



EUROPEAN ANTI POVERTY NETWORK

Equal access to affordable, quality essential services

2022

EAPN Report



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The European Anti-Poverty Network (EAPN) is an independent network of non-governmental organisations (NGOs) and groups involved in the **fight against poverty and social exclusion** in the Member States of the European Union, established in 1990.

Disclaimer: the information contained in this report was collected by May 2022 and may not reflect current policy developments.



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Key messages

1

Barriers impeding equal access to essential services encompass the digital divide, inadequate social protection and income, territorial inequalities and related insufficient infrastructures. National and local governance models for service provision management that do not prioritise the public interest and the needs of vulnerable people also pose problems. As do: insufficient public services, investments and support programmes; price, quality, availability, language and other administrative barriers (e.g. eligibility requirements); insufficient access to information; lack of relevant skills, shortage of qualified professionals, non-inclusive markets and poor inter-sectoral coordination.

2

Groups most affected by unequal access to essential services include people at risk of poverty and social exclusion - especially those who are exposed to intersectional discrimination due to intertwined age, ethnic, gender, sexuality, class, geographical, and health inequalities, amongst others – particularly, low-income people, lone parents, children and young people living in poverty and social exclusion, the elderly, people with mental or physical disabilities, women, Roma, travellers, migrants, ethnic minorities, homeless people, working poor, people living in remote areas or indecent housing.



3

Access to quality services is a crucial element of active inclusion strategies to achieve socio-economic inclusion and a life lived in dignity.

4

Quality and affordability are essential components to improving service accessibility and sustainability.

5

Principle 20 of the European Pillar of Social Rights Action Plans offers a limited understanding of what are to be considered the essential services in the EU and how to characterise the people in need of support for access.

6

Adequate income support, particularly access to adequate minimum income and social protection are necessary pre-conditions to unlock access to essential services.



7


Most countries have resorted to proxies linked to income-related support measures, such as the eligibility conditions for accessing means-tested benefits, to identify people in need of support for accessing to services. However, this approach is socially exclusive as it risks leaving behind those who are not eligible for minimum income schemes, cannot benefit from quality services and/or positive activation measures and conditionality, or live in situations of stigmatisation, discrimination, and marginalisation.

8

Essential services being services of general interest including economic activities, are subject to the European internal market rules and to the public service obligation at the same time: the market involvement in the provision of basic services through the private sector (privatisation and liberalisation), needs to be regulated and controlled to ensure equal access to affordable quality basic services.

9

Lack of integration and funding for social services: currently, social services are not conceived and delivered in an integrated manner which reflects the multiple needs, capacities, and preferences of the users (person-centred service provision).



10 EAPN and its members consider digital communications as both a service and an enabling condition for accessibility to other essential services and fundamental rights. The internet is also increasingly a tool for ensuring access to information and evaluation of services, which is amongst the identified principles guiding adequacy of essential services.

11 In this context, EAPN believes that digital poverty – mainly the lack of digital skills, and unequal access to the internet and devices – is closely related to socio-economic, cultural and territorial inequalities. It affects both the population, particularly low-income households and vulnerable groups (e.g. Roma and undocumented migrants), and professionals who provide services and often do not receive appropriate training.

12 Electronic banking and digital public services are a cause of concern for many vulnerable households. Evidence about digitalization's impact on access to healthcare services is varied: digital healthcare could improve accessibility for people living in poverty or in marginalised areas/communities only if adequate support is put in place in terms of infrastructure, skills, devices and the internet.

Introduction: Context and Objectives

Equal access to affordable, quality essential services is a fundamental right and a pre-condition to living a life in dignity¹. The adequacy of a service must guarantee universal affordable access to quality standards, with no direct or indirect discrimination based on racial or ethnic origin, gender, geographical area, disability, economic status, age, sexual orientation, religion and beliefs, nationality and migration status.


Poverty and social exclusion lead to insufficient access to most essential services, including housing and healthcare. However, poverty and social exclusion are the product of structural inequalities linked to our social and economic structure, in a context of increasing liberalisation and austerity within the EU, particularly before the COVID-19 pandemic. In fact, the way resources are distributed and social stigma linked to poverty and claiming benefits, increase socio-economic disparities in a structural way, which perpetuate the intergenerational transmission of poverty and social exclusion. Therefore, public authorities have an obligation to ensure adequate coverage and accessibility of essential services and to invest in quality services for all. The COVID-19 pandemic and the related macroeconomic context showed that equal access to essential services is of pivotal importance for protecting the poor, marginalised and vulnerable groups, even in the absence of return on investment in the short-term.

The European Pillar of Social Rights (EPSR) Action Plan brought out the renewed commitment to implement the Social Pillar and to achieve the Sustainable Development Goals (SDGs)². One of the three targets set in the EPSR Action Plan consists of “15 million people to lift out of poverty or social exclusion, of which at least 5 million should be children” to break the intergenerational cycle of poverty, by 2030. The AROPE indicator has been updated to respond to this new EU target, to better measure deprivation and social exclusion of the working poor³. The European Child Guarantee

¹ EU 2021 Poverty Watch & EAPN Nobody Left Behind: Ensuring Access for All to affordable, quality housing and public health services, 2016.

² Eurostat, Sustainable Development in the European Union Monitoring report on progress towards the SDGs in an EU context, 2021 edition.

³ Severe material and social deprivation rate (SMSD): Proportion of the population experiencing an enforced lack of at least 7 out of 13 deprivation items (6 related to the individual and 7 related to the household). Low work intensity indicator: People from 0-64 years living in households where the adults (those aged 18-64, but excluding students aged 18-24 and people who are retired according to their self-defined current economic status or who receive any pension (except survivors pension), as well as people in the age bracket 60-64 who are inactive and living in a household where the main income is pensions) worked a working time equal or less than 20% of their total combined work-time potential during the previous year.



(June 2021) also aimed to guarantee children at risk of poverty and social exclusion access to the most basic essential services, such as food, education, healthcare and housing. Concurrently, the Recovery and Resilience Facility offered an unprecedented financial commitment to investments in a stronger social Europe and reforms addressing the green and digital transitions, through the Recovery and Resilience Plans (targets of 37% of the national spending for climate and 20% for digital).

EAPN members highlighted the following elements when analysing access to essential services, during the consultation phase:

1 Access to adequate minimum income and social protection are necessary pre-conditions to access essential services.

2 Gender distributional impact must be considered as gender inequality depends on structural causes leading to more poverty and social exclusion for girls and women.

3 The COVID-19 crisis has exacerbated pre-existing inequalities and has led to a significant risk of an increased poverty or social exclusion rate, if adequate and multi-disciplinary measures are not taken now.

4 Digitalization – namely, digital inclusion and the digital divide – is a transversal and cross-cutting process that impacts on access to all services, particularly healthcare, and the exercise of fundamental civil and basic rights. Therefore, digital communications are not only a service per se but also an enabling condition to access other services and rights.

5 The Green Deal brings forward new challenges for people living in poverty or vulnerable situations who face a higher risk of inadequate housing and energy poverty and the related implications for health, access to funding and participation in the jobs market.

EAPN has been a strong advocate for adequate, accessible, and enabling minimum income schemes⁴. Most of the essential services are closely connected with the enabling character of social protection and minimum income schemes and contribute to ensuring a life lived in dignity and full participation in society. This is increasingly important in the context of the war in Ukraine and Ukrainian refugees' access to essential services in Europe. Principle 14 of the EPSR says: "Everyone lacking sufficient resources has the right to adequate minimum income benefits ensuring a life in dignity at all stages of life, and effective access to enabling goods and services". In a nutshell, access to enabling services is the third dimension of effective social protection⁵: fully integrated minimum income systems should enhance minimum income recipients' access to the person-centred active inclusion measures and essential services.

Wage gaps, precarious jobs and family caring obligations are amongst the causes of higher risks of poverty for women. EAPN analysed the intersection of characteristics and causes that determine gender inequality⁶. Subsequently, it believes that enhancing the systematic collection and use of disaggregated data could contribute to the assessment of gender discrimination and intersectionality – for example, disabled and/or migrant women, and the reduction of gender poverty and social exclusion in the long term.

The COVID-19 pandemic reminded us that universal health coverage is a human right that everyone should have access to, and that healthcare is at the crossroads of fundamental rights. Target 3.8 of the SDGs seeks to provide all people with access to high-quality, integrated, people-centred health services, including financial risk protection and coverage of essential medicines and vaccines⁷. Whilst combating discrimination is necessary to assure equal opportunities for everyone (ART. 21 of the European Charter of Fundamental Rights⁸), some social groups still suffer structural discrimination in access to healthcare on grounds of their sexual orientation,

⁴ EAPN Position Paper on Adequate Minimum Income, 2020.

⁵ European Parliament, Strengthening Minimum Income Protection in the EU, 2021.

⁶ EAPN Checklist for Gender Mainstreaming & Gender and Poverty in Europe, 2017.

⁷ SDG Indicators, [Metadata Repository](#).

