RE-InVEST
REBUILDING AN INCLUSIVE, VALUE-BASED EUROPE OF SOLIDARITY AND TRUST THROUGH SOCIAL INVESTMENTS

Towards inclusive service delivery through social investment in Portugal

An analysis of five sectors, with particular focus on early childhood education and care (ECEC)

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Executive summary

Portugal was submitted to Troika Memorandum of Understanding (2012-2014) and fiscal consolidation measures were implemented to achieve efficiency costs. Spending cuts in education, health system and social security were performed. The access to social benefits such as family allowance, social insertion income, unemployment benefits was making more difficult and stringent. In a context of social crisis the numbers of recipients as well as the amounts have been reduced and expenditure in social policies also decreased.

The current RE-InVEST Workpackage 6[1] - Building blocks for social investment model: Social minimum standards in service markets - report analyses social (dis)investment in relation to human rights and capabilities in five basic service sectors using two perspectives. The first perspective is based on a macro analysis of the recent reforms in four service sector (housing, health care, drinking water services and financial services). The analyses are mostly based on a literature study, which was initiated by our RE-InVEST sector experts[2] and completed by the authors of this report. The second perspective is regarding to early childhood education and care sector to which was made a more deep analysis reflecting the experience of 8 mothers in vulnerable situation, and complemented by the interviews of pre-school educators, and executive director of social organization. Moreover it was undertake interviews to policy makers and academics. The aim is to see in the last years of austerity how poor families have access to quality ECEC services, whether they are affordable to meet their needs. This in order to see if there has been a public spending in ECEC services and an adequate protection of human rights and well-being of all citizens, particularly of poor families. Which concerns to the affordability and quality of four services (housing, drinking water services health care and financial services) of vulnerable groups, this study shows that Portugal performs relatively well in drinking water services macro–accessibility. Between 2007 and 2011 the coverage rate of water provision services reached 95%. Nonetheless, households were disconnected from water services during crisis period and still existing problems of drinking water in rural areas. In housing sector the public expenditure has not met the needs have in mind the poverty rate. The period between 1972 and 2012, housing and collective services did not exceed 1.5% of public expenditure for all the period considered. In a diagnosis of housing conditions published in February 2018 shows 187 municipalities (from total of 308) have precarious housing conditions, 25,762 families are unsatisfied with their housing conditions and 14,748 buildings and 31,526 dwellings do not have minimum housing standards.

In health services, self-reported unmet needs for medical examination by sex, age, main reason declared and income quintile, between 2007 and 2016, improved significantly in Portugal: (9.2 in 2007 to 2.4 in 2015, 2.0 in 2016) nearing EU 27 figures (2.6 in 2007 to 2.0 in 2015, 1.6 in 2016). However it shows the worst performing country in the EU for unmet needs for dental care due to cost (13.8 of persons aged 16 contrasting with 3.7 European average).

In financial services, Portugal ranks fifth place in the financial attitudes indicator, and ranks in eighth place in the financial behaviour and thirteenth place in the field of financial knowledge (in the international survey of financial literacy of INFE/OECD in 2016). The Bank of Portugal study point out that (72%) of those who do not have a bank account have incomes below €500, and the main reason (67%) is 'not having income that justifies it'. Inactivity (retirement, study, domestic work) or unemployment, as well as low educational levels are associated with being disconnected from the financial system. The same report

1 http://www.re-invest.eu/workpackages/wp6

2 The names of the experts are listed in the footnotes to the respective sections.

underlines that 88% of people say they do not have savings practices, because their 'incomes do not allow'. There is a lack of knowledge about the nature of housing loans: 10% do not know what type of benefit is associated with their loans and 41% do not know which spread is applied by the bank.

In terms of ECEC services this report analyses the recent policies and market regulations from a perspective of vulnerable families. Family policies shifted toward a 'mixed' welfare state model focusing on family care supported by services and benefits and underlining a specific 'solidarity' welfare mix in which different actors - families, public, private profit and non-profit institutions - take on responsibility jointly (Wall, Samitca and Correia, 2013).

Portuguese families are among those that spend more on preschool 35% of total attendance costs for children and the State covers 65%. The lowest shares of total expenditure from public sources compared to the OECD average of 83% (Education at Glance 2017). Although the educational component is free of charge, families pay for family social activities such as meals, which are an accrued cost, especially for the most vulnerable families. Total expenditure on pre-primary educational institutions amounts to 0.6% of Portugal's gross domestic product (GDP), the same as the OECD average. Portugal's annual expenditure per student is below average: USD 6 300 compared to the OECD average of USD 8,700.

Portugal lies in the 8th place with the best coverage rate (48%) than OECD average (34%). The participation rate at 5 years old is 96%, at 4 and 3 years old is 91% and 77% respectively. According to the OECD 53% children attend public network and 31% attend private institutions of social solidarity, private non-profit network, based on the agreements concluded with the State, the 16% attend private institutions. In metropolitan areas the access of 0-3 children of median and low income families to ECEC services is threaten due to the lack of public network of créches. The liberalization of amas service has placed great responsibility on families.

High quality services enhancing vulnerable household's well-being and freedom of choice. The mothers who participated in this project are very satisfied with quality services provided in the non-profit organization with regards to pedagogical activities, appropriate care and feeding, the articulation of health professionals and educators and the global wellbeing of children as top priority for parents. The smooth communication and trust relation with education staff is also is highly valued. Mothers are very conscious of the low co-payment of ECEC services and the need for more public funding to maintain and improve quality services. A positive discrimination is required to balance the financial sustainability of non-profit organizations to provide good services targeted to vulnerable households. The increasing competition between non-profit organisations threats the access to good services for poor families. Moreover, the trend of privatization and liberalization of social facilities (crèches and kindergartens for children and day centres and nursing homes for the elderly) by Social Security Institute strengths the idea of the market interests logic instead of vulnerable households rights. In one mother words, this idea can be summarised as follows: '*You never saw the State close schools of wealthy people; this kind of measures are always implemented to poor'*. The austerity policies implemented substantial cuts in social benefits for vulnerable families, resulting in a social disinvestment. The universal social rights was been gradually became a selective social rights approach. Participants are worried about the future concerning to housing, which is linked with their well-being. The rents are increasing and the waiting list to afford social housing is 3 to 4 years. They felt the risk of eviction and to live their houses. They fear to move and breaking the ties within the community and consequently change the ECEC providers.

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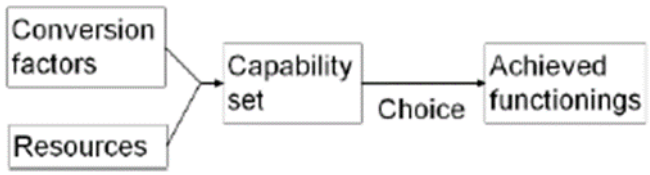
Introduction

Re-InVEST[3], a H2020 funded project under Euro 3 Europe after the Crisis, involves 19 organizations[4] (universities, research centres and civil society organizations working with vulnerable groups). Re-InVEST aims to investigate the philosophical, institutional and empirical foundations of an inclusive Europe of solidarity and trust. To this end it draws on capability and human rights based participatory approaches to examine how the European Union Social Investment package can be strengthened.

Human rights form a common European basis of values and describe core elements of what constitutes well-being and a good life. Human rights are the basic rights and freedoms that belong to everyone. International law, including treaties, contains the provisions which give human rights legal effect. Specific groups are protected in specific treaties such as women, children, and people with disabilities, minorities, and migrants. Human rights are transformative. For vulnerable groups the usage of a rights-terminology has changed perspectives, by empowering people, by increasing awareness and creating tools to address compromises of these rights.

Capability approach as developed by Sen (1999) and Nussbaum (2011) defines a person's well-being in terms of 'what a person can do' or 'the beings and doings (the functioning's) a person achieves and her capability to choose among different combinations of such 'functioning's'. Resources and conversion factors are preconditions or necessary for leading a life one values and has reason to value (figure 0.1). Resources refer to the material conditions of a person: her income, the goods and services she disposes of. Conversion factors help her to convert resources into 'doing and being well'. Both the achieved functioning's as well as the freedom to choose a life one values matters.

Figure 0.1 resources, conversion factors, capability set and achieved functioning's



A human rights and capability framework for Social Investment in Services

Our model builds on human rights[5] and capabilities as building blocks for the social inclusion/wellbeing of individuals. (Formal) human rights (e.g. right to work, right to social protection) are values and social norms which do not automatically result in improved wellbeing. For the implementation of such rights (mainly in the field of economic, social and cultural rights), different types of policy measures need to be implemented:

3 http://www.re-invest.eu/project/objectives
4 http://www.re-invest.eu/about-us/the-different-partners
5 Sometimes also referred to as fundamental rights or basic (social) rights.

legislation, organisation of (public) services, subsidies, social transfers, inspection, judicial enforcement, … Although some legal measures may establish effective rights (e.g. a guaranteed access to basic services), most policies necessitate additional 'social investment' in individual and collective capabilities through public or subsidised service provision (e.g. Early Childhood Education and Care (ECEC), health care, …) and the transfer of power and resources – either directly to individuals/households (e.g. social housing), or to companies and civil society organisations (e.g. subsidies to housing companies, water distribution, ECEC providers). These 'collectives' in turn interact with households and may invest in their capabilities.

European Commission Social investment Package

In 2013 the Commission issued a communication on social investment for growth and cohesion, the **Social Investment Package[6].** The Package provides guidance to Member States to help reach the Europe 2020 targets by establishing a link between social policies, the recommended reforms in the European Semester and the use of relevant EU funds. According to the European Social Policy Network, the EU approach to social investment in the package is largely consistent with the scientific debate on the issue, but the Commission puts more emphasis on dimensions such as effectiveness and efficiency, policies to raise the human capital ***stock*** (e.g. through ECEC, vocational training, education and lifelong learning), ***flows*** (through policies supporting employment, active labour market policies) and ***buffers*** protecting people through risky transitions (such as adequate unemployment benefits and minimum income support schemes). Social investment strategies are seen as a package of policy measures in a life course perspective that are complementary and mutually reinforcing[7]. It is clear that the approach in the SIP covers more policy measures than social services, that form only part of the social investment strategy, but social services play an important role. The 2013 EU SIP includes a Commission Recommendation on 'Investing in Children: breaking the cycle of disadvantage' against child poverty, calling for an integrated approach to child-friendly social investment. Which includes affordable quality childcare and education, prevention of early school leaving, training and job-search assistance, housing support and accessible health care are all policy areas with a strong social investment dimension.

Re-InVest define social investment as '*investment of resources into people – more precisely, into the sustainable enhancement of individual and collective agency'*. The criterion to assess success becomes the *sustainable impact on capabilities* rather than the source or nature of the investment. The literature shows social investments that are targeted at the most vulnerable groups has a higher return than non-targeted investments. For instances, the 'social return on investment' on ECEC is much higher among disadvantaged children than the average child, because the latter has the most highly-qualified parents as well as a more safe and comfortable home environment.

- In Section one, we briefly examine how social (dis) investment impacts on human rights and capabilities in the national context in four sectors, housing, water, health and financial services.
- In Section two, we focus on the direct research question and we draw attention to the impact of social disinvestment in Portuguese ECEC examining the human rights and capabilities of vulnerable people.

6 Communication from the Commission, COM (2013) 83 final, 20.02.2013.

7 Denis Bouget, Hugh Frazer, Eric Marlier, Sebastiano Sabato and Bart Vanhercke, Social Investment in Europe, a study of national policies, ESPN, April 2016.

1. Social investment in basic services in Portugal: housing, water, health and financial services

1.1 Social investment and the economic crisis

During the last quarter-century Portugal underwent very significant changes: democratisation and decolonisation (1974), joining the EEC (1985) and integration in the European Monetary Union (2000). The setting up of Welfare State was one of the main milestones of the democratic regime, which constitutionally required the establishment of public Social Security and health systems (articles 63 and 64). It is worthy of note that the Portuguese Welfare State emerges when their European counterparts have experienced problems in funding welfare. As stated by Boaventura de Sousa Santos[8]: *Portuguese welfare State appeared in a counter-cycle, after 25th April 1974 revolution. And partly as a consequence, it was never ambitious enough (comparing with other European countries), and as I called it in 1990s is 'almost a welfare State', it never left to depend from a strong welfare-society. But even so, it is crucial to the creation and consolidation of the Portuguese democracy. This is the meaning of its constitutional consolidation. Democracy and Welfare State were born together; therefore it is not possible to ensure the survival of any of them without the other.*

In 1979 the National Health System (NHS) was established. Although in 1975 the State nationalised the hospitals of *Misericórdias* and in 1977 the medical-social services of welfare funds were moved to the new regional health administrations. In 1984 the Basic Law of Social Security was approved, including many of the subsystems that survived from the previous regime. The most significant public expenditure is essentially concerned with health, education and social security sectors. The latter is due health costs of population ageing and a sustained increase of expenditure on pensions systems.

Gross Domestic Product (GDP) per capita grew an average 2.5% per year from 1974 to 2008. Nonetheless public expenditure grew approximately double pace. In 1974 it represented around 23% of GDP and in 2008 it has risen to nearly 46%, which exceeded the average of developed countries (Amaral; 2010: 50)[9]. In 1995, the level of debt of Portuguese families has reached 35% of their disposable income. Nonetheless it has achieving its highest proportion of 130.5% in 2009.

Families' indebtedness had increased by house purchase stimulated by tax benefits and to the banking and corporate debt had to do with the funding of Public-Private Partnerships (PPP) (Braz, 2017: 83).

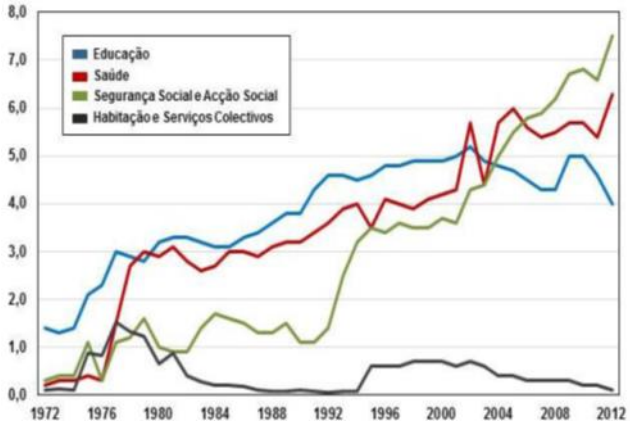
Figure 1.1 reveals the evolution of public expenditure (education, health, social security and housing) as a percentage of GDP between 1972 and 2012. Housing is the sector where the fragilities of the Welfare State became more obvious[10].

8 Article of Baventura de Sousa Santos, in 12 December of 2012, in Diário de Noticias newspaper https://www.dn.pt/opiniao/opiniao-dn/convidados/interior/o-estado-social-estado-providencia-e-de-bem-estar-2968300.html.

9 Amaral, L. (2010) "Economia Portuguesa, as últimas décadas" Lisboa, Fundação Francisco Manuel dos Santos.

10 Santos, Ana Cordeiro; Teles, Nuno; Serra Nuno (2014) Finança e habitação em Portugal, Cadernos sobre o Observatório No.2, Observatório sobre Crises e Alternativas, CES Centro de Estudos Sociais da Universidade de Coimbra. Pág. 8.

Figure 1.1 Evolution of public expenditure on education, health, social security and housing as a percentage of GDP (1972-2012)



Education, Health, Social Security and Social Action
Housing and Collective Services
Source DGO/MF and INE/BP

Social Security expenditure (green line) shows a growing trend. Education (red line) and health (blue line) suffered significant budgetary cuts during the economic crisis. In 2011 Portugal became a country 'bailed-out' by the Troika (IMF, ECB and EU), and therefore was subjected to a set of measures to be implemented within a short time lapse (3 years) in different sectors, while obtaining a loan totalling €78 billion. The measures framed in the Economic and Financial Assistance Programme (EFAP) has three main aims: consolidation of public accounts; stability of the financial system and structural transformation of the economy to resume the path of convergence with the EU. To achieve fiscal consolidation, basic public services were affected mainly health and education systems. The rental housing has significantly increased. The flexibility of labour market have taken many different forms: a flexible working hours by using a time bank, which allows to accumulate extra hours (extra work) outside of their normal working hours, relaxation of the collective labour agreements and reduction of compensations for dismissal. In 2014 the bail-out programme came to an end and it marked a post-programme stage, under the monitoring of the European Commission, through the European Semester (pre-assessment of draft national budgets). Public and external debts remain very high, dependent on the ECB interest rates and dependent on the rating agency that allows obtaining funding from the ECB. The high Portuguese debt as a proportion of GDP strongly constrains social investment. At same time, there is also a need to guarantee access to high-quality public services as a fundamental right in a context of growing privatisation and liberalisation and to provide universal services as an essential element of social investment[11]. Therefore some authors have advocated the investment in public services as a public investment rather than a public expenditure. 'The supply of public services firstly requires public investment to support social policies and to guarantee the institutional architecture of the Welfare State. (…) Very often the money spent in education or health is associated with State 'expenditure'. Being so 'expenditure' with public services is framed as an area of inevitable financial cuts to ensure the 'sustainability of the State'. (Mineiro, 2014: 5)

11 EAPN Europe, 2016, Nobody left behind: ensuring access for all to affordable, quality housing and public health services, EANP´s EU Inclusion Strategies group booklet on services.

1.2 Global perspective of national investment in the four basic services

1.2.1 Housing[12]

Housing conditions in Portugal

The right to an adequate house is enshrined in the 65º article of the Portuguese constitution. In 2018 Socialist Party is promoting a public consultation of housing framework law project[13], aiming to end with particular housing programmes and implement an integrative housing strategic policy with the social services. Also aims to define the role of State and municipalities and guarantee the universal access to housing.

The Institute for Housing and Urban Renewal, I.P. (IHRU) has developed a study[14] to review the different public programmes concerning the housing sector between 1987 and 2011, budgeted and spent by the State.

