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## SOCIAL NEEDS IN SPAIN

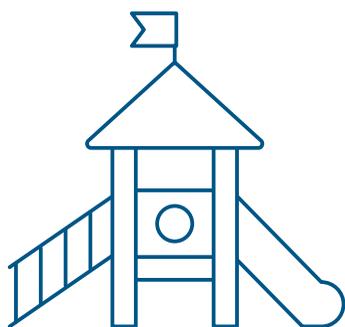
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# Analysis of social needs of children

Report

6.1

May 2020



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## Credits

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**Data processing and visualisation, graphic design and layout**  
Andrés Fernández Torcida

[www.andresft.com](http://www.andresft.com)

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## Research and report writing

- Luis Ayala Cañón (Universidad Rey Juan Carlos y EQUALITAS)
- Olga Cantó Sánchez (Universidad de Alcalá y EQUALITAS)
- Rosa Martínez López (Universidad Rey Juan Carlos y EQUALITAS)
- Carolina Navarro Ruiz (UNED y EQUALITAS)
- Marina Romaguera de la Cruz (Universidad de Alcalá y EQUALITAS)

**Report 6 on social needs by population group focuses on five different social segments: children, young adults, senior citizens, women and immigrants. The bibliography that appears in each of the reports is the bibliography for all the groups.**

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# Table of contents

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## 4 Executive summary

## 6 CHILDREN

### 6 The situation in Spain

- 9 Financial and material wellbeing
- 8 Labour market
- 9 Housing
- 9 Health and Lifestyle Habits

### 12 The situation in Europe

### 14 Public policies

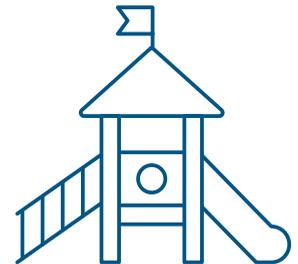
## 18 Bibliography



# EXECUTIVE SUMMARY

## Children

- The rates of poverty among children in Spain are much higher than those among the general population. Child poverty often brings with it material deprivation and is more chronic in nature than a decade ago.
- The percentage of children living in housing in poor condition is lower in Spain than in two-thirds of the countries in the EU. The percentage of minors whose healthcare, when it is required, is delayed is also lower than the EU average.



# CHILDREN

## THE SITUATION IN SPAIN



Meeting the social needs of minors (peopled aged 0 to 17) to a satisfactory degree is essential to a country's social development. These needs are closely connected with financial and social welfare as well as health, access to housing and education. To analyse this, we have selected a range of indicators that measure each aspect, bearing in mind that education was studied separately in a previous report.

The indicators we use now measure the incidence, intensity and level of the chronicity of the poverty risk affecting minors, the degree to which their parents' need for a decent job is met, along with, in general, the living conditions in their family as regards the comfort of the home they occupy and their health, in other words, their style of life and their ability to access the medical care they require.

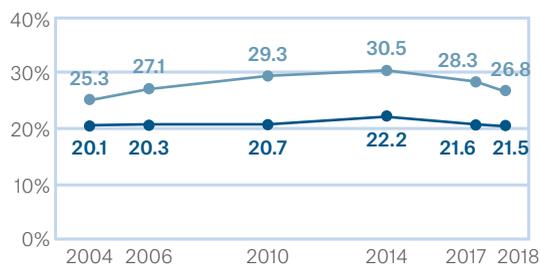
## Indicators that measure children's social needs in relation to welfare aspects



● Children ● Total population

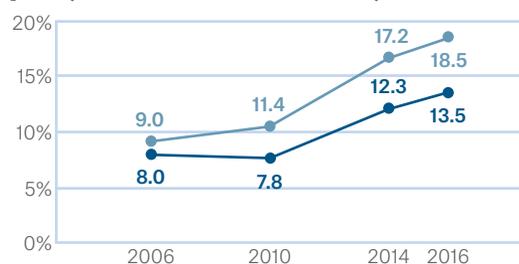
### Risk of financial poverty:

Percentage of children (0-17 years old) who live in a household whose disposable income is below the poverty threshold.



