Strengthening social services at the local level

challenges, innovations, and lessons learned

Seminar 2.

Unlocking financing and innovation for social services

WORLD BANK GROUP
Social Protection

BBL exchange series

The Social Protection in Europe and Central Asia unit at the World Bank is organizing a BBL exchange series to share lessons learned and best practices for addressing key challenges and strengthening social services at the local level.

The sessions will be structured around four main topics:

1. planning of social services
2. financing and innovation
3. provision of social services
4. workforce

Strengthening social services at the local level

challenges, innovations, and lessons learned

Seminar 2.

Financing social services
Money follows the beneficiary
International practices in LTC

Elena Glinskaya

WORLD BANK GROUP
Social Protection

Elena Glinskaya

Lead Economist at the Social Protection and Jobs Global Practice at the World Bank

- Leads work on youth employment, migration (including care workers), and safety nets in Western & Central Africa
- Works on aging, service delivery, and fiscal policy in Eastern Europe, and Central Asia, East Asia & Pacific
- Lived in Beijing in 2012-18 (was an HD Program Leader in China, Mongolia & Korea)
- Publishes on elderly care, labor markets, health, migration, and social protection
- Ph.D. in Economics, UNC Chapel Hill

Strengthening social services at the local level

LTC FINANCING MODELS

KEY PRINCIPLES AND OBJECTIVES when designing LTC

Money follows people is not an end but a solution to achieve the key objectives of the LTC by the means of financing models, as below

- a — **Financial sustainability** Healthy ageing
- b — **Value for money** (targeted beneficiaries, mode of care)
- c — **Fairness**
- d — **Efficiency** (including market for suppliers)
- e — Quality of services Freedom of choice and **dignity for beneficiaries and carers**
- f — **Transparency**
- g — **Integration with existing services** (especially with health services)

THESE OBJECTIVES ARE OFTEN CONTRADICTORY, SO THE CHOICE OF FUNDING MODEL REQUIRES BALANCING AND HARD TRADE-OFFS

Strengthening social services at the local level

LTC FINANCING MODELS

KEY BLOCKS

FOCUS TODAY

Revenue side	Expenditure side		
Source of funding	Eligible target groups	Types of LTC services	Payments
• Tax-based (Nordic European countries) • Public mandatory long-term care insurance schemes (Germany, Netherlands, Luxembourg, Japan and Korea) • Private insurance (France, USA) • Co-payment by clients (a common requirement in many countries, which may vary depending on the care setting)	• The level of care needs determined by the assessment & ✓ Universal coverage ✓ Means-tested income or assets to establish financial eligibility thresholds for publicly funded care ✓ Other considerations (i.e work status of familial carers)	• The level of care - a bundle of services that individuals are eligible for ✓ Home care (including family care) ✓ Community services (day centres) ✓ Residential services (institutions)	• SUPPLY side = Payment to providers based on amount of care, services provided or outcomes • DEMAND side = Payment to eligible persons in cash, payment in kind or vouchers

Strengthening social services at the local level

SUPPLY-SIDE PAYMENT MODELS: PAYMENTS to PROVIDERS

Payment model	Example
Line-item budget	For example, residential nursing homes via the Personal Autonomy Allowances program in France
Global budget	For example, intensive home care via Social Private LTC Insurance in Germany; nursing facilities via Social LTC insurance in the Netherlands
Fee per service	For example, home support via the Commonwealth Home Support Program in Australia; nonmedical residential care via Social Aid and Tax benefits in France; all services via LTCI in Japan
Per-diem	For example, personal, clinical, and social care accommodation via a Residential Care program in Australia
Case-based payments	Diagnostic Related Group or Resource Utilization Group – for example, long-term care hospitals via Social health insurance in Korea; home care and home health resource groups via Medicare in Sweden
Per capita	For example, personal and clinical care for complex needs via a Home care package program in Australia

Strengthening social services at the local level

SUPPLY-SIDE PAYMENT MODELS: PAYMENTS to PROVIDERS

No model is perfect

No method that involves direct payment to the supplier can balance all objectives: the right model is context-specific. But some models are better than others...

All types of **institutional care** require a supply-side model (payments to providers). **Community and home care** services also require a supply-side payment but should be complemented by demand-side approaches.

Reform

When **reforming a funding stream for LTC**, the approach needs to be linked to planned funding reforms for health and social services as a whole. Otherwise, patients and costs will shift.

Models of payments to suppliers

Line-item budgeting is outdated, serves no purpose, and should be phased out.

Fee-for-service is not an option in countries with demographically driven increasing demand.

Fee-for-service, case-based payments, and, to some extent, per capita payments are examples of provider payment methods where "money follows the person". But without clear eligibility criteria through rigorous assessment and the definition of the bundle of services (who is eligible and for what) and without complementary demand-side payments (payment to eligible persons), they will not deliver financial sustainability, efficiency, value for money, and quality.

PAYMENT MODELS: PAYMENTS TO BENEFICIARIES

Cash payments

Cash payments to eligible persons - Italy, Singapore. Austria
Cash payments (carers' allowances) are also used to reimburse family carers.

Voucher

Vouchers for eligible persons - Sweden, Finland, Denmark, Belgium, Slovenia, Hong Kong, many others

- Vouchers are offered to eligible individuals who exchange them for licensed services from accredited providers.
- The authorities, in turn, reimburse suppliers whom voucher holders select.
- A voucher system allows the selection of care provider(s), giving users a choice while facilitating the market for private providers.

Strengthening social services at the local level

VOUCHERS

A VOUCHER SCHEME PROMOTES **ALL** KEY PRINCIPLES AND OBJECTIVES

- Visible to individuals; Make them feel that the State is serving them - State is a servant of the people;
- Empowerment;
- Increase the purchasing power of older people with care needs;
- They lead to increased volume of services; economies of scale often lead to lower unit costs and prices;
- Reveals the most "consumer-oriented" and efficient suppliers;
- They are particularly strong in densely populated areas where competition allows learning about 'preferred suppliers';
- Encourages the emergence of efficient suppliers;
- Encourages and expands employment among currently underemployed population groups, such as older working-age women (over 50);

A voucher system is a very powerful tool to complement provider-based reforms and is equivalent to an incentive system if implemented correctly.

