. Studies on social workers' workload in Nordic countries found that 36% of Swedish social workers report heavy workloads resulting in a reduction in the quality of social services - despite Sweden has the lowest ratio among the case study countries (Llena-Nozal et al., 2022).

In Germany, while national guidelines for the previous German Hartz IV scheme recommended a social worker to population ratio of 1:75 for case managers and 1:114 for integration specialists, the number of actual cases could go beyond ninety-five for case managers and up to 250 for integration specialists. In France, all RSA beneficiaries directed towards a service should sign an employment contract or an individualized inclusion plan. Due to the lack of resources 52% of the beneficiaries directed to social services did not sign their plan in 2021 (DREES, 2021). Those who signed did so with long delays and their contracts are a mere formality with often fewer than two proposed actions proposed (Cour des comptes, 2022). Moreover, survey data from 2021 indicate that 60% of RSA recipients had between zero and three meetings with their case manager (Cour des comptes, 2022).

In Italy, between 2020 and 2022 a maximum of 23,000 multidimensional assessments were completed per month. As a result, at the end of January 2023, only 40% of the RdC recipients directed to social services had started the assessment process and only 23% had signed the individualized inclusion plan. Moreover, while RdC recipients were required to show up at social services every month to meet with their case manager, recipients attended on average only 2 meetings in 12 months in 2022 (World Bank, 2022). The Italian RdC process evaluation highlighted that the complexity, lack of flexibility, and time-consuming nature of the case management forms limited their usefulness (World Bank, 2022). To address the issues related to excessive caseload, Italy introduced a financial incentive to help municipalities in reaching the minimum required ration between clients and social workers of 1:5000 (World Bank, 2022).

Content and structure of the tailored inclusion plans

Tailored social inclusion plans typically include a combination of support services and recipients' duties, with large variation in the structure and exact components of individual plans. Plans' structure might be determined by central level guidelines, as in the case of

Belgium, Portugal, Italy, France, and (prospectively) Greece⁴⁷, vary at local level (as in Germany), or be determined discretionarily by social workers (Sweden). When they exist, Swedish plans specify a monthly action plan for the recipient. Moreover, if the recipients are to be supported by services other than the social services, the plans specify responsibilities for service provision and monitoring (Socialstyrelsens, 2021). In Portugal, tailored social inclusion plans include an articulated and coherent set of inclusion actions phased in time. Actions are defined according to the needs of the recipients and of her family and cover areas such as education, employment, health, training, housing and social action (SPC and DG EMPL, 2022).

In Italy, tailored social inclusion plans specify objectives and desired outcomes, the specific support services to be activated, and the duties of the recipient households. RdC recipient households were asked to sign “simplified” or a plan which included the multidisciplinary team depending on whether their needs were classified “as complex”⁴⁸. The Italian Management Information System, “GePI”, supports the creation of plans based on the national guidelines for case management for RdC and ADI beneficiary households, which includes pre-determined list of objectives, actions to be undertaken by the recipient households, and support to be activated (World Bank, 2022). Social workers select plan objectives that are relevant for the recipients based on the identified household- or individual-level needs. For some households, especially in cases of “complex” needs, the plans might include specific objectives (e.g., school attendance, parenting services for families with children 0-3). For each objective the social worker identifies recipients’ duties and support to be provided.

In France RSA recipients directed to social services sign a cooperation agreement that includes both employment and social inclusion objectives. In 2020, around one out of five plans included labor market integration objectives, while around a third of them had objectives related to access to healthcare (Cabannes and Chevalier, 2022). On the other hand, RSA recipients oriented to PES sign only an employment access plan, which outlines their rights and duties (including details on the type of employment sought, based on socio-

⁴⁷ Greece is working on the introduction of a common structure for the inclusion plans.

⁴⁸ In 2022, 70% and 4% of the cases were directed towards the signing of a simplified or complex social inclusion pact, respectively (World Bank, 2022).

economic and labor market conditions) and actions that the employment agency is supposed to undertake to support recipients' job search.

In Belgium tailored inclusion plans in the form of formal contracts⁴⁹ among RIS recipients, Social Welfare Offices and, when relevant, third parties requested to provide specific support (e.g., a training center or a center for mental health care) are a key component of the right to social integration (Locquet et al., 2016). All plans must include objectives, proposed steps, the recipient's and social worker's responsibilities (and, if relevant, third parties'), plan duration, and evaluation modalities (Ministere des Affaires Sociales, 2002). For the creation of tailored social inclusion plans, social workers can use interactive forms. Although the overarching aim of a tailored inclusion plan is the recipient's (re)integration into the labor market, social workers can prioritize other domains such as training or education based on recipients' needs (Albertijn et al., 2023).⁵⁰ Recipients under 25 who are in full-time secondary or higher education sign an education plan that covers the whole duration of their course of study and aims primarily at obtaining a qualification (Albertijn et al., 2023), while other recipients sign a so called "general plan" whose main objective is finding a job or obtaining a professional qualification within a given timeline (Locquet et al., 2016).⁵¹

Germany has recently reformed the nature and structure of the tailored plans for activable BG recipients (Beta Institut gemeinnützige GmbH, 2023).⁵² Under "Hartz IV" recipients had to sign a legally binding integration agreement with PES which specified their obligations, sanctions in case of breach of duties, and expected state services to support job search. With the introduction of BG, the integration agreement has been replaced by a non-binding cooperation plan. The cooperation plan contains specific and commonly agreed goals for the applicants and their households and recommended steps to achieve them with the focus of matching support with work needs and aspirations of the recipients. While there is evidence that in Germany integration agreements have become increasingly complicated and incomprehensible due to their legalistic nature, cooperation plans have been designed to be

⁴⁹ RSI recipients can be assisted by a person of their own choice to negotiate the tailored inclusion plan and have a five-day reflection period before the signature of the plan (SPP IS, 2017).

⁵⁰ Options include health, income, social security, housing, training and personal development, employment, debts, family, mobility, and participation in social life (SPP IS, n.d.).

⁵¹ As of December 2022, 67% of RSI recipients under 25 years old had signed an education plan while 93% of older recipients signed either a general plan (employment or training plan) according to the barometer of social integration (<https://stat.mis.be/fr>).

⁵² Recipients of SH are also asked to sign an agreement with social workers detailing a plan to overcome the neediness situation and possibilities for active engagement in the community.

more flexible and they are supposed to be as specific, short, and clear as possible (Bundesagentur für Arbeit, 2023).

4. Service provision

The nature of services offered as part of the social inclusion pathway varies depending both on recipients' needs and on the local supply of services. The results of the needs assessments are used to identify services relevant to the recipients' situation. Social inclusion plans play a key role in ensuring targeted provision of social services to MI recipients. The types of services that are provided across the programs included in the case study countries and more generally across EU Member States can be broadly categorized across these areas (SPC and DG EMPL, 2022a):

- Social services: socially oriented information, counselling, and mediation services.
- Health: general healthcare services and specific services such as personal assistance, specialist transport, rehabilitation, addiction services, and mental health services.
- Education: general education services and specific training and courses (e.g., language).
- Housing: general housing services and temporary shelter.
- Finance: personal finance services (e.g., debt counseling).
- Dependents: general family support services, childcare services, and care services for dependent relatives.
- Basic needs: assistance with basic needs such as food, hygiene, or energy.
- Other: leisure/cultural services, legal services, social micro-credit.

The remaining of this section explore variations across case study countries in the presence of a centralized catalogue of services, in the modality through which recipients access services, in the responsibility for defining level of services, and in the actors involved in service delivery (see Table IV.5 for a comparative overview).

TABLE IV.5 OVERVIEW OF SERVICE PROVISION

	Belgium	France	Germany	Greece	Italy	Portugal	Sweden
Is there a centralized catalogue of services?	No	No	No	Yes	Ongoing	No	No
Which access modality?	Direct provision and referrals	N/A	Direct provision and referrals	Info and advice	Referrals	Info and support to access	Direct provision and referrals
Which guidelines?	Municipality	Province	National	Mixed	National	Municipality	Municipality
Who does deliver services	SWO	SWO, non-profit providers	SWO, non-profit providers, private providers	SWO, Municipality, non-profit providers	SWO, Municipality, non-profit providers	SWO, non-profit providers, private providers	SWO, Municipality

Source: Authors. Notes: Social Welfare Office (SWO)

Catalogues of benefits and services

Among the case study countries, there is no centralized mapping of specific benefits and services for MI recipients, except for Greece, while in Italy efforts in this direction are ongoing. In Italy, this results in considerable variation in the level of awareness of service supply among MIs' implementers, with implications on the access to services for MI recipient households (World Bank, 2022).

In Greece, social workers in community centers have at their disposal centralized catalogues of social services that list different social service providers, both public and private, and information on their services. To encourage the use of the registry, registration on the platform has been made compulsory for private sector providers to obtain a license to operate (World Bank, 2023).

In Italy, while some municipalities map and list available services on their institutional website and others even offer digitalized catalogues of services, in most of the areas access to information on services must rely on extra-institutional sources. The planned introduction of a centralized catalogue of services as part of future management information system developments should eventually facilitate more homogenous access to information on existing services (World Bank, 2022).

Access to services

Only in a limited number of EU Member States MI recipients are linked to social services through integrated social assistance models such cooperation between providers, partnership agreements, joint needs assessments, one-stop shops, etc. Moreover, integrated service provision might exist only at pilot phase or only in certain geographical areas (SPC and DG EMPL, 2022b). Among the case study programs integrated service provision is available on a national scale in Belgium and in some areas in Sweden and Germany. In Italy integrated service provision is in development and case management is becoming a key element towards integration.

Currently, recipients of the Greek MI are only provided with information and advice on available services and application modalities (SPC and DG EMPL, 2022b). Community centers act as local reference points, which receive, serve, and connect citizens with all the social programs and services being implemented in an intervention area. However, there is yet no interoperability with service providers for the purpose of referrals by social workers (World Bank, 2023). Similarly, in Portugal, the case manager informs the recipient and her family of other social benefit for which they are eligible. The NLI teams can, when relevant, support recipients acting as intermediaries/facilitators with health and housing. However, there are no single points of contact or one-stop shops providing the RSI recipients with the necessary benefits, services, and activation measures (Perista and Baptista, 2015). France, on the other hand, has recently launched a pilot program to test a new coordinated delivery model in some provinces that brings together PES and social welfare offices (Ryczek, 2023).

In Belgium, based on the local context and on the needs of the recipients, social workers provide a wide range of services directly, covering nearly all areas: social guidance, food aid, psychological support, shelter, home care, proximity services, parenting courses, educational support, sports, cultural projects, debt mediation, medical help, etc. They are responsible for delivering social assistance support through for example rent subsidies, contribution to medical bills payment, and energy bill payment assistance (SPC and DG EMPL, 2022b). Moreover, Social Welfare Offices receive federal funding to support recipients' activation through advice, orientation activities, and training (Courtois, 2024) and oversee referral of integration income recipients to other social services provided by local organizations and to labor market services (mainly organized by the PES) (SPC and DG EMPL, 2022b). Social Welfare Offices can also act as employers or subsidize employment costs through so called

“inclusion employment”, i.e., fixed term contracts with self-run or network institutions such as hospitals, childcare facilities, cleaning and home care services, social restaurants and groceries, legal advice firms, social enterprises, private enterprises, etc. (Locquet et al., 2016).