Table 1.1 Summary of budget allocations spent between 1987 and 2011

Programmes	Budgeted		Executed	
	Value	%	Value	%
1) Interest rate subsidy in housing credit	6,672,508,894.66	65.9	8,046,685,145.77	73.3
2) Rehousing programmes	1,814,981,359.35	17.9	1,353,426,012.54	14.1
3) Renting incentives	739,632,917.49	7.3	803,874,566.02	8.4
4) Building renewal programmes	392,242,730.59	3.9	166,594,609.24	1.7
5) Rent subsidies from Social Security	37,558,163.29	0.4	29,223,491.09	0.3
6) Direct promotion programmes	426,216,498.92	4.2	193,944,373.62	2.0
7) Housing development contracts	35,205,155.58	0.3	13,868,736.35	0.1
Total	10,118,345,719.88		9,607,616,934.63	

1) Bonuses on loans for house purchase or construction.
2) Rehousing programmes namely collaboration agreements approved under Decree-Law 226/87, PER and PROHABITA.
3) Youth Rental Incentive programme (IAJ) and 65-Port Youth program.
4) Support programmes rehabilitation (RECRIA, REHABITA e RECRIPH).
5) Social Security housing allowance.
6) Direct promotion of the Housing Financing Fund (FFH) and The Management Institute of Sale Housing Assets IGAPHE.
7) Cost-controlled housing (CDH).
(Antunes, 2017: 408 Vol. I)
Source IHRU, 2015

In the 25 years reviewed, the Portuguese State spent € 9.6 thousand million in housing public programmes. However, at first place, 73.3% corresponds to bonuses interest rates loans for house purchase. Secondly, only 14.1% were allocated to the rehousing programmes and 8.4% rental incentive. All the other programmes represent 4.15% of the total amount. There was a gradual growth trend (from € 184.0 million to € 630.6 million) between 1991 and 2000. However, this trend was inverted (from € 663.3 million to € 173.8 million) between 2002 to 2011. From 1972 to 2012 there were two main periods of higher public investment on housing (Figure 1.2): The first phase covered the period 1974-1979, when the public spending reached 7% of global public expenditure particularly in 1997. This housing investment expresses a political commitment to improve housing conditions at the beginning of democratic regime. The second phase

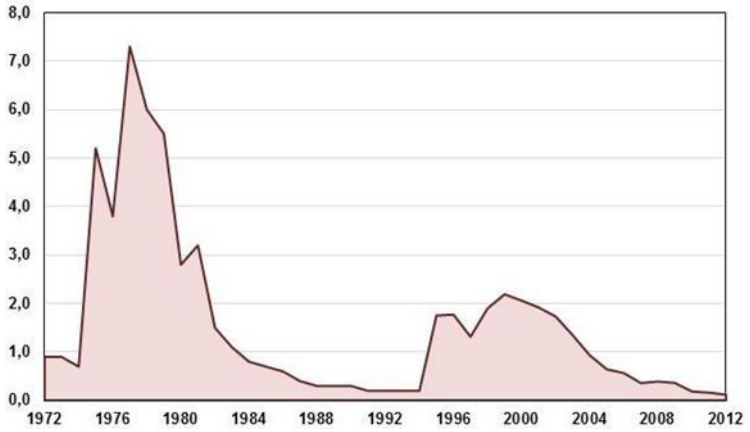
12 We would like to thank Marietta Haffner for providing a first draft of this section with the information that is based on Data by poverty status, expressed as percentage of population - Portugal (source: EU-SILC 2007, 2015).

13 http://habitacao.ps.pt/wp-content/uploads/2018/04/projeto-de-Lei-bases-da-habitação-GPPS-19.4.2018.pdf

14 IHRU, 2015, Estudo: 25 anos de esforço do Orçamento de Estado com a Habitação 1987-2011 http://www.portaldahabitacao.pt/opencms/export/sites/portal/pt/portal/publicacoes/estudos/Esforco-do-Estado-em-Habitacao.pdf

broadly covers the period 1994-2002. Which was spent 2% of global public expenditure aimed to eradicate slums in the metropolitan areas of Lisbon and Porto. Housing and collective services did not exceed 1.5% of public expenditure for all the period considered.

Figure 1.2 Percentage of total public spending on Housing and Collective Services expenditure (1972-2012)



Source DGO/MF e INE/BP

Three major rehousing initiatives stand out in this regard include the collaboration agreements approved under Decree-Law 226/87[15]; PER[16] (Programa Especial de Realojamento – Special Rehousing Programme) which officially started in 1993 and PROHABITA (Programa de Financiamento para Acesso à Habitação – Funding Programme for Housing Access) programme[17] in 2004. The latter meant to replace and update the preceding programmes. PER seeks an answer to the housing problem (slums), decentralising responsibilities to the municipalities. Nevertheless, it is a controversial programme because it does not fit into an inclusive social housing policy to all country. It is concentrated mainly in the big cities of Porto and Lisbon. Nevertheless, it was the most important social housing programme in the last few decades: "In fact, from 1996 to 1999 around 65% of the 35 thousand homes of total PER contracts were signed". (Santos, Serra and Teles, 2014: 28). The building refurbishing programmes (RECRIA[18], RECRIPH[19] and REHABITA[20]) have increasingly implemented from 1987 to 1999 and a downward trend has been witnessed from 2005 to 2011[21].

PROHABITA was reviewed in 2007 to strengthen the refurbishing of run-down housing blocks or sensitive social housing districts. However the programme remained dependent on budget allocations available for the purpose, including the Central Administration Programme for Development Investments and Expenses (PIDDAC), making that support dependent on the European Support Framework (CET-ISCTE et al., 2008c). In 2017 the PROHABITA programme received no more than a small budget allocation

15 http://publicos.pt/documento/id418827/decreto-lei-226/87. Establishes the regime for cooperation between central and local administration towards social housing programmes aimed the rehousing of people living in slums.

16 https://www.portaldahabitacao.pt/pt/portal/programas_de_financiamento/per.html. PER aimed at carrying out the eradication of slums at the metropolitan areas of Lisbon and Oporto. It provided financial help towards the construction, to the acquisition of homes for rehousing households living in slums or in precarious housing conditions.

17 https://www.portaldahabitacao.pt/pt/portal/programas_de_financiamento/prohabita.html. PROHABITA aims to solve all priority housing needs through collaboration agreements between municipalities or associations of municipalities and the Institute for Housing and Urban Renewal.

18 RECRIA (Special Regime for Co-payment in the Renewal of Rented Buildings - Decree-law No. 4/88, of June 6th).

19 RECRIPH (Special Regime for Co-payment and Funding in the Renewal of Urban Buildings in a Regime of Horizontal Ownership – Decree-law No. 106/96, of July 31st).

20 REHABITA (Regime to Support Housing Renewal in Old Urban Areas – Decree-law 105/96, of July 31st).

21 Besides the three renewal programmes targeted by the IHRU study, there were another programme: SOLARH (Programme for Special Financial Support for Renewal of Housing – Decree-law No. 7/99, of January 8th) not included in the review.

of € 5.5 million – which the Government acknowledges being low – after several years without funding (UN report on adequate housing 2016).

In the same line of thought, housing allowances (general allowance and special allowance for handicapped tenants from social security) have continued growth until 1994 and in 2010 it reached almost no expression (0.3%).

In addition, the private sector (households and companies) is the major responsible for housing construction. In the period between 1950 and 2012, 89% of the total stock of dwellings was built by this sector. On the second half of 1990s the number of dwelling duplicates from 60 thousand/per annum to 120 thousand/per annum in 2002.[22] (Cordeiro, Teles & Serra, 2014: 13)

Besides the previous housing programmes, young housing needs became also subject of policy. In order to boost young lease, in 2007 the Youth Rental Incentive programme (IAJ), which officially started on 1992, was replaced for **Porta 65 Jovem ('Porta 65' Young People housing programme)**. In 2009, its funding was the same as in 1994 and stand still until 2011. For instances in Lisbon the limits set out were not in accordance with the market rates in the capital city. [23]

Approximately 57% of the population aged 18 to 34 years still live with their parents. The housing deprivation is an issue of serious concern, especially for 20 to 29-year-old youths, and drastically increases the risk of lack of housing (UN report on adequate housing, 2016).

The National Housing Strategy 2015-2031[24] is a governmental housing plan in the direct scope of IHRU, I.P which aims to facilitate access to market housing. It was structured in three pillars: urban renewal, housing rentals and qualification of lodgings. The poor and precarious housing conditions are identified, including the weight of the refurbishment sector, credit for housing and indebtedness, as well as increased housing costs. It stresses the relevance of social housing in the fight against exclusion and consolidation of the social rental market. Its results only can be assessed at the end of the implementation period.

In short, the review of the several housing programmes reveals a gradual disinvestment in the sector. According the IHRU study co-author[25]: 'These values shows a 'pernicious' and 'frightening' reality, where Portuguese State spent a 'colossal amount' mainly targeted to funding 'speculative processes' and ' a machine associated to the land business, urban infrastructure, construction and banking'.

The resolution of housing problems of citizens most in need is being centred mainly on renewal and rental incentives. In the future the access to universal right to housing is expected to be more fulfilled with the National Housing Strategy implementation and the adoption of the Housing Framework Law.

Reforms during the crisis period

In the scope of Social Emergency Programme, the **Social Rental Market[26]**, in partnership with the State, municipalities and banks, have tried to answer the housing problems of households who could not benefit from social housing and lacked the capacity to purchase their own house in the private market. The Social Rental Market meant to make available nearby 2,000 homes, in 100 municipalities until the end of 2012. The rent values were 20% to 30% lower than those of the free market[27]. However users had great difficulty in

22 Cordeiro A.; Teles, N., Serra, N. Finança e habitação em Portugal, Cadernos do observatório, CES, Observatório sobre crises e alternativas, julho 2014).

23 Antunes, G. (2017), Politicas sociais de habitação (1820-2015): espaço e tempo no Concelho de Lisboa, FCSH – UNL, pag. 384.

24 https://www.portaldahabitacao.pt/pt/portal/habitacao/EstNacHabitacao/

25 Interview of IHRU President, to the Expresso journal, in March 2015, the author of the study. In Antunes, 2017:395 Vol. I.

26 http://www.mercadosocialarrendamento.msss.pt/mercado_social_arrendamento.jsp

27 Nevertheless, Eurostat recommends that the housing cost overburden rate should not exceed 40%. This is the percentage of the population living in households where the total housing costs ('net' of housing allowances) represent 40% of disposable income.

getting access to housing. This feature is explained in more detail in the scope of a Master's thesis[28]: "Most households potentially interested in this initiative did not have a sufficient income to even apply to the programme. Thus a considerable number of local authorities did not even join the initiative or cancelled enrolment as soon as they found out." (Neves, 2014: 261)

Moreover, specific national strategies have been implemented for specific vulnerable groups, such as Roma and homeless people. As for the former, the **National Strategy for Integration of Roma Communities (ENICC)[29]** was approved through Resolution No. 25/2013, of March 27th, and it follows a notice by the European Commission, COM (2011) 173 of April 5th, titled 'EU Framework for National Roma Integration Strategies up to 2020'. A significant percentage of such households (32%) still live in non-classic lodgings. With regards to **National Strategy for Integration of Homeless People 2017-2023 (ENIPSA)**, it includes the evaluation of the ENIPSA 2009-2015 in order to create conditions for no one remain in the street because of the lack of alternatives. One recommendation of the UN report on adequate housing[30] advises that the new strategy should encourage preventive measures, not just crisis interventions (Recommendation of the UN report).

Another emblematic programme, known as the golden visa, entered into force on October 8th 2012: the **Residence Authorisation regime for Investment Activity (ARI)**[31]. It allows nationals of third States to obtain temporary residence authorisation to perform investment activity. Despite the great inflow of capital, the Golden Visa scheme did not prove, in UN special reporter on adequate housing opinion, to be beneficial to the disadvantaged households in Portugal; it did not give new impetus to job creation, and part of its profits were not applied to affordable housing.

The latest census data, in 2011, shows that more than 50% of lodgings cost less than 20 euro a month in rent were contracts signed before 1975. On the other hand, more than 80% of lodgings cost above or equal to € 650, corresponded to lease contracts signed between 2006 and 2011 (INE, 2012a). Low rentals less than 20 euros per month are related to derelict buildings or in need of substantial repairs. The monthly rent increase as much as the preservation of existing buildings (INE, 2012a). Nevertheless, the lodgings costs between € 100 and € 400, and the average monthly rent is around 250 euro. In turn, rent under € 20 and above € 650 represented 7 and 3% respectively of the total lodgings rented (INE, 2012a). Lastly it should be noted that in real terms the average price for the monthly rental increased around 50% between 2001 and 2011. This suggests the growing liberalisation of housing market. (INE, 2012a).

In 2012 the liberalization of rental housing markets has reached its high with the new regime of urban renting, which contributed significantly to the dehumanisation of mankind in the heart of our towns; people are being crushed by the market logic. (Antunes, 2017: 407 Vol I)

On 4 October 2017 the Council of Ministers Resolution approved the aims to define the goals and strategy for the New Generation of Housing Policies to guarantee everyone access to decent housing. It set out 27% (from 35% current) the housing cost overburden rate in urban rent scheme.

28 Neves, João (2014) Respostas locais à crise: contributos para um mercado social de arrendamento, Master's thesis: School of Civil Engineering of the University of Oporto, https://sigarra.up.pt/reitoria/pt/pub_geral.show_file?pi_gdoc_id=372668.

29 IHRU, the housing conditions of Roma communities living in Portugal: at least 7,696 households living in Portugal, composed by 30,737 individuals and living in 7,456 lodgings. However, these figures should include the estimates of municipalities that did not provide data: there are 9,418 families, formed by 37,346 individuals and distributed in 9,155 lodgings.

30 http://www.ohchr.org/EN/Issues/Housing/Pages/CountryVisits.aspx

31 The beneficiary of ARI has access to a residence visa waiver, which it allows to live and to work in Portugal. It has the duty to remain in the country for a period of no less than 7 days in the first year and no less than 14 days in subsequent years; to move in the Schengen space with no need for visa; to benefit from family reunification; to request concession of a Permanent Residence in the terms of the Law on Foreigners (Law No.23/2007, of July 4th); and the possibility to acquire Portuguese nationality, meeting the further requirements of the Law on Nationality (Law No.37/81, of October 3rd).

Finally, The Portuguese Socialist Party has published a draft Housing Bill under public consultation from 16th May until 13th July 2018[32] aiming to ensure access to decent housing for everybody.

Impact on human rights and capabilities of vulnerable groups

Access

An extensive diagnostics on precarious housing[33] applied in all municipalities developed by the Institute for Housing and Urban Rehabilitation, IP (IHRU), published in February 2018, shows the following:

- 187 municipalities (from total of 308) have precarious housing conditions;
- 25,762 families are unsatisfied with their housing conditions;
- 14,748 buildings and 31,526 dwellings do not have minimum housing standards;
- 5 municipalities[34] have a very significant number of families in precarious housing (above of 3% from the total number of resident households).

Despite PER programme aimed to put an end to all slums in metropolitan areas, the most precarious housing is still faced in these regions where 74% households were identified. Nonetheless, the same report highlighted the decreased of the housing needs of 48,416 families identified in 90s to 39%. Moreover it draws attention for 16,165 new families identified in the scope of current diagnosis or they were not meet in the PER criteria. These families are living in severe housing deprivation: slums or precarious buildings (45% in Lisbon metropolitan area) or urban degradation buildings e.g ilhas (70% in Porto metropolitan area). It is worthy to note that (26%) of households live in illegal construction.

Furthermore there are 735 thousand empty dwellings in the Portuguese housing stock which is quite a high number compared with families living in precarious housing conditions. The total of empty social housing could rehouse 27% of households identified. Among these, other solutions were identified such as: the acquisition or rehabilitation of vacant buildings; housing stock available for rent, gradual rehousing of the degraded urban housing to fight poverty and social exclusion process and segregated territories. Have in mind the solutions of municipalities towards housing needs, the estimated total investment will be around € 1,700 million (the costs and the co-funding was based on PER and Prohabita programmes currently in force).

Besides the national data, the recent UN report on adequate housing in Portugal[35] also draws conclusions on the fragile access of vulnerable people to housing:

- Only 2% of the whole housing stock is allocated to social housing, one of the lowest rates in Europe. These are only 120,000 units of social housing, which seems very low in light of the national poverty rate.
- The total number of homeless individuals is unknown. The estimates range widely from 4,000 to 50,000. The composition of the homeless population seems to have changed as a result of the financial crisis, with more young adults due to high unemployment rates and lack of housing at affordable prices.
- Easier access to credit to buy a house and low interest rates may have exacerbated the problem of affordable housing for medium- and low-income families. Rising house prices causes concerns in all urban centres.
- There has been little rehousing in the last 20 years, which means that who are not included in the PER census still live in precarious housing and they are at imminent risk of eviction or demolition of houses.

32 https://www.parlamento.pt/ActividadeParlamentar/Paginas/DetalheIniciativa.aspx?BID=42502

33 www.portaldahabitacao.pt/opencms/export/sites/portal/pt/portal/habitacao/levantamento_necessidades_habitacionais/Relatorio_Final_Necessidades_Realojamento.pdf

34 Mira, Monforte, Mourão, Murtosa, Amadora, Almada, Loures e Mesão Frio.

35 Farha, L. (2017) Report on adequate housing, Special United Nations Reporter for Adequate Housing, to the United Nations Council on Human Rights in Geneva. http://www.ohchr.org/EN/Issues/Housing/Pages/CountryVisits.aspx

IHRU estimates that 3,301 families still need resettlement. New immigrants from Portuguese ex-colonies who immigrated to Portugal are often left with no other choice unless to live in those areas.

Quality

According to FEANTSA[36], in 2015, Portugal is in the twentieth place among the 28 Member States in the European index of housing exclusion. It is in fourth place regards having difficulties in maintaining in-house temperature by poor families. Gender and age worsen housing exclusion among the poorer people more than income. Portugal has reached the second position concerning elderly risk of experiencing housing cost-burdened. Also women are at greater risk of experiencing it rather than men (Portugal is in the 7th place).

Leilani Farha, on her mission to Portugal from 5 to 13 December 2016 as the special rapporteur [37] on the right to adequate housing pointed out that 33.5% of poor families lived in unacceptable situations and they were at risk of falling behind with their rent or at risk of facing eviction. According to official data of INE, 11% of people living in poverty line were in serious lack of decent housing at reasonable prices and almost 10.3% (21% of which poor) live in overcrowded families. Moreover, in February 2017, the Government launched a programme of rehabilitation of social housing for 8,500 dwellings with an estimated investment of € 115 million, funding by Portugal 2020. This investment aims the recovery building and combating energetic poverty (e.g. wall isolation, pavements, coverings, double glazing, etc.). (Antunes, 2018: 416 Vol.I)

To sum up, what is known on impact on vulnerable groups, human rights and capabilities, table 1.2 shows that tenants are overrepresented in at risk of poverty population. Furthermore, larger shares of the population at risk of poverty generally are deemed to live unaffordably and in an overcrowded situation or otherwise in housing deprivation than the population not at risk of poverty. As it concerns cross-sectional data, changes between years can only be interpreted as larger or smaller groups, not necessarily as increases or decreases.

36 http://www.feantsa.org/download/portugal8918902790162562965.pdf

37 http://www.habita.info/2017/03/relatorio-sobre-portugal-apresentado.html and http://www.ohchr.org/EN/Issues/Housing/Pages/CountryVisits.aspx

Table 1.2 Data by poverty status, expressed as percentage of population - Portugal (source: EU-SILC 2007, 2015; does not give info on homelessness)

	2007	Population		2015	Population	
	Total popula-tion	Above 60% of median equivalized income	Below 60% of median equivalized income	Total population	Above 60% of median equivalized income	Below 60% of median equivalized income
PEOPLE AT RISK OF POVERTY (social exclusion) [ilc_peps01]			25			27
TENURE STATUS [ilc_lvho02]						
Owner	74	77	61	75	79	60
* Owner, with mortgage or loan	24	28	8	37	40	22
* Owner, no outstanding mortgage or housing loan	50	49	53	38	39	37
Tenant	26	23	39	25	22	40
AFFORDABILITY INDICATORS						
Housing cost overburden rate [ilc_lvho07c]	7	4	22	9	3	34
Arrears on mortgage or rent payments [ilc_mdes06]	3	2	7	4	3	11
Arrears on utility bills [ilc_mdes07]	5	4	10	8	5	21
(Heavy) financial burden of the total housing cost - EU-SILC survey [ilc_mded04]	82	79	93	88	87	94
QUALITY INDICATORS						
Shortage of space in dwelling [HC010] (2012 instead of 2015)	21	20	28	19	17	24
Overcrowding rate [ilc_lvho05a]	16	15	21	10	8	21
Noise from neighbours or from the street [ilc_mddw01]	28	28	24	23	23	24
SATISFACTION (2012 instead of 2015) [MH080 and ilc_hcmp04]						
Percentage of people with high or very high level of satisfaction with the dwelling]	82	84	74	90	91	84

Recommendation on housing: The real estate speculation on housing sector lead to price rises out of all proportion to their value. Therefore it needs to be regulated by the State in order to ensure the right to decent housing for the most disadvantage people. Moreover greater investment is needed to implement integrative measures to Roma communities and homeless people.

