

## **Study on social services with particular focus on personal targeted social services for people in vulnerable situations**

**launched by**

**Directorate General for Employment, Social Affairs & Inclusion (EMPL)  
of the European Commission**

### **Phase 1 – Germany**

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The following information has been gathered by extensive desk research and by several contacts with national experts in Germany by email and phone. Within the short time schedule for Phase 1 there have been several extensive video interviews (one to two hours) with three national experts:

Andreas Krampe, Head of Department III Fundamentals of Social Security, Social Assistance, Social Benefit Systems, German Association for Public and Private Welfare, Berlin (February 12, 2021)

Wilfried Nodes, Press Officer and Head of Editorial Office, German Association for Social Work (DBSH) (February 16, 2021)

Dr. Thomas Grundmann, Head of Division, Social Assistance Benefits, Federal Statistical Office (Destatis), Wiesbaden (February 17, 2021; updated data by February, 24, 2021)

Dr. Wolfgang Schmitt, Chairman of the FA Statistics of BAGFW (Bundesarbeitsgemeinschaft der freien Wohlfahrtspflege), Head of Statistics of Diakonie Germany, Berlin (February 23, 2021, by email)

Until the preparation of this information overview, the contact to the responsible federal ministries announced on the part of the project coordination Panteia, which appears to be essential for the answering of a series of questions, has not yet been arranged. This research will be made up for in phase 2.

In the following, the questions from the "Research Guidelines for National Correspondents - Phase 1" are discussed and answered as far as possible.

**Question 1: Box 1 describes the Commission approach to defining social services. Based upon this:**

- How is the social services sector defined in your Member State? (E.g. Is it defined by legislation? If not, within which framework is it described what constitutes a social service?)
- How would you understand the definition provided in Box 1 in the context of your country?
- Please refer to relevant policy documents/legislation

The central distinction can be found in the Social Code SGB I § 11 Social Benefits: Distinction between benefits in kind/money benefits/services. It appears in all books of the Social Code.

May also be in the health sector. Framework legally specified, central for use of funds.

Social services are organized by associations - primary focus, in reality also various governmental / freelance / private service providers (performance is in kind, is provided in the form of a service).

This defines a service that is provided, defined by function Social integration (Kaufmann 2015)

Day nursery with dual function of education and upbringing (ministries of culture/social affairs)

Role of the non-profit status, defined via tax law (tax code) "needy, endangered people" (legal definition) - subsidiarity

Distinction between social and tax law definition

Demarcation between social services and person-related social services is prima facie not made in Germany, but both legally and statistically combined

Social i.e.S. / health care / education = are these three sectors perceived as a whole? In the profession of social work due to interdisciplinary approach

Day nursery - family centers

School - school social work/psychology School as a social place

Social psychiatry / addiction - two sectors

Inclusion / disability - all three sectors (ICF model, "biopsychosocial")

Social services in the narrower sense / in the broader sense (interfaces AND constitutive), therefore gray areas with fuzziness

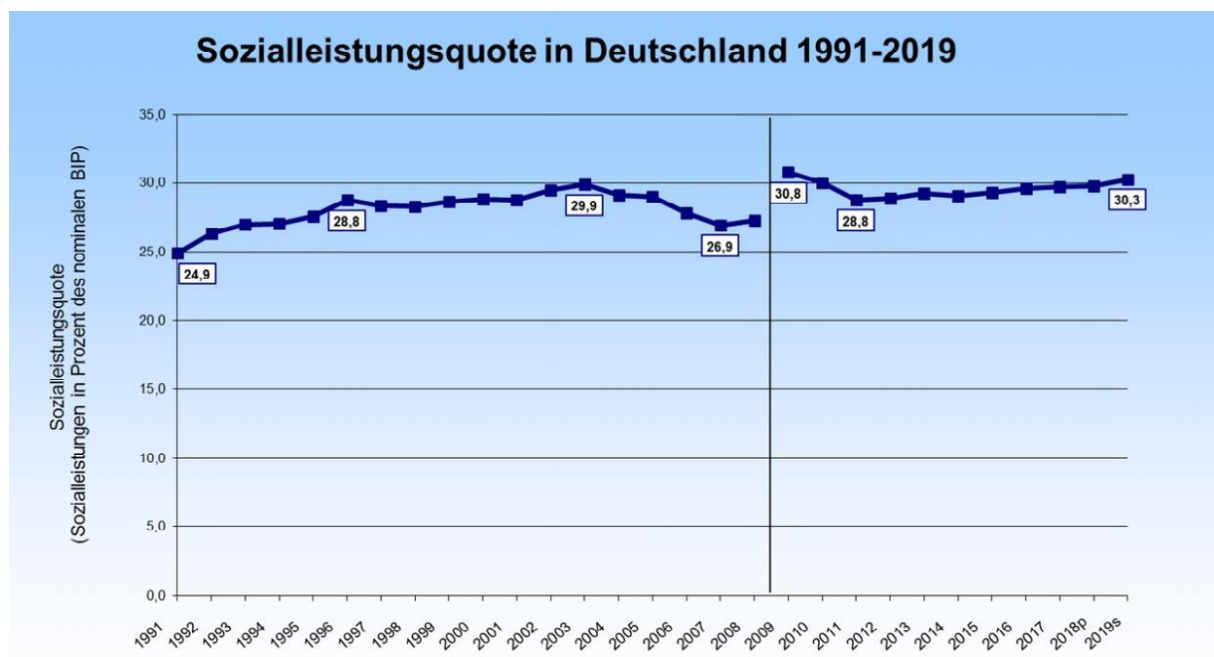
Dr. Grundmann: social assistance statistics are oriented towards recipients; the underlying care effort for particularly vulnerable groups: "next to nothing"

Dr. Grundmann: Disability/inclusion assistance: unclear statistical situation. Example WfB workshops for the disabled - similar breakdown as in child and youth welfare according to specialist staff and other/housekeeping and technology (problem: therapeutic community, implicit social work); changes due to outpatientization according to BTHG? Still open in surveys, will be regularly re-sharpened

**Question 2: Is the current method of defining social services in your Member States considered relevant in the present situation?**

- How the social services sector evolved over the last 10 years?
- Have there been any discussions at national level relating to defining the social services sector?
- Have there been any discussions at national level relating to updating the definition of the social services sector given developments in the social services sector (such as the needs to users, the functions of the services provided)?

#### Social benefit ratio 1991-2019



Source: Bundesministerium für Arbeit und Soziales, Sozialbudget 2019; Link:

<https://www.bmas.de/SharedDocs/Downloads/DE/Publikationen/a230-19-sozialbudget-2019.html>

Erwerbstätige und Arbeitsnehmer in 1000	2012	2013	2014	2015	2016	2017	2018	2019	2020
Öffentliche und sonstige private Dienstleister	12 926	13 081	13 226	13 442	13 694	13 924	14 116	14 348	14 436

Public and other private service providers: Public service providers, education, health and other service providers; Source: Statistisches Bundesamt 2021, Link:

<https://www.destatis.de/DE/Themen/Arbeit/Arbeitsmarkt/Erwerbsstaetigkeit/Tabellen/arbeitsnehmer-wirtschaftsbereiche.html>

Presenting highly aggregated and partially aggregated employment data on social services in the course and comparison: first approximation, we expect even more precise data from StatBA, basic problems:

- Delimitation of service groups (social, health, caring, education, etc.)
- Institutional or functional assignment, also as a problem coding by the recording employer (up to the problem of mixed activities, e.g. a) working in the school for inclusion, coded as teacher or as Social Worker, b) professional function of non-specialized professions, e.g. in therapeutic communities, old people's facilities etc.; especially relevant with reduction of division of labor, ambulantization, inclusion)

- Employment statistics - employee only includes those who contributes to the social insurance system and does not include self-employed, freelancers, etc.

How could the stagnation of the social benefit ratio be explained with substantial growth of pers. services in national accounts be explained?