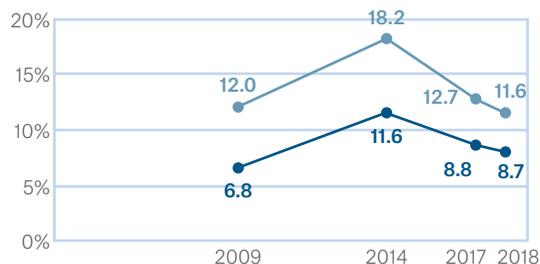
### Risk of chronic poverty:

Percentage of children (0-17 years old) who live in a household whose disposable income is below the poverty threshold for three consecutive years.



### Consistent poverty:

Percentage of children (0-17 years old) who live in a household whose disposable income is below the poverty threshold and who suffer from material deprivation.



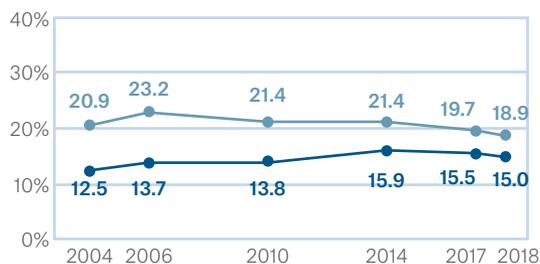
### No-one in the household in work:

Percentage of children (0-17 years old) who live in a household in which none of the potentially active members of the population are in work.



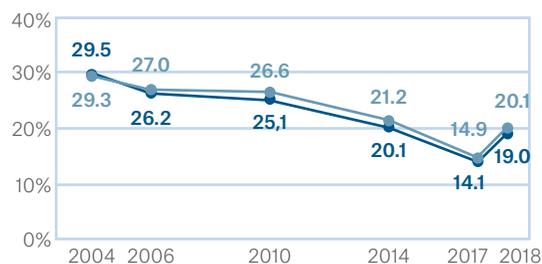
### In-work poverty:

Percentage of children (0-17 years old) who live in a household whose disposable income is below the poverty threshold even though one or more people in the household is in work.



### Poor housing conditions:

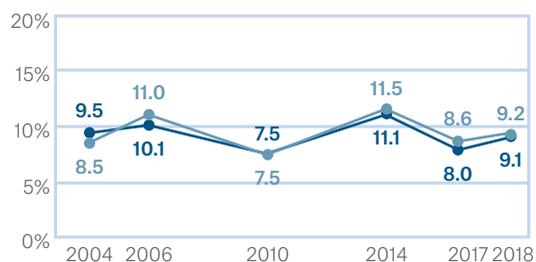
Percentage of children (0-17 years old) living in homes that suffer from one of the following problems: leaks, damp or rot, poor natural lighting, no indoor bath or shower, or no toilet.



● Children ● Total population

### Poor thermal comfort:

Percentage of children (0-17 years old) in households unable to afford to keep their home warm in the winter months.



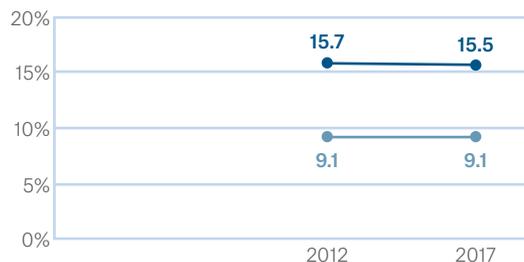
### Sedentary lifestyle:

Percentage of children (0-17 years old) who declare that they do no physical exercise in their free time.



### Obesity:

Percentage of children (0-17 years old) with a BMI above 30 kg/m<sup>2</sup>.



### Insufficient consumption of fruit and vegetables:

Percentage of children (0-17 years old) who do not eat fruit and vegetables on a daily basis.



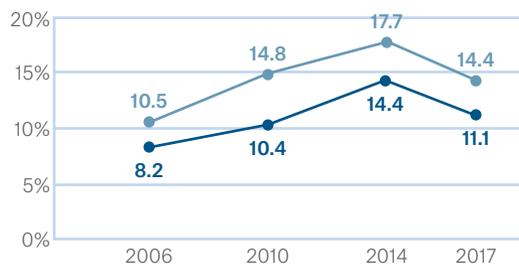
### Excessive delays or lack of medical care due to long waiting lists:

Percentage of children (only those aged 15, 16 and 17) with a need in the last twelve months for medical attention that they received late or not at all due to a long waiting list.



### Catastrophic health spending:

Percentage of children in the first quintile whose health-related spending exceeds 40% of their ability to pay.\*



**Source:**

Compiled in-house using data from the Living Conditions Survey, Active Population Survey, National Health Survey and European Health Survey in Spain.