⁸ Article 21 of the EU Charter of Fundamental Rights says that "Any discrimination based on any ground such as sex, race, colour, ethnic or social origin, genetic features, language, religion or belief, political or any other opinion, membership of a national minority, property, birth, disability, age or sexual orientation shall be prohibited".

race, housing status, and other social determinants⁹. The COVID-19 pandemic also brought to the fore the shortcomings of health systems and the consequences on accessibility of health services, which was amplified by the recurring use of digital tools to provide access to essential goods and services.

Digitalization should be considered as a new social determinant for access to essential services. The digital agenda has become a high priority in Europe¹⁰: the “2030 Digital Compass, the European way for the Digital Decade” agreed on a set of digital ambitions including digitalization of public services (e.g. e-health and online education) based on the principle of fair and non-discriminatory online services, digital skills and systems.

However, the digital divide and inequalities restrict access to information and resources and jeopardise equal access to essential services. The pandemic-prompted increased in reliance on digital tools made access to services more unequal as many services and programs became available only via digital platforms, with unforeseen consequences for people lacking the required digital skills and/or infrastructure (e.g. elderly¹¹ and Roma¹²).

Energy is one of the essential services listed in Principle 20 of the EPRS Action Plan. The EU Energy Poverty Observatory (EPOV) estimated that the objective of the Energy Union - and the related Clean energy for all Europeans package - to build a fairer and more inclusive energy transition, was not met by 2019.

The launch of the European Green Deal, in 2019, opened new prospects for a green socially just transition¹³ that leaves no one behind and that may provide financial support and tailored programs for low-income households and those living in energy poverty, to achieve an inclusive transition to climate neutrality and clean energy.

⁹ FRA, Inequalities and multiple discrimination in access to and quality of healthcare, 2013.

¹⁰ European Parliament, Digital Agenda for Europe, 2021 & Europe’s Digital Decade: digital targets for 2030.

¹¹ Martins Van Jaarsveld, the Effects of COVID-19 Among the Elderly Population: A Case for Closing the Digital Divide, 2020.

¹² Feedback from: European Roma Grassroots Organisations (ERGO) Network, April 2021.

¹³ EAPN Key messages on the European Green Deal and the “Just Transition” | EAPN Reflection Paper, June 2020.

The EU prioritised energy efficiency, energy performance of buildings and renewable energy sources, under the Fit for 55 package, which boosted EU commitment to a just transition. EAPN believes that energy is a public good and that access to clean and affordable energy is a human right¹⁴. Further efforts are needed to put low-income earners and those living in social housing at the forefront of the green transition and protect the right to energy for all Europeans – e.g. by addressing dependence of low-income people on fossil fuels; providing affordable energy-efficient housing for all; and by ending energy poverty and energy precarity for all.

This report sets out a person-centred, rights-based framework for access to essential services and aims to raise public awareness of the limitations of the common conceptualisation of essential services. It aims to mainstream equality of treatment in access to essential services and service provision in Europe, which factors in the challenges and the opportunities of the digital and green transitions based on the experiences of national EAPN members and EU policy developments. It also aims to propose sector-specific recommendations (on health and energy) to national and EU policy makers, and to capture the lessons learnt from the Covid-19 pandemic and the energy crisis.

¹⁴ EAPN, Energy Poverty Handbook, November 2016; EAPN-EPSU, Briefing on guaranteeing the Right to Affordable Clean Energy for all Europeans, 2021.



Conceptual framework of essential services

Principle 20 of the EPSR Action Plan affirms that “**everyone has the right to access essential services of good quality, including water, sanitation, energy, transport, financial services and digital communications. Support for access to such services shall be available for those in need**”. Nonetheless, the Principle does not provide a definition of essential services, because many EU countries do not have an official or explicit definition of these services. The scope and indirect definition of essential services can be obtained when investigating the application and use of this concept in concrete contexts and regulations at national and subnational level¹⁵. In this regard, despite the lack of clear definitions across the EU, the concept is often utilised in relation to basic goods and services or welfare programmes, such as social assistance and social security schemes.

The ESPN synthesis report, which informed the EU EPSR Action Plan, recognised that the concept of essential services covers some of the essential services listed in Principle 20 but also other key principle of the EPSR, in the framework of the United Nations’ 2030 Agenda for Sustainable Development and its 17 Sustainable Development Goals (SDGs), proposed by the UN and endorsed by the EU.

In his response to a parliamentary question¹⁶ on the Social Scoreboard to monitor access to social services, Commissioner Schmit confirmed that the EPSR Action Plan proposes a set of secondary indicators on social protection expenditure (‘Total social expenditure by function (% of GDP): social protection, healthcare, education, long-term care’). He also pointed out that, in 2022, the Commission will present an EU report on access to essential services, such as water, sanitation, energy, transport, financial services, digital communications and healthcare – the latter is not included in Principle 20 of the EPSR.

At EU level¹⁷, the framework of services of general interest (SGI) encompasses those services - both of an economic and a non-economic nature

¹⁵ ESPN synthesis report: Access to essential services for people on low incomes in Europe, 2020.

¹⁶ Parliamentary question, the Social Scoreboard to monitor access to social services, 2021.

¹⁷ The Treaty of Lisbon, Protocol n° 26 on Services of General Interest and Article 36 of the Charter of Fundamental Rights set out the EU approach to services of general interest.

- that public authorities of the Member States consider of public interest¹⁸. Non-economic activities are not covered by the internal market and competition rules of the Treaty.

SGIs encompass Services of General Economic Interest (SGEI) and Social Services of General Interest (SSGI).

SGEIs represent economic activities delivering outcomes for the overall public good, which the market alone, without public intervention, would not supply under adequate conditions of quality, safety, affordability and equal treatment – energy and telecommunications, for example.

SSGIs are further classified as essential services (of economic or non-economic nature) provided in the public interest but substantially social in their character¹⁹, comprising: 1. statutory and complementary social security schemes for life's main risks (e.g. health, ageing, unemployment, retirement, disability); 2. other essential services provided directly to the person aiming to foster social inclusion and cohesion and often targeted at vulnerable groups (e.g. social housing, long-term care, occupational training and reintegration). The concept of SSGI is not defined in the TFEU or in secondary legislation and might not fall under the strict rules of public financing of services of general economic interest.

Except for non-economic services of general interest, Member States and EU roles are complementary. The EU establishes the principles and economic/financial conditions for provision, while Member States decide how to organise, deliver and finance services, at national, regional or local level, so that customised services can better respond to their population needs. The EU's approach to a quality framework for SGIs is consistently based on the instruments enabling Member States to ensure that citizens have access to essential services.

¹⁸ European Commission, Guide to the application of the European Union rules on state aid, public procurement and the internal market to services of general economic interest, and in particular to social services of general interest, 2013; A Quality Framework for Services of General Interest in Europe, 2011.

¹⁹ EAPN, Services of General Interest: Glossary and Terms Explained, 2007.

The supply of services of general interest is no longer a prerogative of the state, regional and local authorities, and can be provided by the private sector (profit and no-profit) in accordance with current legislative framework.

Applying a general interest criterion, Member States or the EU may attach specific public service obligations to services of general economic interest²⁰. No specific public service obligations should be provided for services operating under normal market conditions and which already provide a service under conditions in line with the public interest, as defined by the State - such as price, objective quality characteristics, continuity and access to the service. Conversely, if a service is already provided by the market, albeit under conditions that are considered unsatisfactory by the Member State concerned - because the market cannot provide it with the level of quality or at a price that public authorities might consider as being in the public interest (for example expensive transport fares for low-income families) - such a service can qualify as SGEI and must be offered on a non-discriminatory basis.

The Guide on Services of General Economic Interest²¹ clarifies that, when a public authority finances the provider of an SGEI or economic SSGIs, it must comply with the State Aid rules, as well as the rules on the award of public contracts or concessions, both aimed at preventing distortions of market competition that may arise from the use of public funds. The new State Aid SGEI package²² specifies the conditions under which State aid in the form of public service compensation is compatible with the EU rules, for the provision of SGEIs at national, regional and local levels.

20 Communication from the Commission on the application of the European Union State aid rules to compensation granted for the provision of services of general economic interest (2012/C 8/02).

21 The Guide is available here: <https://bit.ly/3ALVxJB>.

22 Full texts are available here: https://ec.europa.eu/competition-policy/state-aid/legislation/sgei_en Aid-free compensation, namely public service compensation which does not constitute State Aid, is possible and set under de minimis Regulation and the Altmark ruling. In its judgment in Altmark, the Court of Justice held that public service compensation does not constitute State aid if four cumulative criteria are met. 1. the recipient undertaking must actually have public service obligations to discharge, and the obligations must be clearly defined. 2. the parameters on the basis of which the compensation is calculated must be established in advance in an objective and transparent manner. 3. the compensation cannot exceed what is necessary to cover all or part of the costs incurred in the discharge of the public service obligations, considering the relevant receipts and a reasonable profit. 4. where the undertaking which is to discharge public service obligations, in a specific case, is not chosen pursuant to a public procurement procedure - which would allow for the selection of the tenderer capable of providing those services at the least cost to the community, the level of compensation needed must be determined on the basis of an analysis of the costs which a typical undertaking would have incurred in discharging those obligations, taking into account the relevant receipts and a reasonable profit for discharging the obligations.