1.2.2 Water[38]

Main characteristics of the water sector in Portugal

Water should be considered as a public asset, provide universally to every citizen by the State. Since 1992 the Dublin Principles[39] the water sector was stipulated as an economic asset. In an increasing liberalisation context it started to be regulated. In 2014 the Regulatory Entity for Water and Waste Services (ERSAR) emerged and water provision and wastewater sanitation were defined as structural public services. They are

38 We would like to thank Mary Murphy for providing the information in this section based on recent post crisis policy changes on impacts on right to water.

39 http://www.wmo.int/pages/prog/hwrp/documents/english/icwedece.html

essential for citizens' wellbeing, public health and collective safety of populations, environmental protection and for economic development. ERSAR as an autonomous body adopted a tariff regulation for private and public entities. Besides regulating the sector, it has certain extra competences, including inspection, quality assurance/quality control process, and management of complains and recommendations to water sector.

The water sector in Portugal is mostly structured in a two-tier horizontal system: a 'high' system and a 'low' system. The 'high' system includes entities that capture, treat and provide water. 'Low' system is responsible for direct water supply to the population. There are two types of managing body (MB) based on the nature of the capital in the 'low' water supply system: a) public management made directly by municipalities through municipal services or municipal companies; management through public-public partnerships (between State and municipalities, multimunicipal, or between municipalities, intermunicipal) and b) private concession.[40] There is also MB mixed capital entities arising from public-private partnerships. According to ERSAR, Portugal has 261 low provision managing bodies: 26 municipal companies, 2 multimunicipal companies, 1 public partnership between State and municipalities and 210 municipal services in 2010. We may conclude that the majority of those entities have public capital. The public water supply achieved a very satisfactory coverage.

Between 2007 and 2011 the coverage rate of water provision services (WPS) reached 95% (approximately a 3% rise). The coverage of sanitation and wastewater services (SWS) in turn increased 8% in treatment sector, and 1% in collection of urban wastewaters, reaching coverage levels of 78% and 81%, respectively[41]. Nevertheless water accessibility must be looked locally. In this sense, an ERSAR study on the economic accessibility of water provision and sanitation services in Portugal in 2010, by reference to consumption expenses for $60m^3$[42] and $120m^3$ per household, regarding to the minimum monthly guaranteed income (RMMG), examine the macro-accessibility and micro-accessibility. With regard to macro-accessibility to water, Portugal does have a good performance. The average annual expenditure per household is 1.1%, while the EU15 average is 1.5% (under the OECD 3% threshold[43]). Nevertheless, a review of economic micro-accessibility reveals problems in some municipalities that exceed the 3% consumption threshold of $60m^3$: 3.47% in the North and 3.20% in the Centre region. For the $120m^3$ consumption the threshold is exceeded in five regions of mainland Portugal[44]. Hence, in rural zones or peripheral areas of North and Centre the results are less satisfactory. The weight of the average expenditure of water provisioning service (WPS) is greater in rural areas, followed by small and medium-sized towns. In both cases exceed the national average. In turn, in predominantly urban areas the weight of expenditure with WPS services, taking into account the average households' disposable income, is the lowest nationwide below the national average. This result reflects the higher disposable income in urban areas due to lower costs per unit mirrored in tariffs as well as some of the first multimunicipal systems may have benefited from lower cost associated with higher levels of subsidisation. (PEAASAR 2020: 38)

Reforms during the crisis period

Law No. 58/2005, of December 29th (the Water Act), altered and republished by Decree-Law No. 130/2012, of June 22nd, affirms two principles that must combine to set tariffs: the social and the economic value of water. The social value aims enshrining universal access to water for basic human needs at a socially acceptable cost and without being a discrimination or exclusion factor. The economic value of water entails

40 ERSAR, 2010, Relatório Anual do Sector de Águas e Resíduos em Portugal (RASARP).

41 PENSAAR 2020, Vol. I, 2015: 16

42 The consumption of $60m^3$ per household - daily consumption per capita of 60 litres of water - it was deemed basic and essential to consumption.

43 The accessibility threshold is 3% of the average income available with burdens of the water services OECD (2002); the OECD indicator for Portugal is 1.6%. The average burden consumption of $60m^3$ is (1.5%) and $120m^3$ is (2.6%).

44 North (5.15%), Centre (5.16%), LVT (4.35%) and Algarve (3.25%).

enshrining the acknowledgment of present or potential scarcity of this resource and the need to guarantee its economic efficient use on the base of the principles of polluter-payer and user-payer.

The financial regime of local authorities approved by Law No. 2/2007, of January 15th and since replaced with Law No. 7/2013, of September 3rd, required prices for the provision of water and waste services should not be lower than costs directly and indirectly borne with the provision of services set by municipalities. In this sense, municipal tariffs are subject to the opinion of the regulatory entity, to certify conformity with the legal and regulatory provisions in force, without prejudice of the decision-making power of the entity in case of non-conformity (Law No. 7/2013).

Law No. 10/2014, of March 6th, approves the Statutes of ERSAR, defining the principles of tariff regulation, which must observe: economic and financial recovery of costs for services in a setting of efficiency, preservation of natural resources and promotion of efficient behaviours among consumers, promotion of economic accessibility for final domestic users, namely through social tariffs, promotion of fairness in tariff structures, taking into account the dimension of the household, favouring fairer and more efficient water capitations for all users and stability and predictability for regulated entities.

In 2014 the Supreme Constitutional Court identified fragilities in concession contracts from municipalities to private entities in the scope of an audit to 19 municipal concessions. Some of the problems were: insufficient audits from ERSAR to the contractual concessions; large gap between projections on the contracts and procurements in relation to population growth and estimated capitation and weaker negotiating power and lower technical expertise of the municipalities to defend their financial interests. (PENSAAR2020 vol I, 2015: 86-87)

With the 2020 Strategic Plan for Water Provisioning and Wastewater Sanitation (PEAASAR 2020) the new strategy for the sector includes access to a good public water and sanitation service, adequate to people needs with socially acceptable costs[45].

Impact on human rights and capabilities of vulnerable groups

Access

The growing privatisation of the water sector raises the issue of guaranteeing universal access. During the crisis period water services were suspended for a significant number of families for failure to pay, due to financial constraints. Some news reports in 2012 mentioned that 'in just six cities, Viana do Castelo (800), Braga (213), Aveiro (200), Lisbon (1027), Coimbra (300) and Olhão (365), around 3,000 families each month were disconnected from the water provisioning network as a result of incapacity to pay the water invoices, associated to the economic crisis' (Costa, 2012). Another report counted around 3,000 homes disconnected each month in the city of Oporto only (Visão, 2012)[46]. Around 70% of EG for (low) water provisioning services that answered a national survey state that the 'present crisis had an impact in the number of home contracts with overdue payments'. Since 2009 the Regulatory Entity for Water and Waste Services (ERSAR) recommends, according to European and national principles, the application of tariffs that allow recovery of costs, granting a market rationale to the governance of the water sector, irrespective of the public or private nature of the capital of the MG.

Social Security Services may pay water debts of families or individuals by provided a proven economic need - per capita income lower than the social pension, updated annually - are entitled to such benefits.

45 PENSAAR 2020, Vol. I, 2015: 15.

46 Borges, M., Leitão, A., Duarte Lopes, P., Nascimento, D., (2015) O acesso à água em Portugal em tempo de crise: o setor da água in Portugal 'em baixa'. Oficina No. 427, Centro de Estudos Sociais, Universidade Coimbra (p. 4).

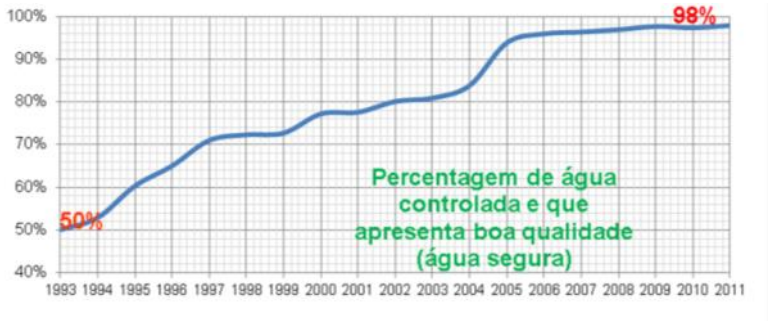
Additionally, municipalities, municipal public MB have safeguarded the rights of populations including social support, emergency plans, easy extrajudicial payments and other procedural strategies. The remaining public MB, as well as private managing entities has been articulated with social support agencies of municipalities, in order to respond to water invoice payment difficulties by domestic users[47]. Besides these mechanisms the right to water was called into question for vulnerable households during the economic crisis as stated above. Furthermore, around 70% of MB for (low) water provisioning services, that responded a national survey, declared that 'the current crisis had an impact in the number of home contracts with overdue payments'. Since 2009 the ERSAR has been recommending, regardless of the public or private nature of the capital of the MB, the application of tariffs to grant a market rationale of the water sector governance.

In 2011, the average water and sanitation bill was 185,95€/year, however huge differences between operators are noted. If the recommendation about the adoption of social tariff was fully implemented by every operator, the average water and sanitation bill for the poorest families would be reduced to 120,95€/year. According to ERSAR, in 2011 near one half of the operators (municipalities) had some kind of social support to certain groups of consumers. The number of beneficiaries of social tariffs is estimated to be around 45,000, and the per capita subsidy is estimated to be nearby 62€/year, or total of 2,8 million EUR.

Quality

Between 2007 and 2011 was stabilised 98% of controlled water and good quality. Most of MB, 99% have either reached the level of excellence. Rural areas have occasional less satisfactory situations. The implementation of water collection and treatment systems was one of the most relevant factors of that success (PEAASAR 2020 vol.I: 19).

Figure 1.3 Evolution of the percentage of controlled water and good quality between 1993 and 2011



* Percentage of controlled water with good quality (safe water)
Source ERSAR

Under the Framework Directive on Water (FDW) execution deadlines were established to fulfil the environmental aim of achieving a good condition of all water masses by 2015. At national level, the percentage of water masses with ecologic status above or equal to 'Good' is 53%, and the percentage of water masses with ecologic status 'Less than Good' is 39%. Around 8% of water masses were not ranked.

ERSAR competences were reinforced namely setting tariffs and may give binding instructions, ensuring greater equality in the safeguard of consumers' rights, as well as greater uniformity in procedures.

To conclude, in 2013, ERASR informed there was no available data about informal settlements and slums at a national level. Therefore, it was not possible to assessing progress in achieving equitable access

47 http://www.ces.uc.pt/ficheiros2/files/PPAgua%20Policy%20Brief.pdf

to water and sanitation. Moreover the water strategic plan does not have information about the service provision to these areas.

Policy recommendation for water

Although, 95% of the population have access to safe drinking water services and 90% of population have access to adequate treatment of wastewater, nearby 5% of the population particularly in rural areas does not benefit from the public service. It is mainly provisioned through individual solutions (boreholes, wells). Therefore it should be implemented a national policy in order to bring a more solid and equal access discouraging the use of alternative sources for domestic consumption.

The social tariffs are specific support mechanisms in favour of households (e.g. large families with low incomes and low-income families). However there is not a basic price list, thus prices differences exist among municipalities. In other words, according to ERSAR, there are 308 operators and only 10% include social tariffs in their charges schemes.

Additional equitable access targets should be defined to ensure access to vulnerable and marginalized groups. These groups do not have the same conditions of adequate and decent housing or standards of living, therefore is needed to have a positive discrimination on service provision. Moreover it is need to identify an integrated social approach at national level which should include decent housing, an appropriate standard of living, essential services including water and sanitation services. Additionally in the line with ERSAR recommendation, the information on rights and duties of the services consumers is available on institutional websites, in legislation, leaflets but it needs to be disseminated in a simply language to be easily understandable.

1.2.3 Health[48]

Main characteristics of the health system in Portugal

The National Health System (NHS) was established in Portugal under Decree-Law No. 56/79, of August 26th, which constitutionally guarantees free access to all citizens. Besides SNS the Portuguese health system includes several agents such as insurance companies (health insurance) and professional health subsystems (such as ADSE – Assistance in Illness to Civil Servants of the State, the present Directorate-General for Social Protection to Workers in Public Functions as a public subsystem; SAMS – Medical-Social Assistance Services for bank employees; private subsystem) as well as economic private groups and non-profit entities of the social sector.

NHS has its primary healthcare network and the public hospital network under the jurisdiction of the Ministry of Health (MS) and, regionally, under the Regional Health Administrations (ARS) since their creation in 1982[49]. MS and ARS are responsible for the implementation of national health policy aims. NHS receives funding from the State Budget to guarantee access to healthcare. Citizens contribute to the health sector through taxes – public funding and through payment of user charges in public services[50]. The

48 We would like to thank Rita Baeten and Alice Perini for providing the information in this section that is based on Barros P. et al. (2011) and Sakellarides C. et al. (2015).

49 Decree-Law No. 245/1982 of June 29th.

50 Current public expenditure is the expenditure incurred by public funding agents that manage and administer the funding regimes of Public Administrations and the contributory mandatory funding regimes. Public funding agents are part of the National Health Service (SNS) and the Regional Health Services (SRS) of Azores and Madeira, the public health subsystems, the other entities of public administration and the Social Security funds. Current private expenditure corresponds to expenses made by families and private funding agents that manage and administer voluntary funding regimes. Private funding agents are part of companies (insurance and others), non-profit organizations (health subsystems and others) and families (in Conta satélite 2014–2016Pe, INE).

Portuguese health system is divided into four different periods that correspond to four political agendas: 1) before the 1970s; 2) from the early 1970s to 1985 - establishment and expansion of the National Health Service (NHS); 3) from 1985 to 1995 - regionalisation of NHS and new role for the private sector and 4) from 1995 to 2002 – 'new public management' for NHS[51]. As stated by the Portuguese Observatory of Health Systems (OPSS): during the last 30 years one may clearly identify a sustained effort to improve health services - both in terms of facilities and adoption of new medical and information technologies - improvement of access to medicines and continued efforts to improve the organisation and management of NHS. Nevertheless, well-intended reforms were very often incomplete, both due to management limitations, resistance to change or political discontinuity. In fact, throughout this period (1970s to 1985) it was frequently observed that, in the same political cycle, with the same prime-minister, a change in ministerial teams led to substantial changes in political agendas. In the years from 2002-2005, it seems clear that a new political agenda for health was established: inclusion of private and social in a 'healthcare network' funded by the State; SA hospitals, growing 'outsourcing' in public services, private management of all new public hospitals, through public-private partnerships and a new line of funding in the Health XXI Programme, for private initiative[52]. Several ways were found to contain expenditure in the health sector by introducing private management rules in hospitals or concession of hospital management to private entities, as well as Public-Private Partnerships still without clear results[53].

Between 2011 and 2012 was carried out the computerization of the health system allowing the electronic prescription medicines (Directive nº198/2011). It was also implemented a new electronic portal (Novo Portal do Utente) which allows medical appointment (eAgenda) or confirmation surgeries (SIGIC) respecting the privacy of users. In the 2013 new legal regime of conventions was approved (Decree Law nº. 139/2013). The return of the 'Misericórdia' Hospitals published on Decree-Law nº 138/2013. In 2014 it is created a Fund for Health Research (Decree Law nº 110/2014). The role of nurses in health promotion and disease prevention is reassessed (Decree Law nº 118/2014). The access to cross-border care is established (Decree- Law nº52/2014)[54].

The Regulatory Entity for Health (ERS) has presented a study for assessment of Public-Private Partnerships in health, in 2016, ordered by the Ministry of Health, which stresses: 'no global inference is drawn as far as advantage of disadvantage of management in a PPP regime'.[55]

Reforms during the crisis period

During economic recession the financial sustainability of NHS gains even more relevance. Health expenditure as percentage of GDP was 8.4% in 2000 and 8.9% in 2016[56]. Nevertheless, INE and Pordata, statistical national data show the following variation: from 2006 to 2009 it increases from 9.1% to 9.8% and from 2009 to 2016 the values gradually fall to 8.9%. In 2015 and 2016, current health expenditure carried

51 For detailed information on the evolution of health system, see the OPSS website. http://www.opss.pt/taxonomy/term/51.

52 Sakellarides, C. Reis V.; Escolar A., Conceição C., barbosa P., *O Futuro do Sistema de Saúde Português, Saúde 2015* p. 33

53 The Regulatory Entity for Health (ERS) presented a study assessment of public-private partnerships in health, in 2016, ordered by the Ministry of Health, which highlights: 'no global conclusion can be drawn about the advantage or disadvantage of management in a PPP regime'.

54 http://www.sns.gov.pt/sns/serviço-national-de-saude/

55 https://www.ers.pt/uploads/writer_file/document/1841/ERS_-_Estudo_PPP.pdf

http://www.pordata.pt/Portugal/ Current expenditure of healthcare as a share of GDP

on growing at a slower pace than the GDP[57].The question arises of whether the decrease in health expenditure means lack of social investment arising from measures imposed by the Troika. The percentage of public health expenditure of GDP in 2014 was 6.2%. Comparing these values in the pre-crisis period, the expenditure on health care as a percentage of GDP grew from roughly 8.5% in 2000 to 9.5% in 2007. Going back further in time, total health care expenditure has increased steadily from 5.3% of GDP in 1980. The rate for Portugal in 2007 was fifth highest among the EU 15 countries. Total health care expenditure is close to the median for the EU 15 countries over the same period (WHO: 2010)[58].

The physician-population ratio between 2001-2014 was 41 of Physicians per 10 thousand inhabitants and deaths due to tuberculosis per 100 thousand inhabitants were 1.2% (PNUD 2016: 226). The number of physicians per 100 thousand inhabitants, according with national data[59], has been expressed a historical increase: 197.1 in 1980, 307.7 in 2000 and 461.4 in 2015 (355.7 EU 28). Nonetheless, there are around 700 thousand citizens without physician in January 2018[60] and two years ago there were 1,2 million.

