

IDSS COUNTRY STUDY

PORTUGAL

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Section I: Summary

1. Key features of the RIS reform

The Portuguese *case-study* concerns the 2003 introduction of the possibility to subcontract the negotiation and monitoring of the insertion contracts of minimum income beneficiaries to private social solidarity institutions. This reform must be seen in the context of a) the problems in the insertion of minimum income beneficiaries and b) the changes in the political setting following the 2002 general election.

The Rendimento Mínimo Garantido (RMG) was introduced in 1996, on an experimental basis, and came to full implementation in 1997. In order to be entitled to minimum income protection, individuals must have had exhausted all means to sustain themselves, and be willing to agree to an insertion contract, a document that defines their rights and responsibilities in the social insertion process. In particular, recipients were required to be available to work or to attend an education/training course; to participate in temporary activities that can further their future employability, or that satisfy community or environmental needs; and to engage in processes that promote their social insertion (healthcare, housing, etc.) (Cardoso and Ramos, 2000; Capucha, 1998).

In view of the future implementation of the personalised model of intervention that presided the RMG scheme, the Portuguese authorities adopted an integrated, decentralised, model of policy delivery, based on Local Support Commissions (CLAs, *Comissões Locais de Acompanhamento*). CLAs comprise representatives from central government agencies (namely, the Institute of Social Security, the Public Employment Service, the Ministry of Education, and the Ministry of Health), local municipalities and local organisations; and are responsible for approving and monitoring the implementation of insertion contracts as well as deciding the end of the entitlement to the minimum income benefit. CLAs are intended to facilitate the coordination of public and private actors in the provision of services to welfare recipients (partnership approach) and the adjustment of policy interventions to local needs and conditions (territorial approach) (Capucha, 1998).

In line with the implementation model described above, the activation of RMG recipients is shared between the Institute of Social Security services and the Public Employment Service in the context of the CLA. Thus, the negotiation and monitoring of the insertion contracts (and sanctioning) is carried out by CLA case managers, which are usually allocated by the District Social Security Councils (Cardoso and Ramos, 2000). Recipients considered to be available for work are sent to the IEFP, where they are offered a range of services from job-search assistance to training and employment programmes. Non-profit organisations, notably religious charities (*Misericórdias*) and private institutions of social solidarity (*IPSS's*), have a significant role in the provision of employment and training services, either by organising training courses (sub-contracted by IEFP or funded by EU funds) or by creating employment opportunities for RMG recipients.

Notwithstanding its significance in the context of the Portuguese welfare state, there were significant shortcomings in the implementation of the RMG (see Baptista and Cabrita, 2009). A major limitation was the lack of human resources to implement the scheme's 'cash and care' intervention model. An evaluation study conducted in 2000 (Castro et al, 2002b), suggested that 43% of case managers working on RMG had more than one hundred cases under their care. Moreover, a significant percentage had other responsibilities in addition to dealing with RMG recipients. The same study suggested that 42% of case managers only dedicated between 7 and 17 weekly working to the programme.

As results of these limitations, significant delays between the allocation of the benefit and the signature of the insertion contract occurred (Baptista and Cabrita, 2009). This obviously resulted in a very low percentage of signed insertion contracts. In fact, a 2010 survey to RMG recipients

showed that only 11% of RMG beneficiaries had signed an insertion contract (Castro et al, 2002b). In addition to this, an audit by the Court of Auditors (Tribunal de Contas, 2000), unveiled a number of administrative problems.

The existing evidence also suggested that there were significant gaps in the services offered by the IEFP. In the period between 1999 and 2003, Social Employment Market programmes - notably the Insertion-Employment programme and the Occupational Programmes (CNRMG, 2000) - were an option for only one in five of all RMG recipients considered available for work. Half of those were offered job placement services, and about a quarter were offered professional guidance services.

As further confirmation of the problems in returning RMG recipients to the labour market, Moreira (2008) showed that, in 1998, only 23% unemployed RMG recipients was able to find an (unsubsidised) job in the following year. In addition to this, an evaluation carried out in 2000 (Castro et al, 2002b) suggested that the scheme seemed to be more effective for younger individuals, and individuals with shorter unemployment spells - a potential indicator of the difficulty in helping hard-to-employ recipients.

Against this background, the 2002 election elevates a centre-right coalition to the government – led by José Manuel Durão Barroso. This coalition includes CDS-PP, a conservative party that made the criticism of the RMG implementation a central pillar of its electoral reform. When it was awarded the Ministry of Social Security and Solidarity in the new government, CDS-PP had the opportunity to turn its political agenda on this topic into policy and replaced the RMG with a new minimum income scheme – *Rendimento Social de Inserção* (RSI).

The introduction of the new scheme was meant to a) tighten eligibility requirements, b) strengthen work obligations and c) toughen the level of coercion imposed on beneficiaries. In addition to this, the government introduced the possibility of subcontracting the negotiation and monitoring of the insertion contracts to private social solidarity institutions.

The introduction of the possibility of subcontracting the implementation of the RSI was meant to achieve three key objectives. Firstly, its aim was to secure human resources for an effective implementation of the RSI scheme. Faced with severe human resources shortages, and given the limitations to recruit new staff, the subcontracting of the implementation of the RSI was seen as a way to secure the necessary human resources to implement the scheme;

Secondly, it was meant to enable the adoption of a more personalised approach in the follow-up of RSI beneficiaries. Up until 2003, Social Security case managers' intervention was limited to dealing with the bureaucratic aspects of asserting entitlement to minimum income protection. This was compounded by a culture of high levels discretion, which strongly went against the rights-base philosophy that presided to the minimum income scheme. The subcontracting of the implementation of the scheme was seen as a way of introducing a new, more personalised, approach in the delivery of services to those in need;

Thirdly, it aimed to improve the delivery on the ground by involving local institutions with better knowledge of the local territory, and of local labour markets. Again, in the face of the limitations in the human resources that restrained Social Security case managers from working with other actors in the territory, the subcontracting of the implementation of the scheme was seen as a way to facilitate the adoption of a more territorialised, flexible model of implementation.

As set by the legislation introduced in 2003, the contract is established between the District Social Security Council and a private social solidary institution, or any other institution that pursues similar goals, under proposal by the NLI which oversees the territory where the subcontractor will intervene. The subcontractor is made responsible for implementing the scheme in a given territory, overseeing a pre-defined group of 40 to 60 households (20 to 40, in exceptional cases). This will involve:

- preparing the applicants social information and social reports which will be at the base of the integration contract;

- negotiate the content of the integration contracts;
- monitor and support beneficiaries in upholding the responsibilities set in the integration contract.

In order to carry out this task, the subcontractor is required to set-up a technical support team, composed by a case manager (full-time), a psychologist, and educational assistant, and an administrative assistant (part-time). For this the subcontractor will receive up to €4400 per month, for a period of 2 years.

The responsibility for monitoring the implementation of the contract rests with the District Social Security Council - in close cooperation with the NLI that oversees the territory where the subcontractor will intervene. In order to facilitate the monitoring of the implementation of the contract, subcontractors are required to:

- Submit a Progress Report every 6 months;
- Use the ISS information platform;
- Set up a 'Cost Centre' for all activities carried out under the contract.¹

The violation of the terms of the contract can lead to its termination, otherwise, the contract is automatically renewed. Still, the contract can be revised due to an unexpected increase in the number of beneficiary households.

Following the election of a new government led by the Socialist party in 2005 (see Moreira et al, 2014), a number of changes were introduced to the regime governing the subcontracting of the RSI scheme, in 2007:

- a) The subcontracting regime is open to for-profit institutions;
- b) The role of the ISS Directive Council, was significantly strengthened:
 - a. The approval of new contracts becomes dependent on the approval by the ISS Directive Council;
 - b. The renewal of new contracts becomes dependent on the approval by the ISS Directive Council, subject to an evaluation by the District Social Security Council;
- c) The mechanism for determining the payments to subcontractors is made more flexible. Thus, both the number of households to be covered by the contract, and the human resources that need to be assigned are set by ISS Directive Council on a case-by-case approach;
- d) The mechanisms for monitoring of the implementation of the contracts are strengthened:
 - a. The renewal of the contract is no longer automatic and becomes dependent on the approval by the ISS Directive Council;
 - b. Reporting obligations are reinforced. In addition to Activity Reports, subcontractors are now required to submit an Annual Plan of Activities;
 - c. The sanctioning regime is made more flexible with the introduction of the possibility of a suspension of payments in cases where violations of the terms of the agreement do not limit the provision of assistance to RSI beneficiaries, namely:
 - i. Failure to secure the human resources to adequately comply with contracted activities;
 - ii. Failure to comply with tax and social security obligations;
 - iii. Failure to submit Activity Report and Financial Report.