The Directive 2014/24/EU of 26 February 2014 on public procurement, sets specific procurement rules for public contracts on the provision of services of general economic interest while leaving to Member States decision-making power²³ about how those services should be organised and financed, in compliance with the State aid rules, and what specific obligations they should be subject to (Article 1). Amongst the principles of awarding contracts which national rules should comply with (Article 76), the Directive mentions transparency and equal treatment of economic operators and the need for contracting authorities²⁴ to ensure quality, continuity, accessibility, affordability, availability, and comprehensiveness of the services, the specific needs of different categories of users, including disadvantaged and vulnerable groups, the involvement and empowerment of users and innovation²⁵. The choice of the service provider should be based on the tender presenting the best price-quality ratio, and quality and sustainability for social services.

A lighter regime on public procurement and concessions has been granted for social and other specific services, such as healthcare, educational, cultural and compulsory social security services. In general, the EU law imposes more limits²⁶ on national discretion for SGEIs than the SSGIs, particularly in sectors which have been harmonised at the EU level such as telecommunications and energy. Consequently, the scope and funding of Social Services of General Interest may vary significantly from one Member State to another, but they may also benefit from more derogations from internal market rules (social services of non-economic nature) or more adaptability in terms of provision and funding (social services of economic nature)²⁷.

²³ Communication from the Commission on the application of the European Union State aid rules to compensation granted for the provision of services of general economic interest (2012/C 8/02) confirms this approach by adding that ***“In the absence of specific Union rules defining the scope for the existence of an SGEI, Member States have a wide margin of discretion in defining a given service as an SGEI and in granting compensation to the service provider. Where specific Union rules exist, the Member States’ discretion is further bound by those rules, without prejudice to the Commission’s duty to carry out an assessment of whether the SGEI has been correctly defined for the purpose of State aid control”*** (3.2. 46).

²⁴ ‘Contracting Authorities’ means the State, regional or local authorities, bodies governed by public law or associations formed by one or more such authorities or one or more such bodies governed by public law, as set in the Article 2 of the Directive 2014/24/EU of the European Parliament and of the Council of 26 February 2014 on public procurement and repealing Directive 2004/18/EC.

²⁵ The values of quality, safety and affordability, equal treatment, universal access and users’ rights are also recognised by Protocol n° 26 on services of general interest.

²⁶ When defining SGEIs, Member States are subject to the EU check of potential manifest errors of assessment. An example of manifest error is limiting broadband coverage to business parks, thus not benefitting the population at large.

²⁷ Box 1: Focus on Social Services contains more information about the ‘lighter’ regime applied to social services of general interest at EU level.

The overarching analytical framework of services of general interest does not cease to pay the price for a lack of clarity and consistency on the formulation and implementation of the related concepts. A potential revision of the guide on services of general economic interest has been announced within the scope of the EPSR Action Plan when addressing effective access to essential services of sufficient quality.

However, the framework of services of general interest is beneficial to determine the level of adequacy of essential services. What all SGIs have in common is that these services are of public interest because the state has an obligation to ensure public standards for the wider population regarding, for example, quality requirements/indicators and universal access and at an affordable price, regardless of their geographical location. As a result, these services can be provided either by the state or by the private sector; but the nature of the provider should not lower public service obligations in terms of adequacy of access and delivery of basic essential services.

In the light of the above, EAPN believes that the list of essential services within the scope of Principle 20 of the EPSR is not exhaustive. EAPN understands essential services as services of general interest of an economic and social nature, which are essential to the lives of the population and where the public authorities must ensure adequate standards for all. Therefore, likewise for SGIs, essential services cover a broad range of activities linked to private providers, such as energy, telecommunications and transport services, but they also include vital services which lie at the heart of EU social protection systems: e.g. education, health, housing and social services²⁸. Access to such services is a fundamental social right, and their accessibility and adequacy should not be subject to other conditions. They should be a complement to effective social protection systems and enabling minimum income schemes.

²⁸ Social services are insufficiently recognised as essential but support people at risk of exclusion with a wide range of person-centred care and support services over the entire lifespan of people (e.g., childcare, long-term care and personalized social care). Joint position Paper, Caritas Europa, Cedar, EASPD, ENSIE, Eurodiaconia, European Social Network, European Aging Network, EPR, EPSU, FEANTSA, Federation of European Social Employers, Social Services Europe, SOLIDAR, (2020): COVID-19 and Social Services: what role for the EU? Europe Expects Recognition, Urgency, Resilience.

The three pillars of active inclusion and full participation in society, as retained by the EPSCO Council and the European Commission²⁹, are adequate income support, inclusive labour markets and access to quality services. The latter, however, should not be limited to support measures for labour market integration but should guarantee the implementation of the principle of universal access to social rights based on the needs-assessment of targeted groups.

In the light of the above, EAPN believes that the list of key essential services should include the following services at least:

Main essential services

- **Water** (Principle 20 of the EPRS Action Plan)
- **Sanitation** (Principle 20 of the EPRS Action Plan)
- **Energy** (Principle 20 of the EPRS Action Plan)
- **Transport** (Principle 20 of the EPRS Action Plan)
- **Financial Services** (Principle 20 of the EPRS Action Plan)
- **Digital Communications** (Principle 20 of the EPRS Action Plan)
- **Housing**³⁰
- **Healthcare**³¹
- **Education and training**³²

²⁹ Active inclusion: <https://ec.europa.eu/social/main.jsp?catId=1059&langId=en>.

³⁰ EAPN, Nobody Left Behind: Ensuring Access for All to affordable, quality housing and public health services, 2016.

³¹ EAPN, the impact of Covid-19 on people experiencing poverty and vulnerability, 2020.

³² EAPN, Leaving Nobody Behind, Prevention and Reduction of Poverty and Social Exclusion through Education, Vocational Training and Lifelong Learning, 2020.

➤ **Social services³³**

➤ **Food³⁴**

Key principles guiding adequacy of essential services comprise the following elements:

- Leaving no-one behind
- Life in dignity
- Solidarity
- Quality
- Affordability
- Security
- Adaptability
- Accountability
- Universal accessibility
- Transparency of rules and access conditions
- Access to information
- Public service obligation
- Equality of treatment and opportunities³⁵
- Non-discrimination in provision and access

33 Quality social services are crucial for the implementation of at least eleven Social Pillar principles, including: 1. Education, training and life-long learning; 2. Gender equality; 3. Equal opportunities; 4. Active support to employment; 9. Work-life balance; 11. Childcare and support to children; 12. Social Protection; 17. Inclusion of people with disabilities; 18. Long-term care; 19. Housing and assistance for the homeless and 20. Access to essential Services; in Social Platform, Quality Social Services for All, 2021.

34 Food is understood in relation to food poverty, which is the inability to access affordable, sufficient and healthy food at any age.


35 The EPSR Pillars include equal opportunities regardless of gender, racial or ethnic origin, religion or belief, disability, age or sexual orientation: everyone has the right to equal treatment and opportunities regarding employment, social protection, education, and access to goods and services available to the public. Equal opportunities of under-represented groups shall be fostered.

- Availability
- Coverage
- Continuity
- Adequate and accessible minimum income and social protection
- Participation of final users in the definition and evaluation of services

Such principles must apply to all essential services, regardless of the nature of the providers. In fact, public authorities are not the only providers of these services; they can entrust delivery to other bodies – public or private, profit or non-profit making. The increasing privatisation and liberalisation of services in Europe has been a source of concern for equal access to services due to reduced quality or potential cost increases for the final users imposed by the predominant narrative of competitiveness and productivity. This existing dynamic regularly calls into question the interaction of market involvement and public intervention. However, in the case of essential services, public interest and universal service obligation must be guaranteed even if the service provider comes from the private sector.

Equal access to essential services strengthens social cohesion and socio-economic inclusion by providing equal life chances to people living on low incomes and/or in vulnerable situations. The risk of unequal access to one or more essential services can generate serious consequences for access to other essential services - unequal access to public transport in rural areas may significantly delay access to healthcare services, for example.

Structural inequalities can significantly increase this risk: inadequate access to benefits, age and territorial inequalities, insufficient investments in green and digital infrastructures make access to quality and affordable essential services harder, with long-term effects on poverty and social exclusion. Structural interventions at EU and national level are needed to enhance accessibility of essential services in Europe, through monitoring mechanisms for the implementation of the universal right to social services, less restrictive eligibility criteria and negative conditionality for in-



come benefits³⁶, fair and transparent rules for national public procurement practices when a provider is entrusted with one or more essential services.