The international financial assistance programme imposed several conditions on health policy measures. They aimed to curtail public debt in the health sector and improve the greater efficiency performance of NHS (developing the same assistance activities with lower expense) (Barros, P., 2013: 46). The health sector has suffered a reduction of around 13% in the 2011 budget and saving measures were adopted to maintain the ongoing reforms in primary and continued healthcare. The problems listed in 2011 by OPSS signalled: 'low quality of devices and instruments of health governance; dense structure of private interests – economic and professional. An increase of user charges was recorded'. (Spring Report, Relatório da Primavera (RP) 2016: 26)

The 2012 Spring Report (RP) stated the effects of the crisis on mental health (loss of self-esteem, anxiety, depression and suicide) and the increase of risk behaviours (drug dependence and alcohol), as well as the consequences of lack of thermal comfort at home, the limitations of access to medical healthcare and medicines.[61] OPSS warned of the need to the status of health policies in the set of public policy (financial, economic and others) and alerted to a set of situations such as: 'signs of an non-universal agenda; absence of a clear guiding line for investment in health and organisational development of NHS; discouragement of professionals and dissatisfaction of the most vulnerable with the NSH response'. In 2013 the social atmosphere worsened with growing unemployment and huge disbelief as far as the present and future health was concerned. In 2014 OPSS recommended monitoring a set of sensitive crises indicators (concerning mental health; infectious diseases, lifestyles and unsatisfied needs) in the most vulnerable groups. This official body recognised: 'Instead, there seems to be an evident effort from the EU and the Portuguese Government to deny the impact of the crisis on people's health'. Based on the General Government Account of 2016, the chairperson of the Council on Public Finance also explains[62] that 'centralised allocation

57 INE divulges the results in the Satellite Health Account (SHA) for the period 2014-2016. This is final data for the 2014, provisional for 2015 and preliminary data for 2016. In 2014, health current expenditure reached 15,615.8 million euros, corresponding to 9.0% of GDP and 1,501.36 euros per capita. In the following year, health expenditure has increased 3.1%, reaching 16,105.8 million euros (corresponding to 9.0% of GDP and 1,554.90euros per capita). In 2016, it was estimated that health expenditure grew 2.7%, equivalent to 16,545.3 million euros (8.9% of GDP and 1,601.89 euros per capita). Current health expenditure continued to increase at a slower pace than GDP, a trend that has been observed since 2010. In 2015, current expenditure grew at 3.1% while GDP varied by 3.7%. For 2016 it is estimated to have grown at 3%. These developments reflected a continuing decrease in the relative weight of the current health expenditure as a share of GDP, which in 2008 reached 8.9%, the same as in 2003.

58 http://www.euro.who.int/__data/assets/pdf_file/0006/131766/E94518.pdf?ua=1 p.47

59 Source/Entities: U.S. Census Bureau, Population Division (EUA) | Statistics Bureau, Ministry of Internal Affairs and Communications (Japão), Eurostat | OMS | OCDE | Eurostat | NU | National Statistics Institute, PORDATA.

60 https://www.sns.gov.pt/noticias/2018/01/19/medicos-de-familia-e-em-formacao/

61 The report mentions that in Portugal, there is not a monitor system to assess the effects of the crisis on health. According to INE data, in 2010, suicide rates (1101) were higher than traffic accidents (1015). http://www.opss.pt/files/RelatorioPrimavera2012.pdf p.47.

62 http://www.dn.pt/dinheiro/interior/cortes-na-despesa-foram-mais-longe-do-que-o-prometido-em-bruxelas-6216100.html

was reassigned, mainly to education centres and basic and secondary education (€ 179 million) and National Health Service entities (115 million)'. It is added that in 2016, Government invested 797 million less of the total State Budget.

Between 2014 and 2016, NHS and the Regional Health Systems (SRS), together, bore an average 57.6% of the current expenditure. During that period, families continued to finance a significant part of expenses (averaging 27.6%), remaining the second most important contributor to financing the Portuguese health system. In 2015, families' health expenditure grew 3.0%.

The sustainability of NHS has been at the centre of the debate. The unfair distribution of the health levels and quality of services is highlighted by OPSS. The budget cuts in health sector had a pronounced effect in medicines and human resources. As stated in the 2016 RP, those cuts have been exceeded the proposed amount of the Troika in the MoU, which it remains unknown the impact on SNS.

In order to improve the efficiency of the healthcare system some reforms were undertaken, since 2007, with particular regard to the role of IGAS - General Inspectorate of Health (Inspeção Geral das Atividades em Saúde)[63]. This is a service within the Portuguese Ministry of Health responsible for inter alia, preventing, detecting and investigating corruption and fraud on public and private health institutions, heir to the General Inspection of Health. In 2010,[64] 17 audits have been performed. Some of them have been achieved on a multi-annual basis, focusing particularly on the construction of new hospitals, billing of medicinal products and monitoring the implementation of contracts with the private and social sector.

Since the beginning of 2012, the Portuguese Government built up strategies and coalitions in order to reduce corruption risks in the area of pharmaceutical procurement. IGAS, the judicial police and Infarmed (the National Authority of Medicines and Health Products) joined forces aiming at prevention. Improvements in control systems, risk analysis and implementation of uniform methodologies (training of controllers, adoption of new anti-corruption methods) are some of the initiatives that have been undertaken by this coalition. At the same time, awareness is being promoted amongst the public on line registration system for complaints and suspicion of corruption by concerned citizens (Livro de Reclamacões, Sugestões e Elogios) in Study on Corruption in the Healthcare Sector, (2013: 110)

An average of 5 inspections per month and 19 per year has been developed by IGAS[65] between 2012 and 2015. As far as fraudulent accruals of functions are concerned, there were recorded the following disciplinary actions: 82 filings, 18 fines, 8 suspensions, 7 disciplinary proceedings, 2 inspection procedures and 1 investigation[66]. In 2016, the disciplinary actions have been reduced and the inspection nature such as audits of the financial control system and public procurement has been increased.

The impact of the crisis on preventive health reforms

The troika's health program defined EUR 375 million to proceed with the rationalisation of public health expenditure. It aimed to improve the efficiency and effectiveness of the health system through control spending in the pharmaceutical sector and in hospital operating costs. (RP2012: 42) The same document stated the adoption of those measures did not take into account the well-being of the population. It underlines the lack of a real health policy that should include effective cost-containment measures with the

63 http://www.igas.min-saude.pt/wp-content/uploads/2017/05/Decreto-Lei-n275-2007.pdf

64 https://www.stt.lt/documents/soc_tyrimai/20131219_study_on_corruption_in_the_healthcare_sector_en.pdf

65 The following anti-fraud activities: 5 investigation procedures; 34 inspections; 6 supervisions; 10 audits; 5 disciplinary proceedings http://www.igas.min-saude.pt/wp-content/uploads/2017/05/O-papel-da-IGAS-no-combate-a-fraude.pdf.

66 Fines were applied in 15 cases (that were suspended in 12 cases) between €150 and €500. And in three cases fines (suspended in two cases) were applied above 500 and below €1,000. It should be noted that there was a reduction of fines by 20% cases from 2015 to 2016.

goal of minimization their negative effects (OPSS 2012: 54). Such a health policy should provide the following elements:

- Reform of primary health care in 2005 aimed to restructure Health Centres through the creation of Health Care Centres/ Family Health Units (FHU). The reform encompasses local reorganization of health care, with special emphasis on newly created Family Health Units (FHUs) and the reorganization of Health Centers in Health Center Groupings (ACES). Therefore this reorganization marked the end of the intermediate structure of the Health Units at regional level (Sub-Regiões de Saúde). There are worrisome aspects at the primary healthcare reform.
- Transformation of the health system (care process, citizenship and literacy) does not appear to be on the agenda of the Ministry of Health.
- Access to health care without addressing the growing needs of an impoverished population.
- Policy for the health professions does not exist.
- Quality of governance, a major investment is required in new health governance instruments.
- Financing constraints.
- Contracting and monitoring of service units in CSPs - requires an urgent and widely-shared strategic review. The internal contracting process (ACeS - USF) started in 2011.

The impact on human rights and capabilities of vulnerable groups

Access

According to table 1.3, Self-reported unmet needs for medical examination by sex, age, main reason declared and income quintile, between 2008 and 2016, improved significantly in Portugal: (9.2 in 2007 to 2.4 in 2015, 2.0 in 2016) nearing EU 27 figures (2.6 in 2007 to 2.0 in 2015, 1.6 in 2016)

Table 1.3 Self-reported unmet needs due to cost (too expensive) for medical examination by sex, age, main reason declared and income quintile [hlth_silc_08][67]

GEO/TIME	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
European Union (28 countries)			1.9	1.9	2.3	2.2	2.4	2.4	2.0	1.6
European Union (27 countries)	2.6	2.1	1.9	2.0	2.3	2.2	2.4	2.4	2.0	1.6
Portugal	9.2	0.9	2.8	1.6	1.3	2.6	2.4	3.0	2.4	2.0

Source Eurostat, last update 09-03-2018

Portugal in 2015 and 2016, 13.8 of persons aged 16 and over reported unmet need for dental care due to be too expensive, contrasting with 3.7 European average. The country shows the worst performing country in the EU for unmet needs for dental care due to cost. [hlth_silc_22]

Table 1.4 Self-reported unmet needs due to cost (too expensive) for dental examination by sex, age, main reason declared and income quintile, 2016 [hlth_silc_09]

GEO/TIME	2008	2009	2010	2011	2012	2013	2014	2015	2016
European Union (28 countries)			4.0	4.2	4.6	5.0	5.2	4.1	3.6
Portugal	7.2	11.6	11.2	9.0	13.7	14.2	15.5	14.4	13.8

Source Eurostat, last update 09-03-2018

In line with Health Regulation Authority (ERS) the list of patients enrolled in surgery (LIC) and the median waiting times of LIC users revealed a decreasing trend between 2006 and 2012, interrupted only in 2011.

67 http://ec.europa.eu/eurostat/en/web/products-datasets/-/HLTH_SILC_08

The average waiting time of patients for surgery showed a decreasing trend until 2010 and then increasing in 2011 and 2012. The percentages for the priority cases registered and submitted to surgery within the Maximum Guaranteed Response Time (TMRG) followed a decreasing trend until 2010, an increase in 2011, and it has been stabilized since 2012. ERS recommendation for decrease the waiting time list was: 'to include clear and accurate information in the surgery voucher regarding the average waiting time of the specific procedure in each identified provider, instead of the current generic information.' The Constitutional Court analysed the access to health care in the NHS between 2014 and 2016 and concluded that the average waiting time for a medical appointment and surgery increased. In 2016, 2,605 patients died waiting for surgery. The average waiting time for the first hospital specialty visit increased from 115 in 2014 to 121 days (four months), interrupting the downward trend recorded since 2011. The percentage of non-compliance with maximum response time increased from 25 to 29% over the same period. Regarding scheduled surgeries, it must be pointed out that the number of surgeries performed in the NHS in these three years (1,679,153 scheduled surgeries) 'did not respond to the demand', which exceeded 1,9 million new registrations for surgery users. The number of waiting users increased by 15% (27 thousand users) the waiting time grew by an average of 13% (plus 11 days) and the non-compliance rate increased from 7.4% to 10.9% between 2014 and 2016. For cancer patients, more than 1,200 patients were waiting for surgery beyond the maximum time recommended at the end of last year.

Have in mind the indicator of distance (too far to travel), the analysis of proximity hospitals network concluded that the entire population of the mainland is less than 90 minutes from a hospital. It is also observed that only 0.7% of the population is located more than 60 minutes (NHS or protocol), and 0.5% when considering the hospital network of destination (NHS and contracted).

The Portuguese Constitution (Art. 64) expresses the will to protect the health of citizens: no one must be deprived of access to healthcare. Nevertheless, the 2015 Spring Report of OPSS recommends that: 'The Portuguese still have access to healthcare, although this right is under threat if measures are not taken into consideration.' Weaknesses were found in lack of nurses, medical appointments in Primary Healthcare (CSP) and access to emergency services dropped. The National Integrated Continued Care Network (RNCCI) bottlenecks were identified with worrisome regional asymmetries. The crisis left citizens poorer and the change in some rules is making them pay more for healthcare. The same document states that health expenses paid by the user 'have increased, despite the expansion of the percentage of people exempted from user charges. This increase cannot be dissociated from an unequal distribution of health professionals in the territory, a reduction of consults in primary care and weakening of the transport network and replacement of non-urgent patient transport with others.' On the issue of accessibility to medicines, there was a positive increase in the share of generic medicines. But concerns remain at the access and delay of innovative medicines, as well as at the distribution of medicines as a result of the pharmacies crisis.

The 2016 Spring Report OPSS reviews the evolution of health indicators in Portugal between 2005 and 2014. The main findings are set out as follows: 'social inequalities in health in our country have been systematically above those seen in other European countries in the last decade and remain associated to socio-economic factors (income, education, gender, exclusion, age – children and the elderly)'. It also notes: 'growing barriers in access to care (in particular medicines and user transport), the deterioration of the quality of SNS (explained mainly with the exit of professionals to the private sector, retirement or immigration), and the consequent fragmentation that causes a 'two-speed' health system (with the private sector developing considerably amid the crisis).'

In late 2016 there were 767,149 users without family doctor in primary healthcare (comparing with 1,044,945 users in 2015) which represents 92,1% of the registered population in the NHS having family

doctor in the end of 2016[68]. If society wishes to guarantee equal access to health, it is necessary to guarantee greater access to the most needy. That is, the principle of equal access 'to health implies unequal access to healthcare when there are different needs. (…) Political decision-makers must respond to these issues in a way that respects the values and preferences of society. (Barros, P., 2013: 17)[69]

OPSS argues that to endorse long-term sustainability of NHS: 'better health levels must be guaranteed in particular for those who are in social and economic disadvantage, the poorest or low qualified like as new-borns, elderly, women and people socially excluded or marginalised.'

Quality

The quality of healthcare in Portugal has been remarkable since implementation of NHS. The noticeable change between 1960 and 2015 is a decrease in infant mortality rate from 77.5 deaths per 1,000 live births to 2.9 deaths (3.9 EU28). The medium life expectancy at birth must be considered as well. In 1970 it was recorded 69 years (64 for men and 70 for women) and in 2008 it rose to 79 years (75 for men and 81 for women). According with Special Eurobarometer in 2014 which examines the subjective dimension of quality of health care, with regards to Portugal, 55% respondents considered to be positive the overall quality of healthcare in the country. Nonetheless 44% considered it bad. For 34% the respect for patient dignity is the most important criteria of high quality health care. No waiting lists are less likely to be mention as an important criterion (-11 percentage points). For 71% of respondents patients could be harmed by non-hospital healthcare (being treated in a hospital as an outpatient or inpatient). Regarding information on patient safety more focus on written consent for surgical procedures, respondents in Portugal are much more likely to say that it was always obtained than in the previous survey (+22 percentage points). As far as awareness of organisations responsible for patient safety is concerned, 70% of respondents are most likely to say that the ministry of health or related national agency is responsible for patient safety. Portugal is the least likely to mention a national patient safety agency (9%). With respect to awareness regarding redress in own country and another member state, in Portugal, respondents are now more likely to say they are entitled to each form of redress, especially action taken against the healthcare facility (+15 percentage points), financial compensation (+12) and an investigation into the case (+10).

In 2015 the Directorate-General for Health (DGS) developed a study on user satisfaction in the Portuguese health system[70]. Around 90.7% of the resident population in Portugal believes they are 'well assisted' by health professionals, and 74.0% believe that their health problem was duly solved. Seeing the experience of those who used public health services (75.0%), 56.2% preferably went to Primary Healthcare (Health Centre) and 18.8% to Secondary or Hospital Healthcare (Public Hospital).

It is reported a high level of satisfaction with healthcare provision. Nevertheless, 38.6% of users enquired believe that the health system (public and private sectors) needs changes or adjustments which were not specified. It is curious to note that the percentage of users of the private sector that believe that there is a need for great changes or adjustments to the health system is higher (41.5%) than users of the public sector (38.1%). In 2015 the average response time to a consult request was 115.2 days and the median time until the first consult was 82.1 days (81.5 days in 2014 and 80.8 days in 2013). The ophthalmology and dermatology had the greatest response difficulties nationwide, with little more than 50% of consults carried out within the Guaranteed Response Times[71].

68 Ministry of Health (2016), annual report on access to healthcare services through the NHS and private entities attached to NHS.

69 Barros, P. (2013) 'Pela sua saúde', Lisboa, Fundação Francisco Manuel dos Santos.

70 The results of the present study are based on a sample of 2,300 interviews carried out by the 'Eurosondagem' with the population living in Mainland Portugal between February 10th and March 13th 2015.

71 Ministry of Health (2016) annual report on access to healthcare services through the NHS and private entities attached to NHS.

In short, the 2016 RP concludes that it is essential to measure the impact of economic crisis(es) on health to allow designing more effective policies to protect the most vulnerable populations and help greater sustainability.

1.2.4 Financial services[72]

Since 2008, the World Bank has been advocated the financial inclusion as a development policy to reduce poverty among the most vulnerable groups. Nonetheless, financial inclusion - access to and use of financial services - is critical in reducing poverty and achieving shared economic growth. When people can participate in the financial system, they are better able to start and expand businesses, invest in their children's education. To promote access to basic financial services (bank account, simple transactions) for vulnerable people is a matter of human rights. Therefore, financial exclusion undermines the social inclusion and the access to other basic services such as housing, health and education.

Vulnerable groups with unmet needs remain excluded from the financial system. Before 2011 little was known about the global financial systems, including how many people owned bank accounts and the extent to which such groups as women and the poor were excluded. The first Global Findex database was a landmark, delivering insights into how people in more than 140 economies were saving, borrowing, making payments, and managing risk.[73]

How to bringing unbanked into the Financial System? What major reforms in financial system were made?

The Minimum Banking Services scheme promotes financial inclusion by allowing access to a current account and debit card account, with annual costs not exceeding one percent of the minimum guaranteed monthly remuneration. To have an account under this scheme, customers can not have another bank account. The State Social Security Institute has been recommended vulnerable people to use bank accounts to receive social benefits. The minimum banking services aiming to promote access to a bank account and some payment services at a relatively low cost. Nonetheless, 71% of the respondents are unfamiliar with the conditions of access to the Minimum Banking Services. To have a bank account and the frequency of the bank account transaction are directly associated with the level of schooling and income.

A number of automated teller machine (ATMs) per 100,000 adults may serve as an additional indicator of financial inclusion at the aggregate level. Portugal has the highest number of ATMs per 100,000 adults (177) (Ruelens, A. & Nicaise. I., 2018: 119).

According to Schagen's definition of financial literacy 'it is the ability to make informed judgments and make concrete decisions for the management of money.' Financial literacy helps citizens to make informed decisions in their choice of financial services, such as family budget management, bank account control and bank services suit to their needs, like application of savings and the use of credit resources. (Report of the Survey on Literacy of the Portuguese Population, 2011: 18).

The Survey on Financial Literacy of the Portuguese Population is a project carried out by the Bank of Portugal. It aims to assess the degree of financial inclusion and identify financial assets held by households to diagnosis the reasons why some individuals are unbanked, the frequency with which they use the bank account and the ownership of other financial products. The elderly and youth population, the unemployed and low-qualified people are target groups associated with low levels of financial literacy below the average

72 We would like to thank Mahmood Messkoub for directing us to the 2008 European Commission publication.

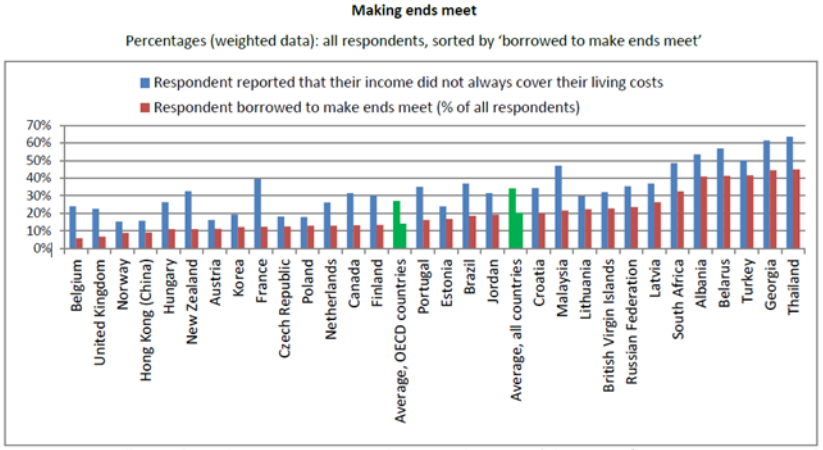
73 Findex Note 14/ 4 Financial Inclusion in Europe and Central Asia http://pubdocs.worldbank.org/en/474421461702868749/N5-ECA.pdf

of respondents. It is demonstrated that the level of financial literacy (financial knowledge and financial behaviour) is directly linked with education level and income status of respondents.