INNOVATIONS TO ACCOMPANY LTC FINANCING REFORMS

INTERNATIONAL EXAMPLES

- Reforms in **eligibility and level of care**;

- Shifting focus to **prevention** -> changes in services covered
  - coverage of preventative services in a health insurance package
- Increased co-payments**, especially for "custodial services“**
- Entry of **for-profit operators** into the social services market (USA)
- **Branding and franchising**

- Use of **assistive devices and technologies**
- **Respite care** for family carers
- **Employment policies** for family carers
- Training and professionalisation

- **"Culture change" movement,** providers distance themselves from the traditional nursing home model with smaller, family-style facilities
- **Housing adaptation** payments/vouchers (lump sum instead of monthly payments)
- **Age-friendly cities**

Strengthening social services at the local level

A SAMPLE "REFORM PACKAGE"

Financing reforms

two-pronged approach to payments

- Supply-side
  - ✓ capitation and case-based payments in the institutional facilities
  - ✓ performance–based -payments for community care and home care
- Demand side
  - ✓ vouchers
  - ✓ caregiver payments

Complementary reforms and innovations

- ✓ Assessment and eligibility
- ✓ Level of care - benefits and services
- ✓ Human resources - deployment and retention

Healthy Aging - All Economy Approach

- Prevention, aging in place, and self-management
- People-centered integrated care
- Technology

Strengthening social services at the local level

challenges, innovations, and lessons learned

Seminar 2.

Towards a new financing model in social services - money follows the beneficiaries in Romania

WORLD BANK GROUP
Social Protection

ROMANIA

TOWARDS A NEW FINANCING MODEL IN SOCIAL SERVICES – MONEY FOLLOWS THE BENEFICIARIES

MINISTERUL MUNCII
FAMILIEI, TINERETULUI ȘI
SOLIDARITĂȚII SOCIALE

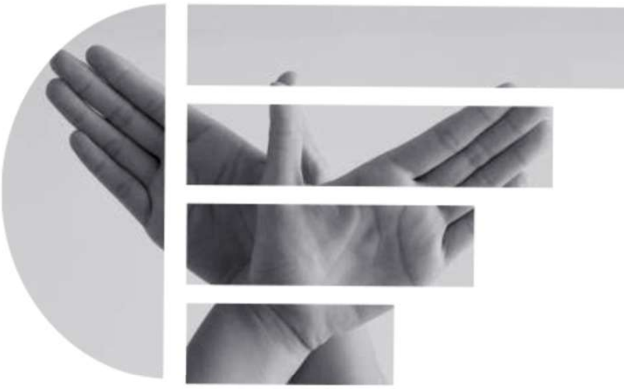
TEAM: Daniela Moroșanu (General Director)
Manuela Mândroviceanu (Head of Unit)
Dorina Vicol (Senior expert)

Gabriela Necșuliu (Superior counselor) - presenter

Romania's Social Services System – CONTEXT

MAIN REGULATIONS

- **2005 - The first Nomenclature of Social Services** defining 50 types of social services classified primarily by the (8) category of beneficiaries.
- **2011 – The Framework Law of social assistance** no. 292/2011, significantly revised in 2024
- **2025 – National Register of Social Services** listing the licensed social services of accredited providers – over 3,000 public and 2,400 private
- **2025 – A revised Nomenclature of Social Services will be issued** including 11 types of consolidated types of social services (on the basis of the current 77 types). Complementary, new quality and costs standards are under preparation with the assistance of the World Bank.
- Special laws regulate services for child protection, adults with disabilities, and long-term services for older persons.



ROMANIA
Total population:
19,064,409 (in 2024)

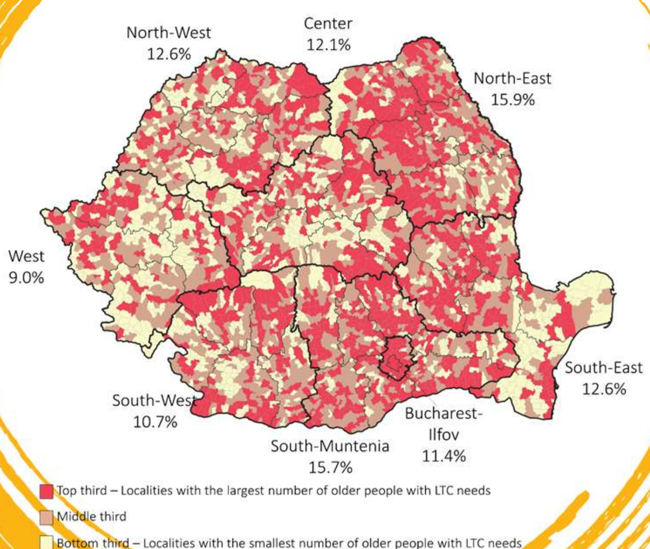
Local authorities are primarily responsible for organizing, financing, and delivering social services, operating under limited budgets and growing pressures.

Romania's Social Services System – CONTEXT

Strengthening social services at the local level

ROMANIA

The needs for social services
(Example, LTC for older persons)



MAIN CHALLENGES

- **Over-reliance on institutional care**/residential services
- **Deinstitutionalization** of child protection in the final stage, and ongoing for adult persons with disabilities
- **Insufficient and underdeveloped community services**
- Still **unsatisfactory coverage rate with social services** of population in need
- **Uneven distribution in territory** – About 2/3 of services are located in urban areas and a few regions of the country.
- **Significant predominance of informal care**
- **Care workforce deficit and high workload** in formal social services;
- **Too many and too small local municipalities** cannot ensure the development and sustainability of community services
- **Total government expenditures for social protection 12.8% of GDP** (as compared with 19.2% in EU-27 level).