Hypothesis 1: Relative decline in cash transfers

Hypothesis 2: Relative stagnation of wages in the social sector

Dr. Thomas Grundmann (Federal Statistical Office): Difficult to explain. Destatis tends to hold back on explanations. "Many analyze, but no one summarizes it as a whole"; on delimitation discussion: at the level of statistics: "no".

Nodes contradicts both hypotheses: Until the crisis related to Hartz IV social work was the winner of the need, i.e. with monetary cuts social services rose; since Hartz IV correspondence with the developments ("new control models"); meanwhile outdated: social needs grew. Hartz IV was introduced to save money, but since then jump in case numbers in youth welfare - poverty absorbed by youth welfare, youth welfare with enormous growth. Special effects:

Refugee aid led to enormous employment effect

Early childhood education with all-day care and educational requirements

Integration assistance with BTHG with significant growth in spending

This enormous job growth can be found in Destatis and reports of the Dortmunder Arbeitsstelle (issue 1, 2020).

Expectation of declines: unaccompanied minor refugees (very complex, expensive) will decline; open, preventive services under budgetary attack. Expectation: stabilization at a high level.

On what basis is impact measured (evaluation)? E.g. in youth welfare: high level of legal entitlements, in European comparison.

New discussion about "services of general interest" (Kaufmann 2015: "ecological intervention"), spatial structural change: a) demographic change (aging) b) structural change of the economy - commission equal living conditions! Services of general interest also as economic pillar - study Zukunft Mitteldeutschland, e.g. role of health DL (clinics etc.) in structural change, currently: Lusatia as health region.

Focus "innovation": change of living environments, pluralization, individualization, megatrends, problem of tight budgets (plus: corona debt) - requirement to redefine services in a new and innovative way, e.g. tele-health services; to address and, if necessary, transform experiences of dependency or precariousness through appropriate interventions - up to degrowth/postgrowth; consequence: new forms of cooperation of service providers, network work

**Question 3: Based on the description provided in Box 2 (SGIs) and the corresponding figure:**

- Please provide a brief reflection of how the above figure relates to the system in your Member State
- Are there interrelations between social services (as defined in your Member State) and the other types of services of general interest in your Member State? E.g. the possible link between justice and addiction rehabilitation and or social inclusion activities.

- If so, what are the interrelations (please provide examples?)
  - Please refer to relevant policy documents/legislation

Consumer protection, e.g. for debts, but also for health, insurance, also extended to patient protection (consumer protection centers have long been responsible for patient counseling centers); with the economization and customer-centeredness of a social economy, consumer protection issues become prominent.

Justice: help for offenders with training, care (legal care) usually located in courts, more complicated due to BTHG (professionalization push).

Transport / urban planning / community: Socially Integrative City program, mobility services (especially for the elderly and disabled - on-call bus systems, community buses, autonomous driving); city and community management (smart cities)

Labor market: integration, socially flanking "services on the labor market", numerous, also commercial providers

**Question 4: Based on the definitions provided in boxes 4 and 5 is there a distinction or categorisation of personalised social services?**

- How are personalised social services defined/categorised in your Member State (if at all)?
- Are the aforementioned definitions applicable to your Member State?
- Is there terminology in use for these services distinguishing personalised/personal targeted from other social services, such as long-term care and early childhood education and care?
- Please refer to any relevant policy documentation/legislation

See question 1

**Question 5: The 2007 Commission Communication states that the definition and delivery of a service must take into account the diversity of users. Is there any available data/information on the users/types of users of social services?**

- Is there a typology of users of social services?
- How have the users of social services evolved over time?
- How do these interrelations between the various personal targeted social services affect the main users of those services in your Member State?

In Germany, typology is reflected in the SGB Social Code, which follows user groups. But vulnerable groups are organized as described next:

Poverty, homelessness

Youth welfare, but also partly focus on poverty, majority of educational assistance goes to low-income families.

Health services, also here focus on poverty and health highly relevant

Disability is also a poverty problem ("participation allowance", i.e. basic income for the disabled, was rejected for the time being, similarity of social assistance to integration assistance leads to consolidation of poverty situations).

Important question: "what would be gained economically if poverty risks were reduced by "basic income"? Minimum housing standards, educational inclusion, etc. - Assumption: Inclusive, preventive, participation-oriented social policy is more favorable in the medium to long term.

#### **Question 6: What are the different levels of integration of social services within your country?**

Using the national definition/approach to social services, please describe:

- The national system of social services
- The different levels of governance (i.e. local, regional, national)
- Is there a vertical integration of social services in place? (i.e. are the services set up in a sort of a pyramid, meaning some services are considered subordinate to others?)
- Is there a horizontal integration in place? (i.e. are all services considered equal?)
- Specific approaches in place for personal targeted social services (provision, integration, target groups, access criteria, workforce, etc.)

see question 1.

At the municipal level, very high diversity, statistically little recorded, especially voluntary work and promotion of voluntary work.

#### **Question 7: Are the existing social services clustered within the national system of social services (i.e. clusters of social services) and what do these clusters consist of?**

*By clustering we mean grouping of the services, for example, by their life-cycle, aim, function, target group, body/authority responsible for implementation, providers, level of jurisdiction etc.*

Please describe:

- Type of clustering
- Governance of such clusters (e.g. How are the responsibilities for these various services divided over various government ministries/authorities/ other organisations?)
- Responsibilities/roles of these clusters

Several types of clustering:

- **Legal:** By Social Code (SGB), i.e., by socio-political functions

- o SGB I - general part
- o SGB II - Basic benefits for job seekers
- o SGB III - Promotion of employment
- o SGB IV - Common regulations for the social security system
- o SGB V - Statutory health insurance
- o SGB VI - Statutory pension insurance
- o SGB VII - Statutory accident insurance
- o SGB VIII - Child and youth welfare
- o SGB IX - Rehabilitation and participation of people with disabilities
- o SGB X - Social administration procedures and social data protection
- o SGB XI - Social care insurance
- o SGB XII - Social assistance

Source: Federal Employment Agency: <https://www.arbeitsagentur.de/veroeffentlichungen/gesetze>

- **Cost units / financial responsibility:** regional authorities (federal government, states, municipalities or municipal special-purpose associations e.g. regional associations), social insurance funds

- **Organizational:** in accordance with subsidiarity principle according to associations or public sector and freelance (health care) and private (especially care for the elderly) providers

**Question 8: How is the delivery of (clusters of) social services organised and coordinated in the Member State? Are any particular provision models applied to the (clusters of) social services in the Member State?**

*By provision models we understand, for example, direct or indirect, institutional or community-based service provision, public or private etc.*

Please describe:

- How is the delivery of social services is coordinated, and by who
- The different responsibilities at central, regional, and local level, in regard to provision of social services
- How are these responsibilities coordinated and does this coordination differ at different levels (i.e. local, regional, national)

**National level:**

- Federal Ministry of Labor and Social Affairs

- Federal Ministry of Health

- Federal Ministry for Family Affairs, Senior Citizens, Women and Youth

**State level:** Different organization between the states (three examples)

- NRW

o Ministry of Labor, Health and Social Affairs

o Ministry for Children, Family, Refugees and Integration

- BW

o Ministry of Social Affairs and Integration

o Ministry of Economy, Labor and Housing

o Ministry of Education, Youth and Sports

o Ministry of the Interior, Digitalization and Migration

- Thuringia

o Ministry of Education, Youth and Sports

o Ministry of Migration, Justice and Consumer Protection

o Ministry of Labor, Social Affairs, Health, Women and Family Affairs

**Municipal level:** Allocation recommendation of the Kommunale Gemeinschaftsstelle für  
Verwaltungsmanagement (KGSt) (marked yellow with relevance to person-related social services)