36 EAPN contributed to the call for evidence on Council Recommendation on Minimum Income Schemes, 2022. The **text** highlights the need of a rights-based approach in providing access to social rights rather than punitive conditionality criteria. EAPN assessed the negative impacts of activation measures and conditionality in minimum income schemes and labour market (re-)integration policies. Such conditionalities represent “critical” design settings when they determine the entitlement to MI benefits: for example, an obligatory participation in labour market activation programmes and the acceptance of any kind of job or training offer.

Challenges and Opportunities for enabling access to essential services

Groups and services most affected by unequal access

Principle 20 of the EPSR Action Plan states that support for access to essential services should be available for those in need. However, the characterisation of those in need may vary from one country to another. Furthermore, definitions of people in need may vary according to the services provided within the same country.

Although Member States hold responsibility for adequate delivery, access, and standards of quality of essential services - at national, regional and local level, there is no single definition of people in need in the context of access to services. To identify people in need, most countries have resorted to proxies linked to income-related support measures, such as the eligibility conditions for accessing means-tested benefits (minimum income schemes, for example)³⁷. This approach contains several limitations:

- Increasing restrictions on eligibility and punitive conditionality of minimum income benefits do not include all people in need and does not guarantee a rights-based access to support measures for facilitating universal access to services.
- In the context of access to essential services, adequacy is not merely the result of the comparison between people's net income and national poverty thresholds. It also relates to the adequate provision and delivery of services and standard quality of services for all for a life lived in dignity.
- Poverty is multidimensional and can entail the risk of social exclusion and stigmatisation. Discrimination and fear of stigmatisation are im-

³⁷ ESPN synthesis report: Access to essential services for people on low incomes in Europe, 2020.

portant factors when assessing access to essential services and their impact is not measured by purely economic benefits and monetary poverty.

- Means-tested beneficiaries do not represent the whole population of potential beneficiaries of support actions to improve access to essential services, which should include people in vulnerable situations and potential beneficiaries of non-means-tested benefits and social services of general interest.

Moreover, positive activation measures to advance the access of welfare recipients to services are not equally available in all Member States and local authorities may have discretionary power in the design and implementation of such measures³⁸. Consequently, on the one hand, minimum income schemes recipients may face multiple barriers in accessing goods and services if the enabling character of schemes is not fully realised (due to conditionality and activation mechanisms); or the income provided is not adequate (in its amount and duration); or the schemes are not accessible due to strict eligibility conditions. On the other hand, those who are entitled, but are not taken up by the social assistance benefits - because of restrictive conditionality and non-compliance with activation or eligibility requirements, for example - lack sufficient resources to access goods and services and live a life in dignity. Amongst these, some subgroups of the population are more exposed than others to the problem of non-take up because of structural inequalities, comprising social stigmatisation, administrative barriers and inaccessibility to the relevant information³⁹. Resident requirements clearly do not apply to asylum seekers, undocumented migrants, and homeless individuals. Women with children and people with disabilities also present a high risk of non-take up⁴⁰.

Therefore, in the context of access to essential services, people in need encompass people and households living in one or more of the following vulnerable situations: poverty, social exclusion, age/ethnic/gender/geo-

³⁸ European Parliament, Fighting Poverty and Social Exclusion, including through minimum income schemes, 2021.

³⁹ European Parliament, Minimum Income Policies in EU Member States, 2017.

⁴⁰ Herman Deleeck Centre for Social Policy, [Non-take up of the supplemental child benefit for children with a disability in Belgium: a mixed-method approach](#), 2018.

graphical inequalities, disabilities, single-parent families, working poor, homeless people, minority communities such as undocumented migrants; furthermore, individuals eligible or receiving means-tested benefits (social assistance such as minimum income), and non-means-tested benefits such as social security schemes and personalised social services. In this framework, intersectionality plays an important role in capturing interconnected factors of discrimination and their implications on poverty and social exclusion. For example, Roma children are particularly exposed to extreme poverty and restricted access to fundamental rights (e.g. decent housing and education), with long-term consequences on transgenerational poverty⁴¹.


EAPN members' assessment

Groups facing the biggest problems in accessing quality and affordable services differ according to the service(s) provided and the prevailing causes and social determinants of access inequality across countries. The following national scenarios illustrate the complexity of the situation.

Finland

Health inequalities are high in Finland and are determined by the socio-economic status differences related to gender, marital status, area of residence and mother tongue, education and occupation levels. The health care system for the working population ensures good access to affordable healthcare services. However, access to physical and mental healthcare is difficult for groups that are not covered by occupational healthcare, in-

⁴¹ Council of Europe, [Extreme poverty afflicts many of the 10-12 million Roma in Europe](#), 2019.



cluding poor families with children, single-parent families, unemployed and retired people.

Thanks to occupational healthcare, the employed have better access to some health care services than the unemployed or pensioners, and often free of charge. The share of people in Finland who report unmet medical needs is higher than the EU average, which is mainly due to long waiting times.

Regional differences have a serious impact on access to healthcare services. The [Act on Social and Health Care Customer Fees](#) defines the maximum client fee for specific social and health services. However, municipalities may decide to apply lower rates or to provide services free of charge. Therefore, significant differences can be observed between municipalities and may jeopardise the right to access fundamental rights and essential services such as healthcare.

As in other European countries, the COVID-19 pandemic increased dependence on digital technologies in Finland. In 2020, 64% of the population used the “[Kanta services](#)” (digital services for the social welfare and healthcare sector). These provide prescription services, patient data repositories and Covid-19 certificate, amongst others. Several sub-groups experienced subsequent difficulties in access to healthcare associated with the lack of digital tools or skills, particularly old people.

The high costs of **housing** disproportionately affect those living in bigger cities, people living alone and low-income earners. In addition to this, people living in private and social rental housing spend a higher proportion of their disposable income on housing than those living in owner-occupied housing. This situation leads to more people becoming homeless; on the other hand, people are encouraged to live in cities – rather than in cheaper remote districts – where they can access more job opportunities. Although, overall, homelessness is decreasing in Finland, the share of homeless women has grown from 17% to around 25% since 2000. Homeless people are found in nearly a hundred municipalities in Finland but mostly in big cities, especially in Helsinki.

Regional divides exacerbate and are exacerbated by the insufficient coverage of **public transport**. Public transport mainly operates in cities. People living in rural areas or sparsely populated areas rely more on private transport, whose access is increasingly unaffordable due to the soaring costs of fuel and electric cars are still too expensive.

Access to **financial services** declined for the elderly and those who cannot / do not want to use online banking, due to the digital transformation of society. A significant share of the elderly population in Finland is not able to use digital banking services and incur higher costs in accessing banking operations directly at the bank. Paying bills in banks and getting cash has become less available over the years. Another concern is that bank identifiers are used for digital public services. People who are not accepted at a bank or cannot access online banking services are at risk of socio-economic exclusion.

As for **social services**, insufficient resources – especially the reduced number of social workers and care infrastructure – make accessibility and coverage of these services inadequate to meet the needs of children and the elderly while undermining citizens' confidence in obtaining support where needed.

Slovenia

Access to services in Slovenia is affected by a number of structural issues, such as the long-term dependence on financial social assistance, limited opportunities to get out of poverty and difficult access to the labour market. Specifically, financial social assistance should ensure a decent standard of living. However, the minimum income allocation (EUR 402,18) is significantly lower than the minimum wage (EUR 1.024 gross or 736 net). Concurrently, the at-risk-of-poverty threshold for a single person was EUR 732 in 2021.

In this situation, the gap between the social assistance benefits and the actual costs to achieve decent living standards is large and can endanger access to services, for people already living in poverty and for those eligi-

ble for social assistance and social security benefits. Vulnerable groups in access to services also include people with disabilities, single-parent families, working poor, homeless and marginalised and minority communities (e.g. migrants and Roma).

In addition to this, the availability of institutions (e.g. centres for social work) to manage administrative dossiers has dramatically decreased with the COVID-19 pandemic and the related dependence on e-communications. This new state of affairs has further worsened the conditions of those living in difficult situations, such as migrants and Roma, and significantly delayed access to financial social assistance.

Coverage of **healthcare** services in Slovenia is a major issue. The existing shortage of doctors needed per population has been exacerbated by the use of e-communications as well as the social stigma and unequal treatment that people living in poverty experience when access to healthcare services.

In 2019, people at risk of poverty in the EU spent 35.4% or more of their household disposable income on **housing**⁴². In Slovenia, high costs of rents are one of the drivers for homelessness and frequent relocations. A long-term housing policy that regulates the rental market and access of disadvantaged groups to decent housing has been long-awaited. Prevailing issues to regulate are: regularisation of rental contracts and acceptance of rent subsidies for landlords to meet the needs of low-income tenants; reducing the waiting time for emergency housing units of the Public Housing Fund and increasing the amount of social housing.

The elderly are at risk of poverty in Slovenia due to their reduced access to the supplementary allowance, which is a social security benefit targeting people who can no longer earn their living with income from work. This benefit is intended to cover necessary living costs. People whose monthly income does not exceed EUR 591.20 net are entitled to apply for the supplementary allowance in the municipality where they reside. Nonetheless, the eligibility requirements, complex administrative procedures and un-

⁴² Eurostat, [Living conditions in Europe - housing](#)

equal access to relevant information are the key reasons why the share of individuals in need who are entitled to the benefit is much higher than the actual number of final beneficiaries. The elderly are particularly discouraged from applying for this benefit. In fact, amongst the required conditions for eligibility, is that they should sign a maintenance agreement with their children or sue them for maintenance. Older parents often give up on this benefit because they do not want to create a debt for their adult children or admit to being in a situation of need.