Money follows the beneficiary

KEY OBJECTIVES

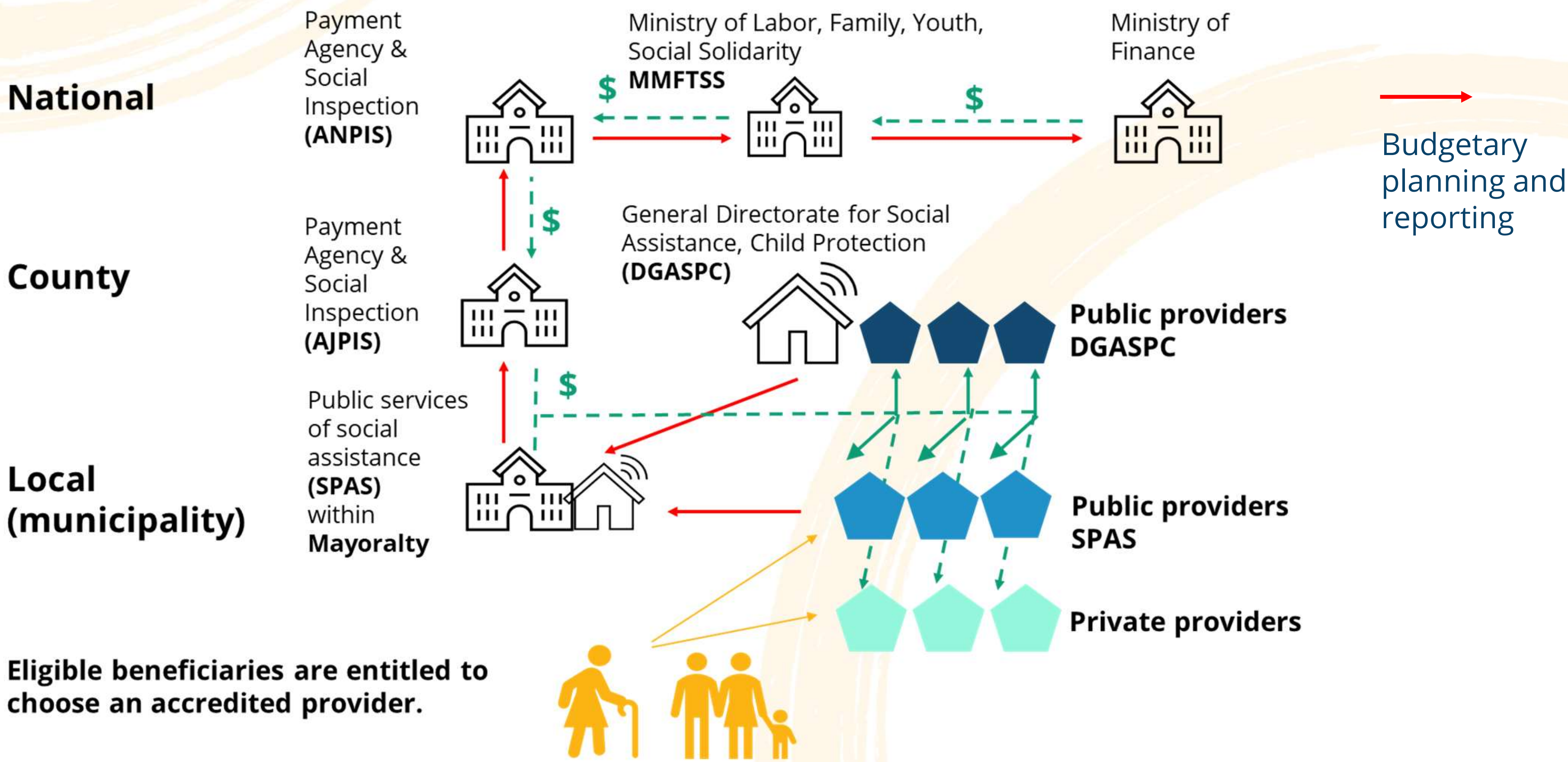
a) Efficiency (including market for providers)
b) Quality of services, freedom of choice, and dignity for beneficiaries and carers
c) Transparency

Other key objectives considered for the next implementation phases: value for money, fairness, financial sustainability, integration with health, education, and other services

INDICATORS

- Monitoring and evaluation indicators (process and outcome) linked with the key objectives
- Performance indicators of the new financing mechanism

The new financing mechanism Money follows the beneficiary – How it works

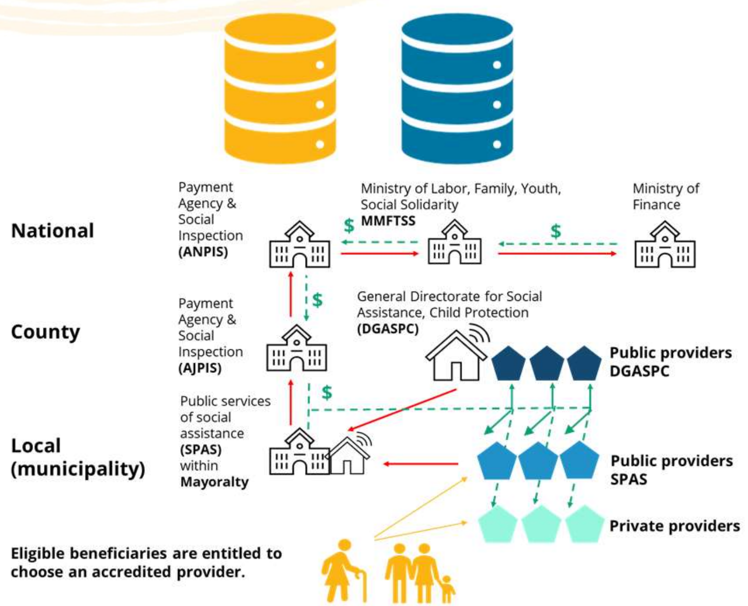


Strengthening social services at the local level

The new financing mechanism Money follows the beneficiary – How it works

National Registry of SS Beneficiaries

National Registry of Social Services



Budgetary planning and reporting

Payments from the State Budget

$

X BENEFICIARIES

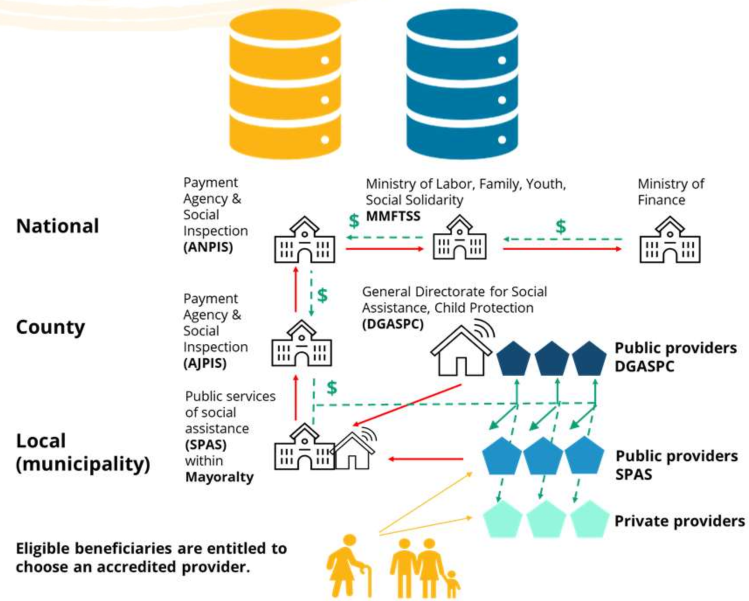
- Request for social assistance (social services and cash benefits) to SPAS
- With a Plan of intervention and Personal budget, are entitled to choose any accredited provider/licensed social service public or private
- Co-payment for services (except for children)
- Sign a service contract with the chosen provider and, if applicable, the payment commitment
- Provides feedback on the quality of services