1. Allgemeine Verwaltung:  
Hauptamt (10), Personalamt (11), Statistisches Amt (12), Presseamt (13), Rechnungsprüfungsamt (14)
2. Finanzverwaltung:  
Kämmerei (20), Stadtkasse (21), Steueramt (22), Liegenschaftsamt (23), Amt für Verteidigungslasten (24)
3. Rechts-, Sicherheits- und Ordnungsverwaltung:  
Rechtsamt (30), Ordnungsamt (32), Einwohner- und Meldeamt (33), Standesamt (34), Versicherungsamt (35), Feuerwehr (37), Zivilschutz (38)
4. Schul- und Kulturverwaltung:  
Schulverwaltungsamt (40), Kulturstadtamt (41), Bibliothek (42), Volkshochschule (43), Musikschule (44), Museum (45), Theater (46), Archiv (47)
5. Sozial-, Jugend- und Gesundheitsverwaltung:  
Sozialamt (50), Jugendamt (51), Sportamt (52), Gesundheitsamt (53), Krankenhäuser (54), Ausgleichsamt (55)
6. Bauverwaltung:  
Bauverwaltungsamt (60), Stadtplanungsamt (61), Vermessungs- und Katasteramt (62), Bauordnungsamt (63), Wohnungsförderungsamt (64), Hochbauamt (65), Tiefbauamt (66), Grünflächenamt (67)

7. Verwaltung für öffentliche Einrichtungen:  
Stadtreinigungamt (70), Schlacht- und Viehhof (71), Marktamt (72)
8. Verwaltung für Wirtschaft und Verkehr:  
Amt für Wirtschafts- und Verkehrsförderung (80), **Eigenbetriebe** (81), Forstamt (82)

**Question 9: What kind of organisations are involved in the delivery of (clusters of) social services in the Member State?**

**Please comment on:**

- The different types of service providers in the country (public, private, not-for-profit, social enterprise etc.)
- Whether certain types of service provider are more/less common and whether it differs from one sector to another (e.g. between social work and long-term care)
- Specific characteristics for providers of targeted social services

- Public sponsors (see question 9)

- Independent sponsors - welfare associations (Caritas, Diakonie, etc.)

Central sources:

- German Association (<https://www.deutscher-verein.de/en/>)

- BAG der Freien Wohlfahrtspflege (<https://www.bagfw.de/englisch>)

Federal bodies in the context of the Bundesrat:

- Conference of Social Ministers

- Conference of Health Ministers

- Conference of Ministers of Education and Cultural Affairs

**Question 10: Are there official categorisations of:**

- Types of services
- Types of users
- Needs of users
- Functions

*If so, please explain how this works in practice in your member state. Please refer to relevant documentation where possible.*

a) Types of Services, examples

Child and youth welfare services: help for upbringing

Social services: General social services (ASD), official guardianship

Court assistance: Legal guardianship

b) Types of Users, examples

Disability assistance: Degree of disability (severely handicapped)

Family assistance: Parents, foster parents, adoptive parents, grandparents, custody

c) Needs of Users, examples

Counseling

Care

Accommodation

Care

d) Functions

See c) plus:

Management

Continuing education

Assistance

Case management

**Question 11: What are the main characteristics of the social work workforce and the social work profession in the Member State, and how do they differ between (clusters of) social services?**

**Please comment on:**

- Estimate of the size of the workforce in the social sector
- Main characteristics of the workforce
- Typical profile of a social worker/other professions involved in social service provision
- Typical types of skills and qualifications
- Special requirements for social workers dealing with vulnerable groups and/or personalised social services (training, certificate, experience)
- National systems in place that needs to recognise/approve the qualifications of a social worker (before being able to practice as a social worker)

- Main strengths / main challenges within the sector/for the workforce
- Availability of statistics on the workforce within the social services sector

In Social Work, "pathetic source situation" (Nodes), a total of briefly 3 million employees, "an employment market that is hardly recorded" (Nodes) - only in youth welfare more or less decent statistics, but based on employer reporting (e.g. Jugendamt gives help for upbringing to external service providers), in youth welfare statistics numerous special evaluations by Destatis and Dortmunder Arbeitsstelle (KomDat, 01/2020: In child and youth welfare (SGB 8, without day nursery) 1.1 million employees (Statistisches Jahrbuch, 2019), of which 951,000 in the pedagogical or administrative area, 125,000 in housekeeping and technology. Areas: ASD, economic youth welfare, youth court assistance, adoption placement, etc.

In youth welfare employed a total of 2.4% of all employees (Destatis, Statistisches Jahrbuch 2019), in social work 1,488,300, of which 785,670 in the field of child day care. However, not all data is included there. Analysis is based on microcensus, this is oriented to occupational key, i.e. only persons who are employed subject to social security contributions. In the area of health (e.g. hospital social services), according to Destatis, 52,000 people are employed as social workers, plus of course caregivers (624,000 people in elderly care alone in total 2017). Plus employment fields such as probationary services, where professional counselors work, 80-90% of whom have social work qualifications. Plus social work in the prison system. Self-employed not recorded, assumption about 6% of all social work employees, i.e. 35,000 to 40,000.

Plus social work in employment subject to social security contributions not recorded in Destatis because they are not broken down, e.g., in-company social work dealing with vulnerable groups in companies. The professional association for in-company social work alone has about 3,000 members.

Also those working in addiction help are partly not coded if they work in group therapy. Must be added. Institution or function: in non-social work institutions fulfill social work functions.

Ditto in job centers (case managers) - numerous social workers, increasingly case managers with advanced training.

Ditto in refugee assistance (BAMF, counties, free agencies) - expansion field of social work, probably partly not coded, "arbitrary" (nodes), depends on employer.

Ditto in homelessness, homeless assistance - only partially covered.

Nodes: Total estimate of social work at about 2.2 million (as function allocation).

Note: labor force in volunteer work, honorary work substantial, but delineated from it as via Volunteer Survey. However, does not include conversion to full-time equivalents.

Reminder: Satellite calculation of household production by Destatis in 1990s - recording of working time and labor value / market value of both domestic work and voluntary work - unfortunately only one-time survey, no continuity.

Question of payment: social work as a typical female profession at a relatively low level, also low in European comparison, relatively low level of training. In the last 10 years quite relevant upgrading both in education and in care, geriatric care as laggard, stands before upgrading. European professional school is equated with the Fachhochschule, but no academically comparable remuneration.

Symptom of this delayed academization is the high degree of reluctance to hire social workers with master's degrees. Expansion of BA social work programs in private colleges, distance learning, loss of level. Only 5% of BA social workers want to study masters. "Loss of level in social work as far as qualification is concerned" (Nodes) - compared to decreasing level, payment is not necessarily considered bad. So social work degree programs were accredited without a single social work professorship. Problem perhaps less BA, than lack of institutional level assurance.

There is a slight upscaling effect in the direction of master's level through public programs with conditions, e.g. school social work (orientation to teacher level), partly refugee coordination in offices (orientation to profession such as sociology and lawyers), as part of a social manageriarization of social work: managerial positions in functional areas that were previously occupied by people from outside the profession (business economists, lawyers) open up at least the possibility for higher grouping of social work (as specialized services).

Comparable to the medical sector: academization of the so-called "auxiliary medical professions" (nursing, paramedics, midwives, physiotherapy) leads to functions of the medical profession being transferred to other professions; the debate was and is over the question of whether this goes hand in hand with cost reduction or whether the new professional groups can maintain the level of medical services (as happened with psychotherapy under the Psychotherapists Act). Here the chances of enforcement are due to shortage of nurses. In social work, it seems to be different: do people want management to be filled from their own profession or by foreign, traditional professions (such as lawyers)? In European comparison: do perspectives for leadership etc. open up for social work?

Is the reason for this possible loss of quality - besides BA and privatization - possibly also the low level of union and association organization in social work? Nodes, as editor of the organ of the largest professional association of social work DBSH (e.g. comparison Avenir Sociale in Switzerland or NASW in the USA, today over 200,000 members). Nodes emphasizes again and again the socio-political setting and its level, but also the understanding of professionalism in the social field (in Switzerland, for example, much better paid) - hypothesis: long-term correlation of organization and status. Nodes does not know of any comparative study on this. In other European countries much better organized (Switzerland, Austria, etc.), but also less split into differentiated courses of study. The importance of social services in Germany is rather unrecognized. E.g. attempt to establish a nursing chamber because politicians were looking for contact persons. Useful for EU: self-organization of social work more clearly structured, standardized, professionalized.