In Italy, case managers are the main actors responsible for the implementation of the tailored social inclusion plans, which should identify support services to be mobilized. Case managers refer Italian MI recipient households to support services identified in the personalized social inclusion, which might include additional social, employment, and training services. Furthermore, they are tasked with coordinating the various actors responsible for plans’ implementation and ensuring that the services identified in the plans are indeed mobilized.

In Sweden, a large set of social services are available to MI recipients although access is not automatic. Social workers can directly provide financial advice when needed or refer recipients to relevant service providers for other needs such as debt issues, housing, employment (Socialstyrelsens, 2021). In some municipalities one-stop-shops provide support to specific user groups. Where this is not the case, municipalities have often established collaboration with other service-providers (SPC and DG EMPL,, 2022b) and, as part of the intervention planning, social workers are encouraged to consult with other relevant actors when there is need for coordination (e.g., the Swedish Social Insurance Agency, the health and medical services, the Probation Service) (Socialstyrelsens, 2021).

In Germany, in around three quarters of counties, PES and municipal providers form so called “joint institutions” to offer a citizen-friendly provision of services “from a single source” for people that can work but are unable to support themselves or their families financially and are not eligible for unemployment insurance. “Joint institutions” connect the Federal Employment Agency and the municipal level coordinating national and local government tasks within one institution. They provide cash, in-kind benefits, and services (World Bank, 2020). PES agencies bundle application and delivery of the BG transfers, job placement, advice on professional training and other measures of integration into employment and, more generally, activation. The municipalities are responsible for payments to cover housing and heating costs, and for special forms of one-off assistance, such as assistance with basic furniture and household goods. They are also responsible for delivering the additional education and educational package for children, adolescents and young adults, and

supplementary forms of integration assistance.⁵³ On the other hand, recipients of SH are either assisted directly at social welfare offices in the form of direct professional help and counseling or referred to external providers in the fields of (among others) care and integration assistance to people with disabilities, elderly care, emergency housing, and migrant assistance (World Bank, 2020).

Definition of level of services

In Belgium, France, Portugal, Spain, and Sweden, defining services is commonly the responsibility of sub-national authorities at the regional, provincial, or municipal level, which often results in variations in service supply across the national territory. In Belgium the right to social services (including those related to MI) is guaranteed by the network of municipal Social Welfare Offices, which are autonomous public institutions. They design and implement local-level social policy depending on local context and needs as well as co-financing the RIS (Locquet et al., 2016). In France, each province formulates a regional integration plan that sets out the main guidelines of social support that inform municipal social welfare officers' work (DG EMPL et al., 2022). In Portugal, there is no legal minimum level of services to be provided (Perista and Batista, 2015) and municipalities are, since 2022, responsible for the provision of social services through the NLIs.⁵⁴ In Sweden, responsibility for the administration of social inclusion pathways sits at the municipal level, based on national-level recommendations and legislative frameworks, and on municipally developed guidelines for social services. Similarly, in Spain, both social inclusion and labor market integration policies are a responsibility of regional governments, although there are still not guidelines for the IMV recipients (SPC and DG EMPL, 2022b).

In Germany and Italy, the state establishes minimum standards that must be guaranteed throughout the country and then subnational governments regulate and organize the provision of services with a large degree of autonomy. In Italy, although social assistance falls under the exclusive legislative power of the regions, the Constitution assigns to the national level the exclusive competence to set the "essential levels of social benefits and services" that delimit the exercise of the autonomy of local entities by identifying standards that must be guaranteed throughout the national territory (MINET Italy Country Fiche, forthcoming).

⁵³ Information, Monitoring and Citizens' Service Division, "GUIDE: Citizen's Benefits Basic Income Support for Jobseekers."

⁵⁴ <https://diariodarepublica.pt/dr/legislacao-consolidada/portaria/2012-73046175>

Finally, in Greece, there is no general minimum legal standard for the services to be provided, although the recipients' rights to specific benefits are guaranteed by law (for example in the case of energy social tariffs or goods and services provided under the Fund for European Aid to the Most Deprived).

Service delivery

A varying range of organizations are involved in the delivery of integrated services to MI's recipients, including PES, social insurance institutions, training institutions, social services, municipal and local governments, non-governmental organizations (NGOs), and other service providers (SPC and DG EMPL, 2022a).

In Italy, the delivery of services to MI's recipients is supported by a network approach as per specific guidelines. Regional agencies of health and social services (*ATS*) and municipalities create local level network for the implementation of the MI. Each network has created or is in the process of creating local level protocols to help different agencies (social services, PES, health centers, youth centers, schools, NGOs, etc.) work together for the implementation of social inclusion pathways. Agreements should exist, for instance, on how agencies refer clients to another agency, or how multi-professional teams of experts should be formed (Ministero del Lavoro e delle Politiche Sociali, 2024).

In France, social services are coordinated and monitored at the provincial level. Each province is responsible for the management of the RSA and the organization of integration and social services, with the central government only contributing to the financing of the program and establishing the RSA minimum transfer amount and eligibility rules (Llena-Nozal et al., 2022). Accordingly, there is regional variation in the service delivery model. In some provinces integration pacts bring together actors involved in implementation of RSA, such as social welfare offices, NGOs, and PES (SPC and DG EMPL, 2022b). In other cases, PES advisors and province-council social workers jointly manage recipients close to the labor market but with specific obstacles to employment (such as transportation, housing, or parental care) (Cour des comptes, 2022). While the PES advisor supports the definition of the return-to-work project to enhance the skills of the jobseeker, the social worker helps recipients find solutions to financial, administrative, or legal difficulties related to their specific obstacles (SPC and DG EMPL, 2022b).

In Portugal, service delivery is a collective responsibility through networking and partnership between social workers from public sector and non-profit institutions serving households, working together at NLI (Institute of Social Security, 2017). NLIs are responsible for promoting effective social integration opportunities, providing access to social services to all household members, developing activities included in specific programs of employment and training, and providing other means that contribute, directly or indirectly, to the execution of a tailored social inclusion plan (Institute of Social Security, 2017). Where NLI teams are not present (see Box IV.5), private social solidarity agencies or other non-profit organizations, or the so-called “protocol teams”, are responsible for service provision while the government maintains oversight and coordination to ensure that the services meet the required standards and are aligned with the goals of the RSI program. A qualitative evaluation of the RSI reports that RSI recipients thought that protocol teams provided better quality services (Matos & Costa, 2012).

In Germany, local public institutions play the role of guarantors and coordinators, with public sector providers stepping in only if private sector and welfare organizations are unable to ensure services (DG EMP et al., 2022).⁵⁵ BG and SH recipients have access to different support services and can claim support services that are also accessible to the general population and usually provided by the Social Welfare Office⁵⁴ (World Bank, 2020). In some cases, these services are provided directly by the Jobcenters or Social Welfare offices, but for the most part case managers refer the beneficiaries to external providers, including public (e.g., through the Social Welfare Office, the Health Office, and the Youth Office), non-profit, or private providers (World Bank, 2020). There is no central directive that stipulates a formal procedure or content of cooperation agreements between PES and service providers (DG EMP et al., 2022). While partnerships with external service providers have the potential to introduce innovative approaches and leverage the expertise and resources of the non-profit and private sectors, limited control by MI implementers over the contractual framework of these external providers reduces the effectiveness of this model (See Box IV.4).

In Belgium, social assistance, socio-professional services, and social integration service delivery is under the responsibility of the Social Welfare Offices, which have considerable autonomy and discretionary power. It is common for Social Welfare Offices to sign

⁵⁵ If there is no private service provider available, the public actor has a duty to provide the service.

cooperation agreements with regional PES with very general guidelines to enhance service accessibility. While agreements vary across offices, they might entail regular visits by the PES in the Social Welfare Offices, PES information sessions, development of common training or employment projects, or alignment of screening tools (Locquet et al., 2016). In Greece, community centers can provide psychological support and counselling, while other social services are usually provided by structures located within the municipality (social hostels for the homeless, hostels for abused women and victims of human trafficking, social tutoring, mental health structures, structures for the disabled, nurseries, kindergartens, programs for the elderly, and programs for Roma). In the case of activation services, recipients can be referred to PES or educational institutions for training programs, employment actions, and training seminars. There are also collaboration mechanisms enabling community centers to work with local employers to integrate unemployed recipients into the local labor market (World Bank, 2023).

Box IV.4 CHALLENGES: LACK OF COORDINATION AMONG PROVIDERS LIMITS EFFECTIVENESS OF SERVICE DELIVERY

In France, provinces are responsible for the overall coordination of the actors involved in the delivery of the social and labor inclusion component of RSA. In 2021, 48% of recipients were directed towards employment services and 52% towards entities not part of the PES. While 85% of those oriented to employment services were sent to job centers (*Pôle emploi*), the remaining recipients were divided among many province and local level entities part of the PES. On the other hand, 59% of the recipients directed to social services went to local or province level councils, while the rest were divided into sector specific social security agencies, municipal or intermunicipal social action agencies, and other entities. A recent review found that the lack of integrated management information systems and of protocols for harmonized data management combined with the multitude of entities involved in severely hinders the ability of departments to monitor and coordinate service delivery (Cour des comptes, 2022).

In Germany, the use of social integration services is limited because PES have limited info on types of service range and terms of use because services are often externalized by municipalities (Deutscher Gewerkschaftsbund, 2014). Reliable empirical data is scarce, but estimates suggest that only one out of four beneficiaries in the Basic Income Support for Jobseekers receives the required social integration support (Deutscher Gewerkschaftsbund, 2014). Every social service provision is embedded in a multilevel contractual framework between the service provider and the public actor. Service providers get an approval for specific service provision with service fees, quality standards and monitoring responsibilities prescribed in framework contracts and there is considerable divergence in terms of advisory services, access routes, scope of advice, reporting obligations and financing among contracts (DG EMPL et al., 2022). PES in charge of BG recipients have no direct influence on the scope and design of such municipal level services and tend to have little or no information about the service range and terms.

5. Case monitoring

The enforcement of obligations within social inclusion plans and, more broadly, MIs' conditionalities varies in rigidity across the case study countries. The monitoring of conditionality and the use of monetary sanctions for non-compliance with activation requirements is commonplace in all EU Member States (SPC and DG EMPL, 2022a). All the case study MIs include sanctions going from a staggered reduction of benefit (Germany BG) to a temporary suspension or reduction of benefit (Belgium, France, Greece, Portugal

(Instituto de segurança social, 2023), Spain⁵⁶, Sweden) to the termination of the benefit (Italy). Generally, monitoring and enforcement of sanctions is less stringent for recipients not subject to activation conditionalities. The Italian ADI is an exception in that the benefit is expected to be automatically terminated⁵⁷ if the recipient household, invited by the case manager to the appointment, fails to attend.