¹ I.e., all receipts/expenses related with the contract have to be identified by a common reference/number in the subcontractors accounting system.

The evidence collected seems to suggest that the introduction of sub-contracting of the RSI seems to have had a very significant impact in the improvement of the services provided to RSI beneficiaries and, consequently in the implementation of the personalised approach that presides to the scheme. Coinciding with the expansion of the number of subcontracted teams after 2007, there is a significant decrease in the number of days needed to assess, and approve, an application for entitlement to RSI, and the number of days that go from the completion of the family diagnostic and the signature of the integration contract. In the same way, the percentage of RSI households who signed an integration contract significantly increased after 2007.

While the introduction of subcontracting significantly increased the ability to provide personalised services, it did not seem to have a structural impact on the ability to integrate RSI beneficiaries into the labour market. As can be seen in Table 13, the improvements in the provision of services to RSI beneficiaries post 2007 does not seem to be reflected in the number of Employment and Training activities attended by RSI beneficiaries. The increase number of employment related integration activities might be related to a change in the RSI caseload, with a higher number of long-term unemployed persons which lost their jobs during the crisis.

In addition to this, evidence gathered seems to suggest that there are important shortcomings in the support provided by the Public Employment Services (IEFP) in supporting the labour integration of RSI beneficiaries, namely:

- The lack of training opportunities suited to the needs of RSI beneficiaries. Most RSI beneficiaries do not have the qualifications needed to take part in the training courses offered by the IEFP;
- The IEFP job-search website has critical usability problems. Sub-contracted entities prefer to use other platforms to help RSI beneficiaries in their job-search;
- Lack of a personalised approach in the provision of job-search services. Our respondents mentioned cases where RSI recipients are requested to attend training sessions that they have already attended or are not qualified for.

2. Driving forces, success and failure factors of the RSI reform

Very broadly, the subcontracting of integrated services helped to overcome structural gaps in the provision of services to minimum income recipients, and to promote a fairly rapid change in the way services are delivered. There are two critical factors that can explain the success of this reform, in this domain. The first concerns the strong political commitment from the central government in implementing the reform. The Institute of Social Security not only made the financial resources needed for a rapid expansion of subcontracting available, but also acted in a pro-active way to get local partners to become involved in the implementation of the RSI scheme – even if, financially, the programme was not attractive to these third sector institutions.

The other crucial success factor was that this reform built on long tradition of the Portuguese state working with third sector institutions in the delivery of social policies. The rapid expansion of the protocols was only possible due to a long tradition of the State involving the third sector in the implementation of social policies (namely in the area of childcare, old age care, or in the fight against poverty and social exclusion). In this sense, the subcontracting of the implementation of the RSI scheme – even if quite innovative – can be seen as continuation and strengthening of the collaboration between the State and third sector organisations in the delivery of social policies.

While it was very successful at improving the access and quality of services provided to minimum income beneficiaries, this reform was not successful at improving the integration of minimum income recipients, namely in the field of employment and training. Firstly, the introduction of this new mechanism did not, per se, increase the ability to mobilise local actors in creating new integration opportunities for minimum income beneficiaries. Second, this reform was not accompanied by a structural overhaul of the range of active labour market programmes available to RSI beneficiaries and specifically designed to deal with their needs, namely in terms of education and training.

3. Good practices and dissemination possibilities in an EU context

Reflecting on the evidence gathered on the Portuguese case, we conclude that the subcontracting of the provision of integrated services is a valuable policy-option for overcoming structural gaps in implementation, namely with regards to the availability of human resources to deliver integrated services.

The Portuguese case also uncovers a number of issues that policy-makers should take in consideration when designating and implementing a scheme for sub-contracting the provision of integrated services:

- It is important to secure a reliable and effective information system that facilitates the flow between government authorities and sub-contractors;
- While securing adequate means to monitor the activities of sub-contracted entities, sub-contracting rules should allow for some flexibility in how services are provisioned as to promote innovative and more cost-effective forms of service provision.
- Subcontracting rules should provide an adequate balance between human resource costs and other costs involved in the provision of services to beneficiaries;
- A strong role of central government in monitoring the creation and the implementation of these types of contracts will help to avoid the misuse of resources at the local/regional level, and ensure that these are channeled to provide support to those most in need;
- While maintaining an adequate capacity to monitor the activities of subcontractors, subcontracting rules should not overload subcontractors with heavy reporting duties that use human resources that could otherwise be used in improving services provided to minimum income beneficiaries;
- Further consideration should be given to the use of financial incentives to reward best-performers or to spur innovations in the provision of services;

Improving the collaboration between subcontractors and local Public Employment Services is critical to improve the employment prospects of minimum income recipients. This relation needs to be framed by a set of Active Labor Market Programmes that are effective at helping hard-to-employ individuals in returning to the labor market.

Section II: Detailed description of the reform episode

1. Setting the scene

1.1. The broad socio-economic and political context

The introduction of the possibility of subcontracting the negotiation and monitoring of the insertion contracts to private social solidarity institutions must be seen in the context of the 2002 general election. The rise of Paulo Portas to the leadership of CDS-PP in 1998 marks a structural change in the role of the RMG (*Rendimento Mínimo Garantido*) in the dynamics of partisan/electoral competition between the Socialist Party (on the centre-left), who first introduced the scheme in 1996, and the Social Democratic Party (centre-right) and the CDS-Popular Party (conservative right) (see Moreira et al, 2014). Taking advantage of the media impact of a Court of Auditors report (see Tribunal de Contas, 2000) which strongly criticized the implementation of the scheme (see Section 1.6.1), and of the increasing public concerns about the programme², CDS-PP adopts the criticism to the RMG as corner-stone of its electoral strategy in the 2002 election.³ The criticism to the RMG was cleverly (and subtly) connected with raising concerns about immigration and crime.⁴

The 2002 election elevates a PSD/CDS-PP coalition to government – led by *José Manuel Durão Barroso* - where the Social Security brief is handed to *António Bagão Félix* - an independent, close to CDS and to Catholic sectors. In 2003, the centre-right coalition replaces the RMG with a new minimum income scheme – *Rendimento Social de Inserção* (RSI) – which significantly restricts entitlement conditions and strengthens work-related obligations (see Section 2.1.). As part of this reform, the Government introduced the possibility of subcontracting the negotiation and monitoring of the insertion contracts to private social solidarity institutions.

The new minimum income scheme was approved in Parliament with the support of the centre-right coalition, which held a sound majority in Parliament, despite the stern opposition from the parliamentary left (Socialist Party, Communist party, and the Left Block) and from the President of the Republic (see Moreira et al, 2014). However, the issue of subcontracting the implementation of the scheme was not an issue that raised opposition from the left – as evidenced by the fact that this option was not reversed when the Socialist Party returned to power in 2005.

1.2. The activation and poverty alleviation agenda and other relevant political issues

(see section 1.1.)

² In 2002, during the parliamentary election period, an opinion poll conducted by the *Expresso* newspaper showed that 36% of respondents were in favour of terminating the scheme altogether.

³ An article by *Jornal de Notícias* (06/03/2002), cleverly entitled ‘Portas’ guaranteed political income’ (*Rendimento político garantido de Portas*) demonstrates how the leader of CDS was very successful in using the criticism to the RMG as part of his electoral strategy.

⁴ This is clear in the CDS-PP 2002 election manifesto, where in the section dedicated to poverty and the RMG, says “...there are now, between legal and illegal, over 450 thousand immigrants now living and working in Portugal, about 10% of its labour force, and at the same time, Portugal has over 400 000 adults enrolled in the Guaranteed Minimum Income and the allowance unemployment”, CDS-PP - Programa de Governo, p. 55. (Authors’ translation).

1.3.A brief overview of the institutional setting at the starting point of the reform

By 2003, when the reform episode took place, the Portuguese Social Security Law (*Lei de Bases da Segurança Social*⁵) stipulated as its main goals:

- to guarantee the realisation of the right to social security;
- to promote a sustainable social protection system and to strengthen social equity;
- to protect workers and their families in situations of incapacity, or diminished ability to work, unemployment or death;
- to protect people who are in a situation of insufficient, or a reduction of means of subsistence;
- to protect families through family benefits;
- to promote the system's effectiveness and the quality and efficiency of its management.