General numbers in 1000:

<b>Employees subject to social security contributions in 1000 (increase over previous year in percent)</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Public administration, defense, social security	1771	1803 (1,8)	1843 (2,2)
Education and training	1257	1287 (2,4)	1318 (2,4)
Health and social services	4712	4832 (2,6)	4954 (2,5)
Private households	49	49 (0,8)	49 (0,6)

Source: Federal Statistical Office

- Education, social work,.... 1488,2

- Again only very unclear classification

Public service workers (Total 4802.9 in 1000):

- Legal protection 3.8%
- Social security, family and youth, labor market policy 17.1%
- Health, environment, sports and recreation 5.3%
  - Hospitals and sanatoriums 3.0%
- Housing, urban development, land use planning and municipal community services 2.7%.

Source: Statistical Yearbook, 2019 p.375ff.

([https://www.destatis.de/DE/Themen/Querschnitt/Jahrbuch/statistisches-jahrbuch-2019-dl.pdf?\\_\\_blob=publicationFile](https://www.destatis.de/DE/Themen/Querschnitt/Jahrbuch/statistisches-jahrbuch-2019-dl.pdf?__blob=publicationFile))

Independent charities:

- Approx. 1.4 million full-time employees
- Approx. 2.5-3 million volunteers

Source: BAGFW (<https://www.bagfw.de/englisch>)

The following tables have been taken from the 2016 overall statistics of the Federal Association of Voluntary Welfare Workers. They provide the best possible overview of social services facilities to date, as well as information on beds and employees in the various areas and facility types.

In general, social services can be considered on the part of employees or users. The consideration of the facilities or available beds and places represents a kind of bridge concept between these views. According to current research, it is mainly this area that is covered statistically in Germany. It should be noted here that more detailed information on this area is provided primarily by the independent charitable organizations and that much less detailed information is recorded by the state. However, the independent welfare organizations also provide the majority of social services in this area. But here, too, there would be a lot of room for improvement. The chairman of the FA Statistik of the BAGFW Dr. Wolfgang Schmitt remarked here to the research team: "Unfortunately, we do not have information on service recipients as well as on the financing of these organizations". More precise information on this could at best only be provided by the respective associations, i.e. at a much lower level. Summary statistics at the national level are not collected either by the state or by the welfare associations.

## Non-statutory welfare institutions and services 2016 by area of work

Art der Einrichtung	Einrichtungen	Betten/Plätze	Vollzeitbe- schäftigung	Teilzeitbe- schäftigung
Gesundheitshilfe	7.763	181.045	235.453	178.039
Jugendhilfe	41.884	2.252.074	173.175	245.764
Familienhilfe	4.787	41.733	6.207	18.614
Altenhilfe	19.515	579.255	146.230	362.528
Behindertenhilfe	19.071	628.360	162.315	220.555
Hilfe für Personen in besonderen sozia- len Situationen	10.486	123.937	19.766	24.866
Weitere Hilfen	13.426	263.050	47.058	43.604
Aus-, Fort- und Weiterbildungsstätten für soziale und pflegerische Berufe	1.691	96.820	14.589	13.901
<b>Gesamt</b>	<b>118.623</b>	<b>4.166.276</b>	<b>804.795</b>	<b>1.107.870</b>

Quelle: BAGFW, Gesamtstatistik 2016, S.7

## Health Aid

Art der Einrichtung	Einrichtungen	Betten/Plätze	Vollzeitbeschäftigung	Teilzeitbeschäftigung
<b>Gesundheitshilfe</b>	<b>7.763</b>	<b>181.045</b>	<b>235.453</b>	<b>178.039</b>
<b>Stationäre Einrichtungen der Gesundheitshilfe</b>	<b>1.087</b>	<b>177.325</b>	<b>203.460</b>	<b>160.196</b>
Allgemeine (Akut-)Krankenhäuser	525	135.345	174.703	131.894
Fachkrankenhäuser	117	12.328	14.447	12.366
Fachkrankenhäuser für Psychiatrie und/oder Psychosomatik	78	10.754	9.420	7.102
Fachkrankenhäuser für Menschen mit Abhängigkeitserkrankungen	95	4.956	1.294	1.769
med. Vorsorge und Rehabilitationskliniken für Erwachsene	73	6.168	1.905	3.547
med. Vorsorge- und Rehabilitationskliniken für Mütter bzw. Mutter-Kind- und Mutter/Vater-Kind	56	5.528	645	1.600
med. Vorsorge und Rehabilitationskliniken für Kinder und Jugendliche	9	950	306	203
Stationäre Hospize	134	1.296	740	1.715
<b>Tages- und teilstationäre Einrichtungen der Gesundheitshilfe</b>	<b>253</b>	<b>1.291</b>	<b>1.396</b>	<b>2.068</b>
Allgemeine Tageskliniken	52	944	108	219
Tageskliniken für Menschen mit Abhängigkeitserkrankungen	86	1.570	254	551
Geriatrisch/gerontopsychiatrische Tageskliniken	25	1.206	700	722
med. Versorgungszentren (MVZ)	90	–	334	576
<b>Sonstige Beratungsstellen/ambulante Dienste/offene Angebote</b>	<b>6.423</b>	<b>–</b>	<b>30.598</b>	<b>15.774</b>
Beratungs- und Betreuungsstellen für HIV-Infizierte und Aidskranke	163	–	339	351
Beratungs- und Betreuungsstellen für Krebskranke	123	–	123	352
Ambulante Hospize	335	–	219	630
Beratungsstellen für Mutter-/Vater-Kind Maßnahmen (Müttergenesung)	373	–	111	420
Gesundheitsförderung Programme/ Maßnahmen (bspw. Yoga, Bewegungsprogramme, Gymnastik, Tanz)	1.503	–	295	876
Rettungsdienste	3.209	–	26.051	10.032
Patientenberatungsstellen	490	–	434	1.321
Blutspendedienste	41	–	2.900	900
Krisendienste	115	–	55	724
Spezialisierte ambulante Palliativversorgung nach § 132d SGB V	66	–	69	164
Ambulante medizinische Reha für Abhängigkeitserkrankte	5	–	–	4

Quelle: BAGFW, Gesamtstatistik 2016, S.16/17

## Youth Services

Art der Einrichtung	Einrichtungen	Betten/Plätze	Vollzeitbe- schäftigung	Teilzeitbe- schäftigung
Jugendhilfe	41.884	2.252.074	173.175	245.764
Heime, Wohngemeinschaften und andere stationäre Einrichtungen	5.051	184.214	37.514	29.130
Heime für Kinder und Jugendliche/ Betreutes Wohnen/sonstige betreute Wohnformen (§ 34 SGB VIII)	3.140	55.098	25.962	20.442
Inobhutnahme (§ 42 SGB VIII)	173	1.366	630	622
Kinder- und Jugendheime	140	3.019	1.680	1.127
Kinder- und Jugenddörfer (§ 34 SGB VIII)	99	3.548	1.929	703
Jugendwohnheime (z. B. für Auszubildende § 13 SGB VIII)	186	8.882	1.367	1.192
Schüler- und SchülerInnenheime (Internate)	66	2.696	425	481
Schullandheime, Jugendbildungsstätten	176	11.695	486	327
Jugendherbergen/Jugendgästehäuser	580	87.211	3.363	2.118
Gemeinsame Wohnform für Schwangere/Mütter oder Mütter und Väter mit Kindern (§ 19 SGB VIII)	275	3.536	973	1.572
Erholungsheime für Kinder und Jugendliche	66	3.857	169	190
Einrichtungen der Jugendgerichtshilfe	60	2.271	65	116
Stationäre Einrichtungen nach § 35a SGB VIII für seelisch behinderte Kinder und Jugendliche	90	1.035	463	240
<b>Tageseinrichtungen</b>	<b>32.120</b>	<b>2.067.860</b>	<b>127.463</b>	<b>197.650</b>
Kindertageseinrichtungen (Kinderkrippen, Kindergärten und Horteinrichtungen)	26.485	1.808.612	106.685	164.166
Einrichtungen der Tagespflege für Kinder	548	30.020	1.749	4.216
Einrichtungen der örtlichen Erholungshilfe für Kinder und Jugendliche	510	10.597	1.070	790
Allgemein- und berufsbildende Schulen (z. B. Grund-, Haupt-, Berufsschulen)	273	42.889	3.790	4.273
Berufsvorbereitende Einrichtungen für arbeitslose Jugendliche	318	8.518	1.913	1.258
Stätten für außerbetriebliche Ausbildung sowie Beschäftigungsprojekte/Lehrwerkstätten	228	10.582	2.013	1.375
Jugendbildungsstätten (ähnlich wie VHS, eher Fortbildungsstätte; § 11 SGB VIII)	163	6.009	542	565