Strengthening social services at the local level

The new financing mechanism Money follows the beneficiary – How it works

National Registry of SS Beneficiaries

National Registry of Social Services



Budgetary planning and reporting

$ Payments from the State Budget

Over 5,400 LICENSED SOCIAL SERVICES PROVIDERS

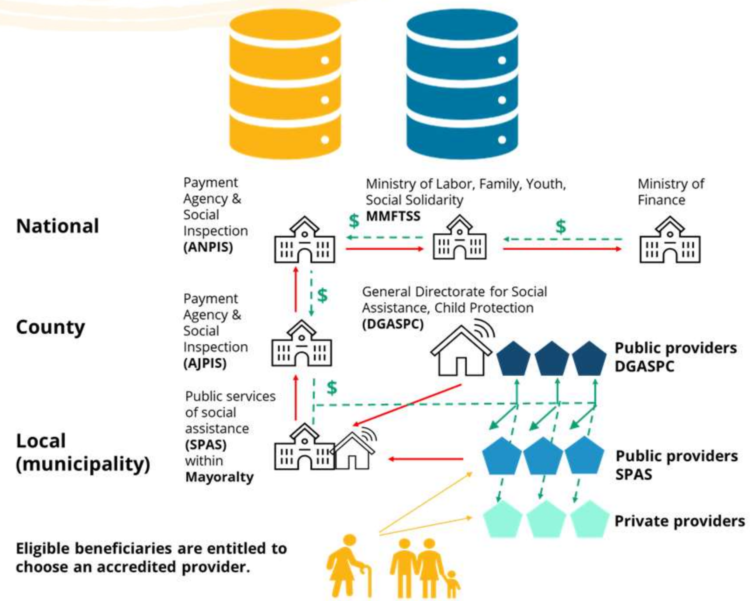
- Mandatory to be licensed/accredited
- Selected by the beneficiary
- In-depth assessment of care needs and draft an individualized plan of care and assistance per beneficiary
- Sign a service contract with each beneficiary and, if applicable, a co-payment statement
- Input data in the National Register of Social Services Beneficiaries
- Respect the new minimum quality standards, including measuring client satisfaction
- Report to SPAS regarding the implementation of the individualized plan and provide other updates; ensure transparency of activities as required by law (reports, statistics, etc.)
- Send monthly payment requests according to the delivered services per beneficiary
- Are legally liable for administrative and, where applicable, criminal violations

Strengthening social services at the local level

The new financing mechanism Money follows the beneficiary – How it works

National Registry of SS Beneficiaries

National Registry of Social Services



Budgetary planning and reporting

Payments from the State Budget

$

SPAS & SOCIAL WORKERS IN LOCAL AUTHORITIES

319 cities, 2,862 communes, covering 13,092 villages

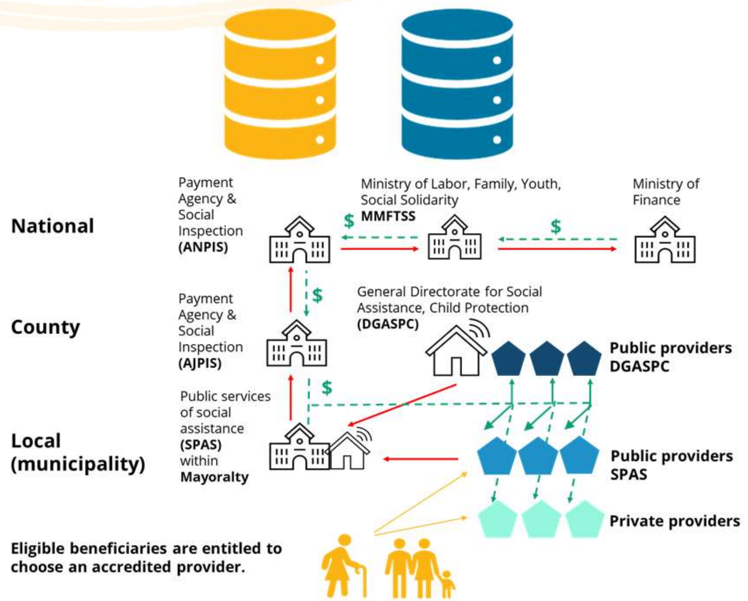
- The “gatekeeper” of social assistance – ensures intake, registration, and assessment, drafts the service plan, opens the right for social assistance, calculates the personal budget (based on the new minimum cost standards), provides case management
- Implement **the minimum package of services**
- Input data in the National Register of SS Beneficiaries
- Monitor the implementation of the social services plan
- Validate the payment requests sent by providers for delivered services per beneficiary
- Send to AJPIS, every month, the summary of beneficiaries and corresponding amounts to be reimbursed
- Annual plan for social services within the community and prepare the budget required to finance services
- UAT (or AJPIS, TBD) transfers the corresponding funds to the service provider within 5 days