To achieve these goals the Portuguese Social Security edifice is organized in three different systems (see MISSOC Country Report, 2005):

- the Public Social Security System, which is divided into three sub-systems:
 - the eventualities subsystem, which includes a series of contributory, earnings-related benefits aimed at protecting workers from the loss or reduction of earnings in case of sickness, maternity, unemployment, employment injury and occupational disease, invalidity old-age and death. Financed by contributions from employees, self-employed and employers;
 - the solidarity subsystem, which includes a series of non-contributory means-tested benefits (such as the RMG/RSI) protecting nationals and legal residents with insufficient economic resources and not covered by other social protection schemes, financed by taxes through the State budget (MISSOC Country Report, 2005);
 - the subsystem of family protection, which is also a non-contributory subsystem guaranteeing the compensation of family expenditures and protection in case of handicap or long-term care. Financed by employee/employer contributions and taxes.
- the Social Action System, which is undertaken by public institutions and private institutions of social solidarity (*Instituições Privadas de Solidariedade Social* (IPSS)) and aims to prevent and combat poverty, marginalisation and social exclusion. Financed through taxes;
- the Complementary System, which includes legal and contractual regimes and optional schemes aiming at strengthening voluntary private provision

1.4.A brief overview of the benefit system at the starting point of the reform

As with other advanced welfare states, by 2003, the Portuguese Social Security system has put in place a three-layered income protection system for (able-bodied and active) unemployed persons (see Table 1). Provided that an unemployed person has contributed to social security for 540 days in the last 24 months, she will be entitled to unemployment insurance, which should provide up to 65% of the reference earnings. Depending on her age, unemployment insurance will be paid for a period between 12 to 30 months. If that person does not qualify for unemployment insurance or has exhausted her unemployment insurance benefit, and provided the income she might receive from other sources does not exceed 80% of the minimum wage in

⁵ Law nº32/2002

the relevant sector, she will be entitled to unemployment assistance. Whilst on unemployment assistance, she will receive 80% of the minimum wage, or 100% if she has dependent children/adults in the household.

Table 1 – The provision of a safety-net to work-able unemployed persons in the Portuguese Social Security System

	<i>Unemployment insurance</i>	<i>Unemployment assistance</i>
Target Group	Unemployed persons who: <ul style="list-style-type: none"> • are capable of and available for work; • are registered with the public employment service; • do not receive an invalidity or old-age pension. 	Unemployed persons who: <ul style="list-style-type: none"> • are capable of and available for work; • are registered with the employment office; • do not receive an invalidity or old-age pension. • do not comply with unemployment insurance contribution requirements, or exhausted entitlement to unemployment insurance
Social Security Contributions Requirement	At least 540 days of paid work and social security contributions, in 24 months prior to unemployment	At least 120 days of paid work and social security contributions, in 12 months prior to unemployment
Means Test	Not Applicable	Average monthly income does not exceed 80% of minimum wage in the relevant sector.
Benefit Rate	65% of reference wage Maximum: 3 * Minimum wage. Minimum: Minimum wage (if the remuneration is below the minimum wage, the benefit amount corresponds to the average payment.)	If living alone: 80% of the minimum wage With dependent children: 100% of the minimum wage
Duration	Duration of benefits proportional to age: <ul style="list-style-type: none"> • < 30 years - 12 months; • 30 - 40 years - 18 months; • 40 - 45 years - 24 months • >45 years - 30 months 	Does not comply with unemployment insurance contribution requirements: <ul style="list-style-type: none"> • < 30 years - 12 months; • 30 - 40 years - 18 months; • 40 - 45 years - 24 months • >45 years - 30 months <p>After the exhaustion of unemployment insurance, the duration is assistance by half. Further extensions for unemployed persons aged 45 or more.</p>

Unemployed persons⁶ who are not entitled/have exhausted the entitlement to unemployment insurance or unemployment assistance, do not receive other benefits (namely old age pensions), and whose income is below the value of the Social Pension, are entitled to minimum income (RMG) benefits. As described in more detail below (see Section 1.6), besides fulfilling these eligibility conditions, unemployed persons must sign an insertion contract and actively look for work or training. The monthly benefit payment corresponds to the difference between the total household income and the minimum income amount for the same family, which is calculated using the following equivalence scale

- for each adult, up to the second person: 100% of the social pension;
- for each adult, from the third person on: 70% of the social pension;
- for each minor (under 18): 50% of the social pension.

Depending on the compliance with the eligibility requirements with the content of the insertion contract, the right to minimum income protection is automatically renewed after 12 months.

1.5. The main agents involved in managing the benefit system and providing employment services

Unlike in other countries such as Germany (see Clasen and Goerne, 2014) or the Netherlands (Spies and Van de Vrie, 2014) which have introduced initiatives to streamline the delivery of services to welfare recipients, in Portugal the administration of social security benefits and the delivery of employment services is divided between the Institute of Social Security (*Instituto da Segurança Social (ISS)*) and the Public Employment Service (*Instituto de Emprego e Formação Profissional (IEFP)*), respectively – even if both are under the oversight of the Ministry of Employment, Social Security and Solidarity.

The Institute of Social Security administers all benefits regulated by the Social Security Law, with the exception of unemployment insurance, unemployment assistance (which are administered by the IEFP) or occupational illness benefits (which are administered by the National Centre for the Protection of Occupational Risks). Unlike, the IEFP which is governed by a tripartite management committee that involved representatives from public administration and trade union and enterprise confederations, the Directive council is nominated by, and directly responsible to, the Minister of Employment, Social Security and Solidarity. Social Security benefits are administered by a decentralised structure, consisting of local Social Security offices, which are overseen by District Social Security Councils (at the regional level).

The IEFP is responsible for the administering unemployment insurance and assistance benefits, and the provision of training and other active labour market policies (Decree nº 193/1982). These are administered through a decentralized structure, which relies on a network of local employment and training centres. However, unlike the Institute of Social Security, these local employment centres are under the direct oversight of the Directive Council of the Public Employment Service.

As we describe in more detail below (see Section 1.6), the introduction of the RMG scheme signifies a first attempt to integrate the administration of social security benefits and the provision of employment services.

⁶ Individuals aged below 18, but emancipated by means of marriage, or with dependent children or pregnant will also be entitled to minimum income protection, provided they comply with other eligibility requirements.

1.6. Brief description of the institutional status quo before the reform

The *Rendimento Mínimo Garantido* (RMG) was introduced in 1996 on an experimental basis and only came to full implementation in July 1997. In order to be entitled to minimum income protection, individuals must have had exhausted all means to sustain themselves, and be willing to agree an insertion contract, a document that defines their rights and responsibilities in the social insertion process. In particular, recipients were required to be available to work or to attend an education/training course; to participate in temporary activities that can further their future employability, or that satisfy community or environmental needs; and to engage in processes that promote their social insertion (healthcare, housing, etc.) This obligation of finding work did not apply, however to individuals over 65 and under 16, with serious disabilities or prolonged health problems, or that were required to provide care to family members. (Cardoso and Ramos, 2000; Capucha, 1998).

Table 2– Activities covered in insertion contracts (1999-2003)*

	1999 ^a	2000 ^b	2001 ^c	2002 ^d	2003 ^e
Employment	12,5	15	15	16	16
Training	3.5	3	3	3	2.9
Education	17.8	16	15	15	14.8
Social Services	31.6	32	33	33	35.4
Housing	10.3	11	10	9	8.7
Health	24.4	23	24	24	22.2

Notes:

^a CNRMG (2000: 44); ^b CNRMG (2001: 51); ^c CNRMG (2002: 62); ^d ISS (2002: 91); ^e ISS (2003: 69); ^f ISS (2007: 32); ^g ISS (2008: 31); ^h ISS (2009a: 38); ⁱ

* Data for 2004 and 2005 not available.

The broad approach to activation that presides to the RMG is clearly reflected in how the scheme was implemented on the ground. As can be seen in Table 2, the return to the labour market is seen as a lower priority to attending social services, improving one's health situation, and attending education. In addition to this, training is only an option for a minority within the scheme. To a certain degree this reflects the inner composition of the RMG caseload. As can be seen in Table 3, more than two thirds of the RMG caseload were exempted from looking for work on the grounds of their age. Moreover, a significant percentage of individuals had health problems or were already in work.

Table 3 – Reasons for discharge of obligation of active job-search (%) – 1999-2003

	1999 ^a	2000 ^b	2001 ^c	2002 ^d	2003 ^e
Health reasons	5.9	8	10.3	11.4	11.6
Age – under 16	69.8	64.3	57.6	54.8	55
Age – Over 65	11	11.2	12.2	12.9	12.9
Already working	6	7.7	9.1	9.2	9
Care responsibilities	2.3	3	3.9	4.2	4.1
Student	5	5.7	6.9	7.4	7.5

Notes:

^a CNRMG (2000: 50); ^b CNRMG (2001: 56); ^c CNRMG (2002: 67);

^d ISS (2002: 100-1); ^e ISS (2003: 77-8).