The Bank of Portugal[74] identifies different levels of financial inclusion: who do not have a bank account (level 1); who do have a bank account and rarely carry out financial transactions (level 2); who do have a bank account and usually make financial transactions but do not hold any other financial asset (level 3); and who do have bank account and hold other financial assets (level 4). It's worth questioning how do inclusion is being promoting through financial services.

Supervisors in the financial area (Bank of Portugal, CMVM and ASF) have been streamlining the National Financial Training Plan (NFTP). The question is what extend this NFTP has been reaching the most vulnerable people? In fact, vulnerable groups and low-income households are often struggle to meet basic needs not allowing having savings. As shown in Figure1.4 Portugal reveals 35% of respondent reported their income did not always cover their living costs, and 18% of respondent borrowed to make ends meet.

Figure 1.4 Making ends meet



Notes: Average, all countries and Average, OECD countries report the mean of the country/economy percentages. Each country/economy is therefore given equal weight.

Microcredit is a small loan designed to support people who do not have access to traditional bank credit, but have a good business idea and entrepreneur skills. It works as a financial instrument to help precarious workers, unemployed people and young unemployed people to get the first job. The microcredit process is not just about credit assignment. Candidates are supported to prepare the investment file with any cost to them and in solving problems during business implementation.

In Portugal, only banks and financial institutions are authorized to collect deposits, and/or propose loans and offer financial services. Thus the National Association for the Right to Credit (Associação Nacional de Direito ao Crédito) ANDC must develop bank partnerships and determine the conditions under which microcredits will be granted. Nowadays, the ANDC has signed protocols with several banks such as Millenium bcp (since 1999), Caixa Geral de Depósitos or even Montepio Geral (since the end of 2005), Novo Banco/BES (since the beginning of 2006). Crédito Agrícola (since 2016). The ANDC supports potential microentrepreneurs with their project developments and their microcredit requests, these latter being granted by partner banks. In 2009, a range of 500 of loans were granted by Millennium bcp as the intermediaries of ANDC, representing an average value of € 7,800. The maximum amount[75] that can be

74 Survey on the financial literacy of the Portuguese population 2011: 11.

75 http://www.microcredito.com.pt/como-obter-um-financiamento/montante-maximo/qual-o-montante-maximo/4

requested through the specific microcredit mechanism of ANDC is €12,500. Moreover ANDC is recognized by the Institute of Employment and Professional Training (IEFP) through mechanisms of Support for the Creation of Own Employment: (CPE) Anticipation of the unemployment benefit and Support for Business Creation: The Microinvest programme has eligible costs and amount of funding up to €20,000 for projects; Invest + support for investment projects of up to EUR 100 000 and Investe Jovem provide amounts between 2.5 and 100 * IAS - Indexante dos Apoios Sociais (the Social Support Indexation).[76]

The Resolution of the Council of Ministers no. 16/2010 approves Programa de Apoio ao Desenvolvimento da Economia Social (PADES) the Program of Support to the Development of the Social Economy which is based on two main axes of action:

- The creation of the credit line at subsidised rate for social entities of €12,500,000 - Social Economy Support Program - Social Invest aimed to encourage the development of social and solidarity activities. This line of credit aims to strengthen key areas of activity or to invest in new areas of intervention; to modernize services provided to communities and treasury management. Social Invest is promoted and executed by the Cooperativa António Sérgio for the Social Economy (CASES) and by the IEFP, I. P. It should also be noted that the credit line established protocols to be concluded between CASES, IEFP, I. P., and the affiliated banking institutions.
- The enhancement of the National Microcredit Program, intended to foster job creation and entrepreneurship among vulnerable groups with greater difficulties in accessing the labor market, mainly who receive unemployed benefits and intend to develop a self-employed, for which they need a low-value loan, with a maximum limit of €25,000, and which cannot be accessed by financial institutions.

Impact on vulnerable people

How do people at risk of poverty assess their experience with the financial services? Most people have bank accounts (91%) and they use it (89%). It is also worth to note that 64% of the population not only uses it, as they have other financial assets such as insurance (37%) credit cards (32%) term deposits (31%) housing loans (26%) and bank overdrafts (25%) (BdP, 2011). The disconnection from the financial system is associated with low incomes. In Portugal, France, and Finland, the percentage of respondents among the poorest 40% who saved did not change substantially between 2011 and 2014 (Ruelens & Nicaise, 2018: 122).

The Bank of Portugal study point out that (72%) of those who do not have a bank account have incomes below € 500, and the main reason (67%) is 'not having income that justifies it'. Inactivity (retirement, study, domestic work) or unemployment, as well as low educational levels are associated with being disconnected from the financial system. The same report underlines that 88% of people say they do not have savings practices, because their 'incomes do not allow'. There is a lack of knowledge about the nature of housing loans: 10% do not know what type of benefit is associated with their loans and 41% do not know which spread is applied by the bank.

Thirty countries, including 17 OECD countries, participated in the international survey of financial literacy of INFE/OECD in 2016[77]. Portugal ranks fifth place in the financial attitudes indicator, and ranks in eighth place in the financial behaviour and thirteenth place in the field of financial knowledge. Take into consideration the global financial literacy indicator, Portugal ranks tenth position above-average of the 17 OECD countries.

Background variables including status in employment and age are decisive to have or not to have a bank account. Eleventh percent of individuals aged 16 or over do not have a bank account in Portugal and adult

76 For a more detailed information about credit line consult here https://www.iefp.pt/documents/10181/190833/Caraterísticas+das+linhas+de+crédito/b923e882-9365-4d7a-a789-9e16160dfe9c

77 OECD /INFE International survey of adult financial literacy competencies, OECD (2016) Publishing, Paris.

population (18 years and over) decreases to 9% (eg United Kingdom, USA, New Zealand). The vast majority of individuals who do not have a bank account, 74% are not part of the active working population and only 10% are employees, 48% are individuals over 55 years of age and 31% are over 70 years. In turn, about 70% do not have any degree of education or have only the primary education.

Besides employment status and age, the lack of income is the main reason for do not having a bank account for 67% of the respondents. Another reason for that is the existence of a spouse or family member bank account considered to be enough for seventeen percent of the respondents.

The implementation of the EU payment accounts directive - Payment Accounts Directive (2014/92/EU) ('PAD')[78] sets common regulatory standards that member states are required to meet in order to improve the transparency and comparability of fees related to payment accounts that are used for day-to-day payment transactions; facilitate switching of those accounts and ensures access to bank accounts with basic features. Nonetheless, usually the banking services are associated with lack of transparency, distrust, as well as with the difficulty to understand financial language and a fear of spiral of debt. Therefore leads many to resort to their social networks, family members and friends, rather than accessing banks. While at same time, some people may not wish open a bank account.

Policy recommendations

The Commission Recommendation (2011/442/EU)[79] sets out general principles applicable to the provision of basic payment accounts within the Union and the right access: *who do not hold a payment account in that Member State should be in a position to open and use a basic payment account in that Member State. In order to ensure the widest possible access to basic payment accounts, Member States should ensure that consumers have access to such an account in spite of their financial circumstances, such as unemployment or personal bankruptcy.*

To sum up, the level of financial literacy and financial exclusion are directly related to income and level of education. The vulnerable groups like elderly and young people, the unemployed and low-qualified people are the ones who recorded low levels of financial literacy. In line with that lowest income people being disconnected from financial services is because they do not have enough money to meet basic needs, less to have savings accounts. The material poverty financially excludes people and undermines their access to other basic services such as housing, health and education. Besides there are some mechanisms of financial inclusion as the minimum banking services and microcredit schemes promoted by some banks, some of those instruments does not reached the poorest people. Decree-Law no 107/2017 introduced in the Portuguese legal system Payment Accounts Directive.

78 https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32014L0092&from=EN
79 https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=LEGISSUM:em0050&from=GA

2. Portuguese social investment: childcare services, in a human rights and capability approach

Starting question: social investment in childcare services in Portugal during the period of the economic crisis

The purpose of the starting question is to review empirical data of the social impact of investment on human rights and capabilities of the poorest families with regard to childcare services. Item 2.1. contextualises European policy on the matter; item 2.2. shows the conceptual framework and the participatory methodological approach, participatory action on human rights and capability (PAHRCA). Item 2.3 reviews the right to childcare and offers a short summary of the historic evolution of childcare in a human rights and State (dis)investment perspective. Item 2.4 reviews the experience of families with low incomes regarding rights, access and quality of childcare services.

2.1 Childcare services in the context of European policy

In the debate surrounding the Services Directive (adopted in 2006), the anti-poverty movement has repeatedly claimed that 'social minimum standards' needed to be established at EU level in order to prevent harmful social effects of liberalisation on vulnerable groups. Two out of the five service sectors selected for WP6 (ECEC and health care) would be classified as quasi-collective (i.e. they are privately consumed but they have important spill-over effects on the consumers' environment.

Adequate access and high-quality provision of early childhood education and care (ECEC) services represent essential elements of social investment strategy. A number of longitudinal studies have convincingly demonstrated the positive effect of various pre-school and early school programmes on alleviating the consequences of social disadvantage (Nicaise & Schepers, 2014). Recognizing the importance of early childhood education for reducing social exclusion, the Council of the European Union (2006) affirmed that that ECEC could bring the highest rates of return over the lifelong learning cycle, especially for vulnerable groups.

In the publications on social services that the Commission produced since 2000, social services are considered essential for the realisation of the social rights included in the European Charter of Fundamental Rights of the European Union. They contribute strongly to European values and principles such as equal opportunities and non-discrimination, the improvement of the quality of life, a high level of social protection and participation in society. The Commission recognises the universal character of social services, but also points to the special role they play for vulnerable groups. Social services play a crucial role in the fight against poverty and social exclusion.

In the Recommendation on Investing in Children[80] the Commission recommends Member States to ensure access to affordable quality services, such as early childhood education and care, but also responsive health care systems and safe and adequate housing for preventing and tackling child poverty and social exclusion and for promoting child well-being.

80 EC Recommendation on investing in children: breaking the circle of disadvantage, 20 February 2013, 2013/112/EU.

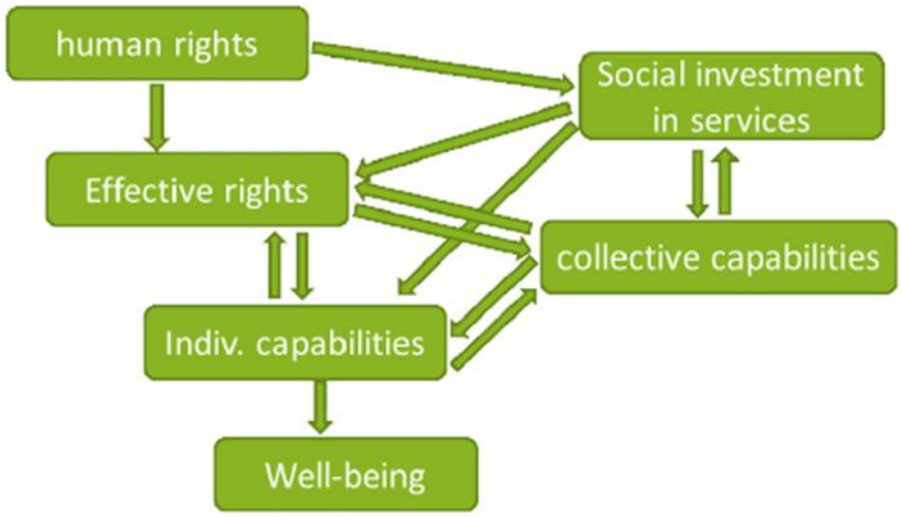
Still, no binding text in the Treaties or in community law assigns a specific protected status to social services. They are broadly subject to the way in which all services of general economic interest are dealt with on European level. Since the Amsterdam Treaty the EU and the Member States will ensure, each within their competences that these services can operate on basis of their principles and under the conditions especially economic and financial, that enable them to fulfil their mission. The Lisbon Treaty added a legal basis in EU primary law that makes it possible to develop European laws to define these principles and conditions, but this legal basis has never been used until today. The European Charter of Fundamental Rights further states that the Union recognizes the right to access these services provided by national laws and practices. A special Protocol attached to the Lisbon Treaty insists on the role and the competence of national, regional and local authorities to provide commission and organise these services as closely as possible to the needs of the users.

The formulation of the social rights is much criticized as not coherent/in line with the way social rights are formulated in international conventions to which the EU and its Member States have subscribed, such as the European Social Charter or the International Covenant on Economic, Social and Cultural Rights. Some of these social rights are put in a restrictive context of cost-effectiveness and financial sustainability, or are made conditional upon preserving incentives for a quick return to employment. Also, for several social services, the notion of 'quality' is lacking. The chapter on 'children' only mentions childcare and disregards early childhood education and parenting support.

2.2 Methodology – Participatory Action Human Rights and Capability Approach

Re-Invest makes the links between rights and capabilities, with capabilities or resources and conversion factors understood as essential to turn abstract rights into real entitlements, 'to have the capability to make rights real and live a life one values'. Central to such concepts are key human rights principles including agency, participation, and voice which can be realised at an individual and collective level. This theoretical framework translates into our choice to work, to much as possible, within a transformative and participative methodology paradigm to answer core research questions, conduct our analysis and formulate potential solutions. This qualitative, participatory research is not suitable as a means to 'validate' or 'prove' hypotheses and we make no such positivist claim. Rather we combine qualitative research with quantitative data to deepen understanding of precisely how social investment in services and social policies relate to rights and capability.

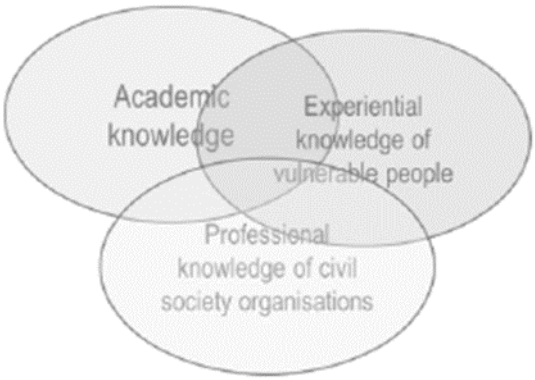
Figure 2.1 From human rights and capabilities to individual wellbeing



As participative research the validity of our methodology lies in the co-construction of knowledge by a mixed group of researchers: academic researchers, NGO's and people experiencing poverty working through an interactive and ongoing process of action, knowledge creation and reflection. This practical utilisation of a capability approach in research methodology is a core outcome of the project. It is not just instrumental in facilitating a more grounded empirical answer to research questions but permeates our whole project. NGO's or civil society organisations and the representatives of vulnerable groups participating in the process enhance not only validity but our collective capacity to transform social environments; as such they are a core and valued part of our approach.

Participatory action research views participants as co-researchers who have special knowledge about their own situation. Hence they are not only 'interviewed' but take part in research by engaging in, examining, interpreting, and reflecting on their own social world, shaping their sense of identity. Crucial for this kind of knowledge generation is the 'merging' or 'crossing of knowledge' that comes from three parts: scientific knowledge as gained by researchers; knowledge which the poor and excluded have, from their first-hand experience, of the twin realities of poverty and the surrounding world which imposes it on them; and the knowledge of those who work among and with these victims in places of poverty and social exclusion (Figure 2.2).

Figure 2.2 Merging of Knowledge



While flexible, PAHRCA entails a process of seven steps (Murphy and Hearne 2016)

In the Portuguese context this process started by contacting the Social Centre of the Cathedral of Oporto (CSSCP) http://centrosocial.se-porto.pt/, in order to identify disadvantage parents with children in childcare (http://centrosocial.se-porto.pt/servicos/childcare/) and kindergarten (http://centrosocial.se-porto.pt/servicos/infancia/). The selected social organisation is located in a particularly fragile and vulnerable area of the historic quarter of Porto (Sé). According to 2011 census data, in the 15 boroughs of the municipality of Oporto, residents of the borough of Sé are those with greatest vulnerability have in mind a set of indicators: highest rate of RSI recipients (9.2%); high rate of single-parent families (26.2%); the 2nd borough lowest rate of residents who live from their job (34.9%) and the unemployment rate was 11.9%. Note that many families engage in informal economy and unqualified professions associated with lower levels of education. The high school level recorded is 'no level' and 'primary education'. CSSCP as an associate member of EAPN Portugal made easier the trust relation with parents and education professionals.

From a 100 universe there were identified 10 mothers by the executive director and the pedagogic coordinator and seven have been participated in group sessions. They pointed out the struggle to get parents to participate in training activities for the community. Social Centre of Barredo

http://csbarredo.pt/index.php/respostas_social, a non-profit social organization neighbouring region was contacted in sense to increase participation. Nevertheless the director responsible recommended that it should be made by the project team, otherwise parents would not understand why some were selected while others were not. Given the time constraints, it was not select new elements.

The seven participants are mothers aged 20 to 30 years old, with low levels of education and most of those are single-parent households. Two of them work on part-time jobs; four mothers are social insertion income (RSI) recipients and one mother gets unemployment allowance. They live mostly in the borough of Sé, in working-class districts (ilhas). The focus group was made on July 10th in the premises of CSSCP, preceded by a joint lunch as a way of promoting trust and good atmosphere. On the 17th and 18th, five individual interviews with parents were made. Likewise, a focus group with four kindergarten teachers was conducted on July 13th and an interview with the director of services in the main office of the institution.

Following the project recommendation to interview three academicians and decision-makers, five more interviews were carried out to the:

- Director-General for Innovation and Curricular Development (DGIDC), on June 29th 2017. DGIDC is the entity within the Ministry of Education responsible for creating normative, pedagogic and didactic instruments required for schools and teachers to perform their tasks more effectively.
- Director-General for Schools (DGEstE) in the North, http://www.dgeste.mec.pt/ on June 26th 2017. DGEstE ensures execution of measures at regional level by Ministry of Education and Science (MEC). In exercising its specific attributions aims at ensuring the guidance, coordination and follow-up of schools, articulation with local authorities, public and private organisations involved in the field of educational system.
- Chairperson of the Association of Kindergarten Teachers (APEI) http://apei.pt/associacao/, on July 7th 2017. Its mission is providing information and training in Childcare to kindergarden teachers, to promote ethical identity and to develop innovation in educational practices and educational policies for children aged 0 to 6 years.
- Director of the Social Development and Programmes Unit of the District Centre of Oporto of the Social Security Institute, I.P., (DUDSPCDP) on July 5th 2017. http://www.seg-social.pt/programas-de-apoio-ao-desenvolvimento-social. It aims monitoring the different social programmes fighting poverty.
- Professor of the University of Minho, Maria Emília Vilarinho, specialised in public childcare policies, July 17th 2017 (http://webs.ie.uminho.pt/projetos2015/cvev/FCT__SIG%20Curriculum%20Vitae.pdf

2.3 Childcare services in Portugal during the crisis: global perspective of education policy [81]

Characteristics of the organisation of the childcare system

In Portugal childcare system is divided in two: 0-3 years old – childcare – supervised by the Ministry for Work and Social Security (MTSS) and 3-6 years old – Kindergartens (Jardins de Infância) overseen by the Ministry of Education. Preschool education falls within the educational system but is not mandatory, as family is acknowledged to have a first role in the education of children; it is universality enshrined for children that turn 5 years old (DL 85/2009, August 27th); 4 years old in 2016/2017 (Law No. 65/2015, July 3rd) and 3 years until 2020.