**Note:**

Ability to pay is measured by subtracting basic standard spending on food, energy and housing from the household's total spending

## Financial and material wellbeing and the labour market

The information offered by these indicators leaves few doubts as to the problems suffered by children in Spain. The child-poverty risk rates both before and during the recession were much higher than the rates among the population as a whole (Ayala et al., 2006; Ayllón, 2017). These rates were already high before the economic crisis, which merely exacerbated this tendency. The differences reached their peak in 2010 and have fallen since then, but there still remains a considerable gap between the risk rates affecting the general population (21.5%) and minors (26.8%).

In any developed society, the levels of poverty and social exclusion among children illustrate the welfare failings that affect a large proportion of the population: families with children. The financial and sociological literature leaves no room for doubt: the shortcomings experienced in childhood become unequal opportunities in adulthood. The minors growing up in poor families are more likely to be in a disadvantageous social position as regards their level of education, quality of employment, standard of health and social situation in general.

In addition, indicators on consistent poverty and chronic poverty show that since 2010, financial poverty affecting minors often goes hand in hand with material deprivation and that in recent years this has worsened and is becoming chronic. In 2017, almost two out of every ten minors had been living in poverty for three years or more, a situation that affects just over one in ten people living in Spain. There is a large body of empirical evidence that concludes that if poverty is intense and lasting, the family environment deteriorates and adults devote less time and resources to the children, which inevitably reduces their future social capital (Magnuson and Votruba-Drzal, 2009). Consequently, the consistent and chronic poverty and social exclusion children are suffering today will be among the factors that will determine the progress of our society over the coming decades.

The incidence of child poverty in a region and changes to it over time are not an inevitability but the result of the complex interaction between various economic, demographic and social factors. Of the various elements related to public intervention, the design and protective

capacity of monetary transfers play an important part. The substantial rise in unemployment, particularly among young adults of an age to have children, and the increase in income inequality were the main social consequences of the change in the economic cycle in Spain. When such problems combine with the high prevalence of low-paid jobs among the younger generations and the level of mortgage debt owed by many middle-class families affected by the rise in house prices, it is not difficult to understand why many Spanish families, especially those with children, face serious difficulties in maintaining a decent standard of living.

As various specialist analyses have highlighted, the rise in poverty in Spain is connected with the repeated negative rates of income growth experienced by the poorest half of the population since the start of the economic crisis. The main reason for this drop in income in more vulnerable households is to do with the sweeping changes in the market income distribution structure as a result of the significant rise in unemployment and insecure jobs. The second is the lack of public policies on income maintenance that would provide minimum income levels when unemployment is particularly severe.

The available data show that the incidence of in-work poverty among households with children is greater than in other household types. Approximately two out of ten children live in households suffering from in-work poverty: even though there are people in work in the household, their disposable income is lower than the poverty threshold. This affected just over two out of every 20 people in the total population in 2004 and three out of every 20 in 2017. Even though in-work poverty in households containing children rose due to the recession, the gap between in-work poverty affecting children and the general population is gradually shrinking and is today half what it was in 2004.

## Housing

With regard to the degree to which housing-related social needs are met, one of the priority fundamental needs to enable children to pursue their lives is for them to have a decent home that meets the minimum conditions to be able to live in it in a satisfactory manner. Virtually every home in Spain has basic sanitation installations (bath or shower and toilet), meaning that a fundamental need is essentially fully met. In contrast, far more people are affected by housing problems related to structural shortcomings or to inadequate maintenance, such as damp and leaks, or poor natural lighting. In any event, the picture painted by these indicators for minors is notable for the fact that the conditions of the homes occupied by children are no worse than those of the general population. Moreover, these conditions have improved in Spain in the last decade, with appreciable progress made in recent years. As in the case of housing conditions, the risk of energy poverty among minors is not noticeably different to that of the total population, with one in ten minors living in households that cannot afford to keep their home warm during the winter months.

## Health and lifestyle habits

To complete the picture, another area related to children's social needs is the functioning of the health system, with two key indicators for measuring its impact: the extent to which the need for medical care is met, measured by the percentage of minors who received healthcare late or not at all due to long waiting lists, and the percentage of poor children whose medical care represents health spending that is very high in comparison with their family's ability to pay. The results indicate that the delay experienced by children is slightly less than that of the general population, though there was a widespread increase in cases of delayed medical attention since 2014. This positive result is in contrast with another that is somewhat less promising: the percentage of minors in modest families whose households suffer from excessive health-related spending in relation to their ability to pay is higher than that found in the total population. Between 2006 and the present day, the incidence of this problem has risen by almost 40% across the entire population.