The sanction regime used to enforce these obligations was fairly strict. Thus, a beneficiary that purposely failed to sign the insertion contract within 3 months from the start of entitlement, or to fulfil the obligations inscribed in his/her insertion contract, would lose the entitlement to minimum income. Not only that, the entitlement to minimum income would be suspended for a period of 6 months. During the same period, the same person would be excluded from the calculation of the household benefit, even if his/her income was still taken in account in the calculation of the benefit.⁷

With the view to implement the personalised model of intervention that presides to the RMG scheme, the Portuguese authorities adopted an integrated, decentralised, model of policy delivery, based on Local Support Commissions (Comissões Locais de Acompanhamento (CLAs) – which after 2003 were rebranded as Local Integration Centres (Núcleos Locais de Inserção (NLI)). CLAs comprise representatives from central government agencies (namely, the Institute of Social Security, the Public Employment Service, the Ministry of Education, and the Ministry of Health), local municipalities and local organisations; and are responsible for approving and monitoring the implementation of insertion contracts, and deciding on the end of the entitlement to the minimum income benefit.⁸ CLAs are intended to facilitate the coordination of public and private actors in the provision of services to welfare recipients (partnership approach) and the adjustment of policy interventions to local needs and conditions (territorial approach) (Capucha, 1998).⁹

As can be seen in Figure 1, the case manager is at the heart the RMG's model of integrated service delivery. On the one side, the case manager works directly the beneficiary (and his/her household) to ascertain the entitlement to minimum income protection, and to define the terms of the insertion contract. On the other side, the case manager works directly with the representatives of the institutions that are involved in the CLA with the view to operationalise/monitor the range of services that will be offered to the RSI beneficiary with the view to support its social insertion. Another key pillar of model of integrated service delivery resides in the figure of the CLA coordinator, which is charged with overseeing and promoting the coordination between case managers and CLA members.

⁷See Decree (*Decreto-Lei*) 196/97, Article 43, N^o. 2 and 6, and Article 43-A, N^o. 1).

⁸ See Law (*Lei*) 19-A, Article 15, N^o. 2.

⁹These Commissions are composed by representatives from relevant government departments (social security, employment and training, education and health), local authorities, local not-for profit organisations, and even workers and employers' organisations. The work of these CLAs is coordinated by the National Commission on Minimum Income (*Comissão Nacional do Rendimento Mínimo Garantido*) - which includes representatives from the relevant Government Departments, social solidarity institutions and workers and employers organisations confederations. See Law (*Lei*)19-A, Articles16, N^o. 3 and 4;17 and 18.

major limitation was the lack of lack of human resources to implement the scheme’s ‘cash and care’ model of intervention. An evaluation study conducted in 2000 (Castro et al, 2002b), suggested that 43% of case managers working on RMG had more than one hundred cases under their care. Moreover, a significant percentage had other responsibilities besides dealing with RMG recipients. The same study suggested that 42% of case managers only dedicated between 7 and 17 hours of work per week to the programme.

As results of these limitations, there were significant delays between the allocation of the benefit and the signature of the insertion contract (Baptista and Cabrita, 2009). This obviously resulted in a very low percentage of signed insertion contracts. In fact, a survey to RMG recipients carried out in 2000 showed that only 11% of RMG beneficiaries had signed an insertion contract (Castro et al, 2002b).

In addition to this, an audit by the Court of Auditors (Tribunal de Contas, 2000), unveiled a number of implementation problems, namely:

- Applications were accepted without the necessary supporting documents, and there were no checks to validate the information provided by applicants;
- There was no uniform method for archiving information;
- There were problems in the software used to assess applicants’ income;
- There were difficulties in identifying and recovering undue payments (Tribunal de Contas, 2000)

The existing evidence also suggests that, despite efforts to improve the employment opportunities for RMG recipients, there were significant gaps in the services offered by the IEFP. In the period between 1999 and 2003, Social Employment Market programmes - notably the Insertion-Employment programme and the Occupational Programmes (CNRMG, 2000) - were only an option for one in five of all RMG recipients considered available for work. Half of those were offered job placement services, and about a quarter were offered professional guidance services (see Table 4).

Table 4 – (Active) RMG recipients per employment services/programmes (%)

	1999 ^a	2000 ^b	2001 ^c	2002 ^d	2003 ^{e,f}
Job Placement	51,2	48,4	48,8	49,3	51,6
Social Employment Market	18,2	21,0	22,5	23,3	22,1
Job Guidance	28,4	29,2	27,4	25,8	24,7
Rehabilitation	2,2	1,4	1,2	1,6	1,6

Notes:

^a CNRMG (2000: 48); ^b CNRMG (2001: 55); ^c CNRMG (2002: 66); ^d ISS (2003: 99); ^e ISS (2004: 76).

^f No data is available from 2003 onwards

As further confirmation of the problems in returning RMG recipients to the labour market, Moreira (2008) showed that, in 1998, only 23% unemployed RMG recipients was able to find an (unsubsidised) job in the following year. In addition to this, an evaluation carried out in 2000 (Castro et al, 2002b) suggested that the scheme seemed to be more effective for younger individuals, and individuals with shorter unemployment spells - which can be seen as a further indicator of the difficulty in helping hard-to-employ recipients.

2. Details of the reform episode

2.1. Brief Description of the initiative

AS mentioned above (see Section 1.1.), in 2003 the centre-right led by *José Manuel Durão Barroso* replaced the RMG with a new minimum income scheme: the Social Integration Income (Rendimento Social de Inserção (RSI))¹¹. As Moreira et (2014) show, the introduction of the new scheme was meant to:

- a) *Tighten eligibility requirements*, namely by:
 - Broadening of the time-frame used in the calculation of the means-test. Thus, whereas previously the means-test was based on income received in the previous month, now this is based on incomes earned in the last 12 months;¹²
 - Eliminating the automatic renewal of the entitlement to minimum income, forcing recipients to start a new application after 12 months on benefit;
 - Reducing from 180 to 90 days the period in which a recipient can work or enrol in training without losing his/her benefit;¹³
 - Introducing random checks to identify infractions, such as the performance of undeclared work, or misreporting of number of individuals in the household, etc.¹⁴

- b) *Strengthen work obligations*, namely by:
 - Giving higher normative priority to the objective of labour integration. Thus, the objective of providing recipients (and their families) with the resources that support their “...social and professional insertion”, is replaced by the aim to supporting their “... labour market, social and community insertion”¹⁵.
 - Further specifying the activities that can be deemed as promoting beneficiaries’ labour market integration: attendance of training or professional guidance courses, the creation of own business, or the participation in activities organised by social solidarity institutions¹⁶

- c) *Strengthen the level of coercion imposed on beneficiaries*, namely by¹⁷:
 - Reducing from 3 to 2 months the period allowed for the negotiation of the insertion contract, that determines the entitlement to minimum income¹⁸;
 - Hardening the sanction regime:

¹¹Law nº 13/2003, 21st of May

¹² See Decree (*Decreto-Lei*) 196/97 Article 11, and Law (*Lei*) 13/2003, Article 15, Nº. 1, and Decree (*Decreto-Lei*) 283/2003, Article 9, Nº. 1.

¹³ See Law (*Lei*) 13/2003, Article 1 and Article 21, Nº. 1, and Decree (*Decreto-Lei*) 283/2003, as changed by Decree (*Decreto-Lei*) 42/2006, Article 64, Nº. 1, Line d)

¹⁴ See Law (*Lei*) 13/2003, Article 25, Nº. 2.

¹⁵ See Law (*Lei*) 19-A/96, Article 1 and Law (*Lei*) 13/2003, Article 1.

¹⁶ This was part of a broader clarification of the activities recipients are expected to perform in exchange for minimum income protection, which also includes the support to dependent family members, the use of social facilities/services, participate in drug prevention, treatment and rehabilitation activities. See Law (*Lei*) 13/2003, Article 18, Nº. 6.

¹⁷ Still, the implementation of sanctions was made more flexible with the introduction of written warnings to deal with minor offenses, see Law (*Lei*) 13/2003.

¹⁸ See Law (*Lei*)13/2003, Article 18, Nº. 3.