Art der Einrichtung	Einrichtungen	Betten/Plätze	Vollzeitbe- schäftigung	Teilzeitbe- schäftigung
Teilstationäre Einrichtungen der Hilfe zur Erziehung (§ 27 SGB VIII)	641	13.347	2.886	2.916
Freizeitstätten für Kinder und Jugendliche (z. B. „Häuser der offenen Tür“)	1.166	17.311	1.545	2.802
Integrative/inklusive Kindertages- einrichtungen	1.013	87.438	4.853	8.647
Sozialpädagogische Angebote der Bildung, Erziehung und Betreuung im Ganzttag an Schulen	775	32.537	416	6.642
<b>Beratungsstellen/ambulante Dienste/ offene Angebote</b>	<b>4.713</b>	<b>–</b>	<b>8.199</b>	<b>18.984</b>
Jugendberatungsstellen, Jugendhilfe- stellen, Jugendfreizeiteinrichtungen (§ 11 SGB VIII)	1.161	–	1.911	3.180
Ambulante Erziehungshilfen (§§ 27–30 SGB VIII)	1.031	–	2.522	6.305
Einsatzstellen der sozialpädagogischen Familienhilfe (§ 31 SGB VIII)	722	–	1.455	3.418
Pflege- und Adoptionsvermittlungs- stellen	104	–	120	265
Eingliederungshilfen für Kinder und Jugendliche mit (drohender) seelischer Behinderung	146	–	166	803
Beratungs- und Vermittlungsstellen für FSJ/FÖJ, Au pair, Bundesfreiwilligen- dienst	162	–	408	420
Internationaler Jugendaustausch	45	–	43	59
Beratungsstellen für arbeitslose Jugend- liche/Ausbildungsplatzvermittlung	133	–	239	648
Schulsozialarbeit / Schulbezogene Jugendsozialarbeit (§§ 11, 13 SGB VIII)	1.055	–	1.154	3.512
Jugendfürsorgeverein	21	–	38	86
Intensive sozialpädagogische Einzelbe- treuung (§ 35 SGB VIII)	133	–	143	287

Quelle: BAGFW, Gesamtstatistik 2016, S.20/21

## Family support

Art der Einrichtung	Einrichtungen	Betten/Plätze	Vollzeitbeschäftigung	Teilzeitbeschäftigung
<b>Familienhilfe</b>	<b>4.787</b>	<b>41.733</b>	<b>6.207</b>	<b>18.614</b>
<b>Stationäre Einrichtungen</b>	<b>474</b>	<b>21.827</b>	<b>1.510</b>	<b>2.347</b>
Familienferienstätten	93	11.820	441	534
Häuser der Erwachsenenenerholung einschl. Seniorenenerholung	112	5.921	544	660
Frauenhäuser	269	4.086	524	1.153
<b>Tageseinrichtungen</b>	<b>1.037</b>	<b>19.907</b>	<b>1.517</b>	<b>4.332</b>
Familienzentren, Familientreffs	599	12.620	1.327	3.244
Mütter- und Väterzentren	103	2.312	16	354
Frauzentren	107	959	120	146
Mehrgenerationenhäuser	228	4.015	54	588
<b>Beratungsstellen/ambulante Dienste</b>	<b>3.276</b>	<b>–</b>	<b>3.181</b>	<b>11.935</b>
Beratungsstellen für Ehe-, Familien-, Erziehungs- und Lebensfragen (auch § 17 SGB VIII)	1.559	–	1.218	4.792
Beratungsstellen für Familienplanung/ Schwangerschaft und Schwangerschafts- konflikte	938	–	520	2.672
Familienpflege-/Dorfhelferinnenstationen einschl. Einsatzstellen der Familien- hebammen und vergleichbarer Dienste der Frühen Hilfen	361	–	1.170	3.299
Stellen für Arbeitsvermittlung hauswirtschaftlicher Fach- und Hilfskräfte	13	–	3	215
Interventionsstellen (für Opfer häuslicher Gewalt)	50	–	57	84
Beratungsstellen für Frauen und Mädchen	355	–	212	873

Quelle: BAGFW, Gesamtstatistik 2016, S.24

## Elderly care

Art der Einrichtung	Einrichtungen	Betten/Plätze	Vollzeitbeschäftigung	Teilzeitbeschäftigung
<b>Altenhilfe</b>	<b>19.515</b>	<b>579.255</b>	<b>146.230</b>	<b>362.528</b>
<b>Stationäre Einrichtungen</b>	<b>8.390</b>	<b>559.353</b>	<b>115.762</b>	<b>242.290</b>
Einrichtungen mit Wohnangeboten für Senioren	2.104	94.936	8.040	11.073
Seniorenwohnheime	374	35.943	10.608	10.718
Vollstationäre Altenpflegeeinrichtungen (mit/ohne Versorgungsvertrag nach § 72 SGB XI), inkl. Kurzzeitpflegeplätze	5.290	415.304	94.683	217.317
Solitäre Kurzzeitpflegeeinrichtungen nach § 42 SGB XI (Leistungsart) oder mit Versorgungsvertrag nach § 72 SGB XI	622	13.170	2.431	3.182
<b>Tageseinrichtungen/Teilstationäre Pflegeeinrichtungen</b>	<b>1.453</b>	<b>19.902</b>	<b>1.788</b>	<b>8.156</b>
Solitäre Tages- und/oder Nachtpflegeeinrichtungen nach § 41 SGB XI	1.453	19.902	1.788	8.156
<b>Beratungsstellen/ambulante Dienste</b>	<b>9.672</b>	<b>–</b>	<b>28.680</b>	<b>112.082</b>
Ambulante Pflegedienste/Sozialstationen (§ 72 SGB XI bzw. § 36 SGB XI)	4.246	–	24.033	97.181
Seniorenbegegnungsstätten/ Seniorentagesstätten/Seniorenfreizeitstätten	1.671	–	961	2.157
Wohngemeinschaften u. a. alternative Wohnformen	171	–	185	563
Beratungsstellen für Senioren/ Seniorenbüros	772	–	475	893
Stationäre Mahlzeitendienste	457	–	702	2.579
Ambulante Mahlzeitendienste („Essen auf Rädern“)	827	–	591	3.476
Hausnotrufdienste	745	–	654	1.619
Ambulant Betreutes Wohnen für Senioren	582	–	1.016	3.063
Sonstige Hilfsdienste für ältere Menschen	201	–	62	550