With regard to lifestyle habits, even though the sedentary lifestyle has declined in recent years among the general populace and the consumption of fruit and vegetables has risen, it is worrying that the trends in both indicators among children are precisely in the opposite direction: the sedentary lifestyle is more common and the consumption of fruit and vegetables has fallen. Consequently, even though this is not a widespread situation, a greater prevalence of obesity among children is to be expected, which may become a serious public health problem in the future.

## CHILD BENEFIT IN SPAIN AND IN OTHER EUROPEAN COUNTRIES

Two of the key features of the Spanish benefits and tax system are the considerable redistributive impact of contributory pensions and benefits and the extremely low level of means-tested benefits, in particular those aimed at families (Cantó, 2013, 2014). Family-related policies have traditionally been an insignificant element of social policies as a whole in Spain and, at the start of this century, allocated resources did not even reach half the amount set aside for this purpose by other countries in the eurozone. In any event, the level of spending on family policies is not the only important factor, as the way the benefits system and tax deductions are structured is also relevant. Family policies of a financial nature in Spain consist fundamentally of central government and autonomous community tax allowances, autonomous community minimum incomes and some income-capped financial benefits per child. The studies that have analysed the financial significance of the various family policies of a monetary nature in Spain demonstrate that the policy of greatest economic importance is the income tax allowances per child and not, as might be thought, financial benefits (Cantó and Ayala, 2014). Consequently, given that

a significant proportion of households below the poverty threshold are exempt from income tax, these allowances do not help to reduce child poverty. With regard to the financial benefits, the central government system is dominated by contributory benefits linked to pregnancy and motherhood or fatherhood and caring for children aged 0 to 3 years old, together with a non-contributory benefit for each dependent child which, rather than being aimed at reducing the rate of child poverty, is focused on meeting the needs of families with children with disabilities. Spain is at the bottom of an EU-country ranking of benefits per child. Benefits per dependent child were allocated a budget in 2019 of just over €500 million for minors without disabilities. It is payable for children living in households with very low income levels (around €12,700 per annum for households with a dependent minor) and the annual amount per minor is very low (€341 euros a year unless the family income is extremely low, raising the amount payable to €588 per year). This policy affected 1.3 million minors without disabilities in 2017, around 17% of all minors, but the amount is so low that its ability to reduce child poverty is extremely limited.

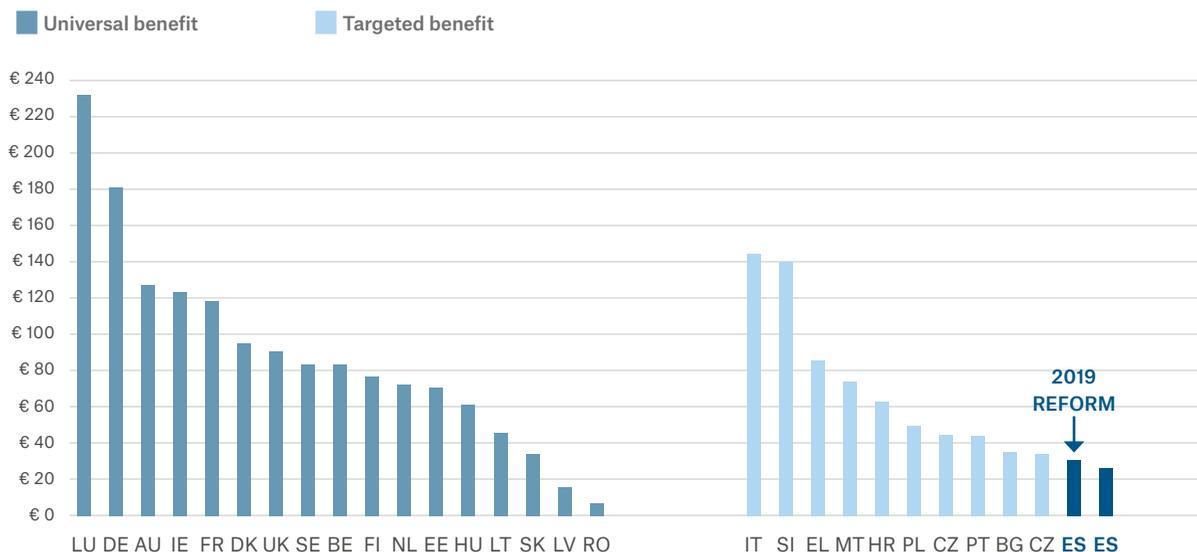
## CHILD BENEFIT IN SPAIN AND IN OTHER EUROPEAN COUNTRIES