- The period of inhibition of entitlement in case of cancellation of benefit is extended from 6 to 12 months¹⁹.
- The entitlement to minimum income is terminated for recipients that provide false statements, or that are convicted for a criminal offense.²⁰

Still, the new scheme does provide some improvements for more disadvantaged families.²¹ For instance, the new scheme increases value of the benefit for families with more than two children²². Not only that, it increases the value of the benefit for pregnant women by 30% during the pregnancy and by 50% in the first year of the child. Moreover, the new scheme introduces the possibility of increasing the value of the benefit in cases where there are people with chronic diseases or severe disabilities, or older people in need of care²³

The new scheme broadly replicates the model of implementation adopted in the previous scheme (see Figure 1). Other than a relabelling of the Local Support Commissions (CLAs) as Local Integration Centres (*Núcleos Locais de Inserção* (NLIs)), the main innovation in this domain concerns the introduction of the possibility of subcontracting the implementation of the scheme to private social solidary institution (or any other institution that pursues similar goals) in cases where the Local Integration Centres (NLI) did not have the necessary resources to do so.²⁴ Under this arrangement, the sub-contractor commits to secure the implementation of the scheme in a given territory, namely by preparing the social information and social reports, and negotiate and monitor the implementation of the Integration Contracts to a group of pre-defined beneficiary families (see Section 2.3.).

2.2. The rationale behind the initiative

The introduction of the possibility of subcontracting the implementation of the RSI was meant to achieve three key objectives:

- a) *Secure the human resources for an effective implementation of the RSI scheme.* As demonstrated earlier (see Section 1.6.1.), and confirmed by the stakeholders we interviewed²⁵, the implementation of the minimum income scheme was crippled by the severe human resources shortages. Given the limitations to recruit new staff²⁶, the subcontracting of the implementation of the RSI was seen as a way to secure the necessary human resources to implement the scheme;
- b) *Enable the adoption of a more personalised approach in the follow-up of RSI beneficiaries²⁷.* Up until 2003, ISS case managers' intervention was limited to dealing with the bureaucratic aspects of asserting entitlement to minimum income protection. This was compounded by a culture of high levels discretion, which very went against

¹⁹ Law (*Lei*) 13/2003

²⁰ Law (*Lei*) 13/2003

²¹The 2003 legislation did promise the creation of special hiring incentives for minimum income recipients - see Law (*Lei*) 13/2003, Article 20). However, this never came into practice.

²² More precisely, the new scheme increases the value of the benefit for the 3rd child onwards from 50% to 60% of the value of the social pension. See Law (*Lei*) 13/2003, Article 10, N^o. 2, Line (d).

²³ See Law (*Lei*) 13/2003, Articles 11 and 13 and Decree (*Decreto-Lei*) 283/2003, Article 33, N^o. 2.

²⁴ See Decree (*Decreto-Lei*) 283/2003, and Article 2.Law (*Lei*) 13/2003, Article 37.

²⁵ See Interviews 2, 4 and 6.

²⁶ With the view to comply with European rules concerning the stability of public finances, since 2002 the various Portuguese governments have introduced mechanisms to limit recruitments in the public sector.

²⁷ See Interviews 2 and 4.

the rights-base philosophy that presided to the minimum income scheme. The subcontracting of the implementation of the scheme was seen as a way of introducing a new, more personalised, approach in the delivery of services to those in need;

- c) *Improve the delivery on the ground by involving local institutions with better knowledge of the local territory, and of local labour markets.*²⁸ Again, in the face of the limitations in the human resources that restrained Social Security case managers from working with other actors in the territory, the subcontracting of the implementation of the scheme was seen as a way to facilitate the adoption of a more territorialised, flexible model of implementation.

At a more institutional level, the option to sub-contract the implementation of the RSI scheme can be seen as a path-dependent strategy that takes advantage of the historical role that these institutions have had in this and other areas of social policy in Portugal (Bruto da Costa 2003:73-4), paving the way for a significant extension of the role of non-governmental organisations in the implementation of the scheme – which until then was restricted to acting as points of contact for the submission of applications, and the organisation of insertion activities for minimum income recipients.

Not only that, this can also be seen as the product of the influence of the social solidarity lobby - where there is a strong influence of the Catholic Church²⁹. In its essence, this measure seems to meet the long-standing demands of private social solidarity organisations that have always argued that they should have a leading role in the implementation of the scheme on the ground (see Moreira et al, 2014).

2.3. Detailed description of the NEW system: Rules governing the subcontracting of the RSI

As set by the legislation introduced in 2003, the rules that govern the subcontracting of the implementation of the RSI scheme determine the conditions under which a contract can be approved, the set of tasks the subcontractor is required to complete, the terms of payment, the mechanisms for monitoring the implementation of the contract, and related penalties and, finally, the duration, renewal and revision of the contracts.

The contract is established between the District Social Security Council and a private social solidary institution, or any other institution that pursues similar goals, under proposal by the NLI which oversees the territory where the subcontractor will intervene. The subcontractor is made responsible for implementing the scheme in a given territory, overseeing a pre-defined group of 40 to 60 households (20 to 40, in exceptional cases). This will involve:

- preparing the applicants social information and social reports which will be at the base of the integration contract;
- negotiate the content of the integration contracts;
- monitor and support beneficiaries in upholding the responsibilities set in the integration contract.

²⁸ See Interviews 2, 3, 4 and 6.

²⁹As mentioned earlier (see Section 2.1.), this was first introduced by Bagão Félix, someone very close to the Catholic movement.

In order to carry out this tasks, the subcontractor is required to set-up a technical support team, composed by a case manager (full-time), a psychologist, and educational assistant, and an administrative assistant (part-time). For this the subcontractor will receive up to €4400 per month, for a period of 2 years.

The responsibility for monitoring the implementation of the contract rests with the District Social Security Council - in close cooperation with the NLI that oversees the territory where the subcontractor will intervene. In order to facilitate the monitoring of the implementation of the contract, subcontractors are required to:

- Submit a Progress Report every 6 months;
- Use the ISS information platform;
- Set up a 'Cost Centre' for all activities carried out under the contract.³⁰

³⁰ I.e., all receipts/expenses related with the contract have to be identified by a common reference/number in the subcontractors accounting system.

Table 5 - Rules governing the subcontracting of the RSI

	Law 13/2003, Decree 283/2003; Regulation 15400/2004	Decree 42/2006; Regulation 451/2007
Contracting Institution	District Social Security Council	District Social Security Council
Eligible Contractors	Private social solidarity institutions, and others that pursue similar goals	Private social solidarity institutions, and other, public or private, for or not for profit institutions that pursue similar goals.
Conditions for Approval	Lack of/ Insufficient resources to secure adequate assistance to RSI beneficiaries; Approval of proposal by District Social Security	Lack of/ Insufficient resources to secure adequate assistance to RSI beneficiaries; Approval of proposal by District Social Security, Approval by ISS Directive Council
Content	Prepare Social Information and Social Report; Negotiate, prepare and monitor Integration Contracts.	Prepare Family Diagnostic and Social Report; Negotiate, prepare and monitor Integration Contracts.
Cost	Up to 4400/month (3300/month, in exceptional cases), based on the following items: <ul style="list-style-type: none"> • Number of households to be covered -40 to 60 (20 to 40, in exceptional cases) • Staff Costs, covering: <ul style="list-style-type: none"> ○ 1 Social Worker (Full-time) ○ 1 psychologist (part-time) ○ 1 social educator (part-time) ○ 1 administrative worker (part-time) • Other maintenance costs 	Defined by ISS Directive Council, based on the following items: <ul style="list-style-type: none"> • Number of households to be covered (not specified) • Staff Costs (not specified) • Other maintenance costs
Duration	2 years	2 Years
Renewal	Automatic Renewal	Subject to evaluation by District Social Security Council
Revision	Whenever the number of households covered exceed what is covered in the contract.	Whenever the number of households covered exceed what is covered in the contract, subject to the authorisation of the ISS Directive Council
Monitoring mechanisms	Activity Report, every 6 months Mandatory use of ISS information platform Mandatory 'Cost Centre'	Plan of Activities Activity Report, every 6 months Annual Activity Report Mandatory use of ISS information platform Mandatory 'Cost Centre' (according to National Accounting Plan)
Responsibility for monitoring	District Social Security Council and NLI.	District Social Security Council and NLI.
Sanctioning	The contract may be terminated due to violations of the clauses agreed between the parts.	Suspension of payments in case of a: <ul style="list-style-type: none"> • Failure to secure the human resources to adequately comply with contracted activities • Failure to comply of tax and social security obligations;

		<ul style="list-style-type: none"> • Failure to submit Activity Report and Financial Report <p>The contract may be terminated due to violations of the clauses agreed between the parts.</p>
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The violation of the terms of the contract can lead to its termination. Otherwise, the contract is automatically renewed. Still, the contract can be revised due to an unexpected increase in the number of beneficiary households.³¹

Following the election of a new government led by the Socialist party (in 2005, see Moreira et al, 2014), a number of changes were introduced in 2007 to the regime governing the subcontracting of the RSI scheme³²:

- e) The subcontracting regime is open to for-profit institutions;
- f) The role of the ISS Directive Council, was significantly strengthened:
 - a. The approval of new contracts becomes dependent on the approval by the ISS Directive Council;
 - b. The renewal of new contracts becomes dependent on the approval by the ISS Directive Council, subject to an evaluation by the District Social Security Council;
- g) The mechanism for determining the payments to subcontractors is made more flexible. Thus, both the number of households to be covered by the contract, and the human resources that need to be assigned are set by ISS Directive Council on a case-by-case approach;
- h) The mechanisms for monitoring of the implementation of the contracts are strengthened:
 - a. The renewal of the contract is no longer automatic and becomes dependent on the approval by the ISS Directive Council;
 - b. Reporting obligations are reinforced. In addition to Activity Reports, subcontractors are now required to submit an Annual Plan of Activities;
 - c. The sanctioning regime is made more flexible with the introduction of the possibility of a suspension of payments in cases where violations of the terms of the agreement do not limit the provision of assistance to RSI beneficiaries, namely:
 - i. Failure to secure the human resources to adequately comply with contracted activities;
 - ii. Failure to comply with tax and social security obligations;
 - iii. Failure to submit Activity Report and Financial Report.