In Sweden, the monthly appointments are used as an opportunity to monitor progress towards agreed objectives but also to discuss the individual experience with the program and whether the program is fulfilling the expectations. In cases where there is multisector collaboration on a case, the tailored inclusion plan will specify monitoring modalities and responsibilities (Socialstyrelsens, 2021). Recipients can also access an e-service application to track the status of their applications and payments and to access notes from appointments with case managers and to the implementation plans if in place.

In Germany (BG) monitoring of the uptake of integrated social services depends on self-reporting by recipients during regular appointments. In most cases, there is no direct information exchange between case managers and providers of social services at the district level (childcare, debt and addiction counselling, psychosocial support).⁵⁸ The lack of direct monitoring is due both to strict data privacy legislation that requires confidentiality release for each information exchange and to the fact that it is the recipient who is seen as responsible for making use of the services that he or she is referred to and for later informing the case manager about progress, according to the principle of empowerment.

In France, the intensity of monitoring depends on the needs of the recipients. Those closest to the labor market are only monitored (mostly remotely) to check that they are actively seeking jobs, while more frequent and/or face to face monitoring appointments are scheduled for recipients who need more in-depth and tailored support. A recent evaluation of the experience with social inclusion pathway implementation in a selection of provinces

⁵⁶ Spanish legislation of IMV categories infringements of conditionalities based on their degree of severity and outlines corresponding sanctions that go from warning to temporary withholding of monetary benefits (Jefatura del Estado, Ley 19/2021, de 20 de diciembre, por la que se establece el ingreso mínimo vital). Conditionalities are however not yet enforced.

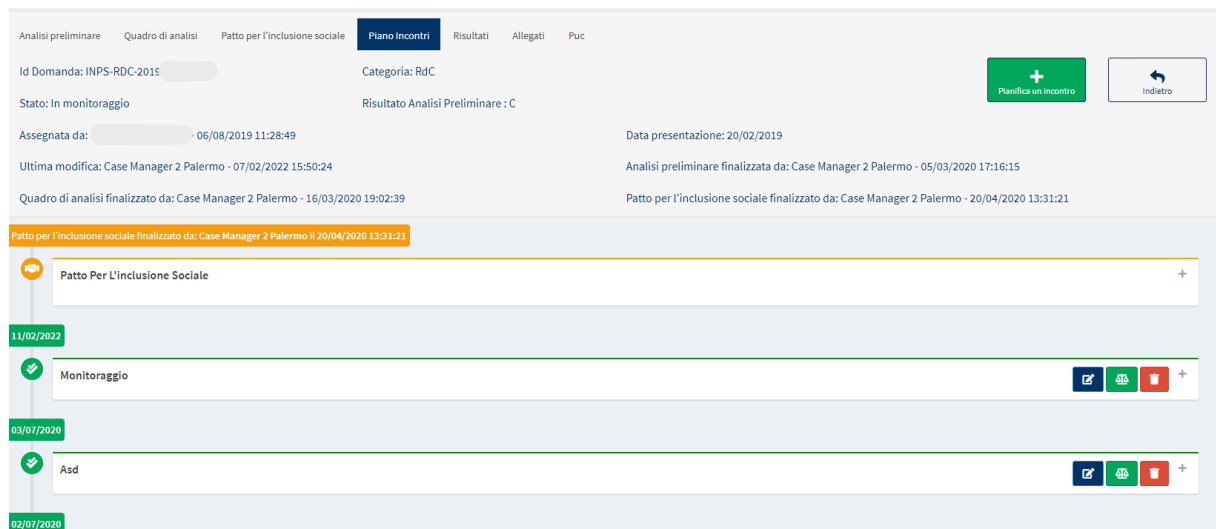
⁵⁷ The frequency of appointments is set by the case manager, and beneficiary households can have their benefit terminated if they do not attend the set appointment. At the minimum, beneficiary households need to meet with the case manager every 90 days. Even when recipients do not receive invitations for the appointments, they are required to visit their case managers every 90 days. If they fail to do so their benefit is suspended.

⁵⁸ If contracts with service providers do not contain regulations regarding access routes or procedures for social data protection, third parties commissioned by municipalities may refuse to transmit information about the actual use of such services to PES, thus limiting case managers ability to monitor service uptake (World Bank, 2020).

highlights that monitoring activities suffer from the lack of guidelines and information tools. This results in the lack of systematic information on the frequency of monitoring appointments and of services activated (Cour des comptes, 2022).

In Italy, the frequency of monitoring appointments shifted from unenforced monthly meetings under the previous RdC to strictly enforced quarterly meetings under the new ADI.⁵⁹ Monitoring takes place through face-to-face appointments with a case worker to closely monitor progress against the inclusion plan's objectives. The Italian case management information system has in-built tools to monitor the objectives set in the intervention plan and to handle the calendar of appointments.

FIGURE IV.4 INTERFACE TO SUPPORT CASE MANAGERS IN SETTING-UP OF MONITORING MEETINGS



Source: (World Bank, 2021).

In Belgium, social workers are required to verify and update the information from the initial social and means investigation annually. Moreover, in the case of recipients with active tailored inclusion plans, social workers must assess plan progress at least quarterly and offer on-demand appointments within five working days of the recipient's request (Ministere des Affaires Sociales, 2002). The nature and frequency of the monitoring activities depends on the type of inclusion plans signed by the recipient. Young recipients with an education plan

⁵⁹ In ADI, the frequency of appointments to monitor the social inclusion plan is set by the case manager, and beneficiary households can have their benefit terminated if they do not attend the set appointment. At the minimum, beneficiary households need to meet with the case manager every 90 days. Even when recipient households do not receive invitations for the appointments, they are required to visit their case managers every 90 days. If they fail to do so their benefit is suspended.

are formally monitored at least every quarter.⁶⁰ On the other hand, recipients with an employment plan are assessed at the end of their plan and, if deemed able to work, should be offered a job within a reasonable timeline (Ministere des Affaires Sociales, 2002).

In Portugal, monitoring is the responsibility of social workers hired at municipal level in collaboration with NLI. Each member of the NLI's multidisciplinary team is responsible for monitoring the implementation of the actions in the social inclusion plan within their area of competence and for transmitting information to the NLI. Before the end of the eleventh month following the benefit's first disbursement, the case manager must submit a report to the social security agency detailing the progress on the implementation of the social inclusion contract. Such a report must also include suggestions on possible changes to the contract.⁶¹ When local capacity is insufficient, municipalities can, however, outsource social inclusion pathway implementation to external service providers (see Box IV.5). It follows that there is a wide diversity of the support provided, which derives both from the diversity of recipients' needs but also from the nature of the agency responsible for ensuring the monitoring of the activities involved in the insertion contract (Perista and Baptista, 2015).

Box IV.5 OUTSOURCING OF SOCIAL INCLUSION PATHWAY DELIVERY IN PORTUGAL

When the NLI territory does not have sufficient qualified technical support, the services are outsourced to private social solidarity agencies or other non-profit organizations, which become responsible for managing a given set of cases in particular areas – the so-called “Protocol teams” (Gabinete de Estratégia e Planeamento, 2021). In 2018, 48% of cases were managed by these teams.

The “Protocol teams” take over the delivery of the whole inclusion pathway from multidimensional needs assessment to individualized support plan preparation to the provision of social services. They are multidisciplinary teams often engaging in more proactive support methods, contrary to the regular operation of social security services where responsibility relies on one worker who may then resort to other professionals or teams for addressing the specific needs of the beneficiaries. There is evidence that “Protocol teams” provide a wider intervention aiming at covering different areas and involving the beneficiaries more actively (Matos & Costa, 2012: 144).

A qualitative evaluation found higher customer satisfaction and better access and quality of services for those beneficiaries managed by protocol entities. RSI's beneficiaries highlight positive inputs and outcomes in terms of family life, health, employment, and schooling. In contrast, the support and accompaniment provided by social workers falls

⁶⁰ They are required to submit their course results to their case manager within seven working days.

⁶¹ <https://diariodarepublica.pt/dr/detalhe/portaria/253-2017-107976097>.

below expectations and mainly concentrates on the cash benefit component (Perista and Baptista, 2015).

Conditionalities

Where tailored social inclusion plans are a feature of the MI scheme, recipients are typically required to implement them (SPC and DG EMPL, 2022a). Table IV.6 summarizes key compulsory requirements for MI recipients for all case study countries except Spain where conditionalities have not been specified yet. Except for Greece, where tailored inclusion plans are not uniformly implemented, recipients of the case study MIs are required to implement actions set in their plans and most commonly to sign the plan itself. All MIs also require that recipients communicate any change in their circumstances affecting their eligibility promptly and (except for Germany) that they attend assigned appointments with social services. In Sweden, the attendance of the monthly follow-up appointment is a strict program requirement and coincides with the monthly reapplication for the benefit.

TABLE IV.6 MI CONDITIONALITIES

	Belgium	France	Germany	Greece	Italy		Portugal	Sweden
	RSI	RSA	SH	EEE	RdC	ADI	RSI	EB
Sign social inclusion plan	✓ ^a	✓ ^b			✓	✓	✓	
Implement actions	✓ ^a	✓	✓ ^c		✓	✓	✓	✓
Attend appointments	✓	✓		✓		✓ quarterly	✓	✓ monthly
Provide updated information	✓	✓	✓	✓	✓	✓	✓	✓

Source: Authors. Notes: ^a Compulsory for recipients under 25 years old, for those benefiting from the RIS for the first time, and for those benefiting from the RIS after three or more months from the last RIS payment (SPP IS, 2017). ^b Only for RSA recipients sent to social services; ^c Requirement applies only in some municipalities.

All European MIs are conditional on the willingness of “activable” recipients to adhere to a set of activation requirements (Natili, 2020). Table IV.7 compares additional conditionalities specific to “activable” recipients across case study MIs.

All programs require participation in activation measures identified by the case manager and, except for the Swedish EB and the Belgian RIS, the signing of an employment plan. Registration as job seekers at PES and obligation to accept job offers deemed “reasonable” based on country specific criteria are also common conditionalities attached to the MIs. While

in principle MIs require all working age individuals to actively seek work, some categories of individuals are usually exempt from the requirement.⁶² Willingness to work is a requirement for all recipients of the Belgian RIS. In Belgium, all recipients are required to demonstrate willingness to work, with exceptions possible only for health and/or fairness reasons. For recipients engaged in full-time education programs, the level of requirement varies across Social Welfare Offices and consists in a form of employment compatible with their study course (summer jobs, part time jobs, etc.) (Albertijn et al., 2023).