The Base Law on the Education System (DL46/1986, October 14th, reviewed by DL 5/1997, September 19th, DL 49/2005, August 30th and DL 65/2015, July 3rd) defines preschool education as the first step in lifelong learning in the Portuguese education system and as a complement to parents role in the education

81 We would like to thank Ides Nicase and Özgün Ünver for providing the information in this section that is based on Noailly and Visser (2009), OECD (not dated), European Commission (2016).

of their children, with whom school must establish a close relation, favouring child development, so as to ensure full integration in society as an autonomous, free and compassionate human being. The main pedagogic goals of preschool education should promote personal and social development of children; the integration of children in several social groups; to contribute to equal opportunities; to stimulate the global development of children; to promote expression and communication; increasing curiosity and critical thought; to provide children wellbeing and safety; to identify maladjustment, deficiencies or talents and encouraging families to take part in the educative process.

The Framework Law on Preschool Education (DL 5/97) establishes the national preschool education network (3-6 year-olds), which includes public, privates and non-profit kindergarten[82], as well as the teaching component time (5 hours per day) under the guidance of a kindergarten teacher and up to at least 3 hours of social-educational activities. These establishments remain mandatory open until 5.30 pm and for a minimum daily period of 8 hours. Nevertheless, some kindergartens offer wider working hours, adapted to the families' needs.

In preschool education groups are formed by at least 20 and up to 25 children and cannot exceed this limit. Nonetheless, the number of children entrusted to each teacher cannot exceed 15 children in a homogeneous group of children aged three. Furthermore, the age composition group of children depends on the pedagogic option of the kindergarten teacher, taking into account the benefits of close or different ages, the existence of one or several rooms, or the demographic characteristics of the place. Regarding, groups include people with learning disabilities or permanent special educational needs are formed by 20 children and cannot include more than two children in such conditions[83].

There is also the childminder service to children aged 0-3 years. A childminder is a person who cares for four children at her home by a payment fee. The number of children to be care is determined by the childminder personal, family and housing conditions. This child care service aims to provide adequate conditions for child full development in a physical and affective safety atmosphere, adapted to their needs and wellbeing in partnership with the family. It also aims to make easier family and professional life conciliation. Besides childcare services (crèches, nurseries, childminder networks) there is an itinerant childcare[84], albeit residual, for children aged 3 to 5 years, living in rural areas where is not possible establishing a kindergarten, due to the insufficient number of children (less than 15). The kindergarten teacher goes to the distant places of difficult access, and works with a limited number of children according to curricular guidance.

It is worthy to note the National System for Early Childhood Intervention (SNIPI), established by Decree-Law No. 281/2009, of October 6th emerged from an interministerial partnership between the Ministry of Health, the Ministry of Education and Science and the Ministry of Solidarity and Social Security. It aims guaranteeing conditions for development of children who have personal and social difficulties to participate in activities typical of their age, as well as children at serious risk of retarded development'.

Lastly, the recent review and update of Curricular Guidelines for Preschool Education (OCEPE)[85] introduced a more detailed chapter concerning educational intent and the cycle Observe, Plan and Assess. For the ME officer interviewed the educational intent is a means of working children differences according

82 Law No. 65/2015 of July 3rd: preschool establishments are integrated in the public network if they operate under the direct dependence of the central administration, the Autonomous Regions and local authorities. The private network includes preschool establishments that operate under private and cooperative education, in private charities and in non-profit orgnizations that carry out activities in the field of education and teaching.

83 http://www.dge.mec.pt/organizacao

84 http://www.dge.mec.pt/organizacao

85 http://www.dge.mec.pt/noticias-educacao-de-infancia

each needs by kindergarten teachers. No matter what differences are: social, ethnic, cultural or religious. A workgroup was created with a similar purpose to carry out the design of pedagogic guidance for children aged 0-2, in a line of continuity with the Curricular Guidelines for Preschool Education.

2.4 Education and childcare services according to rights: access and quality

The Starting Well Index (SWI) assesses the inclusiveness and quality of preschool services across 45 countries from December 2011 to March 2012. The Portuguese SWI scores 68.7 (15th in 45 countries) and in the four domains is ranked as followed: affordability[86] (28th); social context[87] (19th); quality[88] (15th) and availability[89] (10th). The 'availability' category reflects the presence of adequate facilities and preschool programmes to serve the market demand, and the 'affordability' category reflects the ability of the system to ensure equitable services for children from all socio-economic backgrounds. The 'quality' category analyses the holistic learning experience for children (curriculum, class sizes, level of training for teachers, and so on).

Children's rights and ECEC

Portugal adopted a Childhood Protection Act for the first time in 1911 and in 1976 it was enshrined in the Constitution of the Portuguese Republic, Art. º 69 in the specific rights for childhood, namely the right to protection from society and the State, with the aim of their full development, especially against all forms of abandonment, discrimination and oppression and against the abuse of authority within the family and other institutions. Moreover, Portugal ratified the Convention on the Rights of the Child (CDC) on September 21st of 1990, ensuring and acknowledging children as holders of rights, and the need to guarantee material, physical and symbolic conditions to make children rights real rights.

Children's rights were and are violated with the adoption of austerity measures. There have been, among other measures, cuts in wages and in welfare benefits (unemployment allowance, social insertion income, family allowance, changes in income tax tiers). These measures increase social risk of children due to their structural vulnerability. (Folque M.A (coord.), Tomás, C.; Vilarinho, E.; Santos, L.; Homem, L.F. and Sarmento, M, 2015: 12).

In Portugal children are the generational group most affected by poverty. According to Eurostat[90], children at risk of poverty or social exclusion increased from 28.7% in 2010 to 29.6% in 2015 (European Union 27.5% in 2010 to 26.9% in 2015). The risk of poverty or social exclusion is lower when parents have a high level of qualifications. There are 45.6% of children at risk of poverty whose parents have low level of education, contrasting with 25.9% of cases whose parents have high school education and 7.2% have higher education.

The Article 26 of Convention on the Rights of the Child states that 'States Parties recognize the right of every child to benefit from social security and they shall take all necessary measures to ensure the full realization of this right in accordance with their national legislation'. Nonetheless, there has been a decrease

86 Affordability includes the following indicators: cost of a private preschool programme; government pre-primary education spending; subsidies for underprivileged families; subsidies for preschool aiming to include disadvantage child (Economist: 2012: 10).

87 Social context includes the following indicators: malnutrition prevalence; under 5 mortality rate; immunisation rate, DPT; gender inequality index and adult literacy rate (Economist: 2012: 10).

88 Quality includes the following indicators: Student-teacher ratio in preschool classrooms; average preschool teacher wages; curriculum guidelines; preschool teacher training; health and safety guidelines, data collection mechanisms; linkages between preschool and primary school, parental involvement and education programmes.

89 Availability includes the following indicators: preschool enrolment ratio, pre-primary age (1 year) at 5 or 6 years; preschool enrolment ratio, relevant age-group; early childhood development and promotion strategy; legal right to preschool education. (Economist: 2012: 10).

90 http://ec.europa.eu/eurostat/documents/2995521/7738122/3-16112016-AP-EN.pdf/c01aade1-ea44-411a-b20a-94f238449689

in public expenditure in social policies, in the number of beneficiaries, in the amounts of benefits have into account changes in eligibility criteria. For instances, there was a sharp drop (-40%) between 2010-2013, in social insertion income (SII) which aims to reduce extreme poverty; between 2009-2012, the monthly household allowance value for a child under one year of age decrease from € 174.72 to € 140.76 in the first quintile group and from € 144.91 to € 116.74 in the second quintile group. The monthly value per child over one year of age decreased from € 43.68 to €35.19 in the first quintile group and € 36.23 for € 29.19 in the second quintile group. Since 2010 nearly half million families with children have lost access to this benefit. Between 2009 and 2011 one million children were in households who received € 419.22 income per month.[91]

In 2017 the increase of IAS (Indexante dos Apoios Sociais) to €421.32, has been frozen in the last years the family allowance increase again in the first and second quintile group from children between one and three years old.

Have in mind the social disinvestment caused by austerity measures, an expert in public policy for childcare reported a school drop due to financial constraints: *the impact of poverty on children's lives is much higher than statistics show. I would like to analyse the number of children in cooperation agreements and we do not have that data. For example, childcare service with agreement for 33 children, if we could look back to the coverage years before, how many children have an agreement, 10 children were left. Why did they leave? This is the question that has to be raised. There are children leaving but when we look at statistics we do not have elements to make it evident.*

In this line of thought, the school drop-out and retention affects mainly the disadvantage groups. This phenomenon entails more investment to invert this trend and requires additional responsibility from school: *children subject to retention are always from disadvantaged families. Sometimes school is not so much concerned with these households. Obviously this is not officially established ... If a child of a known family is at risk of retention, if they know who the child is, they find ways of solving the problem. If it is someone else's ... the father will not be heard and the mother does not go there, which further worsens the situation, and very often blaming family for not supporting children … as if it could be possible. (Chairperson of APEI)*

From the point of experts view, children's rights imply an educational framework for 0-3 year-olds. *Childcare services appear in Portugal to support working families. We had and still have a high rate of female work. The mother is no longer at home and must be find solutions for children. The Framework Law must incorporate educational component as childcare starting at first months. In this way children's rights are safeguarded.* Furthermore, ECEC public policies must protect children's rights as far as family's rights: *the child as a subject of rights, the superior interest of the child must be above any other. How does the child take part? Can voice their opinion? In ECEC the families and economic interests are the ones that come first. (Expert in ECEC public policies).*

In short, important laws were published directed to making preschool education universal, such as Law No. 65/2015, of July 3rd, which provides expansion of universal education to all children from four years of age. Despite this political guidance, in recent years new inequalities have emerged in access. In the last four years of deepening financial crisis, unemployment rates increasing exponentially, there are signs of school drops and reduction of demand for kindergartens and childcare services. (Folque, M.A. (coord.); Tomás, C.; Vilarinho, E., Santos L., Homem L.F. & Sarmento M.,: 23). Moreover the target of policies aimed fighting social exclusion must be firstly directed towards those at greater disadvantage. For those who find the system difficult to be used it is necessary to effectively promote knowledge and daily experience of rights. Education must be one of the most important factors to fight against exclusion, civic, symbolic and social invisibility of children (Sarmento, 2007).

91 Comité Português para a UNICEF, Coordenação: Madalena Marçal Grilo *As crianças e a crise em Portugal, Vozes de crianças*, Políticas Públicas e indicadores sociais, 2013.

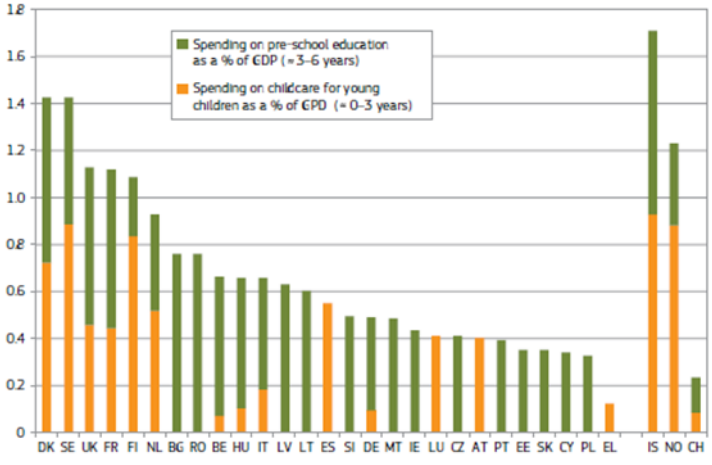
(Dis)investment in ECEC through liberalisation and privatisation of services

Family policies after the transition to democracy (1974) reject unsupported familialism and introduced an explicit focus on state responsibilities to support a gender-equality oriented dual – earner model, leading to a gradual but steady increase in entitlements to family benefits and in gender equality incentives (Wall, 2011). Family policies shifted toward a 'mixed' welfare state model focusing on family care supported by services and benefits and underlining a specific 'solidarity' welfare mix in which different actors - families, public, private profit and non-profit institutions - take on responsibility jointly (Wall, Samitca and Correia, 2013).[92]

The Education at Glance 2017 (OCDE) demonstrate that Portuguese families are among those that spend more on preschool 35% of total attendance costs for children and the State covers 65%. The lowest shares of total expenditure from public sources compared to the OECD average of 83%. Although the educational component is free of charge, families pay for family social activities such as meals, which are an accrued cost, especially for the most vulnerable families. Total expenditure on pre-primary educational institutions amounts to 0.6% of Portugal's gross domestic product (GDP), the same as the OECD average. However, this measure of expenditure is influenced by the relatively long duration of pre-primary programmes in Portugal (3 years, whereas most countries' programmes vary from 1 to 3 years). Portugal's annual expenditure per student is below average: USD 6 300 compared to the OECD average of USD 8,700.

Portugal lies in the 8th place with the best coverage rate (48%) than OECD average (34%). The participation rate at 5 years old is 96%, at 4 and 3 years old is 91% and 77% respectively. According to the same document 53% children attend public network and 31% attend private institutions of social solidarity, private non-profit network, based on the agreements concluded with the State, the 16% attend private institutions.

Figure 2.3 Public spending on early childhood education and care as a % of GDP



Source: OECD Family database, Indicator PF3.1 2009).
Note 1: CY refers to Southern Cyprus only.
Note 2: Figures for Spain cannot be disaggregated by educational level.
Note 3: Pre-primary spending as a % of GDP not available for Greece and Luxembourg.
Public expenditure on childcare and early educational services includes all public financial support (in cash, in-kind or through the tax system) for families with children participating in formal daycare services (e.g. crèches, daycare centres and family daycare for children under 3) and pre-school institutions (including kindergartens and daycare centres which usually provide educational content as well as traditional care for children aged from 3 to 5 inclusive).

The political decision-makers and scholars interviewed have the same point of view with regard to the role of the State about social investments in ECEC services, which rely on the political will: *there must be policies and a will to create mechanisms for positive discrimination. Otherwise it depends on each one who is acting on the ground, but individually. (…) If there are policies guided to respond to the most vulnerable populations. SNIPI is a good practice of that*

92 Wall, K. & Correia, S., (2014) 'Families in the Economic Crisis: Mapping Policy Responses in Five European Member States' Portuguese Report, Institute of Social Sciences University of Lisbon.

and this must be the way. There has to be political will to develop an active and explicit policy that promotes positive discrimination. APEI

During the Troika period disinvestment in preschool education enter into the rationale of privatisation of a range of social services facilities owned by the Institute for Social Security (ISS), like child care service and retirement homes. Those social facilities meant to be used by vulnerable families; they were selling to private sector and social sector, especially the Misericordia's: *Social Security had different social facilities for childhood, for the elderly, for people with handicaps (…) and there was a will to privatise them all. When government changed the process stopped. (…) there were three big units of childcare and kindergarten that were privatised: Crestuma, Valbom and Abrigo dos Pequeninos. Abrigo dos Pequeninos was in the middle of the islands (working-class districts) of Oporto, addressed for the most vulnerable families. Meanwhile everything passed to Lar Nª Srª da Esperança and most children did not fit there and in Valbom and Crestuma (…) Some children were left without response, forwarded elsewhere, but this was no longer a service which work with vulnerable children and their families. (…) ISS provides the same national guidance everywhere. I do not think Braga had it, but I believe this was mainly Oporto, Coimbra, Lisbon and Aveiro, which had social services (child care centres: nurseries and kindergartens; retirement homes etc.) and thus this was to be deprived of those social services without protect people's rights ... the criteria were no longer equal for everyone, institutions having perfect autonomy for admission. (DUDSPCDP).*

Since early 1990's it has been a very strong trend towards privatization of ISS social services. Social Security was structured at national and regional levels. At regional level, even being ruled by central government, took autonomous decisions. Therefore, the majority of regional centres decided to sell those social services to private entities, except the territories/regional social security centres previous mentioned, which carried out it on the Troika years under the guidelines of government.[93]

One interviewed mother looks at the closure of Abrigo dos Pequeninos with incredulity have in mind the quality services offered to the most vulnerable population, children and elderly. The quality service is expressed in terms of physical space dimensions, qualified education professionals and effect on child overall development: *they closed the kindergarten and it was always full of children, with waiting lists, even with children who did not live there. It was a pity to see the closure of such beautiful kindergarten with a big outside space. It had a football field ... If you go there, it is an abandoned building … Children like my nephew attended education there and in the following year could not go any more. (…) In Abrigo dos Pequeninos it did lack nothing. My younger sister attended it and even she travelled by plane. The teacher develop crowdfunding initiatives... they went to Lisbon by train and flew back home. It was an adventure for children aged 5. They had swimming classes as well as study visits. The older children went to the fields to plant crops. The younger did all activities as they do in CSSCP, like music, checkers and judo. They closed the home for the elderly. They do not care where people go. (…) You never heard about closing a private school. You only hear closing public services and there are certain private schools financed by the State.*

The closure of ISS child centres (day nurseries and kindergartens) obliges families to pay more for childcare services. The abandonment of pre-schooling services, such as Abrigo dos Pequeninos, where most mothers interviewed live, contributes to a feeling of 'public irresponsibility' and 'social injustice'. This felling of 'social injustice' is deepened with housing issue. The interviewed parents live in the city centre old working-class districts 'islands'. Households are under real estate speculation due to increased tourism in the city. They fell threatened by the 'imminent eviction'. All mothers interviewed express actual concern with housing, inasmuch it threatens the solidarity networks between neighbours of 2nd and 3rd generation families. Additionally it affects family and children's dynamics at school, informal economy and employment. The interview with the Social Security officer highlights this sense of social injustice: *these last year's brought much*

93 This information was collected in an informal EAPN Portugal meeting from a retired civil servant who had responsibilities as department director on Porto Regional Social security. At current stage we do not have information available to identity the number of public social services privatized. This issue needs further investigation.

accrued stress to families. One thing that goes beyond childhood education is the housing issue. (…) It is not possible for families to rent a house … It was set up a system that highly penalises those who do not have financial resources because they do not have a grantor, because they do not have a job or when they have, it is a six-month contracts without guarantees. Beneficiaries of social insertion income have no grantors and what landlords do is an exploitation of houses that are real shanties. They rented at much higher prices because they know that people have no other possibility, no grantor and no access to other forms of housing. Obviously social housing cannot cover all needs. Housing is structural and crucial for a number of life dimensions. The current situation has a negative impact in people's lives: eviction procedures, always living under the sword, 'will I be in the street?', 'I do not know where I will live!' This situation got much worse and it is progressing from the most needy and weakest ones to those that still had some resources and begin facing this problem. What is the alternative? The alternative is leaving urban centres where all other resources also fail.