Strengthening social services at the local level

The new financing mechanism Money follows the beneficiary – How it works

National Registry of SS Beneficiaries

National Registry of Social Services



Budgetary planning and reporting

Payments from the State Budget $

PAYMENT AGENCY

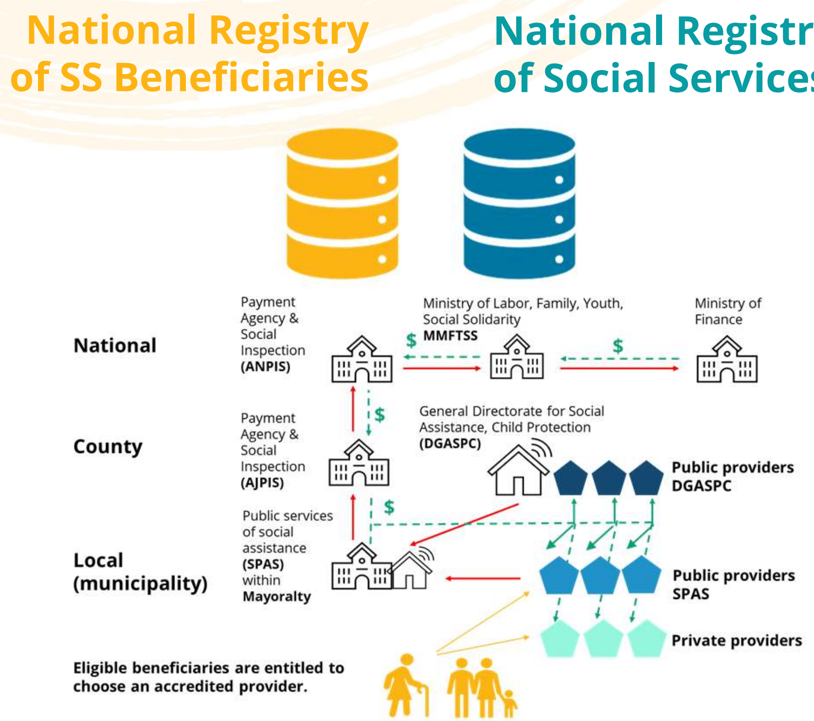
COUNTY – 42 AJPIS (ANPIS branches)

- Submit monthly credit requests to ANPIS based on reports received from SPAS
- Make monthly payments to UATs (or directly to providers, TBD)
- Monitor the mechanism performance indicators explicitly provided (e.g., for LTC services)
- Guide SPAS/municipalities to ensure consistent application of the law

NATIONAL – ANPIS

- Maintains the National Register of SS Beneficiaries as part of the unified, integrated social assistance system
- Submits monthly credit requests to MMFTSS based on centralized data from the 42 AJPIS branches
- Plans and conducts control activities through the Inspection Service, including contracting volunteers for "mystery client" evaluations

The new financing mechanism Money follows the beneficiary – How it works



Budgetary planning and reporting
Payments from the State Budget
$

THE MINISTRY (MMFTSS)

- Develops public policies, programs, and national strategies in the field, regulating, coordinating, and controlling their implementation, as well as evaluating and monitoring the quality of social services.
- Maintains the National Register of Social Services
- Licensing of social services and accreditation of providers
- Develops operational tools, procedures, and methodologies (e.g., service contract template, methodological norms for monthly payments etc.)
- Monthly opens budget credits based on data from ANPIS
- Estimates the budget for the annual State Budget Law based on ANPIS data
- Monitoring system for social services

The reform of the financing model for social services in Romania

ENABLERS

- Legislative changes to Laws 292/2011 and 197/2012 allow direct service contracting and monthly payments.
- Revised simplified Nomenclator of social services, including the minimum package of services
- New minimum quality standards and cost standards per type of service
- Standard templates: service contracts, care plans, budgets, and monitoring tools.
- Development of a quality management system for social services

RISKS & MITIGATION

Risk: Beneficiaries may not be aware of their rights or the process.

- Response: SPAS will provide support, and local campaigns will ensure visibility.

Risk: Mismatch between demand and available providers.

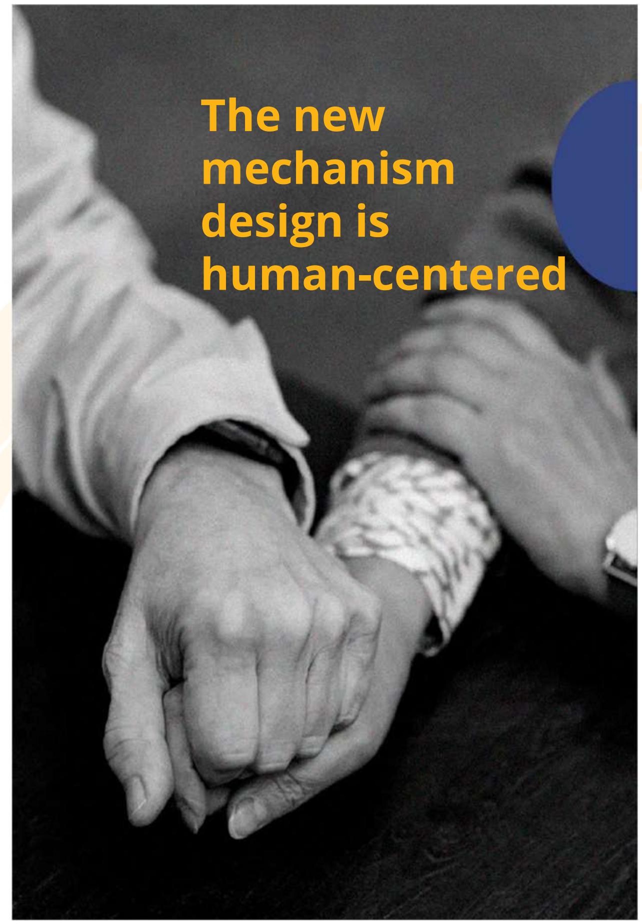
- Response: Data dashboards and SPAS gatekeeping help align supply.

Risk: Provider noncompliance.

- Response: Monthly monitoring, audits, and contractual tools.

Risk: Incoherent interventions

- Response: Another project aims to integrate community services.



Desired outcomes and next steps

EXPECTED BENEFITS

- Expanded access to social services, including in rural areas
- Public funds follow needs, improving cost-effectiveness.
- Better quality through standardized performance indicators and contracts.
- The reform introduces flexibility, transparency, and user choice.
- The mechanism supports local flexibility while promoting national standards and predictability in funding.
- Local and national authorities share responsibilities more effectively.
- Providers—public, private, NGO—can innovate and scale up
- Implementation depends on clear roles, continuous capacity support, and learning.

NEXT STEPS

- The development of new operational tools, procedures, methodologies, and norms for the new financing mechanism Is in an advanced phase
- The design of the new quality management system for social services is also advanced
- Piloting the new financing mechanism in selected counties will start in 2025
- Piloting includes a randomized impact study
- Adjustments after piloting will support the national rollout after 2026

Strengthening social services at the local level

Thank you!

ROMANIA
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Strengthening social services at the local level

challenges, innovations, and lessons learned

Seminar 2.