TABLE IV.7 CONDITIONALITIES FOR ACTIVABLE INDIVIDUALS

	Belgium	France	Germany	Greece	Italy		Portugal	Sweden
	RIS	RSA	BG	EEE	RdC	ADI ^a	RSI	EB
Sign employment plan		✓ ^a	✓	✓	✓	✓	✓	
Register at PES	^b		✓	✓	✓	✓	✓	✓
Participate in activation measures	✓	✓	✓	✓	✓	✓	✓	✓
Accept “reasonable” job offers		✓		✓	✓	✓	✓	✓

Source: Authors. Notes: ^a Conditionalities apply only to individual household members identified as activable and referred to PES. ^b Information on PES registration requirements for recipients that are resident in the Flemish Region of Belgium is not available.

Sanctions

The sanction process can be activated automatically (Spain, Portugal, Italy (ADI), Greece) or with the professional evaluation of the case manager, after reviewing the circumstances (Belgium, France, Germany, Italy, Sweden). The Italian ADI foresees the loss of benefit if the recipient household fails to meet quarterly with the case manager (the benefit is terminated if the beneficiary household does not attend a set appointment and is automatically suspended if the beneficiary household does not visit at least quarterly the social services/PES even if the appointment was not set). In case of other violations of conditionalities termination of benefit is determined by case managers, based on predefined circumstances

⁶² See section IV.1 for details of which categories of beneficiaries are considered “activable” in each country.

defined by the law and in absence of justified reasons.⁶³ Similarly, the Greek MI benefit is cancelled for those recipients able to work who fail to meet the activation obligations.

In France and Germany sanctions have been the object of recent or ongoing reform to the MI system. In France, sanction enforcement by a case manager must be approved by the President of the General Council at provincial level. Although there are not aggregate figures on the level of sanctions enforcement, there is reason to believe that sanctions are not frequently enforced (Cour des comptes, 2022). An ongoing RSA reform should ease sanction enforcement (see Box IV.6).

BOX IV.6 REFORM: STRENGTHENING OF RSA'S ACTIVATION FOCUS IN FRANCE

The French Parliament passed in December 2023 the “Full employment” law that contains among other provisions some radical changes to the structure of the RSA (Pacôme, 2024).

According to the new legislation the social and employment inclusion pathways RSA recipients will be streamlined through the creation in 2024 of a new PES agency called “France Travail”. Under the new regime, the needs of all RSA applicants will be assessed based on a unified methodology and the recipients will sign the same type of individualized action plan irrespective of the characteristics of their households. Moreover, beneficiaries will be offered enhanced case management (Commission des affaires sociales Sénat, 2023)

The reform marks an ideological shift towards stronger activation. Under the new regime all beneficiaries will automatically be registered at PES on the list of job seekers as long as capable of holding a job in the short, medium, or long term. All PES registered individuals will sign a common engagement contract including individual commitment, obligations for the referring organization, and an action plan specifying social or professional integration objectives; training, support, and assistance actions; and, depending on the job seeker’s situation, the possibility of support with a minimum intensity of 15 hours per week (MINET, 2024). Moreover, sanctions will become stricter with the introduction of payment suspension for up to 3 months and, in case of serious infringements, partial or complete termination of the benefit. Sanction enforcement will be simplified by granting to the case managers the authority to autonomously enforce sanctions in case the President of the province council’s decision is delayed beyond a given deadline (Commission des affaires sociales Sénat, 2023).

On the other hand, in Germany the reduction of sanction severity is one of the main areas of reform under the newly introduced BG (see Box IV.7). While under “Hartz IV” sanctions could

⁶³ In all instances sanctions must be approved in the MIS platform by the case managers’ coordinator.

go as far as to cutting the benefit entirely, under BG sanctions were substituted by staggered payment reductions due to repeated failure to meet obligations or attend appointments, up to a maximum of 30% of the transfer rate (3Beta Institut gemeinnützige GmbH, 2023). Moreover, enforcement of staggered reductions under the BG in cases of noncompliance requires the PES to be able to prove that recipient has specific knowledge of the reduction systems and of the breaches which lead to which reduction, or that there was a written communication that the specific breach of duty would lead to a specific reduction in benefit.

In Belgium, recipients can be sanctioned at the discretion of the social worker with a one-month suspension of the benefit in case of a breach of the tailored inclusion plan without a valid reason. In case of a second violation within one year, the suspension can be raised to three months. In 2020 only 3% of the recipients were subject to some temporary sanction (SPC and DG EMPL, 2022b).

Box IV.7 REFORM: GERMANY MOVES TOWARDS A MORE LENIENT ENFORCEMENT SYSTEM FOR THE BG

Since its introduction, the “Hartz IV” system has been widely criticized for its strict conditionality rules and the interconnected sanction system. Among other, conditionalities included that recipients and their family members must attend regular meetings with their integration officers and must be able to prove that they are actively looking for work or are enrolled in approved skills-training programs. Beneficiaries were also required to take up every job deemed reasonable. Integration officers can withhold payments if the claimant fails to fulfill these requirements. In extreme cases, recipients lost up to 60% of their benefits or could be cut off altogether for three months if they repeatedly did not comply with the conditionalities (3Beta Institut gemeinnützige GmbH, 2023b).

Integration agreements and sanction system under “Hartz IV” were the object of numerous legal disputes. In 2019, the Federal Constitutional Court ultimately declared some of the sanctions unconstitutional and established that sanctions: can only amount to a maximum of 30% of the benefit; cannot cut the reimbursement of accommodation and heating costs. Moreover, the Court ruled that it must be possible to lift sanctions if the person fulfils the obligations and that the PES must have the opportunity to waive sanctions in individual cases (3Beta Institut gemeinnützige GmbH, 2023b).

V. Evidence on the impact of social inclusion pathways

This section focuses on the results of the literature review.⁶⁴ Key findings are summarized by research question in section V.1. The following sections report in greater detail the findings from existing studies addressing the key research questions. Section V.2 looks at the evidence of the impact of the social inclusion pathway in the context of EU MIs while section V.3 summarizes evidence on the impact of social assistance programs offering social inclusion pathway through case work. Given the limited available evidence on the impact of social assistance programs offering social inclusion pathways through case work, section V.4 reports evidence on the impact of CCTs that include social inclusion pathways delivered with less sophisticated forms of case management. Section V.5 focuses on the impact of case management within poverty-targeted activation, education, and sectoral training programs. Finally, section V.6 reports the limited available evidence on the relative effectiveness of case management practices in the context of poverty reduction programs.

1. Overview of results

What is the impact of the social inclusion pathways within EU MIs?

There is currently a gap in evidence regarding the impact of social inclusion pathways within EU MIs, although research on the topic is ongoing in Spain, Italy, and France. Most of the evaluation studies on EU MIs focus on the poverty impact of the monetary transfer component and/or on the impact on employment outcomes of the activation component. The review could not identify any study looking at the relative impact of services provided as part of the social inclusion pathway. To fill this gap, Spain, Italy, and France are currently conducting rigorous evaluation studies on the impact of MIs' social inclusion pathways to inform policy making. Spain has created a "Policy Lab" in partnership with J-PAL Europe to implement a broad range of pilot social inclusion programs targeting recipients of the IMV (MINET, 2023). Next, France has been piloting and will be evaluating the results of an intensified approach to social inclusion and activation for RSA beneficiaries in 47 regions.⁶⁵ Finally, in Italy an RCT-based impact evaluation of the Italian ADI with a focus on the social inclusion model is underway.⁶⁶

⁶⁴ Upon request it is possible to access a table with in-depth information on evaluation design and results for the studies identified in the first step of the literature review.

⁶⁵ <https://solidarites.gouv.fr/rsa-extension-de-lexperimentation-47-departements>

⁶⁶ The evaluation sampling started on April 24th, 2024.

What is the impact of social assistance programs delivering social inclusion pathways through case work?

The prevailing delivery method of MIs in the EU, which entails providing cash assistance contingent upon the fulfillment of specific behavioral criteria, makes the literature on CCTs pertinent to discussions on social inclusion pathways of MIs, as both strategies incorporate non-monetary components and behavioral conditions that contribute to long-term poverty reduction and social inclusion. Most widely used in low- and middle-income countries, CCTs usually require recipients to fulfill conditionalities related to health, nutrition, and/or education. Additionally, like EU MIs, a specific subset of CCTs known as CCTs +, also provide services in the area of employment⁶⁷, basic capacities and human development⁶⁸, infrastructure improvements at community or household level, and family guidance and psychosocial support (Cecchini and Madariaga, 2011).⁶⁹

Evidence on the impact of large-scale poverty-targeted CCTs offering social inclusion pathways through case work is scarce. The *Chile Solidario*, a social assistance program targeted at extreme poor households in Chile, is the only relevant national level social assistance program identified by the review that was evaluated. Impact evaluation results suggest thanks to intensive case management, psycho-social support, and tailored social intermediation services *Chile Solidario* was effective in increasing access to social assistance and social services and in improving socio-emotional well-being of the poor, while effects on employment were mixed.

Customized and intensive case management provided by qualified case workers with low caseload might improve employment and possibly also health outcomes of individuals with significant employment barriers. The RCT evaluation of a pilot intervention that offered intensive case management to “hard-to-employ” recipients of a US federal program showed that non-monetary support increased employment rate, employment retention, and job quality (Meckstroth et al., 2008). Similarly, evidence from a US charity-run financial assistance

⁶⁷ Services provided include technical and vocational training, support for self-employment, labor-market intermediation services, job creation programs.

⁶⁸ These include trainings on emotional and psycho-social skills, education, health, nutrition, and food, etc.

⁶⁹ There are, however, significant differences between a typical CCT in low- and middle-income countries and a typical EU MI. The monetary transfer value of MIs is intended to bridge the gap between recipients' income and a nationally defined level of minimum acceptable income, making it higher than that of a typical CCT in low- and middle-income countries. Additionally, EU MIs primarily select recipients based on means testing, whereas CCTs often employ alternative targeting methods due to the absence of accurate income information in low- and middle-income countries

program shows that intensive case management increased job quality, wages, and health of participants (Evans et al., 2023).

What is the impact of CCTs offering social inclusion pathways?

A large body of literature looks at the impact of CCTs which offer social inclusion pathways although the focus is on low- and middle-income countries and the relative effect of the monetary and non-monetary components of the CCTs is not investigated. While there is country-level variation, evaluations of programs in upper-middle income countries find positive effects on years of schooling and in some cases school completion rates, on reduction in child labor, and on take-up of health services potentially leading to improved health outcomes (Alzúa et al., 2013; Banerjee et al., 2017; Bastagli et al., 2019; Cecchini et al., 2021; IEG, 2011; ILO, 2016; Kabber and Waddington, 2015; Laís et al., 2019). While there is no evidence that in the short term CCTs act as a disincentive to work, the long-term impact of CCTs on labor and income is still unclear.

What is the impact of other poverty-targeted programs offering various degrees of case management?