2.4. Context of the initiative: where did the idea come from?

(Not Applicable)

2.5. The political decision phase: the actors

(Not Applicable)

³¹ Decree (*Decreto-Lei*) 283/2003, and Regulation (*Despacho*) 15 400/2004, Articles 2, 8, 11 and 12.

³² See Decree (*Decreto-Lei*) 283/2003 as changed by Decree (*Decreto-Lei*) 42/2006, Article 79; and Regulation (*Despacho*) 451/2007, Articles 3, Article 4, Line c), 8 and 13.

2.6. The political phase: the actions

(Not Applicable)

2.7. The designing phase: the actors

(Not Applicable)

2.8. The designing phase: the decisions

(Not Applicable)

2.9. Who implemented the initiative?

(Not Applicable)

2.10. Implementation process of Subcontracting

Looking at Table 6, we can identify three distinct periods. The first period goes from 2004 to 2006 and constitute a first period of expansion of subcontracting, still under the rules defined by the legislation put out in 2003. Subsequent to this, we can observe a second period of expansion that extend all the way to 2010. While this can be seen as a result of the more flexible rules introduced in 2006/7, the interviews with the stakeholders suggest that – rather than an increased interest in from social society, or from for-profit organisations - this period of expansion is very much the result of the endeavours of the ISS leadership to recruit civil society organisations to be involved in the implementation of the scheme.³³ At the same time, efforts were taken by ISS to secure a better distribution of subcontracts across the country, as the first period of expansion was very much concentrated around certain zones of the country.³⁴

Table 6 - Subcontracted entities, per year (2005 to 2016)

	<i>Total</i>	<i>New</i>
2004	30	*
2005	137	122
2006	136	*
2007	205	70
2008	218	21
2009	228	14
2010	239	16
2011	227	*
2012	227	*
2013	222	0
2014	228	*
2015	207	*
2016	205	3

Source: GPE – ISS

Note: * - Not available.

³³ See Interview 2 and 5.

³⁴ See Interview 2 and 5.

The third period, which is evident from 2010 onwards, is marked by a gradual decrease of the number of subcontractors starts. This can be seen as the product of the impact of the 2010 financial crisis³⁵ and of the measures introduced to restrict the entitlement to the RSI introduced in 2010 and 2012 (see Moreira et al, 2014). As Table 12 shows, the restrictions to the entitlement to minimum income protection introduced during this period led to a significant reduction in the RSI population. As such, a number of entities could not maintain the number of RSI beneficiaries that were defined in the terms of the contract. In some cases, this led to the termination of the contract. In others, this resulted instead in the renegotiation of their contracts and the expansion of the subcontractors territory of intervention³⁶ – which explains why the reduction in the number of subcontractors does not mirror the significant reduction in the RSI caseload (see Table 7).

Table 7 – RSI Sub-Contractors by Nr. of Years Receiving Financing, per year (2005 to 2016)

Financing (Nr Years)	1	2	3	4	5	6	7	8	9	10	11	12	13
2004	30												
2005	122	15											
2006	*	120	*										
2007	70	4	118	13									
2008	21	71	4	109	13								
2009	14	18	71	4	108	13							
2010	16	14	17	70	4	105	13						
2011	*	12	9	13	70	*	105	12					
2012	*	*	12	8	13	70	4	105	12				
2013	0	*	*	12	8	11	69	4	103	12			
2014	3	0	*	*	12	9	12	69	6	103	11		
2015	*	3	0	0	*	11	6	11	62	4	97	11	
2016	*	*	3	0	0	*	11	6	11	59	4	97	10

Source: GPE – ISS

Note: * - Not available.

In addition to variations in the number of sub-contractors, the ratio between the number of technicians and RSI beneficiaries would be a key indicator of the impact of the introduction of subcontracting in the delivery of services to RSI beneficiaries. Unfortunately, information on this has not been made available to us. Still, the evidence available suggest that per each subcontracted team there is an average of approximately 3 case managers and 3 case workers.

³⁵ One of the stakeholders we interviewed suggested that as result of the crisis, there was an migration movement that particularly hit the countryside of the nation, and that had a toll on the RSI population there (see Interview 4).

³⁶ See Interview 6 and 7.

Table 8 – Average Number of Technicians per Sub-Contracted Team, per year (2009 to 2016)

	<i>Case Managers</i>	<i>Case Workers</i>	<i>Total</i>
2014	3,38	3,31	6,69
2015	3,37	3,47	6,84
2016	3,38	3,48	6,86

Source: GPE – ISS

3. Costs of the Initiative

In a way, changes in the cost of subcontracting reflect the broader dynamics that were described in Section 2.10. Thus, following the changes in the entitlement rules in 2005 and the increase in the number of subcontracts (see Table 6), we can see an increase in expenditure over the period 2005 -2010. Possibly reflecting the option to renegotiate the terms of the contracts, rather than terminating them, the period of after 2010 is marked by a small reduction in the expenditure on sub-contracts – which contrast with the marked drop in overall RSI expenditure after 2010 (see Table 8).

Table 9 – Expenditure on RSI Subcontracts and Total RSI Expenditure, per year (2009 to 2016)

	<i>Subcontracts</i>	<i>% Change</i>	<i>Total RSI (Thousands)</i>	<i>% Change</i>
2004	€ 339.926		€ 152.121	
2005	€ 4.443.969	1207%	€ 255.213	68%
2006	€ 8.530.614	92%	€ 296.292	16%
2007	€ 12.321.515	44%	€ 360.165	22%
2008	€ 23.204.622	88%	€ 462.305	28%
2009	€ 25.033.321	8%	€ 470.595	2%
2010	€ 28.364.308	13%	€ 373.357	-21%
2011	€ 28.583.167	1%	€ 325.519	-13%
2012	€ 28.418.568	-1%	€ 258.096	-21%
2013	€ 27.246.854	-4%	€ 229.896	-11%
2014	€ 26.832.136	-2%		
2015	€ 26.644.378	-1%		
2016	€ 27.116.262	2%		

Source: GPE – ISS

3.1. Monitoring

As shown earlier (see Section 2.3), the legislation that regulates the subcontracting of the RSI scheme, defines a set of rather cumbersome and administratively heavy monitoring mechanisms:

- At the start of each year, the subcontractor must send the ISS a ‘Plan of Activities’ for that year;

- At the end of each semester, the subcontractor must submit an 'Activity Report' that describes the activities developed during that period;
- At the end of each year, the subcontractor must submit an 'Annual Activity Report' - which basically compiles the Activity Reports for that year;
- At the end of each year, the subcontractor must submit a 'Financial Report' for that year.

These reports should describe the beneficiaries/households being supported, the insertion activities organised, the number of house visits conducted, the use of sanctions and their motives, or the number persons dropping out of the scheme, and the reasons for doing so.