The rest of the family benefits system is extremely disjointed, as it is divided up into various policies on payments for childbirth or adoption and others regulated by autonomous communities. Even though the latter of these rose to extent prior to 2010 and were to a

certain degree important in terms of the number of recipients in autonomous communities such as Catalonia, Asturias and Cantabria, they were abolished or drastically cut back during the economic crisis (Cantó et al., 2014).

**Figure 2: Benefits per child in Spain and in other EU countries.**

The monthly amount in euros of universal or means-tested child benefits. The first are received by all children, while the second are payable only to those whose family incomes are below a certain threshold set by central government. In purchasing power parity (PPP) in euros, 2017.



**Note:**

Calculated as the maximum benefit payable for households with a single minor. In France, the benefit is that payable to households with two dependent children.

**Note:**

For Slovenia, we include the amount payable to a household approximately at the median of the distribution (fifth decile). The last two deciles receive no benefit. In Spain, the benefit amounts to €49 (53.4 in PPP) for minors in extreme poverty.

**Source:**

MISSOC and EUROMOD H 1.0+ Country Reports.

## THE SITUATION IN EUROPE



There are significant differences between the meeting of minors' needs in Spain and in other EU member states. In general, these differences are more to do with financial and material wellbeing and the employment status of the adults in their household than with housing conditions and health.

Children in Spain suffer a higher degree of consistent poverty than the average among children living in the EU. Almost 13% of Spanish minors live in households with incomes below the poverty threshold and suffer from material deprivation. Spain is at the tail-end of a ranking of European countries, with only Lithuania, Greece, Romania and Bulgaria having worse results. The employment status of the adults living with minors is also worse in Spain than the average of EU countries.

Almost 22% of minors living in Spain are in households that suffer in-work poverty, whereas the European average is 15%. Spain is virtually last in a ranking of this aspect, only ahead of Romania, where the rate is much higher (28%).

Unlike the previous aspects, in the case of housing conditions, Spain is one of the eight EU countries with a lower percentage of minors living in poor housing: the average for EU countries is two out of ten children living in a home with these problems, whereas in Spain the figure is just 1.5 of every ten children.

Similarly, Spain is in a good position with regard to delays in medical care for minors who require it, with one in ten not seen (or seen late) due to waiting lists, a figure below average for EU countries.

**Figure 3. Children: Spain's position in a ranking of social needs in the EU-28.**

Position in the European ranking (green = better, red = worse)



	Children			Total		
	Spain	European Union	2017 Position	Spain	European Union	2017 Position
<p><b>Consistent poverty:</b> Percentage of children (0-17 years old) who live in a household whose disposable income is below the poverty threshold and who suffer material deprivation.</p>	12.7	8.9	24	8.8	6.9	22
<p><b>In-work poverty:</b> Percentage of children (0-17 years old) who live in a household where, despite the fact that one or more people are in work, the household's disposable income is below the poverty threshold.</p>	21.7	15.0	27	16.3	11.3	27
<p><b>Poor housing conditions:</b> Percentage of children (0-17 years old) living in homes that suffer from one of the following problems: leaks, damp or rot, poor natural lighting, no indoor bath or shower, or no toilet.</p>	14.9	19.4	8	14.1	18.8	5
<p><b>Excessive delays or lack of medical care due to long waiting lists:</b> Percentage of children (only those aged 15, 16 and 17) with a need in the last twelve months for medical attention that they received late or not at all due to a long waiting list.</p>	10.1 <sup>a</sup>	13.8	11	15.5	18.7	11

**Note:**  
The year closest to 2017 has been chosen when the indicator for 2017 is not available.  
a) Figure for 2014. The European average in the case of the excessive delay in medical care is calculated using 26 countries and excludes France and Belgium.