Activation programs with an intensive PES-led case management component⁷⁰ led to significant positive impacts on employment in Argentina, Norway, and Denmark. In Argentina, social assistance recipients switching to an activation program with a case management component are shown to have better quality jobs (López Mourelo and Escudero, 2017). On the other hand, evidence from Norway and Denmark suggests that activation programs that provide intensified PES services and case management to recipients have a positive impact on job finding rate (Graversen and van Ours, 2006, Markussen and Røed, 2016).

While there is some evidence from France and the UK that intensified activation programs are effective for young recipients, evidence on the impact of such programs for people with health- and disability-related barriers is not conclusive. Two studies focus on intensified activation pilots in which young recipients are required to have frequent meetings with case managers in France (Gaini et al., 2020) and in the UK (Blundell et al., 2004) and find positive

⁷⁰ Recipients of these programs were required to attend regular appointment with a case manager from the PES and were provided with various combination of labor intermediation, training, and activation services. In the case of Argentina, they had also to sign a personal employment contract.

long-term and short-term impacts on employment outcomes, respectively (Blundell et al., 2004; Gaini et al., 2020).

There is also suggestive evidence that comprehensive case management can improve higher education outcomes of low-income students as well as employment outcomes of recipients of sectoral training programs. Three-year programs offering financial support and enhanced student support to low-income college students in the US are shown to increase persistence and degree completion rates (Evans et al., 2020; Scrivener and Weiss, 2009; Weiss et al., 2019).

What is the relative effectiveness of case management practices in the context of poverty-reduction programs?

The literature review did not identify any study on the relative impact of the various components of case management on recipients' socioeconomic integration outcomes. Findings from evaluation of activation programs that might be applicable to poverty targeted programs suggest that frequent and in person meetings with case managers and provision of integrated services across social services and PES have a positive impact on employment outcomes.

2. Ongoing research on the impact of social inclusion pathways within EU MIs

As part of a commitment to evidence-based decision making, Spain has established a “Policy Lab” to coordinate the RCT evaluations of 34 pilot programs to test social inclusion models for the new IMV.⁷¹ A total of 32⁷² projects designed and implemented by autonomous communities (14 pilots), local entities (4 pilots), and third-sector organizations (14 pilots) have been carried out with more than 175,000 direct or indirect beneficiaries. Target groups of these interventions include IMV beneficiaries, recipients of regional social assistance schemes, and other socially excluded groups. The most common typologies of pathway offered are related to job search and entrepreneurship (14 pilots) and to social accompaniment and actions to reduce non-take-up of public benefits (13). Other pilots offered services in education (9 pilots), digitalization (7 pilots), and housing and energy

⁷¹ Funding for each of the pilots was awarded based on a public tendering process for a total investment of EUR 212 M and each selected implementing partner had to commit to run a randomized evaluation.

⁷² Two of the planned interventions could not be implemented due to contractual bottlenecks.

poverty (1 pilot). The last 7 pilots tested approaches that combine actions in multiple areas (Ministerio de Inclusión, Seguridad Social y Migraciones, 2024).

Administrative data from implementing partners together with survey data has been used to estimate the impact of each intervention on several outcomes, including job insertion, life satisfaction, academic results, motivation, digital skills, soft skills, social inclusion. Evaluation results for 30 of the pilot projects suggests that interventions are more successful in terms of social and employment inclusion when they include one of the following elements: personalized and comprehensive care through specialized staff with reduced caseload, multidimensional approaches integrating employment guidance with other actions, and psychological care and promotion of support networks (Ministerio de Inclusión, Seguridad Social y Migraciones, 2024).

In Italy, an experimental evaluation of the impact of MI's social inclusion component was planned since the introduction of the measure and was postponed until April 2024 due to the numerous changes in the measure (first from REI to RdC and most recently from RdC to ADI). Currently, a multi-arm randomized controlled trial (RCT) is ongoing to estimate the added impact of the social inclusion pathways compared to the provision of simple monetary benefits. Specifically, the evaluation will first estimate the additional impact on household's wellbeing of offering case management to support access to services. Second, it will estimate the additional impact of applying sanctions if conditionalities are not met, in addition to case management and monetary benefit. The evaluation is conducted nationwide with a large sample of 6,000 households. To ensure effective implementation and accurately estimate the impact of active inclusion pathways the evaluation is supported by national and local efforts to maintain compliance and monitor progress. Standardized communications, automated sanctions, stakeholder engagement, and regular training sessions are in place to support this evaluation (Ministero del Lavoro e delle Politiche Sociali, 2023).

In France, as part of the ongoing RSA reform, a total of 47 regions have been selected to pilot new intensified modalities of social inclusion and activation services provision to RSA recipients⁷³ (Ryczek, 2023). Various models, including some based on local best practice, are being piloted with the aim of identifying the most effective way of ensuring an integrated socio-professional case management to all RSA beneficiaries. Key highlighted elements of the

⁷³ <https://solidarites.gouv.fr/rsa-extension-de-lexperimentation-47-departements>

approach to be tested include closer coordination between social services and PES to ensure an assessment of socio-professional needs, intensified monitoring of recipients, and a greater role for potential employers and local actors.⁷⁴

3. Impact of social assistance programs delivering social inclusion pathways through case work

National programs

Chile Solidario is the only extensively evaluated national social assistance program providing a social inclusion pathway through case work that was identified through the literature search. *Chile Solidario* was a five-year integrated welfare program implemented in Chile between 2002 and 2012. The objective of the program was to bring households into the network of social services and promote those households' graduation after five years. The first two-year-long stage's goal was to connect marginalized families to social assistance programs to which they were eligible, and to social and economic services to match their needs/vulnerabilities. To this aim, recipients received intensive support from professionally trained social workers with a limited caseload⁷⁵, which can be classified as case work according to the Case Compass case management framework. A needs assessment was jointly conducted at the start of the program to identify structural bottlenecks to graduation and to devise an inclusion plan to allow recipients to autonomously sustain their graduation from extreme poverty in the long term. Social workers offered psycho-social support and tailored social intermediation services to facilitate access to other social assistance programs and social services to which beneficiaries were given preferential access⁷⁶ (Galasso, 2011; Roelen et al., 2017).

Intensive case management, psycho-social support, and tailored social intermediation services in the context of *Chile Solidario* were effective in increasing poor citizens' access to social assistance and social services and in improving their socio emotional well-being. Consistently with its goal of connecting recipients with the available social services, quasi-

⁷⁴ <https://travail-emploi.gouv.fr/emploi-et-insertion/france-travail/article/accompagnement-renove-des-allocataires-du-rsa-presentation-et-foire-aux>

⁷⁵ On average they received 21 home visits of 40/45 minutes over two years.

⁷⁶ Beneficiaries received a modest monetary transfer (USD \$15 for each of the initial 6 months, \$11.60 months 7-12; \$8 months 13-18; \$5 for each of the final 6 months) meant to be a compensation for participation in the program. In addition, recipients might have benefited from other monetary benefits for which they were eligible but had not previously applied for. Such programs included a family allowance program, non-contributory social pensions, and water subsidies. During the 3-year follow-up phase recipients were offered only monetary benefit (USD \$ 5 per month) and preferential access to social services and social assistance programs.

experimental evaluations find that in the short term⁷⁷ *Chile Solidario* had a strong positive impact on awareness of social services (Galasso, 2011) and on recipients' uptake of family allowances and employment programs (Carneiro et al., 2019; Galasso, 2011). Moreover, program recipients were more likely to enroll in housing programs (in urban areas), adult literacy and education completion programs, pre-schools, and in the public health system (Galasso, 2011). There is also evidence that the program brought about a more optimistic view of their future socio-economic status among recipients (Galasso, 2011).

Evidence on the short-term impact of *Chile Solidario* on recipients' employment is mixed. Some of the short term quasi-experimental evaluations find no impact on this dimension (Carneiro et al., 2019; Galasso, 2011) or only a small gain in employment (Larrañaga et al., 2009). Another evaluation suggests that two years after it started the program had a positive and significant impact on labor market outcomes, particularly for men and for those households that graduated to the second phase of the program (Scarlato et al., 2016). On the contrary, another study suggests that 35 months into the program there was no impact on the head of the household's labor supply but a significant positive increase in labor supply of spouses mainly due to women entering labor force from inactivity (Carneiro et al., 2009). The observed employment impact was larger in rural areas for cohorts entering the program when a reinforced service supply was in place and for families served by social workers with relatively low caseload (Carneiro et al., 2009).

Small scale programs

The literature review identified two small scale US based poverty reduction programs — the “Building Nebraska Families” program and the “Padua Intervention” — providing monetary support in conjunction with social inclusion pathways through case work. Both programs are targeted at recipients identified as having significant barriers to self-sufficiency and employment. Alongside some form of financial assistance, these programs provide recipients with intensive case management support. In both cases, case work includes a detailed multidimensional assessment, the collaborative development of a service plan, regular monitoring of progress, personal coaching and mentoring, provision of in-house services and/or referrals to external services.

⁷⁷ Short term studies estimated program impact either two years (Carneiro et al., 2019; Galasso, 2011; Larrañaga et al., 2009; Scarlato et al., 2016) or 35 months (Carneiro et al., 2009) into program's implementation.

Customized, interactive life-skills education, mentoring, and service coordination through home visits can lead to positive employment outcomes for recipients according to evidence from the United States (Meckstroth et al., 2008). A sample of “hard-to-employ” recipients of the federal social assistance program “Temporary Assistance for Needy Families” were enrolled by the “Building Nebraska Families” program and received intensive case management through home visitation by qualified case managers with low caseload and, if needed, were referred to relevant social services and programs⁷⁸ (Meckstroth et al., 2008). A RCT evaluation of the program finds that the additional support provided led to a significant and positive impact on employment rate and employment retention as well as on the likelihood of having higher quality jobs, although there is no significant impact on earnings (Meckstroth et al., 2008). In line with this finding, the “Padua Intervention”, a US based charity-run program offering flexible financial assistance and intensive case management by a two-person qualified team⁷⁹ is shown to improve employment outcomes of working age individuals with significant barriers to self-sufficiency (Evans et al., 2023). After two-years, treated individuals are significantly more likely to have full-time jobs, to earn more than control group individuals, and to report improved health, while there is no impact on savings and borrowings or on the likelihood of receiving government benefits (Evans et al., 2023).

Further evidence on the potential role of social inclusion services coupled with regular monitoring and coaching in improving welfare outcomes of recipients of poverty targeted programs is offered by the RCT evaluation of a graduation program⁸⁰ in Peru (Banerjee et al., 2015).⁸¹ The program provided an asset transfer and cash support together with technical skill training, access to savings accounts through partner Micro Finance Institutions (MFI), training on health, nutrition, and hygiene and in some cases facilitated access to health care. Moreover, recipients received regular training and coaching on health education and financial

⁷⁸ Case managers have at least a master’s level education and case-manager-to-client ratio is 1:12 to 1:18. On average clients received one-hour home-based sessions weekly or biweekly for eight months.