Insufficient availability and unequal access also concerned other essential services including **healthcare** and **public transport**, whose coverage has worryingly diminished during the pandemic and is exacerbated by the digital divide.

Serbia

In this country, groups most affected by unequal access to services, and the effects of the related prevailing causes, differ greatly according to the service provided and the target population⁴³. Citizens in 90.2% of local municipalities are concerned by insufficient access to **water** and **sanitation**, for a number of reasons comprising no access to drinking water supply and sewerage network and the related subsidies for low-income households. Amongst these, 81.8% of the rural population and 75.5% of the poorest quintile of the population pay the price for unequal access to sanitation services.

71.5% of the rural population and 93.9% of the poorest quintile of the population do not have adequate access to **energy** due to their dependence on unclean fuels and unaffordable energy efficiency programs. In this respect, the existing programme targeted to low-income households requires up-

⁴³ Multiple Indicator Cluster Survey for 2019, UNICEF, Belgrade, 2020, [2019 Serbia MICS6 and 2019 Serbia Roma Settlements MICS SFR \[Serbian\] \(unicef.org\)](#).

front costs (contribution of 50% to the funds) to initiate the thermal insulation of the building⁴⁴.

No access to **public transport** subsidies for low-income households affect a vast majority of citizens (65.5%) while no access to the **internet** is a major problem for the rural population (30%), the Roma population (71%), and households with income equal to or less than EUR 300 (41%).

No **housing** programme is available for homeless and low-income people. Homeless in 92% of local municipalities and children in 95% of local municipalities do not have access to shelter.

42% of all expenditures for **healthcare** are out of pocket⁴⁵. In addition to this, people in need of palliative care have insufficient access to hospital treatment and home treatment.

Education and training: the drop-out rate from compulsory pre-school education stands at 23.2% of children from the Roma population. They are also affected by a high rate of drop out from primary school (36.3%). Moreover, unemployed citizens living on low income often do not access life-long learning programmes.

The coverage and accessibility of **social services** is currently inadequate to meet the needs of the population. 260,000 individuals eligible for means-tested benefits are not covered by cash benefits⁴⁶. Access to day care services for adults and the elderly is insufficient for 84% of local municipalities. Lack of access to housing affects youth leaving an institution or in need of care in 90% of local municipalities⁴⁷, and people with disabilities in 96% of local municipalities.

In a nutshell, structural problems linked to access to essential services, in Serbia, have serious consequences on poverty and social exclusion. Poor

⁴⁴ Pravilnik o uslovima za raspodelu i korišćenje sredstava Budžetskog fonda za unapređenje energetske efikasnosti Republike Srbije, "Službeni glasnik RS", br. 39/2021 i 85/2021.

⁴⁵ Strategija javnog zdravlja u Republici Srbiji 2018–2026. godine, "Službeni glasnik RS", br. 61/2018.

⁴⁶ Calculation based on data on absolute poverty ([Апсолутно сиромаштво : Инклузија \(socijalnoukljucivanje.gov.rs\)](#) and data on cash transfers beneficiaries ([Home Page - Aurora \(aurora-giz.rs\)](#)).

⁴⁷ Mapping Social Care Services and Material Support within the Mandate of Local Governments in the Republic of Serbia.

water and sanitation supply in rural areas impacts on health, environment, and full participation in society. Inadequate access to energy efficiency programmes equally implies risks for health, the environment and of social exclusion. Furthermore, poor transportation of school and pre-school age children in rural areas can incentivise parents' exclusion from the labour market. The digital divide prevailing in rural areas, across low-income households, also exposes this subgroup to limited access to the internet. Inadequate access to housing programmes and social services reinforces intergenerational socio-economic exclusion. Lastly, unaffordable quality health services represent a denial of the exercise of a fundamental right for many vulnerable groups, including old, disabled people and individuals in need for palliative care. This situation takes them even further away from the possibility of social inclusion in the long run.

Ireland

Inequality in access to **healthcare** is frequent in Ireland and it mainly impacts on people living on low income.

Ireland has a two-tier health system made up of private health insurance, medical cards enabling free or supplemented access to health services, and ad hoc expenses. Those with private health insurance get priority in the public health system resulting in inequality in access and in health outcomes for people living on low incomes. The Government agreed to implement the Sláintecare reform, which would create a universal public health system, with access based on need and not ability to pay. It would also improve access to primary health and community care. Reforms have begun to look at addressing the specific issue of health inequality, including the social determinants of health. However there have been problems with implementation, which has been slow in some key areas of reform leading to the resignation of the Chief Executive, Chair and another Board member of the implementation body.

Other factors have compounded unequal access to healthcare: an under-developed primary healthcare system and long waiting lists to get treat-

ment in the health system, made worse by the closure of services at various times during the COVID-19 pandemic. In September 2021 there were nearly 1 million people, or around one in five of the population, on waiting lists for treatment.

Poverty is a major social determinant of health as it influences outcomes of physical health and mental well-being⁴⁸. There is a gap of 5 years for men and 4.5 years for women in the life expectancy of those in the most deprived and those in the least deprived areas. For Travellers in Ireland, even a greater gap is recorded: life expectancy of Traveller men is 15.1 years shorter than for the general population, while life expectancy for Traveller women is 11.5 years shorter. Travellers and other ethnic minorities might face a higher risk of discrimination if respectful relationships with all health-care professionals are not established⁴⁹.

Inadequate provision and lack of affordability affects the **housing** situation in Ireland. The country has a long-standing problem with undersupply of housing and affordable accommodation. Under-investments in the provision of social housing for many decades, resulting in a severe undersupply caused by an over dependence on private rental accommodation to address social housing needs. Such severe undersupply resulted in a rapid increase in homelessness, including family homelessness. In fact, many people living on low income and single-parent households spend a substantial part of their inadequate disposable income to top up the rent they pay to the private rental market and they remain vulnerable to the volatility of the private market. The Housing Assistance Payment in Ireland is not enough to match the rents charged. Although Ireland has a strong legislative background which enables the provision of public housing, the economic crash of 2008 has fostered dependency upon the private market to provide housing for low-income households.

Social stigma and structural discrimination aggravate the inequality in access for specific subgroups. Specifically, governments and local authorities have failed to ensure adequate levels of accommodation for Travellers,

⁴⁸ World Health Organisation, [Social determinants of health](#).

⁴⁹ EAPN Ireland Report, Giving Health Inequality a Voice, 2020.

despite the need which has been identified, local plans to deliver accommodation and funding allocated from central Government for construction. The problems with provision are often due to local objections and barriers to the provision of accommodation. This results in many Travellers living in temporary inadequate accommodation and in accommodation inappropriate to Travellers' cultural identity.

Independent living is equally difficult for people with disabilities. There is a considerable waiting list for such housing and even when allocated a house, access and safety continue to be issues because of the minimum standards of the building - wheelchair manoeuvring and negotiating steps being examples. Grants are available to improve access but can only be applied when beneficiaries are in residence and may take two years for the final approval. According to Monitoring Adequate Housing in Ireland, 29% of people living with a disability experience housing quality issues, when compared to 21% for those without a disability. People with a disability are also more likely to report an inability to keep their home warm and arrears on rent or mortgage payments.

In addition to provision issues, much of the housing stock in Ireland is old and poorly insulated.

Access to early **childhood education and care** is also unequal. Ireland has one of the most poorly funded childcare systems in Europe. It spends less than 0.3% of national income on childcare, well below the EU average of 0.7% and the UNICEF recommended figure of 1%. The childcare system heavily relies on for-profit providers for delivery, with some community providers in disadvantaged communities. The result is unaffordable childcare with inadequate state support and subsidies to ensure access for those on low incomes. Lone parents are very vulnerable, as 60% of them cannot afford to access childcare services. Lack of public investments in the childcare sector also trigger a vicious circle when it comes to wages of childcare workers, who are paid relatively little compared to the required levels of qualifications to operate in early childhood education and care.

In summary, there has been an historical underinvestment in public services in Ireland, which led to a direct impact on poverty levels and unequal access to essential services. Increased focus on investment in public ser-

vices in the sectors of health, childcare, social and affordable housing is urgently needed to fill the gap left by the private market. The Irish case clearly shows that liberalisation of services cannot meet social needs if no social safeguards are put in place to guarantee the public interest in the provision of essential services. The private market alone cannot adequately address structural inequalities having a direct impact on service accessibility. Lack of timely and equal access to affordable services of decent quality for a dignified life for all increases the socio-economic marginalisation for those who already live on low income or in vulnerable situations (e.g. disabled and Travellers).