Quelle: BAGFW, Gesamtstatistik 2016, S.27

## Disability assistance

Art der Einrichtung	Einrichtungen	Betten/Plätze	Vollzeitbe- schäftigung	Teilzeitbe- schäftigung
<b>Behindertenhilfe</b>	<b>19.071</b>	<b>628.360</b>	<b>162.315</b>	<b>220.555</b>
<b>Stationäre Einrichtungen für psychisch Kranke und behinderte Menschen</b>	<b>6.891</b>	<b>201.939</b>	<b>60.139</b>	<b>115.115</b>
Heime/Wohnheime für Menschen mit psych. Erkrankung/Behinderung einschl. gerontopsychiatrischer Einrichtungen	899	31.491	9.483	16.433
Übergangsheime für Menschen mit psych. Erkrankung/Behinderung	176	3.706	1.140	1.519
Außenwohngruppen/Betreutes Wohnen für Menschen mit psych. Erkrankung/ Behinderung	1.085	14.804	2.459	5.232
Rehabilitationseinrichtungen für Men- schen mit psych. Erkrankung/Behinderung	101	4.023	1.382	1.264
Heime/Wohnheime für Menschen mit geistiger Behinderung	2.371	101.501	33.406	68.035
Außenwohngruppen/Betreutes Wohnen für Menschen mit geistiger Behinderung	1.512	18.833	4.050	8.539
Heime/Wohnheime für Menschen mit Körperbehinderung	202	9.164	3.561	6.340
Außenwohngruppen/Betreutes Wohnen für Menschen mit Körperbehinderung	127	1.149	247	536
Heime/Wohnheime für Menschen mit Sinnesbehinderung	55	2.789	932	1.801
Außenwohngruppen für Menschen mit Sinnesbehinderung	43	958	129	513
Erholungs- und Kurheime für Menschen mit Behinderung und Angehörige	29	820	60	123
Internats der Berufsbildungs- und Berufsförderungswerke	43	7.056	860	553
Heime für Menschen mit Mehrfach- behinderung	248	5.645	2.431	4.227
<b>Tageseinrichtungen</b>	<b>5.508</b>	<b>426.421</b>	<b>86.660</b>	<b>54.821</b>
Tagesstätten für Menschen mit psych. Erkrankung/Behinderung	814	17.052	1.931	3.818
Tages-/Nachtkliniken für Menschen mit psych. Erkrankung/Behinderung	36	724	150	242
Kindergärten für Kinder mit geistiger Be- hinderung und/oder Körperbehinderung	345	10.578	3.264	2.537
Kindergärten für Kinder mit Sinnes- behinderung	93	2.889	604	870
Tagesstätten für Jugendliche mit geistiger Behinderung und/oder Körper- behinderung	88	5.806	653	1.815
Schulen/Tagesbildungsstätten für Kinder/ Jugendliche mit geistiger Behinderung	304	22.689	5.469	6.975
Schulen für Kinder/Jugendliche mit Körperbehinderung	36	4.182	1.405	1.426

Art der Einrichtung	Einrichtungen	Betten/Plätze	Vollzeitbe- schäftigung	Teilzeitbe- schäftigung
Schulen für Kinder/Jugendliche mit Hör-/ Sprachbehinderung	136	11.165	1.703	2.090
Schulen für blinde und sehbehinderte Kinder/Jugendliche	30	1.918	373	229
Schulen für Kinder/Jugendliche mit Lern- behinderung	124	11.886	1.779	1.335
Berufsbildungswerke	62	9.543	2.835	1.694
Berufsförderungswerke	13	4.083	624	412
Einrichtungen zur beruflichen Ausbil- dung und Förderung Jugendlicher mit Behinderung	83	5.555	1.256	698
Anerkannte Werkstätten für Menschen mit Behinderung	1.405	230.006	52.449	16.479
Integrationsbetriebe/-abteilungen mit speziellem Angebot für Therapie und Rehabilitation	197	3.737	1.275	1.344
Tagesförderstätten für erwachsene Menschen mit Behinderung	431	12.539	2.430	3.481
Weitere Werkstätten und Betriebe für Menschen mit Behinderung	272	4.350	1.886	1.627
Betreuung für Senioren mit Behinderung	52	939	132	179
Heilpädagogische, integrative Kinder- gärten bzw. Tagesstätten	987	66.779	6.442	7.570
<b>Beratungsstellen/ambulante Dienste/ Integrationsfachdienste</b>	<b>6.672</b>	<b>–</b>	<b>15.516</b>	<b>50.618</b>
Beratungsstellen für Menschen mit Be- hinderung, inkl. familienentlastende und familienunterstützende Dienste	1.287	–	1.801	8.223
Einrichtungen zur Früherkennung, Frühbehandlung und Frühförderung	637	–	2.488	5.379
Ambulante sozialpsychiatrische Dienste, Kontakt- und Beratungsstellen für psy- chisch kranke/behinderte Menschen sowie Autismusambulanzen	741	–	1.483	4.443
Ambulante psychiatrische Pflege	119	–	229	939
Hilfsmittelverleihstellen	62	–	63	26
Fahrdienste für Menschen mit Behinde- rung	650	–	1.516	6.195
Begegnungsstätten für Menschen mit Behinderung	461	–	317	783
Ambulantes betreutes Wohnen für Menschen mit Behinderung/Menschen mit psych. Erkrankung	1.791	–	3.439	10.460
Ambulante soziale Dienste für Menschen mit Behinderung	427	–	1.688	7.156
Berufliche Trainingszentren (BTZ)	5	–	27	20
Schulassistenzen	492	–	2.465	6.993

Quelle: BAGFW, Gesamtstatistik 2016, S.30/31

## Assistance for persons in special social situations

Art der Einrichtung	Einrichtungen	Betten/Plätze	Vollzeitbe- schäftigung	Teilzeitbe- schäftigung
<b>Hilfe für Personen in besonderen sozialen Situationen</b>	<b>10.486</b>	<b>123.937</b>	<b>19.766</b>	<b>24.866</b>
<b>Stationäre Einrichtungen</b>	<b>1.607</b>	<b>76.887</b>	<b>5.019</b>	<b>5.343</b>
Übernachtungswohnheime und Notunterkünfte	270	12.084	1.063	1.276
Heime, Wohngemeinschaften und betreutes Wohnen für Wohnungslose	405	9.576	1.219	1.495
Heime, Wohngemeinschaften und betreutes Wohnen für gefährdete Erwachsene (insbesondere nach Haftentlassung)	142	2.179	308	286
Erstaufnahmeeinrichtungen für Asylsuchende	63	8.078	347	270
Gemeinschaftsunterkünfte für Asylsuchende/geduldete Personen	274	27.144	288	121
Wohnheime für Migranten	158	13.025	908	336
Betreutes Wohnen/Nachsorgeeinrichtungen für Menschen mit Abhängigkeits-erkrankungen	295	4.801	886	1.559
<b>Tageseinrichtungen</b>	<b>1.997</b>	<b>47.051</b>	<b>6.224</b>	<b>4.615</b>
Tagesstätten/Zentren für Migranten	166	6.401	202	270
Tagesstätten/Zentren für Arbeitslose	112	1.227	125	221
Werkstätten/Tageseinrichtungen für suchtkranke Menschen	62	762	232	237
Beschäftigungs- und Qualifizierungseinrichtungen bzw. -projekte für erwerbslose, suchtkranke Menschen	586	14.815	4.889	2.849
Tagesstätten für Personen in besonderen Lebensverhältnissen mit sozialen Schwierigkeiten nach § 67ff. SGB XII	130	2.149	323	301
Bildungsangebote/Sprachkurse für Eingewanderte und Flüchtlinge	941	21.697	453	737
<b>Beratungsstellen/ambulante Dienste</b>	<b>6.882</b>	<b>–</b>	<b>8.524</b>	<b>14.908</b>
Migrationsdienst: Migrationsberatung für erwachsene Zuwanderer/Flüchtlingssozialarbeit	1.897	–	1.550	2.969
Jugendmigrationsdienst	397	–	397	608
Beratungs- und Betreuungsstellen für straffällige und haftentlassene Menschen und deren Angehörige	235	–	280	342
Beratungs- und Betreuungsstellen für Wohnungslose	592	–	629	1.391