⁷⁹ The team is composed of a case manager with at least a master’s degree and a case worker with at least a bachelor’s degree. Case-manager-to-client ratio for the program is 1:10 and the average client spends 48 hours in phone/in-person meetings with case manager in the first 24 months (Evans et al., 2023).

⁸⁰ First piloted by BRAC in Bangladesh in 2002, the Graduation approach aims at enabling people to lift themselves from extreme poverty by integrating social assistance with other multifaceted economic inclusion interventions including continued mentoring and training of recipients. Graduation interventions are adapted to the local context and generally include connecting participants to social protection programs, providing training and assets for income generation, financial literacy and savings support, and social empowerment through community engagement and life skills training — all facilitated through in-person coaching.

⁸¹ While most evidence on the effectiveness of the graduation approach is based on experiences in low and low-middle income countries, a two-year graduation intervention targeted at the ultra-poor was piloted in Peru as part of a cross-country study (Banerjee et al., 2015).

capabilities from a field officer through high-frequency home visits meant to provide accountability and to help household believe that they can have control of their lives and escape extreme poverty. The experimental evaluation finds significant increases in food consumption (but not overall consumption), assets and livestock revenues, and physical and mental health, although the relative effect of the training and coaching component (Banerjee et al., 2015).

4. Impact of CCTs offering social inclusion pathways

Beyond their impacts on poverty⁸² and recipients households' purchasing power⁸³ through the monetary component, CCT programs have been associated with impacts on human development indicators such as health and education. CCTs can influence health and education outcomes both by reducing opportunity costs and by proactively supporting families and stressing the importance of investing in human capital through both the conditionality itself and the work of program officers. The monetary transfer component can reduce the opportunity costs associated with access to health services and/or with school enrollment, attendance, and retention. Moreover, conditionalities and related messaging as well as case management practices can exert an additional effect by encouraging access to education and health.

CCTs in Latin America and the Caribbean are of interest to this study because they include case management of varying degrees of intensity. Recipients of these programs are linked to the available services through various modalities of case management. Programs such as

⁸² While the aim of most CCTs is to improve the wellbeing of the poorest and most vulnerable, the monetary benefit per se does not always take beneficiaries closer to or above the poverty line. Based on the limited experimental and quasi-experimental evidence, the impact of CCTs on poverty headcount, poverty gap, and severity of poverty reduction is either insignificant or positive (Bastagli et al., 2019). The monetary benefits provided under LAC CCTs are small in relation to the poverty line. Consequently, the programs impact severity and depth of poverty rather than poverty headcount, with impacts larger in countries where CCTs have the highest coverage and provide relatively larger benefits (Cecchini et al., 2021).

⁸³ A review of experimental and quasi-experimental evidence in low- and middle-income countries finds that CCTs lead to a significant increase of beneficiaries' total and food expenditure, especially when the monetary benefit is of adequate value and timely disbursed (Bastagli et al., 2019). As an example, several studies looking at short term impact of the Mexican program Prospera find evidence of an increase in non-durable consumption expenditure, mostly food, and to a smaller degree in durable consumption expenditure (Angelucci and De Giorgi, 2009; Hodinott and Skoufias, 2004). A recent study looking at welfare impact two decades after Prospera's start finds that households formed by the offspring of original recipients have more durable asset, larger consumption expenditures, and are higher than their parents in terms of asset holdings and income (Aguilar et al., 2019). One exception is the Albania's Ndhima Ekonomike program, which led to a significant decrease in total household expenditure explained by a reduction in labor supply (Dabalén et al., 2008).

Prospera/Progres/Oportunidades (hereinafter *Prospera*)⁸⁴ in Mexico and *Bolsa Familia*⁸⁵ in Brazil provided general information and orientation on locally available services and programs and helped with the enrollment procedures, with the aim of supporting recipients in fulfilling conditionalities. On the other hand, programs such as *Tekoporã* in Paraguay and *Familias in Acción*⁸⁶ in Colombia offered more comprehensive psycho-social support which includes one or more elements of case work (Cecchini and Madariaga, 2011).

Health and education outcomes

CCTs can affect access to school and health services although the impact depends on the quantity and quality of the public service supply (ECLAC, 2016). In the case of health and nutrition components, positive impacts of CCTs on indicators of access to health, such as the coverage of growth check-ups for children, preventive medical check-ups and immunization programs are seen in Jamaica, Mexico, Colombia, Peru, and Brazil (Ibid.). As an example, a quasi-experimental evaluation of Advancement Through Health and Education⁸⁷ in Jamaica finds an increase in the use of preventive health care for children under six years old (Levy and Ohls, 2010). Likewise, in Mexico, *Prospera* had positive impacts on the use of public health services, such as health check-ups (for children and adults) and monitoring of children's nutritional status (Parker and Todd, 2017).

While there is evidence of positive impacts on health and nutritional status among children in the case of CCTs in Mexico, Colombia, Brazil, and Peru, evaluations of *Tekoporã* in Paraguay found little impacts on health indicators (ECLAC, 2016). As an example, short-term

⁸⁴ *Progres* (later renamed *Oportunidades* and then *Prospera*) was introduced in Mexico in 1997 originally only in rural areas. The CCT provides a sizable monetary transfer to mothers of eligible households, conditional on health check-ups and nutritional supplements to pregnant mothers and young children (0-5); school enrollment and attendance by children in grades 4 to 6 of primary school and in lower secondary school; and attendance at information sessions on nutrition, health, and education practices.

⁸⁵ Launched in 2003, the *Bolsa Familia* program, unified all previous CCT programs. The program targets families in extreme poverty that receive a fixed transfer plus top-ups in case there are children under 15 years old or pregnant women; and families in moderate poverty that only receive the benefits if there are children less than 15 years of age or pregnant women in the household. In terms of conditionalities, the program requires 85% school attendance for school-age children, immunization of children under 6 years old, and regular medical check-ups for pregnant and breast-feeding women.

⁸⁶ Launched in 2000, the program supports poor households through monetary transfers conditional on health and education outcomes (periodical health checkups for children, 80% minimum school attendance and maximum one year of school failed).

⁸⁷ This is a Jamaican CCT program targeting vulnerable households introduced in 2000. Eligible beneficiaries are children, pregnant and lactating women, elderly, persons with disabilities, and adult poor living alone. The programme is conditioned on compliance with health and education conditionalities (school-age children are required to maintain an attendance rate of no less than 85%, while children under six years are required to comply with the schedule of preventive health visits established by the Ministry of Health).

evaluations of *Prospera* show positive impacts on self-reported illness, child height in the order of 1cm, prevalence of young children with anemia, and of prevalence of wasting and of being overweight among children (Parker and Todd, 2017). In the medium term the Mexican program is also shown to reduce stunting, wasting, and being overweight in children in the program for five years and to improve motor and cognitive development for children in households receiving a higher amount of transfer (Fernald et al., 2008). An ecological study of Brazil's *Bolsa Familia* finds instead that the program contributed to a 17% drop in the under-five mortality rate between 2004 and 2009 through its impact on malnutrition and dysentery (Rasella et al., 2013). In Indonesia, an experimental evaluation of the *Program Keluarga Harapan* (PKH) finds a 23-percentage points reduction in the probability of children being stunted six years after the start of the program (Cahyadi et al., 2020).

As concern education outcomes, the most observed effects are an increase in enrollment and school attendance as shown by evaluations of CCTs in Brazil, Colombia, Dominican Republic, Indonesia, Mexico, Jamaica, Peru, and Paraguay (Cahyadi et al., 2020; ECLAC, 2016). Evidence from Brazil, Peru, and Colombia further suggests that CCTs can increase grade retentions and completion of secondary school (ECLAC, 2016). As an example, the Mexican *Prospera* program is shown to almost close the gender gap in secondary school enrollment, especially in rural areas (Parker and Todd, 2017) and to have incremental effects on grades-of-schooling-attained for children with longer exposure, although there is no impact on achievement test scores (Behrman et al., 2005). Similarly, the Peruvian *Juntos* program⁸⁸ has positive impact on secondary school enrollment and progression, although there is no evidence of impact of cognitive abilities⁸⁹ (Gaentzsch, 2020; Sánchez et al., 2020). As it is the case for Mexico, children exposed to *Juntos* for two or more years have significantly higher enrolment rates than those exposed for less than 12 months (Perova and Vakis, 2012).

Exposure to CCTs can lead to long-term improvements in human capital accumulation beyond primary school education. Evidence from CCTs in Colombia suggests that exposure during school age leads to significant learning gains and positive effects on secondary school completion and on likelihood of starting university (Molina-Millán et al., 2019). More recently, an evaluation of *Prospera* finds evidence that short-term gains in human capital

⁸⁸ Peru's flagship national cash transfer program, *Juntos*, provides to households with children in poverty and vulnerable conditions a bimonthly cash transfer conditional on the uptake of health and education services. Program fieldworkers monitor the fulfilment of conditionalities.

⁸⁹ As measured by a vocabulary-development test and math test.

investments translate two decades later in sustained improvements in education at all levels, with stronger results for women (Araujo and Macours, 2021).

Employment

Experimental evidence does not support the claim that CCTs reduce incentives to work for working age adults⁹⁰; when identified, CCTs' impacts are in the direction of increased labor participation, while negative impacts on labor supply are usually found among the elderly or those caring for dependents (Baird et al., 2018; Banerjee et al., 2017; Bastagli et al., 2019; IEG, 2011; Laís et al., 2019). In LAC, CCTs' effects on labor market integration outcomes tend to be more negative than positive for women as shown by evaluations of the Mexican Prospera program (Alzúa et al., 2013) and the Brazilian Bolsa Familia (Foguel and Barros, 2010; Teixeira, 2010).

There is no evidence that CCT programs in Mexico (*Prospera*), Ecuador (BDH), Colombia (*Familias in Acción*), and Brazil (*Bolsa Familia*) have a negative impact on labor force participation (Laís et al., 2019). As an example, in the case of *Prospera* no detrimental effect on employment is found after two years of program implementation (Angelucci and De Giorgi, 2009). Within the same period another evaluation of the program finds a minor increase in hours worked by females and a positive impact on household labor income, likely related to a significant increase in male hourly wages (Alzúa et al., 2013). For Ecuador, an experimental evaluation finds no short-term negative impact on employment for BDH recipients after two and six years of program participation, except for a marginal decrease in the likelihood of women working in the formal sector (Bosch et al., 2017). In the case of Brazil's *Bolsa Família*, some evaluations found that recipients, particularly women, are significantly more likely to be looking for work and that recipients in the bottom three income deciles have a higher labor market participation rate than non-beneficiaries (Laís et al., 2019). Moreover, there is evidence that *Bolsa Família* recipients have a lower rate of unemployment in metropolitan areas (Ibid.).