Online services used more by lower-income groups and older people (e.g. medical card and social housing services) are more likely to be problematic for their clients to use – data from the Citizens Information Board. This, it is argued, reflects the higher levels of social exclusion among users of these public services compared to the population at large.

Over 20% of those in lower income households had no access to mobile broadband, compared to 0.5% of those on the highest incomes (Central Statistics Office, 2019). 8% of the population had trouble paying for their broadband in the past year (ComReg, 2020). 56% of those on lower incomes access data on their phone through 4G, compared to 71% of those on higher incomes (ComReg, 2019).

Those with greater internet access can also benefit from offers to reduce the cost of utilities and household bills. This disadvantages those on the lowest incomes.

During Covid-19 restrictions, those on lower incomes encountered difficulties. Schools in disadvantaged areas, such as secondary schools in low-income areas, were more likely to report that pupils did not have adequate access to ICT devices, as well as less access to broadband, and lower broadband speeds⁵⁰. This has led to more severe impacts from school

50 Mohan, G., McCoy, S., Carroll, E., Mihut, G., Lyons, S., & MacDomhnaill, C. (2020). Learning for all? Second level education during COVID-19 in Ireland. ESRI.

closures being reported among DEIS schools⁵¹, and students from low-income backgrounds. Other students who faced challenges include those with special educational needs, and those studying English as a foreign language.

Portugal

Various drivers hinder access to essential services in Portugal: discrimination, insufficient income resources, unaffordable costs and low digital skills are amongst the most frequent. Some sub-groups who deal with poverty and social exclusion are particularly vulnerable when it comes to accessing essential services.

Roma communities face widespread discrimination affecting their inclusion in the job market and their access to essential services such as housing, education, digital communications and energy. The living conditions of these communities further limit their access to services – poor neighbourhoods, camps or social housing outside the cities, with no water and sanitation. Although beneficiaries of minimum income face major difficulties in accessing high-priced services (e.g. houses for rent) within the wider population, access of Roma communities to minimum income schemes – the so-called Social Insertion Income – has contributed to better integration of children in the education system. Furthermore, the national strategy for the integration of Roma communities also helped to reduce obstacles to their social inclusion.

Children living in poor households are an important target group for unequal access to essential services, in Portugal. 21.9% of children live in poverty and social exclusion. 3.9% of children and young people up to the age of 17, are in severe material deprivation and 5.4% in a condition of severe material and social deprivation. Healthcare represents an illustrative example of inequality. Although the public healthcare system ensures free

⁵¹ Delivering Equality of Opportunity in Schools (DEIS) is an action in the Plan for Educational Inclusion addressing the educational needs of disadvantaged children and young people (3 to 18 years).

access to healthcare for children under 18, medicines are not free. In addition, the public healthcare system does not cover some crucial health specialities, specifically dental and mental healthcare. The COVID-19 pandemic put a strain on provision of the public healthcare system.

Unequal access to housing and healthcare is particularly apparent for women and older people. The **elderly** are one of the most vulnerable groups to poverty and social exclusion. Territorial inequalities and living in isolated areas (such as rural areas) where services lack increases their exclusion. **Women** deal with structural inequalities which affect access to services. In fact, women receive lower wages and pensions, on average, or live in situations of precarity associated with precarious jobs and inadequate guarantees of social protection systems. In 2019, 70% of beneficiaries of the Solidarity Complement for the Elderly⁵² were women. Moreover, the reference budget to access this service amounted to EUR 5,258.63. The Solidarity Complement for the Elderly is not sufficient to alleviate poverty within the ageing population, the provision being almost 19% below the poverty threshold in 2019⁵³. Old women face a higher risk of monetary poverty which clearly compromises their ability to withstand the real costs of essential goods and services. For the population between 65 and 74 years, the difference in the risk of poverty between men and women is 1.3%, and this difference reaches 7.7 % in the population aged 75 and over. The increased risk of poverty among single women aged 65 and over is related to the increased risk of poverty among retired people.

Migrants, especially undocumented migrants, are more impacted by unequal access to decent housing, adequate income and affordable healthcare, most of them work in precarious and insecure jobs and have little access to social protection guarantees, which require residence. For them, access to services via digital devices is even more complicated. During the pandemic, for example, the National Food Bank established an “emergency food network” to effectively respond to the increasing request for food aid. The use of an online platform reduced timely access of vulnerable groups to the necessary aid.

⁵² The Solidarity Complement for the Elderly is a social benefit that supports people over 66 years old with low resources.

⁵³ Observatório Nacional da Luta Contra a Pobreza, [Pobreza e Exclusão social Relatório 2021](#).

Access to **healthcare** varies significantly between group and regions. An insufficient number of family doctors and public infrastructures⁵⁴ relative to the population size leaves people living in poverty – especially women and the elderly – behind due to long waiting lists, inaccessible private structures – the number of hospitals in the private sector is higher than the public sector – and regional asymmetries.

At the end of 2019, there were still 730,232 users without a family doctor in Portugal⁵⁵.

According to the EU SILC 2019, in Portugal, 2.7% of people surveyed admitted to having unmet medical examination needs, 0.8% less than the European average (3.5%), with the financial cost being the main reason mentioned (52%). About 3% of women admitted having unmet medical needs against 2.3% of men. Around 13.1% of people surveyed in Portugal admitted having unsatisfied needs for dental medical examination, 9.1% more than the European average (4%)⁵⁶.

Access to **housing** is also difficult for people living in poverty and benefiting from minimum income schemes. More than a third of tenants on reduced or free rent and nearly a quarter of tenants on market rent were at risk of poverty or social exclusion in 2020. These remain the most vulnerable groups despite a significant reduction compared to the previous year⁵⁷. The rate of severe housing conditions deprivation was 3.9% in 2020, slightly lower than in 2019 (4.1%). However, there are significant nuances in the overburden of housing expenses at regional level: this rate is 5.2% for the Algarve and 4.5% for Lisbon Metropolitan Area 3. Living in poverty has a direct impact on the housing cost overburden rate: in 2019, this was 22.8% for the population living below poverty line⁵⁸.

⁵⁴ More data available in [Serviço Nacional de Saude, Acesso a cuidados de saúde nos estabelecimentos do SNS e entidades convencionadas, Relatório Anual 2019.](#)

⁵⁵ Serviço Nacional de Saude, [Acesso a cuidados de saúde nos estabelecimentos do SNS e entidades convencionadas.](#) Relatório Anual 2019.

⁵⁶ Observatório Nacional da Luta Contra a Pobreza, [O SNS e a Saúde em tempo de pandemia](#), 2021.

⁵⁷ More data available in Observatório Nacional da Luta Contra a Pobreza, [Pobreza e Exclusão social Relatório 2021.](#)

⁵⁸ More data available in Instituto Nacional de Estatística, Income and Living Conditions, 2019; EU-SILC survey [TESSI163](#), 2022.

Accessibility to **water** and **sanitation** represents a significant problem in the regions where marginal settlements, slums, homeless people or immigrant workers in rural areas are common. The concept of the human right to water and sanitation (HRWS)⁵⁹, in Spain, became more prominent after the economic recession in 2008 and its effects on growing poverty and precariousness. The economic crisis and the related austerity policies also led to the privatisation of water services. The process of privatisation heavily impacted on municipalities and users. In fact, municipalities in need for funding received the concession fee in exchange for the privatisation of services which caused higher prices and greater pressure on the final users.

In 2015, the plenary session of the European Parliament supported the citizens' initiative Right2Water, which sought to guarantee the right to water, as a common good, for all people and the transposition of the HRWS into the legislation of member states⁶⁰. The Right2Water initiative was replicated in Spain, in collaboration with the Association of Public Water Supply and Sanitation Operators (Asociación de Operadores Públicos de Abastecimiento y Saneamiento Agua, AEOPAS), within the framework of the Public Water Network (Red Agua Pública, RAP), through the Social Pact for Public Water (Pacto Social por el Agua Pública, PSAP).

The current health crisis brought about by the COVID-19 pandemic made access to water and sanitation even higher on the agenda, in the context of access to decent housing and dignified living standards.

The Spanish case on water management calls into question the failing application of the public service obligation, namely the fact that, regardless of the provider's nature, an essential service must be provided in the public interest. The ownership of water and sanitation services operating under

⁵⁹ Lara García, Ángela y Del Moral Ituarte, Leandro (2020), "El derecho humano al agua en España en el contexto europeo (2010-2020). Implicaciones para las políticas y los modelos de gestión del ciclo urbano", *Relaciones Internacionales*, nº 45, pp. 305-326.

⁶⁰ In 2010, the United Nations recognised access to clean and safe water as a human right that is essential for the full enjoyment of life and all human rights.

different conditions (from strictly public to fully private management) reactivates the debate about the need to maintain privately operated services or put them back into public ownership and governance. Such shortcomings become even more visible when a public company adopts a capitalistic management of the service while maintaining public ownership of the service. Whilst service contracts and concessions should be subject to the fundamental principles of the TFEU – e.g. equal treatment, non-discrimination and transparency – public management models are polarised between neoliberal market and human-rights-based approaches in the provision of essential services such as water and sanitation. Conflicting expectations linked to public management models call on the EU and Member States to rediscuss the inherent limitations of the social market economy aiming at protecting the free market and social security at the same time. These limitations are constantly reflected in the provider's inability to respond to market and social needs simultaneously and the need for a renewed conceptualisation of the universal service obligation⁶¹ imposed on the provider entrusted with the provision of services of general interest.