Public-private partnership for expanding childcare services in France

Frédérique Leprince

WORLD BANK GROUP
Social Protection

Strengthening social services
at the local level

Leprince Frédérique

Retired from social security in France

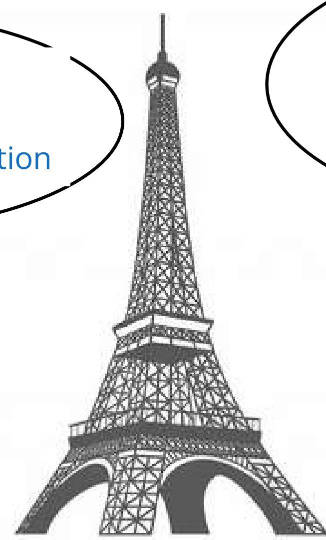
- Doctor of economics
- Retired from social security in France, Former Director for European and International relations and Cooperation of the National Family Benefit Fund (CNAF)
- Member of national high council for families
- Various jobs in :
  - Social security (particularly for national family allowance fund)
  - Social administrations
  - With ministers in charge of social and family policies
- Missions for international cooperation

France:
some data

Some data about France

Inhabitants
68 million
15% of the European population

GDP (current US)
France : 3 billions $
2d after Germany in EU (4,5
7th in the world (US : 28)



Fertility rate
France: 1.62 children/woman (2024)
But in 2022
France: 1.79 , average of EU: 1,46
(Spain:1.20)
1.66 in US

GDP per capita (current US)
44 408 $
25th place in the world
US : 80 034 $

Life expectancy
Women : 86 years
Men : 80 years
(US : 82 and 78 – Japan : 88 and 82)

Employment rate of women
aged 20 to 64
72% *(men: 78%)*
75% with a children under 3
(fathers : 89%)

Social organization, social services

Social benefits and social services across institutional mandates

ORGANIZATIONS	FINANCING SOURCES	MAIN TYPES OF EXPENSES
State	National taxes	Free-compulsory education, health (hospitals, medical aids,...), "tax credit",...
Departments (101)	Local taxes	Social aid (poorest people), aids for dependent and disabled people, children protection
Municipalities (36 500)	Local taxes	Social services
Local funds for families (part of social security) CAF (101)	Employees and employers' contributions, national taxes	Allowances and social services for children and families
Private Companies	Companies' individual responsibility schemes	Social services for their employees

Social organization, social services

Social security was created in 1945 with 2 principles: universality and solidarity

It's financed by employees and employers' contributions and national taxes (including a tax on all income and not just on wages)

Social security includes health insurance, retirement assurance, fund for the autonomy, contribution recovery fund and fund for families' allowances

Family fund (Caisses d'allocations familiales: CAF) pays allowances to half of the inhabitants and is the main funder of social services for families and children

Source: Infodon

Social services

Most social services (like daycare centers or establishments for dependent people) need to be approved by the departments (with national rules and standards)

They are mainly managed by:

- Municipalities
- NGOs
- Private companies

They are financed by the users with the help of public entities (departments, municipalities and State for tax credit), social security (CAF) and sometimes private companies

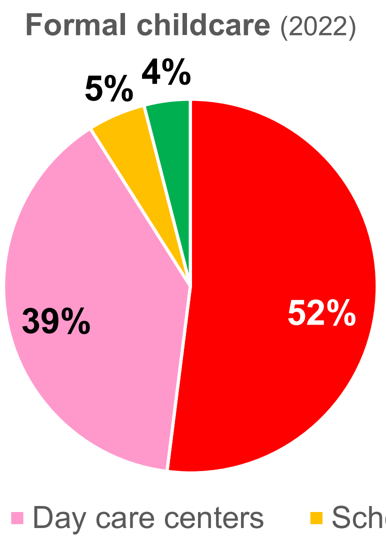
The example of the childcare sector

Strengthening social services at the local level

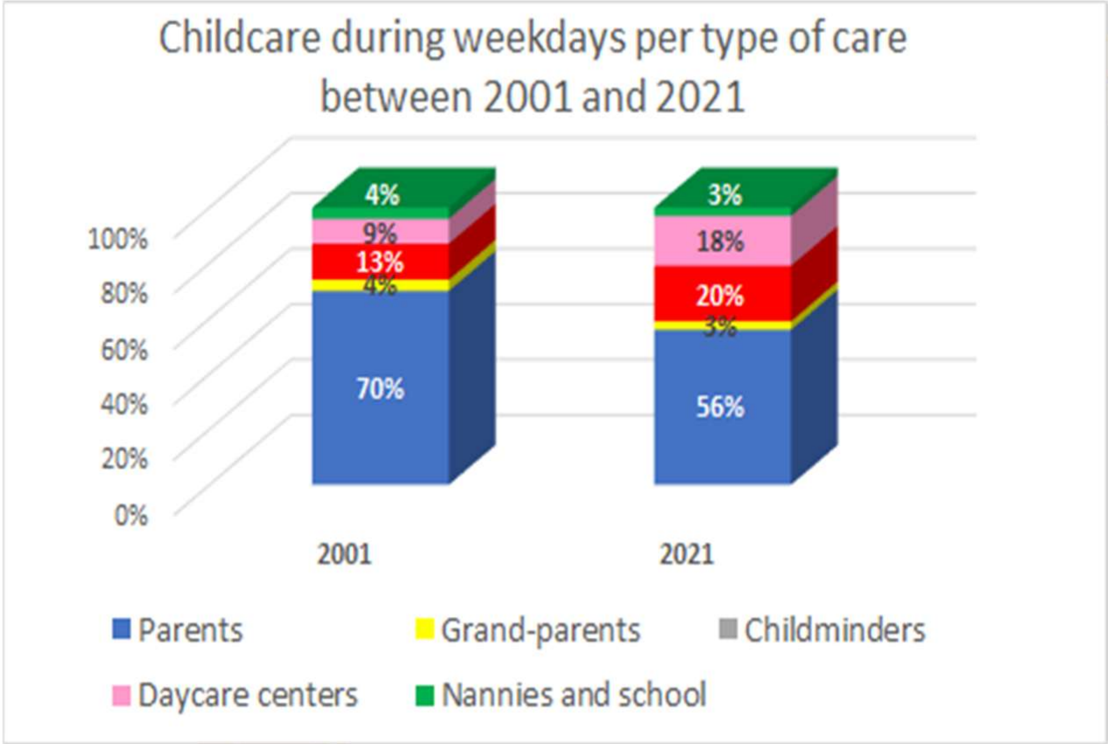
The example of childcare: an increase during last two decades