Childminders service (amas) was regulated directly by ISS until the implementation of decree-Law No. 155/2015. The liberalisation of the service opens the door to free market: *in 2011/2013 there was disinvestment. The State wanted to forebear monitoring and supervision responsibility through provision of services. To provide childminders services to families by a commercial/corporate logic. There is a contract between the childminder and the families, and that fundamental regulation is questioned. That trend was seen, there is disinvestment at this level. At the moment Portugal in certain zones does not respond to children. The State through the social sector is not responding to childcare in the big metropolitan areas. Families have in childminders, somehow a way of reducing costs.* (Expert in public childcare policy)

The disinvestment in childminder service was reiterated by the Social Security officer interviewed: *we (Social Security) have childminders. The previous government wholly wanted to put an end, or at least pass on to charities in order to dismember the logic of social action of the government. These childminders are in places where the population, that we want to cover, lives in places with transportation difficulties and have financial constraints. Childcare, even in a charity, although the regulation provides family co-payment base on their incomes, but often institutions do not follow this.* (DUDSPCDP)

The absence of the public childcare network strengthens the need for a greater investment in metropolitan areas: *we have implemented childcare in charities. Interesting but it does not solve the problem of big urban centres, in the metropolitan area of Lisbon, Setúbal and Oporto, there are not enough social organizations. The offer is much reduced, which makes them seek private childcare services. We can say that we have 37% of child care coverage but there are many families that only have access to private for-profit childcare, where monthly fees are very high. Statistics must be read and used with great care.* (Expert in public childcare policy)

The number of childminders has decreased as the number of childcare units increases, although it remains in some districts with considerable expression: Bragança (14.8%, Santarém (11.4%) and Setúbal (12.8%). (In Folque, M.A. (coord.); Tomás, C.; Vilarinho, E., Santos L., Homem L.F. and Sarmento M.,: 24)

Another clear indication of social disinvestment is the decrease of social workers of ISS who supervise and give appropriate training to childminders. Following the absence of such follow-up it may jeopardise the quality of the service provided. Also the liberalization of this social response can threaten access for the most disadvantaged households. *A permanent training update of childminds is required, which ended 500 years ago (laughs) due to lack of resources. We are always talking about the same issue: with the decrease of social workers, the training ended. The absence of resources always comes from this anathema of the public sector: "they are too many [public servants] …". There are co-operation agreements to guarantee a follow-up of those teams, which we are also not achieving our target. We pay to the solidarity network [non-profit organizations], we finance projects, external entities to accomplish tasks that should be done by us [Social Security Institute], but we have a reduced capacity to follow-up and everything becomes very complicated (DUDSPCDP).*

Lastly, the expert in public childcare policy stresses that there is a privatisation trend based on the principle that education of children 0-3 age is a family responsibility and not the responsibility of the State. The inexistence of a public childcare facilities network and the liberalisation of childminder service is a clear evidence of that understanding. Thereby the children's rights of the most disadvantaged households deserve

further attention. Social investment in education services quality may be a means for better social inclusion and equal opportunities for these families: (…) *if we want to introduce issues of school drop and background variables, children are not all equal when they arrive at our institutions. They have different social and cultural resources. Kindergarten should be a basic prerequisite for success if we have in mind these realities. Thus we go back to the issue of education policy (expert in public education policies).*

(Dis)investment in vulnerable families and social organisations

Under the cooperation agreements between the State and non-profit organizations, ISS pays the same fee monthly per user to social organisations despite their geographical location. Families pay a co-payment based on a sliding fee scale according to their income (means-tested). In another words, the social organizations in disadvantaged territories struggle with financial sustainability. Users of CSSCP childcare and pre-schooling facilities are mostly disadvantaged families, mainly recipients of social insertion income, who pay low monthly fees. As previously mentioned social benefits were strongly cut with austerity measures, therefore families' incomes decreased sharply. *When I came here in 2009 there were families who received social benefits who allow them to have a reasonable income. I collected the household income provide by social benefits and rent benefits, others had benefits for dental prostheses... they had significant social benefits and child benefits were huge. Everything was reduced and almost disappeared … greater stringency of requirements applicable by the State. People had to prove if they changed residence and if they did not communicate it was cut and then it took several months to apply again. This had an immediate impact on the incomes of households that was mirrored in co-payments. (Head of Services of CSSCP)*

Since 2009 co-payments in preschool are not updated by CSSCP given the disadvantage background of households. *The State in preschool pays 164€ per month and in childcare 245€, 250€ per month. But the expenditure of a child in childcare is around 350€, due to the staff ratio that we are obliged to meet. (Head of Services of CSSCP).* In order to overcome this problem, parents have been enabled to declare incomes earned in informal economy. With regards to the number of vulnerable families who pay very low fees the Social Security officer interviewed stresses that: *"… we could develop a survey indicate the number of children who pay 1st tier co-payment, 2nd tier, 3rd tier and those who only have allowance. No one is interested to know that because the figures would be very ... (Laughs) they would have evidence that no one wants to see".*

The School Social Support - Ação Social Escolar (ASE) is a set of measures to ensure equal opportunities of disadvantage pupils in primary and secondary education, which includes food and school transport. This support is not applied in pre-school education and parents have to pay no curricular activities and food. An interviewed mother of four children stated the education system like that generates inequalities. She stressed that theirs children are not entitled to an allowance due to bureaucratic reasons in the Social Security system. Failure to solve this situation makes parents have to pay school meals, increasing significantly family expenditure.

To conclude, officers of Social Security and from social organisations as well as mothers interviewed recommended that the State must discriminate positively those social organisations which most users are families in need. Moreover an additional investment should be implemented to cover children's rights: *"There should be at least better incentive for institutions to receive the children in most need." (Social Security officer)*

Crisis not only affected families. These institutions also experienced hard times… Considering that the territories are different, the social and economic background is not the same; it should be introduce a positive discrimination in the co-payment agreements. (Expert in public policy)

Mind-set and the attitude of institutional persecution to the most vulnerable families

According to the Head Officer of the Social Development Department of Social Security in Oporto, one of the most notorious impacts of the crisis was revealed in the attitudes of social workers in blaming poor people by 'usurping' state money: *"you come to ask for money or SII"*. The social assistance provided was no

longer structured in counselling or guidance. The focus intervention was oriented to make people feel responsible for their poverty. The benefits recipients were treated as not be entitled to exercise these rights: *in my perspective this (counselling and social guidance) was lost ... because over these last five years, six years, I felt that professionals started to look at the poorest as usurpers of public money. They come here to bother us, and we already give them enough. Hence they have SII, it is what they come here only to beg and they are all usurpers. (…) There is always the harsher attitude towards people that already face many difficulties. A while ago I have worked on protection of minors with children proceedings and I saw the stringency of institutional actors towards parents in need. As if they were living a peaceful life , on the nature of the emotional wear and tear that can be suffered by the poor, interfering all the time in parental skills. (…) When there is no time to listen, there is no time to guide. There is no understanding about the people needs. Very often they ask for money as a strategy to access social security services. They think that asking for money is the only way to reach for social assistance. Sometimes they need other things. However there is no such time because social workers have a busy schedule, very long waiting times for services. Nothing compares with what was done twenty years ago. The PNAI (National Action Plan for Inclusion) appropriation view meant to support the social inclusion of vulnerable people as main actors of their life change. This did not remain and during austerity period the idea that we give too much to the poor and public servants eat up all the resources, has led to a mind-set and an attitude of institutional persecution to the most vulnerable families. For me this was one of the worst consequences of the crisis.*

Access

In 2011, Portugal recorded a rate of childcare (0-3) coverage (37.2%) higher than the Barcelona commitment[94] (33%), and above the European average (30%). The Programme for the Extension of the Social Equipment Network (PARES) has financed new buildings from 2006 to 2011. However, significant regional differences still remain: in metropolitan areas of Lisbon and Porto recording the lowest coverage. At the end of this programme due to austerity measures, government increased the legal number of children per room[95] (Eurydice/Eurostat, 2014: 60).

In last decade, more children from 0 to 3 years and from 4 to 5 attended preschool. However, the trend has reversed since 2013, with the involvement in the 4 and 5 years old falling from 93.9% in 2013 to 93.5% in 2014, below the European average of 94.3%. The European Commission notes that the public network of kindergartens has declined in the face of recent budget cuts. It covered only 50% of children enrolled between 3 and 5 years of age in 2014-2015. 30% of children were enrolled in publicly funded organizations, and an increasing number went to private institutions. (Education and Training Monitor in Portugal: 2016: 6) Nearly half (47%) of the children enrolled in pre-primary education attend private institutions, most of which are government-dependent. This is considerably above the OECD average of 34% (Country note Portugal Education at glance 2017).

From the point of view of access to childcare services the mothers interviewed recognises that the value of the monthly fee is low, less than 30€, considering the quality of services provided by CSSCP namely meals and activities with children. Nevertheless, they stress it is a burden for family budget. State funding to non-profit is the same no matter the household fee. CSSCP has to guarantee alternative funding to manage financial constraints. *Extra-curricular activities are one of the requirements of Social Security. The 5-year-old children play chess and judo and 3-year-old class play music. (kindergarten teacher).*

As far as the waiting time to integrate their children in child services are concerned, mothers say do not have difficulties in the process. Kindergarten teachers interviewed mention that in kindergarten there is no waiting time because parents place children in the public child care services: *"In childcare we are always able to fill vacancies. In kindergarten there are vacancies because there are always dropouts at a given time. They seek the public*

94 European Commission(2013), Barcelona objectives. The development of childcare facilities for young children in Europe with a view to achieve a sustainable and inclusive growth. Luxembourg: Publications Office of the European Union.

95 The increase of 10 children/per room at the nursery, before it was 8 children; 14 children instead of 10 in the acquisition of gait to age of 24 months; 18 children instead of 15 between 24-36 months of age. In 2014, Portugal built an additional 500 pre-primary education classrooms for children 3-6 years old to meet demand.

network because they do not pay fees being low income parents. Between paying € 20 here and paying nothing, it is always better when there is no need to pay."

Quality

The system has to give them (socio-economically disadvantaged children) quality education (…) It is not the child who has needs but the system that needs to give them different things, in order to achieve the same results as the others. DGE

National Reforms in Early Childhood Education and Care are deeply linked to curriculum guidelines. The Curriculum Guidelines for Preschool Education - Orientações Curriculares para a Educação Pré-escolar (OCEPE), has balanced content addressing academic and socio-emotional development; includes subjects such as ICT and health development; and comprises staff support in assessing children's development. This educational framework is only for older children. Nonetheless, a working group at the Ministry of Education is defining new pedagogical guidelines for 0-3. In 2016 Pedagogical Guidelines for Crèches are being drawn up in articulation with the Secretary of State for Social Security (Ministry of Labour, Solidarity and Social Security). This work will be innovative as it takes an integrated view of childhood from 0-6, ensuring pedagogical coherence and continuity between these levels of education until the start of compulsory education. In 2017 following the publication of the 2016 Curriculum Guidelines for Pre-School Education (OCEPE), a training plan for pre-school teachers is currently being developed, the main aim of which is for schools to appropriate this document and for it to be implemented correctly in the classroom. An implementation guide has been created which will be used by the Schools Associations Training Centres. By the end of 2018, the aim is for there to be at least two pre-school teachers in each school/cluster who have undertaken this training and who can cascade it to their peers. In 2018, the current government has established the universalization of pre-schooling until 2020 as one of its main goals, acknowledging the key role it plays in children's educational success and development, as well as the inability of many families to pay private pre-schooling. A inter-ministerial working group is monitoring current needs, 170 new classrooms have already been created since 2015 and the universalization goal has already been achieved in over 90% of municipalities. In addition, 150 more classrooms will open in 2018, in areas where shortages still exist. By the end of the 2017/2018 school year, 50 workshops will have been carried out, covering approximately 900 pre-school teachers, with a total of 2,500 hours of training. Simultaneously, an increase in operational staff for pre-school has been approved, guaranteeing one assistant per class (besides, the pre-school teacher) since 2018[96].

In Portugal kindergarten teachers must hold a Master's degree and educational staff working need to have at least a tertiary degree level. Continuous professional development (CPD) is considered a requirement to make career progress. The home-based ECEC provision namely childminders has specific mandatory training courses to work in home-based settings but do not need a minimum level of qualification. Nonetheless they have to meet some personal, family and housing criteria. Childminders also need to attend some training sessions organised by the social security services of the Ministry for Solidarity, Employment and Social Security and by publicly subsidised private institutions. No minimum length of the training is specified.[97]

Public ECEC settings for older children are integrated in school clusters and supervised by school heads.

The publication of Ordinance No. 262/2011 of August 31st by the Ministry of Solidarity, Employment and Social Security, changed the number of children per classroom as stated above. ECEC teachers interviewed stress that in childcare there are fewer children than in Kindergarden, and can be easier adjusted. In

96 https://eacea.ec.europa.eu/national-policies/eurydice/content/national-reforms-early-childhood-education-and-care-53_lv

97 European Commission/EACEA/Eurydice/Eurostat (2014). Key Data on Early Childhood Education and Care in Europe. 2014 Edition. Eurydice and Eurostat Report. Luxembourg: Publications Office of the European Union.

kindergarten more than 20 children decreases the work quality. *No one can ask miracles with so many children for one person* (Kindergarten teacher). Activities with nursery children are developed with assistants, under supervision and guidance of the pedagogic coordinator: *I cannot go to the nursery and leave the other children alone. Babies are carried by assistants even being from my responsibility to do their assessment.* (Pedagogic coordinator)

In childcare services parents value most the trust relation with education staff. Due to the seniority of education staff it allows to have a deep knowledge of household's historical background and to make a better follow-up of children development. Parents' satisfaction with child services makes the second and third child to attend them. Also was mentioned the psychological support of CSSCP team by one mother who had in past a serious health problem during her second pregnancy. The volunteer work with elder people helped her recovery and to develop parental skills. The smooth communication concerned to children care and health between kindergarten teachers and family is highly valued. Whenever necessary there is a strong collaboration between educational teams and health professionals (child psychiatry and psychologists). For that purpose kindergarten teachers write global children development reports to be sent to physicians.

Parents also have a favourable opinion towards health public services: health centres, maternity and public hospitals. The wellbeing of children, appropriate care and feeding is also a top priority for parents. Likewise, they have a general acknowledgment of what makes up the fundamental set of life skills in the classroom. Mother's referred the respect children have for kindergarten teachers and some of them find it hard to deal with it at home. No curricular activities such as outings, field trips are also much appreciated: *"the trust that I have in kindergarten teachers, assistants, it is the whole package. All employees know my son and care for him, and he likes them too ... when he gets home singing the song that he learned at school and speaks about all the characters in the story ... that makes us see that our children are being well educated and well treated. If they weren't, he would say so. Our regret is not to be able to help more. They cannot have other projects because money is not enough"* (Single mother). Parents recommend greater investment in the organisation by the State to develop activities.

CSSCP usually develops training for the community including parents with poor levels of education, aiming improving pedagogic interest and parent's involvement in education activities. Nonetheless, Kindergarden teachers and head officer find very hard to mobilize them. They recommend a greater investment in lifelong education and training, in order to value education and integrate formal labour market. Among interviewed mothers pedagogic activities are valued. However, kindergarten teachers mentioned that those are a minority who are involved in the activities. *"They were seven mothers chosen by us, the ones who have greatest openness to participate in the project because I assure you that if I had chosen 10 other parents, they would be extremely busy. Even so there were 3 dropouts because they are hugely busy, they cannot participate."* (Kindergarten teacher)

As far as a monitoring pre education activity is concerned, kindergarten teachers highlight the internal procedures from which they are responsible for. They say never had direct follow-up on the pedagogic component by MEC only by MSST staff.

The different wages policies between public and private networks are calling to question: *I think that kindergarten teachers and mainly assistants are very poorly paid for the responsibility they have. A kindergarten teacher that begins working in the public sector earns around € 1,300 and the gross wage of a kindergarten teacher who works in private non-profit sector is € 800.* (kindergarten teachers)[98]

98 The net salary is 972.94 euro and gross salary is €1,373.13 for public network; source teachers union (SPN) (http://www.spn.pt/Media/Default/Info/10000/400/70/1/Vencimentos%202017%20(2).pdf) and €998 (0-4 years old) in private non-profit sector; source the collective employment contract Confederation of National Institutions for Solidarity - CNIS and National Education Federation – FNE and others; http://cnis.pt/wp-content/uploads/2016/09/BTE-n%C2%BA-36-de-29-de-setembro-de-2017-1.pdf

To sum up, investment in quality of childcare services means the incorporation of principles of pedagogic intent and articulation with families as safeguard in the Curricular Guidelines for preschool. Childcare should be incorporated into the educational framework and pedagogic guidance for 0-2 year old. State should provide real investment in childhood education, both in families and in organisations.

Impact on families

The impact of the austerity measures on families most in need was felt in multiple ways. There was a clear disinvestment by the State in define austerity social policies by cutting social benefits. It greatly diminished family's source income. Their affordability to pay fees was reduced, worsening the fragile sustainability of organisations. One of the most relevant aspects to bear in mind has to do with the escalation in childhood poverty and withdrawal of children from the childcare system that statistics do not mirror in light of reality, as previously stated. Privatisation of quality childcare and kindergarten facilities caused accessibility problems for families. This situation puts in question the most elementary children's rights: high-quality education. Furthermore, one of the 'ideological' markers of austerity was to blame families for their situation of poverty, considering 'usurpers of public money' instead of social services work in counselling and guidance of families. These families should receive greater investment to prevent future social problems.

Although the mothers interviewed do not have access problems to childhood services, there are access problems in several territories mainly in big cities. Non-profit organizations do not respond to families demand and they must pay for private services. The same happens with the child-minder service, which is now hired by families.

2.5 Impact on 'collective capability' and agency

Another dimension of 'social investment' relates to the extension of collective resources and capabilities. As local authorities, non-profit companies and civil society organisations are strengthened (e.g. regional/municipal water companies, mutual health insurance associations, parents' associations) they may in turn improve the well-being of households. Austerity policies produced deterioration effects in the action of collective actors, such as social organisations in the provision of services. The CSSP is a social organisation which provides child care services to vulnerable families. With the cuts of social benefits during Troika period, families income was significantly reduced therefore contributions decrease as well. Nonetheless child care services expenditure was the same, and no additional financing came from the State. This supplementary funding is important to improve the quality of education services. Despite the efforts developed in order to improve parent's qualifications and activities with the community, it is crucial to invest more in the education of families and children to break poverty cycles.

The role of local authorities in the provision of basic services is determinant in supporting families in need, due to their relation of proximity with the citizens. In childcare they are responsible management of the public schools and hiring non-teaching staff. Decision-makers and scholars interviewed emphasise its free support to these families. During the economic crisis in many territories, public schools opened canteens during the holidays to provide food to children and youths. One of the recommendations concerning the role of local authorities has to do with a regulatory approach in the area of co-payments of families in most need, due to not always the principle of monthly fee according to family income is applied by different stakeholders.

2.6 Conclusion: recommendations to fight disinvestment

This report has been written in the context of Workpackage 6 - Building blocks for social investment model: Social minimum standards in service markets - of the RE-InVEST. Firstly we illustrate the main ideas about access and quality of the four basic services: housing, health, water and financial services in a perspective of human rights and approach to the capability of vulnerable groups in the crisis period in Portugal followed

by the main recommendations. Note that the information was based on collection of documents. Secondly the main conclusions and recommendations are listed for childcare services. The information being translated on the base of knowledge experienced by children's parents, kindergarten teachers, responsible for the organisation and scholars and political decision-makers. It aims answering whether the recent developments in ECEC minimum standards can be considered a social (dis)investment in human rights and capabilities of vulnerable groups.

As for access and quality of the four basic services: housing, health, water and financial services the main ideas are as follows.