Table 10 – ISS Indicators of Performance

Aim	Indicator	Target
To assure the maximum time for approving new RSI submissions	% of approved submissions until 60 days	85%
To assure the maximum time for signing integration contracts by the NLI	% of signed Integration Contracts until 35 days after sent to Local Integration Unit (NLI)	85%
To assure the maximum time for approving new RSI submissions, not considering the time between sending to NLI and communication of the integration contract celebration.	% of new approved submissions until 25 days, not considering the time between sending to NLI and communication of the integration contract celebration	85%
To assure the maximum time for approving RSI renewals submissions.	% approved renewal submissions until 30 days	55%
To assure the maximum time for signing integration contracts in the RSI renewals by the NLI	% of signed integration contracts until 18 days after sending to NLI	55%
To assure the maximum time for approving RSI renewals submissions, not considering the time between sending to NLI and communication of the integration contract celebration.	% approved renewals submissions until 12 days, not considering the time between sending to NLI and communication of the integration contract celebration	55%
To guarantee the effectiveness of monitoring the RSI allowance.	N.º of audits to RSI beneficiaries	
To assure RSI productivity levels	Nº of concluded submissions per person work day (PDT)	

Source: ISS (20016b)

However, the interviews we carried out³⁷ suggest that a significant part of monitoring of the performance of the subcontractors is not inscribed in the legislation, or in the text of the contracts. For instance, subcontractors are evaluated by reference to a set of internal ISS goals, which concern such indicators as the maximum time for the approval of the entitlement to RSI or the signing integration contracts, or the number of office appointments or house visits (see Table 9) which are not inscribed in the terms of their contracts but need to be addressed in the Plans of Activities, Activity Reports or Annual Activity Reports they need to submit.³⁸

Second, a significant part of the monitoring work actually falls on the Coordinator of the NLI, and involves (more or less) regular meetings, where practical issues concerning the implementation of the Protocols and the work with the RSI beneficiaries. According to the interviews we carried out³⁹, both the frequency and the way these meetings are organised is dependent on local circumstances, not least the burden of work that falls on the Coordinator of the NLI.

Finally, even though the implementation of the Protocols involves a heavy set of reporting obligations, as far as we have been able to establish – and as it was confirmed by the stakeholders we interviewed⁴⁰ – the ISS has never conducted any type of external evaluation of the implementation of the Protocols.

4. Impact assessment and impacts: the impact of Contracted Teams on Integration Prospects

As mentioned above (see Section 2.2), the introduction of the Protocols was meant to

- Enable the adoption of a more personalised approach in the follow-up of RSI beneficiaries;
- Improve the delivery on the ground by involving local institutions with better knowledge of the local territory, and of local labour markets.

³⁷ Interview 8, 9, 11, 12

³⁸ As can be seen in Table 10, the set of indicators used by the ISS to monitor the performance of subcontracted teams reflects, on the one hand, the aims that presided to the introduction of the subcontracting (improve the ability to assess the entitlement to minimum income and reduce the time between the assessment of entitlement and the signature of an insertion contract); and, on the other hand, broader concerns about benefit fraud. At the same time, it does reveal that other critical dimensions of performance, such as monitoring the level of services given to harder-to-deal clients, are neglected by ISS.

³⁹ Interview 8, 9, 11, 12

⁴⁰ See Interview 2, 4, 6

Table 11 – Key Indicators of performance, per year (2009 to 2016)

	<i>Average Nr. of days between submission of application and approval</i>	<i>Average Nr. of days between family diagnostic and integration contract</i>
2004		
2005		158
2006		182
2007	115	169
2008	66	109
2009	51	59
2010	66	69
2011	54	58
2012	58	58
2013	78	
2014	63	

Source: ISS (2005b); ISS (2006b); ISS (2007b); ISS (2006b); ISS (2008b); ISS (2009b); ISS (2010b); ISS (20011b); ISS (2012); ISS (2013); ISS (2014); ISS (2015)

The evidence made available to us seems to suggest that the introduction of sub-contracting of the RSI seems to have had a very significant impact in the improvement of the services provided to RSI beneficiaries and, consequently in the implementation of the personalised approach that presides to the scheme. As can be seen in Table 11, coinciding with the expansion of the number of subcontracted teams after 2007 (see Table 6, Section 2.10), there is a significant decrease in the number of days needed to assess, and approve, an application for entitlement to RSI, and the number of days that go from the completion of the family diagnostic and the signature of the integration contract. In the same way, the percentage of RSI household who have signed an integration contract has also significantly increased after 2007 (see Table 12).

However, there are two critical issues that seem to hamper the subcontracted teams' ability to provide a personalised approach in the delivery of services to RSI beneficiaries:

- The information platform which the ISS has made available to compile data on RSI beneficiaries, does not give them access to other relevant information. For instance, respondents have mentioned that they were confronted with cases where the benefit was cancelled and they had not been informed;
- This gap in the exchange of information is particularly evident in the relation with the Public Employment Service.

Table 12 - RSI households and beneficiaries, per year (2009 to 2016)

	<i>Households</i>	<i>Beneficiaries</i>	<i>Integration Contracts</i>	<i>% of RSI Households with Insertion Contracts</i>
2004	31063	84317		
2005	71621	198139	21.203	30%
2006	123540	332122	49.394	40%
2007	139112	369095	64.942	47%
2008	160542	417389	104.787	65%
2009	192249	485507		
2010	206700	525641		
2011	173028	447205	118.528	69%
2012	160358	420429	118.487	74%
2013	148107	360175		
2014	139557	320601		
2015	134161	295615		
2016	132696	287407		

Source: GPE-ISS; ISS (2005b); ISS (2006b); ISS (2007b); ISS (2006b); ISS (2008b); ISS (2009b); ISS (2010b); ISS (2013); ISS (2014)

While it has significantly increased the ability to provide personalised services, the introduction of subcontracting did not seem to have had a structural impact on the ability to integrate RSI beneficiaries into the labour market. As can be seen in Table 13, the improvements in the provision of services to RSI beneficiaries post 2007 does not seem to be reflected in the number Employment and Training activities attended by RSI beneficiaries. The increase number of employment related integration activities might be related with a change in the RSI caseload, with a higher number of long-term unemployed persons which have lost their jobs during the crisis.⁴¹

The interviews we carry out seem to suggest that there are important shortcomings in the support provided by the Public Employment Services (IEFP) in supporting the labour integration of RSI beneficiaries, namely:

- The lack of training opportunities suited to the needs of RSI beneficiaries. Most RSI beneficiaries do not have the qualifications needed to take part in the training courses offered by the IEFP;
- The IEFP job-search website has critical usability problems. Sub-contracted entities prefer to use other platforms to help RSI beneficiaries in their job-search;
- Lack of a personalised approach in the provision of job-search services. Our respondents mentioned cases where RSI recipients are requested to attend training sessions that they have already attended or that they are not qualified for.

⁴¹ See Interviews 8, 9, 10.

Table 13 – Integration activities attended by RSI beneficiaries per areas, per year (2009 to 2016)

	<i>Employment</i>	<i>Training</i>	<i>Health</i>	<i>Housing</i>	<i>Other</i>
2004					
2005					
2006	16	4	26	5	69
2007	13	3	27	5	52
2008	12	3	28	5	52
2009					
2010					
2012					
2013	27	8	17	2	46
2014	28	8	17	2	45
2015					
2016					

Source: GPE - ISS

4.1. Any important follow-up measures?

No.

4.2. Any other detail that seemed important but wasn't mentioned so far?

(Not Applicable)

5. Assessment and conclusions

5.1. What external factors helped/hindered the initiative's successful implementation

Facilitating factors:

- *The political commitment from central government.* ISS not only made the financial resources needed for a rapid expansion of subcontracting available, but also acted in a pro-active way to get local partners to become involved in the implementation of the RSI scheme – even if, financially, the programme was not attractive to these Third Sector institutions;
- *That there is a history of involving Third Sector institutions in the delivery of social policies.* The rapid expansion of the Protocols was only possible because there is a long tradition of the State involving the Third Sector in the implementation of social policies (namely in the area of childcare, old age care, or in the fight against poverty and social exclusion). In this sense, the subcontracting of the implementation of the RSI scheme – even if quite innovative – can be seen as continuing/strengthening the collaboration between the State and Third Sector organisations in the delivery of social policies.

Hindering Factors:

- *Impact of the crisis.* As mentioned above (see Section 2.10) the impact of the crisis, compounded by the measures to reduce the entitlement to RSI, resulted in a significant

drop in the number of RSI beneficiaries which resulted in a number of subcontracts to be terminated.