Some global data

2,1 million children under the age of 3
Coverage rate by formal childcare: 60%



Caisse nationale des allocations familiales - 2024



Graphics developed from Caisse nationale des allocations familiales - 2024

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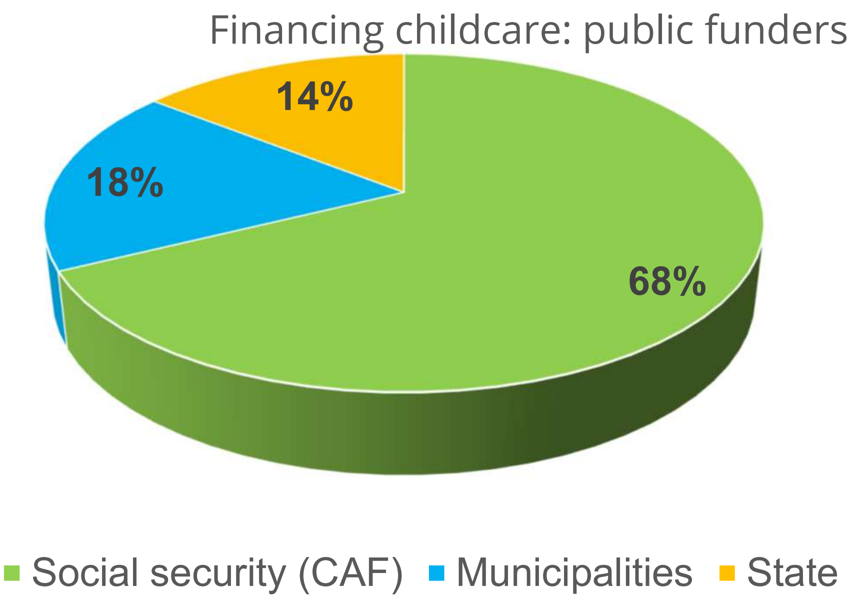
Strengthening social services at the local level

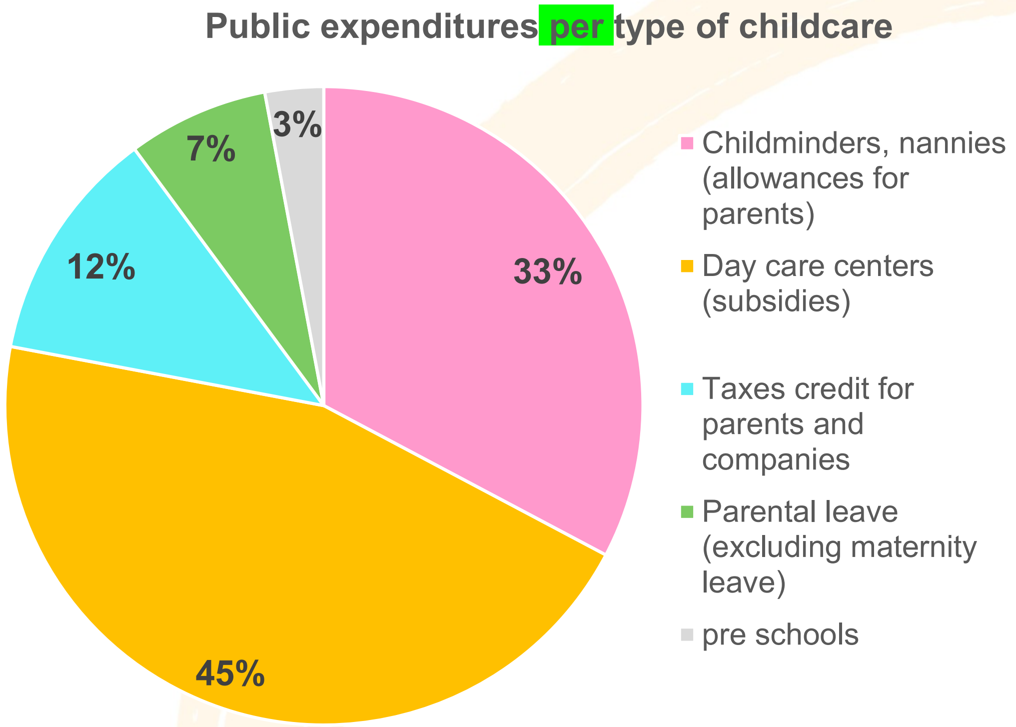
The example of the childcare sector

Financing childcare

Public expenditures: 15 billion euros



Graphic developed from Observatoire national de la petite enfance (ONAPE) CNAF 2024



Graphic developed from Rapport d'évaluation des politiques de sécurité sociale famille – 2024 and CNAF 2024

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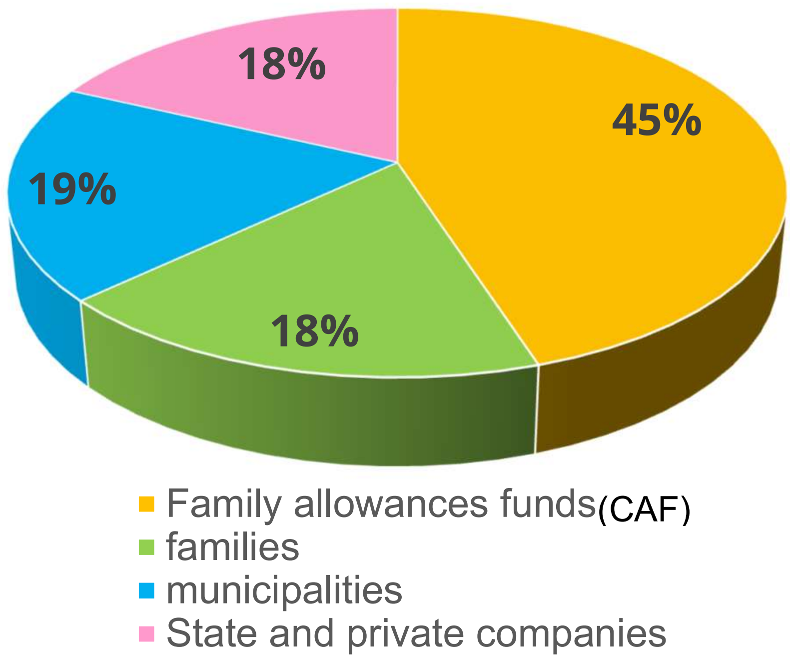
Strengthening social services at the local level

The example of the childcare sector

Financing daycare centers



Financing operating costs: 7 billons euros

(CAF, municipalities, families, state and private companies for their employees)