**Source:**  
Compiled in-house using data from the EU-SILC.

# PUBLIC POLICIES

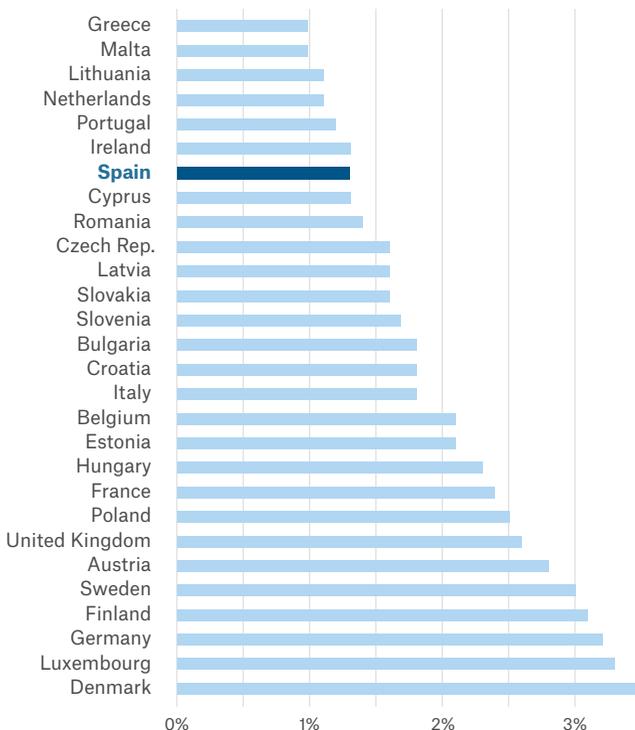
The degree to which social needs are met in a region is the result of the interaction between various economic, demographic and social factors, as well as public intervention. The design and protective capacity of public transfer policies, both those aimed at families and those of a general nature, play an important part. With regard to economic factors, the goals of the European Employment Strategy have underlined the need to promote equal opportunities in EU countries, to which end it has been proposed that the participation of mothers and fathers in the labour market be increased through improvements to people's ability to balance their work and family life. Many countries have policies to reduce the cost of bringing up children by means of tax reductions, monetary benefits and public childcare systems for families.

Public intervention policies are pursued fundamentally through two channels of action: fiscal policy and social spending policy. Child welfare is affected by fiscal policies and specific spending for families, as well as by all the policies of the benefits and tax system, such as retirement pensions and unemployment benefits. Their design and the degree of protection they provide play an essential role.

Family policies in our country have traditionally counted for very little as a proportion of all public policies and at the start of the century did not amount to even half of what other countries in the eurozone

allocate to this aspect. These policies developed during Franco's dictatorship as a result of the prominent role of the family in society at that time. The amounts

**Figure 3. Spending on families and children, expressed as a percentage of GDP, 2015.**



Source:  
Eurostat Database.

payable were not updated in the main during the early years following the establishment of democracy until 1990, when child benefit not linked to the employment of an adult in the household was introduced. This benefit, PHC (Benefit per Dependent Child), is means tested to select beneficiaries and is aimed fundamentally at alleviating the financial difficulties of families with dependent or disabled minors and very limited resources.

This benefit did not significantly alter the finances of poor families with children because even though the income threshold established was not excessively low, the amount of the benefit was paltry. Moreover, the income parameters were not altered in accordance with the Consumer Price Index (CPI) in the following years, so there were only small increases between 1991 and 1995. As a consequence of all this, family policies were essentially insignificant as a social solidarity mechanism in Spain until the close of the last century. Subsequently, during the opening decade of this century, they evolved in parallel to the general trend in the other public policies of a monetary nature.

The public policies aimed at children across the EU vary widely in their proportional importance and also in their impact on the poverty among this group. This variance is due, in part at least, to the different types of welfare state in place in countries across the continent. Spain is at the tail end of a ranking of spending on families and children as a percentage of GDP among EU countries. In 2015 (figure 3), spending barely amounted to 1.3% of GDP, whereas the average for EU countries was 2%, 52% more.

The evidence provided by studies that have analysed family policies in Spain shows that the most effective and economically important policies are tax allowances for each child and maternity/paternity benefits, which cover pay for periods of leave following the birth of a child. These allowances are reductions in the amount of tax payable due to a range of family circumstances and some vary according to the autonomous community in which tax is paid. Other tax deductions are related to adoption, multiple births, childcare, the birth of second or third children and some school-related spending. The value of these deductions varies significantly from one autonomous community to another and in general is low. It is unlikely that family minimums and tax allowances will

have any significant impact on reducing poverty since a large proportion of households below the threshold are exempt from paying tax.