In Spain, like other EU countries, the existence of publicly owned water management companies does not guarantee an equal and affordable access to water services. Water being a public good entailing utility services in an illustrative example calling for the design of a more transparent and human rights-based model of public management in line with the public interest characteristic of essential services. The interconnection between causes and consequences of water privatisation and the emergence of water poverty have led to the development of a social movement committed to defending the human right to water, which integrated both social and environmental arguments for the first time. Notwithstanding such positive experiences, Spain still lacks a public or autonomous regulatory framework for the management of urban water, at municipal level.

Moreover, the implementation of the HRWS in Spain and Europe has focused on affordability (the prohibition of cuts, the guarantee of a minimum

61 *The Universal service obligation (USO) sets the requirements designed to ensure that certain services are made available to all consumers and users in a Member State, regardless of their geographical location, at a specified quality and at an affordable price. The definition of specific USO is set at European level as an essential component of market liberalisation of service sectors, such as electronic communications and transport, in a Quality Framework for Services of General Interest in Europe, European Commission, 2011.*

vital income, social rates), governance requirements (transparency, accountability) and management model (public versus private). Therefore, accessibility of water and sanitation goes beyond the coverage priority for the Global South which historically suffered from deficits in supply.

In 2019, 7.6% of families in Spain were affected by **energy** poverty: more than 3.5 million people in the whole country could not keep their house adequately warm during the winter. The situation deteriorated further with the COVID-19 pandemic and the climate crisis.

Significant steps forward have been made in the country: the recent adoption of the National Strategy to Combat Poverty, for example. However, the Strategy is only one tool to address a broader issue. In fact, energy poverty is a manifestation of poverty and inadequate income. Tackling poverty and ensuring decent affordable housing to all are pre-conditions to addressing the structural causes of energy poverty.

Public **transport** faced the greatest crisis in its history following the outbreak of the COVID-19 pandemic. Although the cost of transportation has not increased during the pandemic, travellers preferred to use private vehicles to protect their health. The fear of contagion is the key factor that determined a decline of more than 45% in the use of public transport⁶². Nonetheless, security measures and air filtering have proven to be effective in preventing the risk of transmitting the virus to commuters.

The Madrid Transport Consortium, which includes buses, metro and suburban lines, had 1.6 billion passengers in 2019 compared to 900 users after the pandemic. The Ministry of Transport allocated a fund of EUR 800 million for the urban public transport to compensate for the drop in passengers and related income. However, this amount only covered the transport managed by the autonomous communities (in general, subways, trams and interurban buses). Urban bus companies depending on the municipalities are still waiting for another promised bailout.

⁶² <https://elpais.com/clima-y-medio-ambiente/2020-12-30/nueva-movilidad-y-miedo-al-contagio-el-transporte-publico-ante-la-mayor-crisis-de-su-historia.html>.

The public transport crisis emphasised the importance of the quality dimension of service provision – in this case, systems to control air pollution – and brought out new vulnerable subgroups, such as chronically ill people and the elderly. On the other hand, the increased use of cars replacing public transports creates other forms of inequalities. Should public transport not be secure or be interrupted, people without private vehicles are prevented from accessing other essential services and their workplace. The public transport crisis also highlighted the nature of transports as a service of public interest legitimising consistent public funding to improve accessibility of public transport, in all geographical locations.

People with low-income, non-means tested benefits, precarious jobs and unemployment linked to a number of reasons (e.g. care giving and disability) are amongst the groups most affected by **financial exclusion**, in Spain. A person is considered economically excluded when they do not have access or cannot use the services offered by conventional financial institutions, namely banking, savings, credit and insurance. Living in a disadvantaged region increases the probability of financial exclusion, as does living in a rural area, due to the scarcity and constant closure of banking services. In addition to this, online banking and high costs of services and commission prevent vulnerable groups from using financial services because of the digital divide and over-indebtedness. The latter is predominant in Spain: 27.2% of the population is in debt and 44% could not maintain their current standard of living for three months.

In a survey addressed to people in vulnerable situations, to regional networks and state entities of EAPN-ES (348 responses, from February 4 to March 29, 2021), the most prominent consequences of the pandemic have been the following:

- the difficulty of accessing a decent and quality job;
- loss of employment and falling income in their homes;
- 3 out of 10 indicated that they were getting into debt;
- 47.6% have indicated that in the last year they have suffered a large increase in commission for services from their bank;

- 44.2% have reported that the conditions of their account have worsened, and bonuses have been removed;
- 20.2% were denied the possibility of opening a bank account. Unequal access to bank accounts is caused by requirements that people cannot meet (80% of the people surveyed), insufficient income (60%) and on-line banking (20%).

Financial exclusion generates multiple long-term consequences on the affected social groups: eviction, delinquency, increased stigmatisation and/or poverty, impossibility to access non-contributory benefits.

Access and penetration of information and communication technologies are generally good in Spain for the wider population: in 2021, 95.9% of households had a broadband connection and 83.7% were equipped with some type of computer⁶³.

However, these figures hide the reality of those households that do not own devices or the necessary skills, and cannot access a quality internet connection. People in poverty, with low educational attainment, living in rural areas or single parent households are the most affected by these issues. More specifically, the digital divide between the poor and the non-poor has enormous consequences for social integration and access to benefits and essential services.

Poverty determines the availability of computer equipment. More than one in four households living in poverty (26.6%) do not have any kind of computer, which is double that of those households not in poverty.

Concurrently, poverty reduces the opportunities to access quality internet and acquire digital skills. Only 75% of households living in poverty have a fixed broadband connection, a figure that contrasts with the 85.6% that is recorded among households that are not in poverty. 43.1% of poor people

⁶³ https://www.ine.es/dyngs/INEbase/en/operacion.htm?c=estadistica_C&cid=1254736176741&menu=ultiDatos&idp=1254735976608

have low or no digital skills, a figure double that of (24.2%) non-poor people⁶⁴.

The COVID-19 pandemic compromised face-to-face **educational and vocational training** activities. When the state of emergency was declared in Spain, through Royal Decree 463/2020, on 14 March, confinement to the home measures were adopted for the entire population, except for workers in care services. The suspension of face-to-face education and the closure of educational centres particularly impacted on children and young people in poor households and those suffering from the digital divide, as well as those coming from Roma communities and with a migratory background, and workers in the educational sector. The pandemic showed the existence of a digital divide and great inequality in access to computers, electronic devices or the internet because of insufficient means to afford these⁶⁵. Inequality of opportunities, social and cultural barriers to access school and training to develop necessary skills represent the core challenges for education in Spain.

The High Commissioner for the Fight against Child Poverty in Spain pointed out that the right to inclusive and quality education for all children must be guaranteed through policies targeted to enhancing equal participation and reducing socio-economic segregation, school failure and the digital divide⁶⁶.

As a recent report⁶⁷ highlights, one of the main challenges of the educational system in Spain is the reduction of the intergenerational transmission of inequality and discrimination related to origin, socio-economic class, ethnicity, and disability. One in two children and adolescents from a household with a low educational level is at risk of poverty or social exclusion. The impact of child poverty on education is more visible in five intertwined areas: firstly, early childhood education (0 to 3 years) - low participation in quality pre-school education programs, educational spending by house-

⁶⁴ EAPN-ES, [Estudio: Nuevas Tecnologías, brecha digital y hogares vulnerables](#), 2021

⁶⁵ Consejo Escolar del Estado, [Situación actual de la educación en España a consecuencia de la pandemia](#), 2021 & El País, [Uno de cada cinco niños no tiene acceso a una educación equitativa y de calidad](#), 2021

⁶⁶ Presidencia del Gobierno, [Pedro Sánchez steps up fight for equal opportunities with initiative 'Zero Child Poverty Country Alliance'](#), 2021

⁶⁷ Gobierno de España, [Pobreza infantil y Desigualdad Educativa en España](#), 2020.

holds, school segregation – which disproportionately affect disadvantaged students - early school leaving⁶⁸ and repetition of classes, digitalization and educational gaps.

According to the report, the underlying differences of socio-economic level of the household from which young people come is the main driver for the dropout rate: 3 out of 10 young people in households with fewer resources drop out of studies at the end of compulsory education, compared to only 0.4 out of 10 in households with more resources, a difference of 7.5. Moreover, data indicate that children and adolescents belonging to households with a lower socio-economic level have a repetition rate 5.5 times higher than those who live in households with more resources. Breaking the cycle of disadvantage in Spain is a truly national emergency.