Housing

A review of different public housing programmes shows that there has been no integrated policy since 1987. In fact, there have been three rehousing programmes: collaborations agreements in 1987, PER in 1993 and Prohabita in 2004 which aimed to rehousing the population living in slums and similar precarious housing conditions. Prohabita remains until now, nonetheless it have little funding for answering all housing needs. Additionally, Portugal report government expenditure on housing and community amenities is reported to be more than 2% during pre-crisis years with a consequent decline to less than 1.5% during and after economic crisis (Ruelens & Nicaise, 2018: 60)

During economic crisis (2012-2014) the Social Rental Market has tried to respond to housing problems of vulnerable families establishing rent values at 20% to 30% lower than those of the free market. Nonetheless, most households potentially interested did not have sufficient income to apply the programme.

In the European index of housing exclusion, according to FEANTSA, in 2015, Portugal is ranked 20th in the 28 Member-states. It lies in 4th place of having difficulty in maintaining in-house temperature by poor families. On matters of elder risk of experiencing housing expense burdens it is ranked 2th place. In turn, the high levels of household indebtedness are coinciding with housing mortgages. Still, the total household debt grew from 70% in 1995, to 81% in 2011 (ECRI, 2012).

The debt stock represented 117% of available income for private citizens. Portugal is thus one of the countries with highest proportion of private household debt as a percentage of GDP among the EU15. During the crisis period banks created more restrictions in terms of access to credit, which changed the trend of home purchase in favour of market rent.

National and international studies show a very critical situation regarding the current housing needs.
In a recent diagnosis of housing needs it was highlighted:
- 187 municipalities (from total of 308) have precarious housing conditions;
- 25,762 families are unsatisfied with their housing conditions;
- 14,748 buildings and 31,526 dwellings do not have minimum housing standards.

In parallel, in 2016, according with the UN report on adequate housing in Portugal has drawn conclusions on the fragile access of vulnerable people to housing namely: only 2% of the whole housing stock is allocated to social housing, one of the lowest rates in Europe. These are only 120,000 units of social housing, which seems very low in light of the national poverty rate:
- The total number of homeless individuals is unknown. The estimates range widely from 4,000 to 50,000. The composition of the homeless population seems to have changed as a result of the financial crisis, with more young adults due to high unemployment rates and lack of housing at affordable prices.
- Easier access to credit to purchase homes for some and low interest rates may have exacerbated issues of affordability for medium- and low-income families. To lease housing prices increased at a rate that causes concerns in all urban centres.

In the future the universal right to housing is meant to be more easily fulfilled through the National Housing Strategy 2015-2031 implementation and with the future adoption Housing Framework Law, which the

proposal of draft law is currently under public consultation. Housing Framework Law aims to be an integrative housing policy including the access to basic services and answering to affordable and decent housing for everybody.

To conclude, housing policy needs a greater investment to implement integrative measures particularly to Roma communities, homeless people and low-income households. Social housing policy allocates a low budged for population needs, which has been reducing over time. The current real estate speculation leads to an increase in price rents and an evidence of city gentrification strengthen by tourism. The housing sector needs to be regulated by the State in order to ensure the right to decent housing for the most disadvantage people. The mothers interviewed regarding access and quality of childcare services highlighted the right to adequate housing as a great concern. They call for more social investment in housing sector.

Water services

European funds have helped finance a substantial increase in expenditure shares of water provision in Portugal. Between 2007 and 2011 the coverage rate of water provision services reached 95%, enabling high percentage of the population accessing safe drinking water services. If Portugal gets a good performance at the macro-accessibility, the same is not remarked at local water accessibility. In 2010, a review of economic micro-accessibility reveals problems in some municipalities that exceed the 3% consumption threshold of $60m^3$: 3.47% in the North and 3.20% in the Centre region. For the $120m^3$ consumption the threshold is exceeded in five regions of mainland Portugal. Hence, in rural zones or peripheral areas of North and Centre the results are less satisfactory. The weight of the average expenditure of water provisioning service is greater in rural areas, followed by small and medium-sized towns.

It is worth to note that in 2012 around 3,000 families each month were disconnected from the water provisioning network as a result of inability to pay water invoices. Moreover, in 2013 ERSAR informed that there is no data about informal settlements and slums at national level, this calls attention to right to water to the most vulnerable households.

ERSAR is an autonomous entity that regulates the adoption of social tariffs applied by private and public operators. In 2011 the average water and sanitation bill was 185.95€/year, however huge differences between operators are noted. If the recommendation about the adoption of social tariff was fully implemented by every operator, the average water and sanitation bill for the poorest families would be reduced to 120.95€/year. The number of beneficiaries of social tariffs is estimated to be around 45,000, and per capita subsidy is estimated to be near 62€/year, or total of 2,8 million EUR.

The different water prices applied in the territories should require a more equal national policy to this matter, because water services are provided at municipal level by a large range of operators. In addition, provide universal access to basic drinking water, should be defined additional equitable access targets to ensure access to vulnerable and marginalized groups. These groups do not have the same conditions of adequate and decent housing or standards of living, therefore is needed to have a positive discrimination on water service provision. Furthermore it is need to identify an integrated social policy at national level which should include decent housing, an appropriate standard of living, essential services including water and sanitation services, transport network and basic social services.

Financial services

Financial services are essential to social inclusion. The material poverty and the over-indebtedness prevent people to meet financial obligations and thereby such features undermine their access to other basic services such as housing, health and education.

In Portugal most of the population in adulthood has bank accounts (91%) and use it (89%). Also note that 64% of the population not only uses it, as they have other financial products such as insurance (37%) credit cards (32%) term deposits (31%) housing loans (26%) and bank overdrafts (25%) (BdP, 2011). A number of automated teller machine (ATMs) per 100,000 adults may serve as an additional indicator of financial inclusion at the aggregate level. Portugal has the highest number of ATMs per 100,000 adults (177) (Ruelens & Nicaise, 2018: 119).

People who are outside the financial system are mainly who have low incomes. The Bank of Portugal study indicates that (72%) of those who do not have a bank account have incomes below € 500, and in fact the main reason pointed out is 'not having income that justifies it'(67%). Inactivity (retirement, study, domestic work) or unemployment and low educational levels are features associated with being disconnected of the financial system. The same report underlines that 88% of people say they do not have savings practices, because their 'incomes do not allow'. In Portugal, France, and Finland, the percentage of respondents among the poorest 40% who saved did not change substantially between 2011 and 2014 (Ruelens & Nicaise, 2018: 122).

The level of financial literacy and financial exclusion are directly related to income and level of education. Vulnerable groups like elderly, youngest people, unemployed and low-qualified people are the ones who recorded low levels of financial literacy. In line with that lowest income people do not have enough money to meet basic needs, far less being able to save money. Furthermore, Portugal was severely hit by the banking crisis which has affected people trust in banks. Nonetheless, Social Security services recommend beneficiaries to use of a bank account to receive social benefits.

In Portugal the use of minimum banking services[99] aims to improve access to a bank account at no cost to the recipient. In addition microcredit programmes are promoted by some banks, like *Investe Jovem* to encourage entrepreneurship among young unemployed people. Nonetheless, it is considered necessary to grant an autonomous budget. The former condition may exclude the poorest people. Microcredit for disadvantage people who have an entrepreneur profile may have benefits but usually they do not have initial capital required to which banks do not take the risk.

Health care services

The implementation of Health National System constitutes the access to quality healthcare as fundamental human right. The child mortality rates reached a significant improvement (77.5% in 1960 and 2.9% in 2015)[100]. Nonetheless, affordable access to medical and dental services continues to be more problematic to disadvantage groups. Portugal has the largest percentage of persons reporting unmet needs for dental care beginning with 2009 and again in 2012, compared to other Southern Europeans countries. In 2012, the unmet needs for dental care constitute 13.8% and, in 2014, 15.7% of population (Ruelens & Nicaise, 2018: 26).

With regard to the physician-population ratio, there was 41 of Physicians per 100 thousand inhabitants for the period between 2001-2014 (PNUD 2016: 226). The number of physicians per 100 thousand inhabitants, according with national data[101], has been expressed a historical increase: 197,1 in 1980 to 307.7 in 2000 and 461.4 in 2015 (355.7 EU28). However, there still around 700 thousand citizens without physician in January 2018[102] and two years ago they were 1,2 million. During austerity period Portuguese government have reduced its funding on healthcare services.

The troika's health program defined EUR 375 million to be saved through the rationalisation of public health expenditure. According to the health expenditure as % of GDP, in 2000, it was 8.4% and 8.9% in 2016. In addition, INE and PORDATA data show the following variation: from 2006 to 2009 it increases from 9.1% to 9.8% and from 2009 to 2016 the values gradually fall to 8.9%. Particularly in 2014 reached 6.2%. It also is worth to note that during that period, families continued to fund a significant part of expenses (averaging 27.6%), thus remaining the second most important funder of the Portuguese health system. In 2015, families' expenditure grew 3.0%. The significant decrease of health expenditure as % of GDP and the increase of expenditure paid by families show the social disinvestment in heath sector, which reflects the measures imposed by the Troika. More specifically, the health sector suffered a reduction around 13% of the budget in the 2011 and saving measures were adopted to maintain the ongoing reforms in

99 https://www.bportugal.pt/page/o-que-sao-os-servicos-minimos-bancarios-smb

100 https://www.pordata.pt/Portugal/taxa-bruta-de-mortalidade-e-taxa-de-mortalidade-infantil-528

101 Source/Entities: U.S. Census Bureau, Population Division (EUA) | Statistics Bureau, Ministry of Internal Affairs and Communications (Japan), Eurostat | OMS | OCDE | Eurostat | NU | Nacional Statistic Institute, PORDATA.

102 https://www.sns.gov.pt/noticias/2018/01/19/medicos-de-familia-e-em-formacao/

primary and continued healthcare. Based on the General Government Account of 2016, the chairperson of the Council on Public Finance mentioned a 'centralised allocation was reassigned, mainly to education centres and basic and secondary education (€ 179 million) and National Health Service entities (115 million). As stated in the 2016 RP, those cuts exceeded the cuts proposed by the Troika in the MoU with an unknown impact on NHS.

There was an increase in expenditure health costs by families, as well as an increase in unequal access. OPSS stresses the impacts of the crisis on NHS and in particular among the most disadvantaged population. The 2012 Spring Report (RP) stated the effects of the crisis on mental health (loss of self-esteem, anxiety, depression and suicide) and the increase of risk behaviours (drug dependence and alcohol), as well as the consequences of lack of thermal comfort at home, the limitations of access to medical healthcare and medicines. The same document stated the adoption of those measures did not take into account the well-being of the population. It underlines the lack of a real health policy that should include effective cost-containment measures and minimization of their negative effects.

It must be highlighted the reforms implemented to improve the efficiency of the healthcare system, namely the role of IGAS - General Inspectorate of Health (Inspeção Geral das Atividades em Saúde). IGAS is a service within the Portuguese Ministry of Health responsible for inter alia, preventing, detecting and investigating corruption and fraud on public and private health institutions since 2007. In 2010 have been performed 17 audits focusing particularly on the construction of new hospitals, the billing of medicines and to monitoring the implementation of contracts with the private and social sector. Since the beginning of 2012, the Portuguese Government built up strategies and coalitions in order to reduce corruption risks in the area of pharmaceutical procurement. IGAS has developed an average of 5 inspections per month and an average of 19 per year between 2012 and 2015. Moreover, Constitutional Court analysed the access to health care in the NHS between 2014 and 2016 and concluded that the average waiting time for a medical appointment and surgery increased. In 2016, 2,605 patients died waiting for surgery. The average waiting time for the first hospital specialty visit increased from 115 in 2014 to 121 days (four months) in 2016, interrupting the trend of reduction of the times that had been observed since 2011.

To sum up, according with the OPSS, the crisis left citizens poorer and they pay more for healthcare, despite the expansion of the percentage of people exempted from user charges. There is an unequal distribution of health professionals in the territory, as well as regional inequalities in accessing National Integrated Continued Care Network. Nevertheless, there was a positive increase in the share of generic medicines. The OPSS 2016 report concludes that it is essential to measure the impact of economic crisis on health to allow designing more effective policies to protect the most vulnerable populations and achieve greater sustainability.

ECEC services

Portugal in 2011, ECEC recorded a rate of childcare (0-3) coverage (37.2%) higher than the Barcelona commitment (33%), and above the European average (30%). Portugal has increased participation in early childhood education in the last decade but expenditure per child remains below average. Between 2005 and 2015, the enrolment rate of 3-year-olds in pre-primary education increased from 61% to 79% and that of 4-year-olds from 84% to 90%, meaning both rates are above the OECD averages. However, the trend has reversed since 2013, the 4 and 5 years old children participation decreased from 93.9% in 2013 to 93.5% in 2014, below the European average of 94.3%. The public network of kindergartens has declined in the context of budget cuts. It covered only 50% of children enrolled between 3 and 5 years of age in 2014-2015. 30% of children were enrolled in publicly funded organizations, and an increasing number went to private institutions. There is no public childcare network for 0-3 year-old children, which undermines their access. Cooperation agreements are established by public authorities with private and non-profit sectors but there are not enough child care services for family's needs in big urban centres. In this sense access to childcare must be analised at local and regional level. An expert on ECEC public policies stated the reduction of children in childcare facilities at non-profit sector due to household financial constraints, worsening the cycle of poverty among the disadvantage families. This is not entirely reflected in the statistics. Since early

1990's it has been a liberalisation trend of social services belonging to the Social Security Institute. During crisis period were sold a significant number of ECEC facilities target to families most in need, jeopardising their access conditions. In addition, the liberalisation of the child-minder service is now directly established by contract between childminders and families. Depend on market rationales and the financial capacity of families. Therefore, children right to quality childcare is at stake by this disinvestment.

From the interviewed mother's point of view, they consider to pay low fees taking into account the access and quality of childcare services. Nonetheless, it is a financial burden for family budget bearing in mind their social vulnerability. The social benefits cuts during the austerity period not only worsened the lives of families as well as social organizations: the reduction of family's income affected in turn the payment of monthly fees in one hand, and in the other hand the State co-payment remained the same, which puts in question its financial sustainability. In a liberalisation context of services, this phenomenon can potentially exclude poor families to access childcare services.

The mother's participants in the study mostly value the smooth communication, the trust relation with education staff, the global development of a child, as well as the quality of meals and pedagogic activities. Concerning health services provision to children, mothers are very satisfied with the health reports elaborated by educational staff to physicians, as well as health centres, maternity and public hospitals performance. Kindergarten teachers pointed out that most parents do not valorise pedagogical activities, taking into account parents low-education level and great social vulnerability of the territory. Thus, they argue for the need to invest 'in the education of parents and children'.

In short, although the attendance rate at pre-school reaches high coverage there was a trend of liberalisation and privatization of child services. During the crisis, many parents withdrew their children out of pre-school, which are not reflected in statistics with serious generational effects. A systemic approach to the ECEC services means strong collaboration between the different policy sectors, such as education, employment, health, social policy. This requires a coherent vision that is shared by all stakeholders, including parents, a common policy framework with consistent goals across the system, and clearly defined roles and responsibilities at central and local levels. This approach also helps ECEC services to respond better to local needs.

The educational and childcare services recommendations by the stakeholders interviewed are as followed:

By scholars and political decision-makers:

- Portugal has been successful in early childhood education coverage rate at macro accessibility. However micro accessibility should be reflect in real policies mainly in rural areas and in metropolitan areas of Porto and Lisboa.
- To assure a democratic access to vulnerable children and children of metropolitan areas it should be created a public childcare network (0-2) and increase the network in those particular areas. The existent public childcare network (3-6) should positively discriminate the attendance of vulnerable people with high quality services.
- During austerity measures the children of poor families suffer hardship and drop out of pre-school education which will impact deeply children future well-being and the threat of future social exclusion. This is not entirely reflected in statistical data and it should be studied and examined.
- The emphasis on the strengthening of support for very poor families moved away of State responsibility for families, non-profit organizations and municipalities. Although the universal access of educational component, the supporting family's activities (CAF) are from their own responsibility. Furthermore more CAF is developed by a wide range of entities and actors (associations, parents associations, parish councils …). In order to guarantee equal access to ECEC services, CAF activities should be regulated and supervised by the municipalities at local level.
- The financial sustainability of non-profit organizations depends very much on the household's co-payment. The co-payment is defined according households income. This form of financing enhancing

competition between non-profit organizations in the provision of ECEC services. Moreover, this kind of ECEC services liberalization threats the early school leaving for low-income households.

- The privatization of education child care facilities undertake by the Social Security Institute puts in question the universal access of the most vulnerable people. The same is applying to childminder service liberalization, putting the pressing on family's hands especially when there in not a public childcare network. This liberalization trend should be invert to safeguard the access and quality to ECEC services. Childminder quality supervision should be reinforced.
- State should give special consideration in ECEC services provision towards the poorest territories and vulnerable families as a form of targeting financing to these population groups: e.g. additional funding for social organizations that provide ECEC services in poor areas.
- One of the most impacting consequences of austerity period consists in a change of mind-set and in an institutional persecution to the most vulnerable families. Rooted on the prejudice associated to dependency on State benefits, making them responsible for being poor. It is need to reverse this paradigm promoting social inclusion of vulnerable groups as main actors of their life change in the light of PNAI (National Action Plan for Inclusion); to invest in training of social professionals promoting interpersonal skills, counselling and guidance of vulnerable families. Moreover it is need to invest in quality services by increase the number of public servants to answer adequately in time.
- The children aged (0-3) must be integrated in the education system. Consider aligning care and education in pedagogical guidelines for this age in continuity with the guidelines for (3-6). Pedagogical Guidelines for Crèches are being drawn up by Ministry of Education in articulation with the Secretary of State for Social Security (Ministry of Labour, Solidarity and Social Security. Even though the matter is at the top of the political agenda, experts/academics on child care education must continue to influence this agenda.
- The review, update and publication of the Curriculum Guidelines for Pre-School Education (OCEPE) must be a quality reference followed by kindergarten teachers when working with children and their families through pedagogic intent promoting inclusion of all children.

By childcare professionals and those responsible for social organisation:

- To achieve equal pay among educational professionals of the ECEC public, the private and non-profit solidarity networks. There still exist big remuneration disparities that should ended.
- The external evaluation and supervision of childcare and kindergartens is focus more particularly in the conformity assessment procedures, without substantially modifying the scope of pedagogic practices. The monitoring procedures should emphasis the quality education.
- The maximum number of children in preschool per teacher should not exceed 20 children.
- To encourage and provide lifelong learning and lifelong vocational training for vulnerable families as a mean to value school and to get their participation in pedagogical activities and enhance their re-integration in labour market.
- The public funding for non-profit organizations should have into account the specific territorial needs, instead of applying the same financing for all providers.

By parents:

- State should protect people's rights through provision of high quality childcare services for everybody, particularly for the most disadvantaged. The privatization of public day-care facilities (as care facilities for the elderly) undertaken by the Social Security Institute challenged this right.
- Low income parents are aware of their low co-payment to funding quality childcare services. Especially when there is a growing competition for mobilize higher income households by non-profit organizations. In this sense, further public funding should be targeted to disadvantage groups.
- Need to implement concrete measures against tourism-related 'dumping' in the housing sector which is undermining the right to housing. Therefore it has been a gradual increase in housing rents and social housing stock is far away to cover the current needs. The right to housing is linked to the provision of ECEC services as the other social services to have a decent life.

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