Art der Einrichtung	Einrichtungen	Betten/Plätze	Vollzeitbe- schäftigung	Teilzeitbe- schäftigung
Rechtsberatungsstellen für Migranten	66	–	65	155
Schuldnerberatungsstellen/Schuldner- und Verbraucherinsolvenzberatung	727	–	660	1.474
Telefonseelsorge, Telefonberatungs- stellen	166	–	115	370
Suchdienste, Heimatortskarteien	112	–	149	36
Bahnhofsmissionen und Bahnhofsdienste	170	–	111	463
Beratungsstellen für Betreuer und Beistände (Betreuungsvereine)	638	–	1.209	1.772
Beratungsstellen für erwerbslose Menschen	347	–	843	811
Ambulant betreutes Wohnen für Men- schen mit Abhängigkeitserkrankungen	106	–	122	286
Beratungs- und Betreuungsstellen für Menschen mit Abhängigkeitserkrankungen	1.294	–	2.316	4.041
Fachstellen für Täter-Opfer-Ausgleich/ Konfliktregulierung	49	–	41	54
Fachstellen zur Vermittlung und Beglei- tung gemeinnütziger Arbeit	86	–	35	136

Quelle: BAGFW, Gesamtstatistik 2016, S.34/35

## More helps

Art der Einrichtung	Einrichtungen	Betten/Plätze	Vollzeitbe- schäftigung	Teilzeitbe- schäftigung
<b>Weitere Hilfen</b>	<b>13.426</b>	<b>263.050</b>	<b>47.058</b>	<b>43.604</b>
<b>Stationäre Einrichtungen</b>	<b>1.810</b>	<b>257.969</b>	<b>16.459</b>	<b>4.388</b>
Wohnheime für Berufstätige	105	7.674	159	346
Wohnheime für Studierende	1.667	249.239	16.229	3.961
Wohnheime an Ausbildungsstätten für soziale Berufe	25	780	63	57
Wohnheime an sonstigen Bildungsstätten	13	277	8	24
<b>Tageseinrichtungen</b>	<b>293</b>	<b>5.081</b>	<b>378</b>	<b>911</b>
Tagesstätten für Erwachsene (Stadtteil- / Nachbarschaftszentren, Tagestreffs)	291	5.031	373	876
Tagesstätten der örtlichen Erholungshilfe für Erwachsene	2	50	5	35
<b>Beratungsstellen/ambulante Dienste</b>	<b>11.323</b>	<b>–</b>	<b>30.222</b>	<b>38.304</b>
Allgemeine Sozialberatungsstellen	3.598	–	7.743	6.705
Tafeln/Suppenküchen/Mittagstische (unentgeltliche Dienste)	411	–	875	1.077
Kleiderausgabestellen/Möbellager/Sozial- kaufhäuser	1.227	–	995	1.683
Geschäftsstellen	5.875	–	20.262	25.994
Mobile soziale Dienste, auch MSHD	212	–	347	2.846

Quelle: BAGFW, Gesamtstatistik 2016, S.38

## Education, training and continuing education institutions

Art der Einrichtung	Einrichtungen	Betten/Plätze	Vollzeitbeschäftigung	Teilzeitbeschäftigung
Aus-, Fort- und Weiterbildungsstätten für soziale und pflegerische Berufe	1.691	96.820	14.589	13.901
Fachhochschulen für Sozialwesen (z. B. Heilpädagogik, Sozialarbeit, Sozialpädagogik etc.)	43	8.684	660	472
Fachschulen und -akademien für Sozialpädagogik	127	10.919	1.207	1.757
Fachschulen für Heilpädagogik	31	2.313	908	240
Ausbildungsstätten für Logopädie (Sprachtherapie)	15	693	65	239
Schulen für Heilerziehungspflege/Heilerziehungspflegehilfe	83	3.895	319	814
Krankenpflegeschulen/Krankenpflegehilfeschulen	226	8.473	1.122	885
Kinderkrankenpflegeschulen	35	495	130	90
Schulen für Physiotherapie	19	1.971	249	193
Schulen für Familienpflege/Dorfhilfe	59	729	232	134
Altenpflegeschulen/Altenpflegehilfeschulen	424	19.824	2.109	2.557
Schulen für Beschäftigungstherapie/Arbeitstherapie/Musiktherapie/Kunsttherapie	22	1.719	165	293
Fachschulen und -akademie, Berufsfachschule für Hauswirtschaft (Wirtschaft, Hauswirtschaftsleitung, Ökotrophologie)	14	42	49	195
Berufsvorbereitende und berufsqualifizierende Einrichtungen (z. B. Schwesternvorschulen und beruflicher Einstieg)	68	3.768	2.009	754
Fort- und Weiterbildungsstätten für Mitarbeiterinnen und Mitarbeiter im Bereich der sozialen Arbeit, inkl. Führungskräfte	214	20.926	2.561	1.891
Fort- und Weiterbildungsstätten für Mitarbeiterinnen und Mitarbeiter in der Krankenpflege	249	10.294	2.215	2.656
Bildungszentren Bundesfreiwilligendienst (ehemals Zivildienstschulen)	33	652	347	150
Berufs(fach)schule für Kinderpflege/Sozialpflege	29	1.424	240	580

Quelle: BAGFW, Gesamtstatistik 2016, S.40

### University education:

Classic course of study: social work or social pedagogy:

<https://berufenet.arbeitsagentur.de/berufenet/faces/index?path=null/kurzbeschreibung&dkz=93948>

Numerous other degree programs, some of whose graduates work in the field of personalized social services, such as psychology, medicine, public health, nursing

**Apprenticeship:**

- o Health professions
- o Social professions

Apprenticeship occupations (below degree level, but partly modularized with degree level as a goal) <https://www.arbeitsagentur.de/bildung/ausbildung/berufstyp-sozial-pflegerische-berufe>

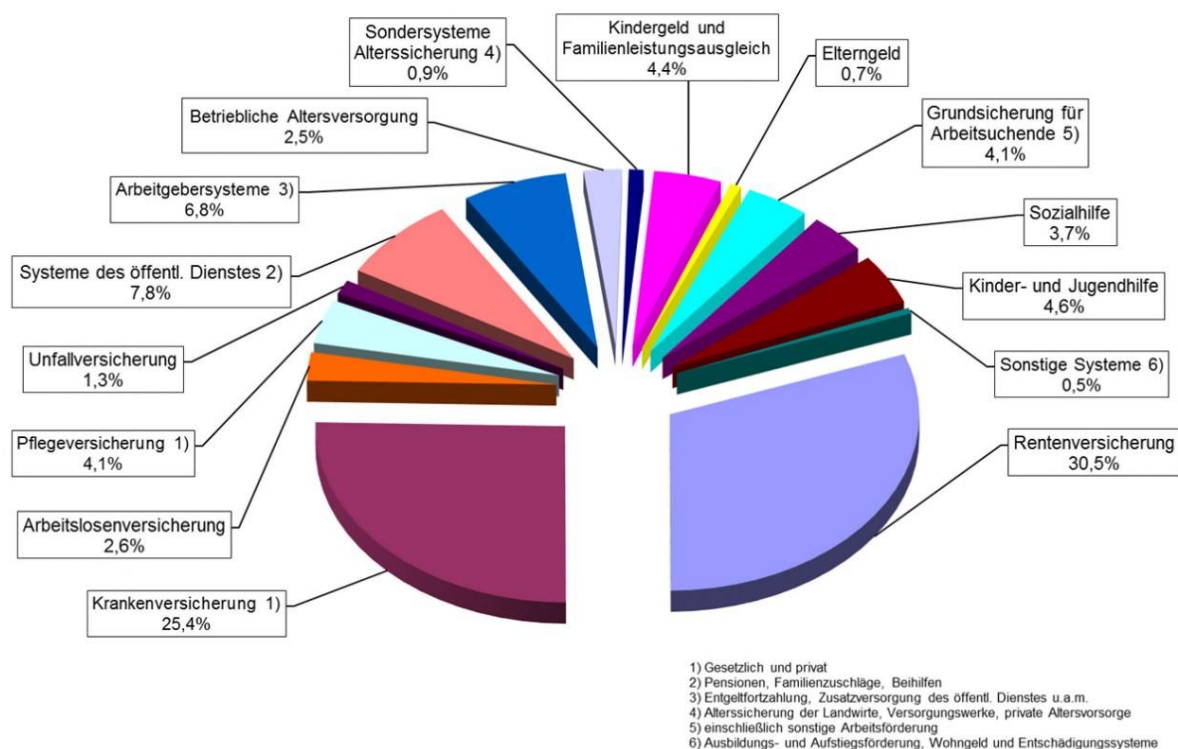
**Question 12: What type of financing models are implemented in the Member State? How are these models financed?**