Financing investing costs: 0,6 billons euros (CAF and municipalities)

Graphic developed from Rapport d'évaluation des politiques de sécurité sociale famille et CNAF - 2024

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Strengthening social services at the local level

The example of the childcare sector

Principles, objectives and funding calculation


Image: youbee for kids

Objective: to avoid duality in social services with a segmentation between free daycare poor and expensive ones for the richest

Day-care centre's funding calculation:

- 66% of a ceiling price is financed by parents + social security
- The remainder is financed by other funders (municipalities, sometimes companies for their employees)
- If the parent's contribution is low, social security pays more and if the parent's contribution is high, social security pays less
- **neutral costs for the manager to accept children of poor or wealthy parents**

General financing scheme: Payment by parents + family allowance fund + municipality
=> ensure the budget balance

Example

Operating cost /day/children = 120 and ceiling = 100
Parents + Social security pay 66 => Parents are poor and pay 10, social security pays 56
=> Parents are rich and pays 40, social security pays 16
Municipality (+ possibly company) pays 34 + 20 (real cost 120 – ceiling 100) = 54

Strengthening social services at the local level

The specific case of day care centers managed by private companies

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Strengthening social services at the local level

Private firms and Day care centers – a long history

Financing of day care centers by firms

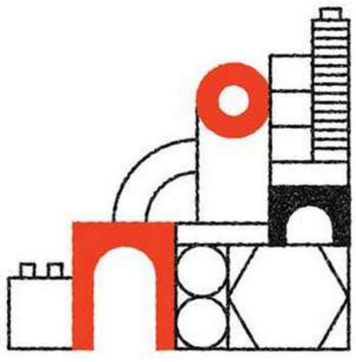

Image : ©Giacomo Bagnara - les échos

Development of day care centers over the last 100 years:

- 1rst day care centers created by Michelin for their factories' workers in 1921
- Followed by openings of daycare centres by other firms
- Development of public day care centres where firms started to directly book spaces for employees' children
- Development of privately run daycare centers [since 1849] mostly by non profit sector at the beginning
- 2004: tax credit for companies that finance daycare centers or actions for their workers' family life
- 2006: Bolkenstein Directive (Services Directive) adopted by the European Parliament. France includes early childhood care in its scope => competition between NGO and private providers

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Day care centers managed by for profit companies – a rapid expansion

In 2022, management by municipalities (69%); NGO (26%) ; private profit-making companies (5%)

But rapid increase of private companies’ space in the sector – In 2022, 23% of the new places come from private sector

What has enabled the rapid growth of the for-profit childcare sector?

- A strong demand for daycare centers
- Tax incentives to encourage companies to invest in childcare facilities for their employees' young children
- Lighter standards and rules for small daycare centers (micro-daycare)
- Direct solvency for parents using micro-daycare centers without the easier oversight by funders for subsidized daycares
- The absence of a mandatory scale of fees charged to parents

Strengthening social services at the local level

Micro creche model

Special regulations

2006:

- Innovation - possibility of providing direct allowance to parents who use "micro-crèches" with fewer than 10 (and some years after 12 places) [instead of direct subsidies to the day care centers]
- No obligation to apply the national scale of financial participation for parents when private micro-crèches choose this method of financing rather than an operating subsidy from the CAF
- Lighter standards for "micro-crèches" than for the other ones, and therefore lower operating costs

=> Companies are encouraged to finance daycare centers for their employees with the "family tax credit" (deduced from their benefits for taxes) and prefer to entrust their management to profit companies than to NGOs

=> It's an opportunity for profit companies because with these subsidies, the removal of a mandatory scale for the parents fees, the lighter standards ➔ companies can make profit

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Advantages of Day care centers managed by the for-profit private sector

- Creation of additional places to better meet the demand from parents
- New sources of funding mobilized (especially on investment)
- Innovations to attract parents (as for the NGOs): Montessori methods, bilingual crèches, etc.
- Improvement in management methods
- Increase of cost efficiency / savings in operating costs
- To a lesser extent, search for savings in investment costs (need to reassure parents)
- In some cases, a better quality of care than that provided by nannies in the parents' home

Disadvantages of day care centers managed by the for-profit private sector

- Inequity: freedom of pricing leads to high prices for poor families and does not allow them access to these nurseries (the mandatory ceiling of 10 €/hour is too high for the poorest)
- A risk of segmentation of the service offered, disadvantaging poorest families
- The difficulty of control of their management by the social security (CAF) because it's easier to control the daycare centers that they subsidized (it's not the case with the daycare centers financed by parents even if they receive an allowance from CAF)
- To maximize profits, a very strong pressure on personnel costs (80% of operating costs) but also on food and diapers
- Less qualified personnel, with precarious contracts, who must take care of both the children and the housekeeping and cleaning
- Risks for children reported by national inspections: abuse that has even led to the death of a child (some books and complaints from parents about these problems)

The same problems were observed for the care of dependent elderly people

How to preserve the advantages while reducing the risks ?

- If possible, make the family's payment dependent on the application of a national scale *(in France 10€ maximum per hour but this constraint is not sufficient)*
- Not to reduce staffing standards too much and to provide for at least two people in charge of the children whatever the time of day (*in project in France)*
- **Above all, to provide the means to monitor and control of:**
  - Management to verify the proper use of funds
  - Quality: especially with regard to babies who have not yet acquired speech and to whom the public authorities must provide protection (proposal of the national Inspections realized in France)

IGAS – IGF "Micro-crèches: modalités de financement et qualité d'accueil 2024 and Castanet Victor "Les ogres" 2024

Strengthening social services at the local level

In conclusion

The French system of co-payment between parents and social security (which could be the State in other countries) appears to be efficient and fair

Opening up to the private sector can be an opportunity to expand daycare centers. But this requires precautions

If companies finance daycare centers for their employees, we could observe a lack of solutions and a segmentation of offer if there are not enough subsidized solutions for parents who don't work in these companies

If profit companies are authorized to manage daycare centers, it seems necessary to develop strong control to avoid abuse and mistreatment that can be suffered by babies and people who cannot express what they are living

And...it is always complicated to remove aid and exemptions already granted.

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A lot of other innovations for social services, especially for childcare

Itinerant daycare centers

Day care centers with a focus on professional integration

Daycare centers organized and managed by the baby's parents

Homes where childminders can work together

Etc.

For another Visio-conference

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Thank you very much for your attention

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