⁹⁰A reduction in child labor is consistently found across country with boys generally reducing time spent in paid activities and girls time spent in domestic work (Bastagli et al., 2019; de Hoop and Rosati, 2014; Laís et al., 2019). In Ecuador, the *Bono de Desarrollo Humano* (BDH) is shown to reduce child labor by 7 percentage point mainly by preventing children in school and out of work from entering labor (Edmonds and Schady, 2012). Likewise, *Prospera* is found to have significant negative effects on the probability that boys, and less consistently girls, take part in child work (Behrman et al., 2005; Skoufias and Parker, 2001). Several studies have looked at the impact of *Familias in Acción* in Colombia on time allocation within the family and consistently found an increase in school time and a reduction of time spent on unpaid domestic work while results on child paid work are mixed (Attanasio et al., 2010; Canavire-Bacarreza and Ospina, 2015).

While not conclusive, evidence from Argentina, Brazil, Uruguay, and Colombia suggests that CCTs might have a negative impact on labor formalization, although the topic is under-researched. The BDH in Ecuador is shown to increase the probability of unemployed mothers taking an informal job or moving from formal to informal employment (Gonzalez-Rozada and Pinto, 2011). Likewise, in Brazil some evaluation found evidence of CCTs' recipients' transition from formality to informality both in urban and rural areas (Ribas and Soares, 2011). As concern *Familias in Acción* in Colombia, impacts are heterogenous with a study finding an increase in informality (Ospina and Saavedra-Caballero, 2013) and another suggesting that the program might increase access to formal employment for single mothers and decrease it for mothers in two-adult families (Barrientos and Villa, 2015). There is also some evidence that the National Social Emergency Response Plan (PANES) in Uruguay might have slightly increased informality among recipients possibly because of fear of losing the benefit due to the frequent eligibility reassessment based on formal income (Amarante and Vigorito, 2012). On the other hand, there is also evidence from Brazil, Ecuador, and Mexico that CCTs might allow recipients to switch from low wage or other type of precarious working conditions to higher paying jobs (Alzúa et al., 2013; Gonzalez-Rozada and Pinto, 2011; Ribas and Soares, 2011).

Long-term impacts on labor inclusion of recipients of CCTs is mixed and hinges largely on country-specific structural conditions and productive opportunities (Laís et al., 2019). School-age exposure to CCTs in Colombia, Ecuador, Mexico, and Indonesia leads to consistent gains in human capital accumulation but has mixed and inconclusive impact on labor market outcomes and earnings, partly because most of the studies focus on individuals who are still transitioning from schooling to work (Araujo et al., 2017; Cahyadi et al., 2020; Molina Millán et al., 2020; Parker and Todd, 2017). In the case of the BDH in Ecuador, there is no evidence of a 10-year impact on labor market participation for individuals who between 9 and 15 years old were part of recipient households, despite a positive impact on female secondary-school completion rates (Araujo et al., 2017). Moreover, labor market outcomes are similar for adults who received BDH in early and late childhood (Ibid.).

Longer-term evaluations of the Mexican *Prospera* do suggest that CCTs might lead to employment and income gains for the next generations. A non-experimental analysis of the 13-year impact of the program finds a 30 to 40 percent increase in labor force participation and a 50 percent increase in labor incomes, with employment impact larger for women

(Parker and Vogl, 2018). Another recent study estimates the 20-year impact of *Prospera* for individuals benefiting from the program in their youth. While no impact on employment is found, the cohorts of children treated during early childhood and during the transition from primary to secondary school experienced an 8- and 15-percent increase in annual labor income, respectively, with larger effects for women (Araujo and Macours, 2021). Moreover, another quasi-experimental evaluation shows that, 17 years after its introduction, *Prospera* still has a positive impact on the likelihood and quality of employment⁹¹ especially for men and for children of literate women, and that the impact increases with each extra year of program exposure (Kugler and Rojas, 2018).

5. Impact of other poverty-targeted programs offering various degrees of case management

Activation programs

Activation measures with a PES-led case management component might lead to positive labor market trajectories and reduce dependency on social assistance. Recipients of the *Plan Jefes*⁹² in Argentina could voluntarily transfer to the “Training and Employment Insurance” program offering higher monetary transfers, provided they signed personalized engagement contract based on an assessment of their labor market history by the PES officer and attended regular appointment with the PES (ILO, 2016). As part of the program, they were then provided several labor intermediation services (support to completion of education, vocational counselling and training, and job-search assistance). A quasi-experimental evaluation⁵⁷ finds that participation in the program is associated with a decrease in the probability of having an informal job, of working an excessive number of hours, and of being underemployed and an increase average hourly wage the short run (López Mourelo and Escudero, 2017).

Similarly, evidence from Norway and Denmark suggests that individualized intensive activation programs coupled with financial benefits can have a strong significant positive impact on employment outcomes (Markussen and Røed, 2016). Between 2008 and 2010

⁹¹ Recipients who benefitted from the program for three years were 13.7 percentage points more likely to be employed, worked around three hours more per week, and had higher hourly wages than the comparable non-participant population.

⁹² This program was the main social policy response to the severe economic crisis of 2002 and aimed to provide direct income support for families with dependents for whom the head had become unemployed due to the crisis. Recipients of the Argentinian *Plan Jefes* program could opt to switch to the Training and Employment Insurance (*Seguro de capacitación y empleo*) program introduced in 2006, which provided higher monetary support for a maximum of two years and labor integration services.

Norway's social services⁹³ rolled out a nationwide intensive activation program targeted at individuals with severely reduced earning capacity⁹⁴ and limited or no entitlement to social insurance. The program lasts one year and offers a standardized benefit amounting to one-third of the average full-time earnings level coupled with individually tailored activation programs designed in collaboration with municipal case workers⁹⁵ who provide individual follow-up and guidance. The activation program might include consultations, employment training, medical rehabilitation, social training, and skill upgrading. A quasi-experimental evaluation of the program finds a significant increase in the employment rate two and four years after the intervention; furthermore, the study argues that the essential success factor of the program is the intensified activation component (Ibid.). The results from a set of experiments run in Denmark in 2005-2006 to test alternative policies aimed at workers receiving unemployment insurance benefits suggests that recipients assigned to intensive and tailored activation programs⁹⁶ had a job-finding rate 30% higher than those receiving standard PES services (Graversen and van Ours, 2006).

Evidence from French and UK activation program pilots targeted at young recipients suggests that individualized support and intensive follow-up can improve employment outcomes (Blundell et al., 2004; Gaini et al., 2020). Until 2022, French local level social services units⁹⁷ administered *Garantie jeunes*, an activation program combining 12 months of stipend with intensive group and individual support and work experiences to selected financially insecure young people (Gaini et al., 2020). Recipients benefitted from 6-week long group support programs and continuous individualized follow-up (one individual interview per month on average) by a case worker with whom they signed a tailored contract stipulating mutual obligations based on identified needs. A quasi-experimental evaluation of the pilot phase finds a significant impact on employment rate that persists one year after the program, as well as an increase in the probability of having long-term employment for recipients (Ibid.). Likewise, evidence from the evaluation of the UK *New Deal for the Young Unemployed* pilot

⁹³ The "Norwegian Labour and Welfare Administration", a single gateway into public labour and welfare services. The "Qualification program" presented here falls under social services and is provided by municipalities.

⁹⁴ Criteria to identify hard to employ are poor language skills, disrupted schooling, little or no work experience, criminal records, mental disorders, drugs problems.

⁹⁵ On average each caseworker has 18 clients.

⁹⁶ The program required attendance at a two-week job search program and weekly or fortnightly meetings with case managers after 5 to 6 weeks of unemployment; a three-month activation program before being unemployed for four months; longer meetings with case managers and longer education programs for those still unemployed after six months.

⁹⁷ The program is implemented through so-called *Missions locales*, local level social services and public assistance units whose mission is to support social and professional inclusion of individuals between 16 and 25 years old.

suggests that individualized job search assistance might increase the probability of finding a job within four months for young men (Blundell et al., 2004). The program that run until 2009 introduced up to four months of mandatory intensive job-search assistance and small basic skills courses coupled with fortnightly meetings with an assigned PES personal advisor to encourage job search for young recipients of unemployment insurance.⁹⁸

Box V.1 CASE MANAGEMENT IN THE CONTEXT OF ACTIVATION PROGRAMS FOR PEOPLE WITH DISABILITIES

The evidence from the UK regarding the employment impact of case management within activation programs for individuals facing health and disability-related barriers to employment is inconclusive (Clayton et al., 2011). The *ONE advisory service* pilot integrating PES and the agency responsible to provide disability benefits (*Benefits Agency*) into one stop shop with personal adviser assigned to claimant¹ did not lead to significant results in terms of employment outcomes or probability of leaving the benefit (Clayton et al., 2011). On the other hand, evaluations of the *New Deal for Disabled People* pilot, which externalized the provision of tailored activation services and employment advice¹ to external organizations¹ (*Job Brokers*), found an increase in employment outcomes and a reduction in benefit recipiency at least for recipients who voluntary join the program (Clayton et al., 2011). Lastly, the provision of a mandatory activation program coupled with personal advisors¹ to ease claimants' return to work including with easier access to existing programs under the *Pathways to Work* pilot might lead to an increased probability of being employed (Clayton et al., 2011). Qualitative evidence across the three pilots suggests that because of job conversion targets advisors tend to prioritize recipients who are more likely to return to work quickly (Clayton et al., 2011).

Source: Authors.

Education and sectoral training programs

Evidence from the US suggests that comprehensive case management interventions coupled with various forms of financial support might increase college persistence and completion rates of students from disadvantaged backgrounds (Evans et al., 2020; Scrivener and Weiss, 2009; Weiss et al., 2019). A three-year case work⁹⁹ intervention delivered by trained social workers in addition to emergency financial assistance significantly increased persistence and degree completion of low-income community college students, particularly for females

⁹⁸ The program targeted individuals aged between 18 and 24 who have been claiming unemployment insurance ("Job Seekers Allowance") for six months.

⁹⁹ The students were offered comprehensive case management including an initial assessment to identify goals, weakness, and strengths; the setting up a comprehensive service plan with goals and actions to be reviewed quarterly; referral to resources within community college or outside; mentoring; and monthly coaching sessions.

(Evans et al., 2020). Moreover, the same RCT study shows that stand-alone emergency financial aid did not result in any significant gain for (Ibid.). Similarly, a three-year program offering tuition waivers and enhanced student services including fortnightly meetings with student advisers, tutoring, and meetings with career and employment specialists led to a significant increase on graduation rates of low-income community college students (Weiss et al., 2019). On the other hand, another RCT study finds that a small stipend for two semesters coupled with access to more intensive student counselling, but no other service did not lead to long-lasting improvements in academic outcomes of low-income college students with academic difficulties (Scrivener and Weiss, 2009).

6. Relative effectiveness of specific case management practices

While there is encouraging evidence on the potential positive impact of monetary benefits with a social inclusion pathway and of programs offering comprehensive case management on service take-up and recipients' welfare, there is a dearth of studies estimating the relative effectiveness of the various components of case management. The literature review identified four evaluations of activation programs, whose findings might be relevant for poverty-targeted programs with a case management component.