Please consider:

- Financing models that support the provision of social services
- Actors contributing to the financing of the social services (government, employers, employees, users etc.)
- How are finances divided between different services

## Social budget by security branch

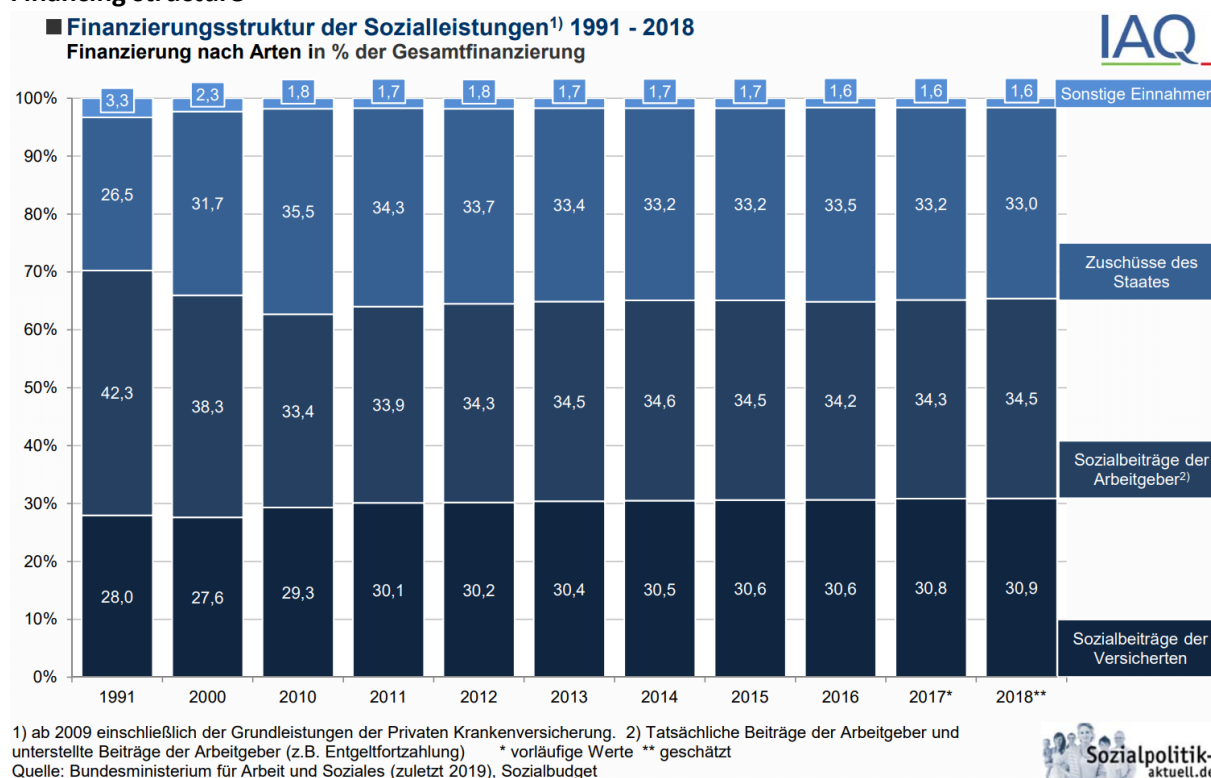
### Das Sozialbudget nach Sicherungszweigen im Jahr 2019: Anteile an den Gesamtausgaben einschließlich der Beiträge des Staates



Source: Bundesministerium für Arbeit und Soziales, Sozialbudget 2019; Link:

<https://www.bmas.de/SharedDocs/Downloads/DE/Publikationen/a230-19-sozialbudget-2019.html>

## Financing structure



Source: Sozialpolitik-Aktuell.de; Link: <http://www.sozialpolitik-aktuell.de/finanzierung-datensammlung.html>

Statistical Yearbook page 238ff, expenditures by various social sectors.

[https://www.destatis.de/DE/Themen/Querschnitt/Jahrbuch/jb-soziales.pdf?\\_\\_blob=publicationFile](https://www.destatis.de/DE/Themen/Querschnitt/Jahrbuch/jb-soziales.pdf?__blob=publicationFile)

### Question 13: Does the Member State monitor and evaluate financing and actual delivery of social services? Please comment on:

- Monitoring and/or evaluation system in place
- Measuring of the performance of social services
- Are the financing systems monitored and evaluated
- Key performance indicators and/or targets used to monitor financing and the services in general
- Regularity of the monitoring and evaluation activities focused on financing as well as the specific social service
- Results of such activities (i.e. how are the results used to improve/develop the financing models Used and the specific social services in general?)
- Areas considered regarding monitoring of activities (e.g. access, quality, availability, relationships between relevant actors, efficiency and effectiveness of actions)
- Specific monitoring in place for personal targeted social services

- Regularity of the M&E activities
- Difficulties in regard to monitoring activities?
- Are the results of the monitoring/evaluation published

Insufficient coverage of the social sector on the national level. No direct coverage of "personal targeted social services". Only the youth welfare sector is covered in somewhat greater detail. Otherwise, only a rough summary. More detailed statistics are usually only available at the municipal level or for individual institutions.

In research (contact to the federal ministries is still missing, we are still waiting for Panteia to mediate)

**Question 14: How has Covid-19 had an impact on the main users of personal targeted social services?**

- Has Covid-19 had more/less impact on users of certain personal targeted social services when compared to others?
- What are the main gaps (if any) in the system that has surfaced during the Covid-19 pandemic?
- Are there certain social needs of vulnerable groups that became apparent that were not covered at all?
- Were any of the social services considered critical or essential i.e. comparable to healthcare?

Self-descriptions of key sociopolitical actors in the study area:

Deutscher Verein: [https://www.deutscher-verein.de/de/presse-newsletter-schwerpunktthema-gesetze-zur-abmilderung-der-folgen-der-covid-19-pandemie-im-bereich-des-sozialen-4154.html?pk\\_campaign=dv\\_aktuell\\_4\\_2020&pk\\_kwd=COVID-19-Folgen-im-Sozialbereich](https://www.deutscher-verein.de/de/presse-newsletter-schwerpunktthema-gesetze-zur-abmilderung-der-folgen-der-covid-19-pandemie-im-bereich-des-sozialen-4154.html?pk_campaign=dv_aktuell_4_2020&pk_kwd=COVID-19-Folgen-im-Sozialbereich)

BAGFW: <https://www.bagfw.de/themen/corona>

BMFSFJ: <https://www.bmfsfj.de/bmfsfj/themen/corona-pandemie>

**Question 15: How did Covid-19 had impact the social service providers and the social service workforce?**

- Has Covid-19 had more/less impact on certain social service providers/social service workers when compared to others?
- What are the main gaps (if any) in the social service provision that has surfaced during the Covid-19 pandemic?
- What impact has Covid-19 had on the financing of social services?

See question 14

Still under investigation

## Literature

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<http://www.akjstat.tu-dortmund.de/>

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Link: <https://www.destatis.de/DE/Themen/Querschnitt/Jahrbuch/statistisches-jahrbuch-2019-dl.html>

Statistisches Bundesamt (2008): Klassifikation der Wirtschaftszweige. Mit Erläuterungen. Wiesbaden.