- *Gaps in the ALMP framework – The introduction of subcontracting was not accompanied by a structural overhaul of the range of active labour market programmes available to RSI beneficiaries and specifically designed to deal with their needs, namely in terms of education and training.*

5.2. Lessons for the country

- Overall, the decision to sub-contract contract the implementation of the RSI scheme helped to overcome structural gaps in the services provided to beneficiaries, both in terms of the human resources available to provide support to RSI beneficiaries, but also in the ability to provide a, closer, more personalised delivery of services;
- There are nonetheless, some critical implementation issues:
 - The information platform which the ISS has made available to compile data on RSI beneficiaries, does not allow technicians from subcontracted entities access to other relevant information;
 - Technicians from subcontracted entities do not have access to critical information (concerning the attendance of employment related integration activities) from the Public Employment Service.
- While we find a strong level of support for the model of subcontracting adopted, there are some issues that in our opinion should be subject of further consideration by policy-makers:
 - Model is designed to replicate (both in terms of the constitution of the teams, and in terms of how services should be delivered) the model of intervention defined by ISS, leaving little room for innovation by sub-contracted institutions;
 - The subcontracting model pays for contracting of human resources needed to provide support to beneficiaries, but does not leave much for institutions to organise activities that could improve the activation of recipients, nor is the ISS very flexible in how institutions can use the amounts that are made available⁴²;
 - The subcontracting model does not create incentives (financial, or otherwise) to reward best performers⁴³;
- Subcontractors are required to comply with heavy reporting duties. While this might be justified in terms of the ability of the ISS to monitor, this signifies that institutions have to allocate a significant part of these human resources to the production/treatment of information, and not to provide services to RSI beneficiaries. Rebalancing of these reporting obligations could create the opportunity to allocate more human resources to work directly with RSI beneficiaries. In the same way, this would also alleviate the load on the ISS, creating the opportunities for it to improve the support given to subcontractors and to activate the local networks that are meant to support the integration of RSI beneficiaries;
- The monitoring of the performance of subcontractors focuses on two types of indicators:
 - Throughput indicators, concerning both the level and adequacy of services provided (ex. number of house visits, average time to establish the right to RSI, etc.), or the number of integration activities attended by beneficiaries;

⁴² See Interview 7

⁴³ See Interview 6

- Output indicators, concerning the number of beneficiaries that have left the RSI, and the motives for doing so;

It might be useful to introduce more qualitative indicators of performance that would help to identify unsatisfied needs or issues in the delivery that the current framework of evaluation is not able to identify⁴⁴;

- The subcontracting of the implementation of the RSI scheme is not the only way in which the Portuguese state has sub-contracted the delivery of integrated services to RSI beneficiaries. Another option used is the creation of ‘Integrated Support Protocols’, which are targeted at socially excluded populations and not solely to RSI beneficiaries. There should be an evaluation of the comparative advantage of these models of subcontracting to assess how Portugal could maximise the support given to RSI beneficiaries;
- There are important shortcomings in the support provided by the Public Employment Services (IEFP) in supporting the labour integration of RSI beneficiaries, namely:
 - The lack of training opportunities suited to the needs of RSI beneficiaries. Most RSI beneficiaries do not have the qualifications needed to take part in the training courses offered by the IEFP;
 - The IEFP job-search website has critical usability problems. Sub-contracted entities prefer to use other platforms to help RSI beneficiaries in their job-search;
 - Lack of a personalised approach in the provision of job-search services. Our respondents mentioned cases where RSI recipients are requested to attend training sessions that they have already attended or that they are not qualified for;
- The ability of these Third Sector institutions to their own resources to create opportunities for the labour market integration opportunities for minimum income recipients is quite limited.

5.3. Lessons for Europe

- Reflecting on the evidence gathered on the Portuguese case, we conclude that the subcontracting of the provision of integrated services is a valuable policy-option for overcoming structural gaps in implementation, namely with regards the availability of human resources to deliver integrated services.
- The success of adopting this approach seems dependent on two key factors:
 - The political commitment from central government. ISS not only made the financial resources needed for a rapid expansion of subcontracting available, but also acted in a pro-active way to get local partners to become involved in the implementation of the RSI scheme;
 - That there is a history of involving Third Sector institutions in the delivery of social policies. The rapid expansion of the Protocols was only possible because there is a long tradition of the State involving the Third Sector in the implementation of social policies (namely in the area of childcare, old age care, or in the fight against poverty and social exclusion).
- A strong role of central government in monitoring the creation and the implementation of these types of contracts will help to avoid that resources are misused at the

⁴⁴ See Interview 8.

local/regional level, and that they are channelled to provide support to those who really need it.

- The potential benefit of subcontracting the implementation of integrated services to the activation of minimum income beneficiaries seems to reside in helping to tackle gaps in support given to beneficiaries in searching for jobs, improving their employability, as well as in the monitoring beneficiaries' active job search obligations. However in the Portuguese case, the subcontracting of the scheme did not have a significant impact on the effective labour market integration of RSI beneficiaries;

5.4. Main strengths and weaknesses

- Key strengths
 - Provided that there is the political and financial commitment from central-government, the subcontracting of integrated services can help to overcome structural gaps in the provision of service and to promote a fairly rapid change in the way services are delivered;
- Key weakness
 - While it helps to improve the level and quality of services provided to RSI recipients, subcontracting the implementation of integrated services does not seem per se to be able to improve the mobilisation of local partners to promote new integration opportunities for minimum income recipients, namely in the field of employment and training.

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Annexes

A.1. Good practice examples

Field	Information provided
Country	Portugal
Title of the good practice feature (English and original)	Local Integration Centres (NLI) sub-contracting the delivery of Social Integration Income (RSI) to private organisations
Short sentence summarising the practice	Sub-contracting of the implementation of the RSI scheme to private organisations was critical to help improve the level of services provided to RSI beneficiaries and implementing a more personalised approach in the delivery of services. However, this did not seem to translate in improved opportunities for labour market integration.
Rationale	In what can be seen as an attempt to solve the human resources shortages and improve the delivery of services to minimum income beneficiaries, the 2003 law introduced the possibility of subcontracting the negotiation and monitoring of the insertion contracts to public and private social solidarity institutions in cases where the Local Integration Centres (NLI) did not have the necessary resources to do so. Under this regime, each subcontractor will put together a multidisciplinary team that is responsible for determining the eligibility to RSI payments and for preparing and monitoring the implementation insertion contracts in a given territory. This was meant to achieve three key objectives: a) Secure the human resources for an effective implementation of the RSI scheme; b) Enable the adoption of a more personalised approach in the follow-up of RSI beneficiaries; and, c) Improve the delivery on the ground by involving local institutions with better knowledge of the local territory, and of local labour markets.
Start (and end) date	2003 - until today
Which organisation(s) was involved in its implementation?	Institute of Social Security and Public Employment Service, both under the oversight of the Ministry of Employment, Social Security and Solidarity, and Private Social Solidarity Institutions.
Main elements of the feature	<p>Subcontracting Rules are:</p> <p>Contracting Institution District Social Security Council</p> <p>Eligible Contractors: Private social solidarity institutions, and, after 2007, other, public or private, for or not for profit institutions that pursue similar goals.</p> <p>Conditions for Approval Lack of/ Insufficient resources to secure adequate assistance to RSI beneficiaries; Approval of proposal by District Social Security; and, after 2007, Approval by ISS Directive Council</p> <p>Content Prepare Family Diagnostic and Social Report; Negotiate, prepare and monitor Integration Contracts.</p> <p>Cost: In 2003 the cost was up to 4400/month (3300/month, in exceptional cases), after 2007 it is not specified and determined by the ISS Directive Council, based on Number of households to be covered (not specified); Staff Costs (not specified); and, other maintenance costs.</p> <p>Duration 2 years</p> <p>Renewal In 2003 it was Automatic Renewed; after 2007 the renewal was subject to evaluation by District Social Security Council</p> <p>Revision Whenever the number of households covered exceed what is covered in the contract and, after 2007, it was then subject to the authorization of the ISS Directive Council</p> <p>Monitoring mechanisms Activity Report, every 6 months, Mandatory use of ISS information platform, Mandatory 'Cost Centre', plus, after 2007, Plan of Activities and Annual Activity Report</p> <p>Responsibility for monitoring District Social Security Council and NLI</p> <p>Sanctioning The contract may be terminated due to violations of the clauses agreed between the parts; after 2007 , there were suspension of payments in case of a 1) failure to secure the human</p>

Field	Information provided
	resources to adequately comply with contracted activities; 2) Failure to comply of tax and social security obligations; and, 3) Failure to submit Activity Report and Financial Report.
Resources 1: money	Not available
Resources 2: PES capacity, tools	Not available
Transferability	Tradition of involving 3 rd sector facilitated; expansion of the reform.
Sources of further information	<p>Matos, M. & Costa, S. (2012). <i>Impactos dos Acordos de Inserção no Desempenho do RSI</i>. DINÂMIA'CET-IUL.</p> <p>Moreira, A., Carolo, D., & Nicola, R. (2008). From Gateway to Safety net. The Dynamics of Activation Reforms in Portugal. In Ivar Lodemel and Amílcar Moreira. <i>The Activation Dilemma, Reconciling the fairness and effectiveness of minimum income schemes in Europe</i>. Oxford University Press.</p>