Evidence from Denmark suggests that individual meetings with case managers might be effective in reducing unemployment rate of unemployment insurance beneficiaries, although this is not the case for young recipients (Graversen and van Ours, 2006; Van Den Berg et al., 2012). Denmark run a set of experiments in 2005-2006 to test alternative policies aimed at workers receiving unemployment insurance benefits. During this period half of the individuals registering at the PES for unemployment insurance were randomly assigned to receive an intensive and tailored activation program.¹⁰⁰ RCT impact evaluation results show that the job-finding rate of the recipients receiving an intensive and tailored activation program¹⁰¹ was

¹⁰⁰ The program required attendance at a two-week job search program and weekly or fortnightly meetings with case managers after 5 to 6 weeks of unemployment; a three-month activation program before being unemployed for four months; longer meetings with case managers and longer education programs for those still unemployed after six months.

¹⁰¹ The program required attendance at a two-week job search program and weekly or fortnightly meetings with case managers after 5 to 6 weeks of unemployment; a three-month activation program before being unemployed for four months; longer meetings with case managers and longer education programs for those still unemployed after six months.

higher primarily due to the more intensive contacts with the PES (Graversen and van Ours, 2006).¹⁰²

Evidence on the impact of integration of social services and PES suggests a positive impact on employment (Karagiannaki, 2007; Rønsen and Skarðhamar, 2009). As part of its 2003 *Action plan to combat poverty* Norway introduced a vocational rehabilitation program targeted at selected vulnerable categories¹⁰³ of social security recipients. The program entailed a much closer collaboration between social welfare services and PES, resulting in enhanced individual follow-up of recipients. Evaluation results show a mild positive effect on employment and significant increase in employment rate for long-term recipients (Rønsen and Skarðhamar, 2009). Furthermore, the quasi-experimental evaluation suggests that the impact is likely due to the tighter collaboration between PES and social welfare services that led to a better understanding of each other's work and of the needs of their mutual clients (Ibid.).¹⁰⁴

¹⁰² Consistently, a study on the impact of in-person meetings with case managers on the duration of unemployment of unemployment insurance beneficiaries in Denmark found that the frequency of meetings has an impact on the probability to transition into employment, with a slightly larger impact for women (Van Den Berg et al., 2012).

¹⁰³ Categories targeted are long-term social assistance recipients, young people aged 20-24, single parents, immigrants and people who receive drug substitution treatment.

¹⁰⁴ Similarly, an evaluation of the *JobCenter plus* initiative in the UK, which integrated benefit claiming and work placement/job-seeking service for social assistance beneficiaries, finds that the integrated model has a positive effect on job entry outcomes for all groups while it has no effect on customer service outcomes (Karagiannaki, 2007).

VI. Conclusion

As envisioned by the EU, MIs are tools to pursue multiple complementary objectives: income support, social inclusion, and labor (re)integration. Despite the considerable convergence towards a specific MI model and approach, the institutional design of the European MIs shows a large variation in the types of benefits and services offered to recipients across EU countries. The relative importance assigned to labor market reintegration and social inclusion varies across countries selected with some (e.g., Germany and France) having a stronger emphasis on activation and others working on broader social inclusion (e.g., Italy).

The delivery chain of all MIs goes through similar implementation phases with some variation in the intensity and order of each delivery phase across programs, depending on the contexts and on programs' objectives. Following application, recipients go through some form of needs assessment whose results are used to prepare a tailored inclusion plan and/or an employment plan, depending on the characteristics and needs of the recipient. The plan is then used as a basis for service provision, case monitoring and evaluation.

All case study MIs share the dual objective of supporting both social inclusion and labor market reintegration. Across all case study countries, except Belgium and Italy (ADI¹⁰⁵), target recipients for the social inclusion pathways are determined by identifying potentially "activable" recipients and, as a residual category, recipients who should not be the object of activation measures. The identification can be based on pure needs assessment (Belgium, Sweden, Greece, and Portugal), on a combination of administrative and needs-based selection (France and Italy), or on self-selection (Germany).

Social inclusion pathways, i.e., non-monetary support to foster social inclusion, are a component of the MIs that might be offered to all or to some categories of recipients. Once associated to a social inclusion pathway based on country-specific mechanisms, recipients are offered similar types of services across countries. Specifically, they tend to be the object of in-depth individual assessment, they are provided with a tailored inclusion plan with a focus on social inclusion and with tailored inclusion services, and they are generally monitored throughout.

¹⁰⁵ ADI includes all beneficiary households in social inclusion pathways.

The degree of intensity of case management varies from provision of information and orientation (Greece) to intermediation and referral with limited monitoring (Germany), to more intensive case-work models (Belgium, France, Italy, Portugal, Sweden). Case management of recipients associated to a social inclusion pathway and to those considered “activable” generally starts at needs assessment stage and follows recipients through each implementation phase. Italy is making progress towards the complete digitization of case management through the introduction of a newly developed CMIS (“GePI”), which is proving to be a key element towards integrated service provision.

Needs assessments are most often conducted by social workers (or case managers), and can focus on individual-level needs, or on household-level needs and vulnerabilities, as in Italy and Portugal. Moreover, it is common for case managers to undertake in-depth assessments, possibly also involving experts from other relevant sectors in case of recipients with “complex” vulnerabilities (who may undergo multidimensional needs assessments). Except for Italy and Germany, there are no central national-level guidelines on the methodology to be used for the assessments.

The multidimensional needs assessment is used as a basis to orient recipients to relevant services and, in most cases, to inform a tailored inclusion plan. The provision of services is commonly the responsibility of sub-national authorities at regional or municipal level, which often results in variations in service supply across the national territory. Only in Greece and, moving forward, in Italy, is a centralized catalogue of services expected to make access to information on existing services more homogenous across social welfare offices. The role of case managers in linking MI recipients with needed services based on the assessment varies from the sole provision of information and application support (Greece) to referral with limited monitoring (Germany), to referrals with close monitoring (Portugal), to integrated models (Belgium, France, Italy, Portugal, Sweden).

A diverse range of organizations is involved in delivering integrated services to MI recipients, including PES, social insurance institutions, training institutions, social services, and municipal and local governments. Additionally, service delivery can be outsourced to private sector providers (Germany and Portugal, for example). Public-private partnerships aim to leverage the expertise and efficiency of private organizations while ensuring quality and accountability and, as in the case of Portugal, they can complement public sector capacity. To be effective, they require oversight and coordination through regular monitoring, evaluation, and quality

assurance processes to ensure that recipients receive comprehensive, high-quality support aimed at promoting social and economic integration. Furthermore, as shown by the German case study, contractual arrangements and agreements with the private sector should address the needs of MI recipients and be clearly understood by MI implementers.

Where tailored social inclusion plans are a feature of the MI, the recipients are typically required to implement actions included in the plans. Moreover, all programs require participation in activation measures identified by the case manager and, except for the Swedish and Belgian MIs, the signing of an employment plan for “activable” recipients. All the case study MIs include sanctions for noncompliance ranging from a staggered reduction of benefits (Germany BG) to a temporary suspension or reduction of benefits (Belgium, France, Greece, Portugal⁴⁷, Spain⁴⁸, Sweden) to the termination of benefits (Italy). Generally, enforcement of sanctions is less stringent for recipients not subject to activation conditionalities. Diverging trends in terms of sanction enforcement are observed with Germany moving towards a more lenient system and France increasing sanction severity.

The case studies of Belgium, Italy, Portugal, and Sweden highlight how MI recipients might not be readily integrated into the labor market due to the complexity of their needs. In response to these challenges, these countries conduct in-depth needs assessments. Additionally, multidisciplinary teams are sometimes deployed to support MI recipients (Italy, Portugal, and Sweden). Specifically, Italy does not assume that every individual is activable, and all households receive continued support by social services regardless of the outcome of the assessment. Germany has also adopted a less activation-oriented approach with the introduction of the BG program. This new program shifts the focus from enforced activation through severe sanctions to increased use of training and support services. BG Recipients can also receive holistic support through the newly introduced coach figure.

While the case study MIs offer a variety of design and implementation options, there is currently a gap in evidence regarding the impact of social inclusion pathways within the EU and more limited evidence on the impact of social inclusion components of poverty-targeted programs. Furthermore, the literature review did not identify any study on the relative impact of the social inclusion pathways’ various components on recipients’ socioeconomic integration outcomes.

A significant insight from the evaluated literature suggests that intensive, customized, and integrated social and activation services yield favorable welfare and employment outcomes. *Chile Solidario*, a national CCT with a fully developed social inclusion pathway, thanks to intensive case management, psycho-social support, and tailored social intermediation services, is shown to be effective in increasing access to social assistance and social services and in improving socio-emotional well-being of the poor, while effects on employment were mixed. Likewise, customized and intensive case management provided by qualified case workers with low caseload in the context of small-scale poverty-targeted social inclusion programs might improve employment and possibly also health outcomes of individuals with significant employment barriers.

Spain, Italy, and France are currently conducting rigorous evaluation studies on the impact of MIs' social inclusion pathways to inform policy-making by highlighting good practices and lessons learned. The evaluation studies in Spain will provide some evidence on the impact of specific pilot programs linking MI recipients with relevant social and labor activation services. Given the scarcity of available evidence on the topic, the outcomes of the planned and ongoing evaluations in France and Italy are expected to shed more light on the relative impact of the social inclusion components. The findings could specifically assist in determining the ideal level of standardization for social and activation services, considering resources and capacity constraints and the goal of expanding program coverage across EU countries.

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ABSTRACT

Across European Union (EU) countries, the institutional design of Minimum Income (MI) programs varies widely in terms of the benefits and services provided to recipients, despite significant convergence toward a similar MI model and shared common approaches. This discussion paper investigates the delivery of social inclusion pathways, i.e., non-monetary support components to foster MI recipients' social inclusion and highlights common challenges and good practices across eight EU case study countries (Belgium, France, Germany, Greece, Italy, Portugal, Spain, and Sweden). The paper shows that while some countries prioritize labor activation for workforce reintegration of MI recipients, others aim for broader social inclusion, recognizing the challenges in integrating such recipients into the labor market due to their complex needs. Moreover, the paper examines how the social inclusion pathway and case management in MI programs affect recipient welfare within poverty-targeted programs. It notes the lack of evidence on the effectiveness and impact of social inclusion pathways within MIs and mentions ongoing evaluations in Spain, Italy, and France to address this gap.

JEL codes: I38, I30, J08, H75, D60, O35, I32, C93

Keywords: Minimum Income Schemes, MIs, Guaranteed Minimum Income Schemes, GMI, Social Inclusion Pathways, Social Inclusion, Labor Market Reintegration, Welfare Policy, EU Social Policy, Social Services, Case Management, Case Management Information Systems, Needs Assessment, Digitalization in Social Services, Impact Evaluation, Social Assistance, Social Protection, Safety Nets.

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