As Cantó and Ayala (2014) point out, the benefit for dependent children has a much smaller budget than the tax allowances and, above all, meets the needs of families with minors or with children over 18 with a disability. The rest of the benefit system is highly fragmented, with various different policies on childbirth or adoption payments and others that are regulated by autonomous communities. Though these latter benefits rose to an extent prior to 2010 and were significant in terms of the number of beneficiaries in communities such as Catalonia, Asturias and Cantabria, they were abolished or severely cut during the economic recession (Cantó et al., 2014).

In contrast with the situation in Spain, one of the most common family policies in Europe is universal child benefit (Levy et al., 2013). This policy is implemented, with varying degrees of generosity, in 18 EU countries. The countries where it is not in place are those in southern Europe and some in eastern Europe. In Spain, this type of universal benefit payable for each child born was only paid between July 2007 and January 2011 and was received by some 450,000 families. In 2009, the total cost of this policy was close to the benefit payable per dependent child that same year (approximately €1,120 million).

Family policies have a very limited redistributive effect in our country, as they are of little financial importance as an element in families' gross income. That is to say, it is not that the dependent child benefit (PHC) is insufficiently progressive and does not reach those who most need it, but rather that the amount is so low that receiving it does not significantly alter families' purchasing power.

One possible yardstick for improving the system is the universal child benefit, implemented in by far the majority of European countries. This consists of a monthly payment made throughout the minor's life till the age of 18, though a third of countries fix the age limit at 16, and in the occasional case it can be extended to 20 years old. In addition, almost every country with a universal system prolongs the payment period if the child is in education after the fixed period, though the age limits for this vary widely (between 19

and 27 years of age) and in many of them there is no age limit if the children are disabled and unable to take up employment, a situation that in Spain is covered by the benefit payable for a dependent child with a disability. In more than two-thirds of EU countries, this benefit does not vary according to income but depending on the age of each child and the total number thereof. Lastly, there are countries that also recognise unemployed families' special need for protection, as this is deemed to be a criterion for raising the general benefit, as is single parenthood, which is more widely regarded as an added risk.

There are various questions concerning the possible impact of a benefit of this nature in Spain, such as the way child poverty would be affected by the introduction of universal child benefit similar to the one paid in European countries, its possible cost and its effect on aspects other than the monetary dimension. With regard to these latter factors, the introduction of this type of universal child-related policy may have a positive effect on birth rates (Gauthier, 2007), a negative impact on the rate of women's participation in the labour market (Schirle, 2015), and it may also influence decisions regarding people making the most of maternity or paternity leave (González, 2011). In general, the literature concludes that the rise in the birth rate and the reduction in the offer of jobs in the early months of a child's life do occur in many countries, but their effects are relatively small. In the case of Spain, González (2011) concludes that the introduction of a universal single-payment benefit in 2007 effectively raised the birth rate in our country by reducing the number of abortions. It also led to an increase in the number of mothers who extended their maternity leave and, hence, the time that new-borns spent with their mothers in the first year of their life, which could in turn have had a positive effect on these minors' cognitive skills but could also have had a negative effect on mothers' possibilities of returning to work.

With regard to the capacity to reduce child poverty, the study by Cantó and Ayala (2014) offers a number of clues based on a simulation of the introduction of a universal benefit designed as a payment of €100 per month per child, an average amount in the European context. The results indicate that a universal benefit of this type would have tremendous potential in reducing the poverty rate: 18% child poverty and 7% adult poverty. In 2014, this would have brought the Spanish child poverty

rate down by 5 percentage points to its lowest level since 2004 and, in absolute terms, more than 450,000 children and 550,000 adults would no longer have been in poverty. In addition, this benefit would have significantly reduced the poverty rate among single-parent households and large families and would have limited the income inequality among minors, closing the gap between the disposable incomes of those on the highest and lowest incomes by ten percentage points. The investment required to implement a policy of this type was, according to calculations in 2014, around €9.4 billion that year, 2% of Spanish public spending at that time and 3,5% of all social protection expenditure. Its introduction would have increased spending under the family and children budget heading by 60%, taking it up to 2,3% of GDP, close to the average figure in the EU. To finance this considerable annual investment, a number of alternatives might be proposed, among them making the benefit subject to taxation, which would make it more progressive and reduce the cost to the public purse.

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