The COVID-19 pandemic and the mandatory confinement brought out the existing digital social gap in Spain. Subsequently, children and young people living in disadvantaged households face a triple digital barrier in terms of access to the internet, devices, and ability to use information and communication technologies. The digital gap further increases the current educational gap, especially when face-to-face education cannot be guaranteed and when social transfers reduce child poverty risk by only 17.7% in Spain⁶⁹ (20.4 percentage points lower respectively than the EU-28 average).

In Spain, each Autonomous Community and City has its own **Social Services** Law (Ceuta and Melilla only have regulatory regulations) and this leads to significant territorial differences.

According to the DEC Index (Social Services Development Index) by communities, 40% of the population lives in communities with weak or irrelevant social services. The Basque Country (7.95) and Navarra (7.90), both with a rating of 'excellent', are the ones that obtain the best rating, followed by Castilla y León with a rate of 7.30. The Community of Madrid and Murcia, with 3.20 respectively, are the worst rated. These communities obtain the

⁶⁸ With regard to early school leaving in Spain, despite the fact that the rate has dropped substantially in recent decades, Spain has the highest rate in the European Union (17.3%).

⁶⁹ ESPN Flash Report 2019/50, A new Strategy to prevent and combat poverty and social exclusion in Spain, 2019.

qualification of 'irrelevant', together with the Canary Islands and Cantabria. Dependency care was not reaching all the people who needed it by 2020, 41.5% of dependent people are not being cared for, 68.2% of neglected people are concentrated in Catalonia, Andalusia and Madrid.

The main challenges associated with social services in Spain include⁷⁰:

- Inadequate adaptation of social services' provision to today's society which is characterised by socio-demographic changes, de-industrialisation of the labour market, digital economy, transition to climate neutrality and changes in the composition of households, amongst others. Therefore, new profiles of users with complex needs do not fit into simplified categories, namely intersectional identities, new family and work models, growing mental problems.
- Territorial inequalities and declining social investment: 40% of the population lives in communities with weak or irrelevant social services. Consequently, restricted access and limited coverage leave several sub-groups behind, such as foreign people in an irregular situation, indebted and disabled people.
- Absence of integrated action: only 13 autonomous communities have the SIUSS system implemented (Information System for Users of Social Services). Moreover, coordination of policies between education and healthcare with respect to social services is quite limited. Consequently, inconsistencies in the provision of services as defined in the database and collection of data due to the regional laws of social services generates discrepancies in the diagnosis of final users' situations and in the assessment of interventions.
- Insufficient services in rural areas: lack of funding and human resources, and no effective planning of social services to improve outreach to rural areas. As a result, social services fail to meet the needs of the most vulnerable rural population.

⁷⁰ More information is available in EAPN-ES [Análisis De Los Servicios Sociales. Las personas atendidas y la perspectiva autonómica](#), 2021.

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- Digitalization has further complicated the process to access social services which became more exclusive.
 - Lack of coordination between Social Services and Employment: vertical management models do not enable inter-sectoral coordination and horizontal integration of services in the context of inclusive activation, which complements participation in the job market.
 - No person-centred approach: welfare state interventions are not integrated with personalised services; thus they address the emergency rather than preventing issues and eradicating poverty and inequalities. Such deficiency structurally perpetuates inequalities and neglects the guarantee of desirable rights within the country.
 - Job insecurity of social workers together with a constant under-staffing prevent social services from effectively addressing the challenges of vulnerable groups and perpetuates a situation of mistreatment and precariousness of professionals. Against this backdrop, the COVID-19 pandemic has worsened accessibility of social services and availability of social and care workers as centres closed their doors and generated delays in dealing with procedures and delivering benefits.

Croatia

People experiencing poverty report that access to certain services is of poor quality in Croatia. In this respect, access to **healthcare** is particularly at stake. Basic needs still cannot be met: generic medicines are paid for, for example. People living in poverty are also faced with unfair treatment from medical staff and unequal access to quality services, because they are concentrated in some areas of the country only.

In addition to this, there is a binary relationship between social exclusion and health. In fact, discrimination and stigmatisation cause long-term psychological damage; concurrently, poor health can lead to further social exclusion. Therefore, inadequate accessibility of services increases the risk of mental illness and other chronic diseases which lower life expectancy.

It is also important to emphasise how psychosocial stress caused by unemployment has a strong impact on the physical and mental health and well-being of people experiencing poverty.

Some groups of people living in poverty may have more detrimental health outcomes than others, for example children and young people with behavioural problems, the elderly or people suffering from chronic diseases.

People with mental illness are confronted with multiple barriers to accessing **health and social services**: a high risk of stigmatisation and discrimination which prevent them from accessing treatment; inadequate access to appropriate information about psychosocial support; geographical inequalities; unaffordable services; lack of mental health professionals. The over-reliance on digital tools during the recent pandemic made the identification of urgent needs even harder.

Unequal access to dental healthcare and affordable housing frequently affects homeless and marginalised people. Young people in alternative care are also impacted by inadequate access to higher education and employment discrimination.

Lithuania

In Lithuania, there are different reasons for unequal access to services. Lack of affordability heavily impacts on access to energy, healthcare, and housing. **Social services and healthcare** are insufficiently accessible to the elderly and disabled people (because of unavailable quality services) and to people living in the countryside or remote areas (because of territorial inequalities). The latter also experience difficulties in accessing water, transport, and education. In remote areas, essential services are less and less available than cities, as many services are now rationed to achieve efficiency gains. Households with children are more frequently faced with insufficient social housing and a waiting list of approximately 6 years. Likewise, social services are insufficient as they are not financed adequately, and people often remain on the waiting list while facing the risk of dropping out of the labour market - this is particularly true for care givers. Specif-

ically, regulation changes have significantly limited the timely access to quality social services. The implementation of social services is still organised based on the catalogue of services available per target group. In this respect, a needs-based model for the provision of social services should be prioritised, in cooperation with final users, municipalities and NGOs.

Transportation systems are still not well developed across the different regions. This problem is often relevant to the most vulnerable, lowest-income people, those who cannot afford to buy a car on their own. Villagers point out that buses operate a few times a day only and are at best compatible with children returning from school. During the children's summer holidays, buses may reach the villages only a few times a week, thus the transport schedule heavily impact on access to the workplace and pre-school care for children if their parents cannot rely on a private vehicle. Moreover, old public transport is not suitable for people with special needs, such as a physically impaired person or parents with children.

According to the data of the State Audit Office, only 35% of public transport is adapted for people with disabilities.

It is also important to mention that a single ticket system is still not widespread in Lithuania, which could help individuals to purchase regular tickets at a lower price.

Free public transport is operated in some municipalities, but the proposed schedule does not address the needs of the whole population. Individual initiatives exist but these are not yet widespread in the country: for example, people living in poverty could benefit from ad hoc transportation to reach the workplace.

"Lack of transport is worrying, especially when it does not fit people with disabilities. There is a "social taxi", but it is just one. I can't get it even once a month. The need is so big because people have to be taken to dialysis. So, you can't just call it if you need some sort of entertainment."

— Quote from a person experiencing poverty in Lithuania.

The impact of **digital communications** on everyday life is undeniable: public services traditionally operating in face-to-face settings for claiming social benefits, issuing certificates, registering for the provision of services are increasingly moving to the digital space.

However, technological progress does not only unlock new opportunities but also poses new challenges. One of them is digital exclusion, which is mainly linked to the gap between individuals and societal groups in terms of access to the Internet and the latest information technologies. Such a gap is also affected by insufficient skills in using digital communications, especially for low-income earners and vulnerable groups.

Lithuania has been proudly promoting its fastest internet both in Europe and around the world, and the wider population's access to public internet. In 2019, 82% of households had internet access, while 77% of people had personal computers at home. However, when compared to the other Baltic countries, Lithuania's indicators are still among the lowest. These indicators also show that significant divergencies between cities and rural areas remain in the country.

Furthermore, the digital divide has become a serious barrier to employment: the use of computers, the internet and other technologies are now common in many workplaces and required tasks. Internet accessibility indicators, as well as the experience of non-governmental organisations, reveal that there is a large digital divide between vulnerable groups and the

rest of society, and this must be addressed urgently in order not to deepen social exclusion.

Key findings: intersection of EU and national scenarios

Essential services and the European Semester

Service provision varies greatly across Member States and across groups and regions within the same country. Remarkable differences and gaps in the coverage of social protection systems and access to essential services across the EU were already highlighted in the 2019 Annual Sustainable Growth Survey, before the pandemic. The at-risk-of-poverty or social exclusion rate (AROPE) remained stable in 2020, as a result of larger public support during the pandemic, by means of temporary fiscal measures and social transfers, but there were considerable variations for non-standard workers and vulnerable groups (including children and Roma)⁷¹.

However, in the Annual Sustainable Growth Survey 2022, the overall approach to services of public interest is still dominated by the narrative of efficiency and free movement of services in the single market. Social protection schemes are poorly mentioned and mainly in relation to the integration of workers in the job market, workers during the green and digital transitions, through upskilling and reskilling measures.

⁷¹ European Commission, Proposal for a Joint Employment Report, 2021.

Recovery and Resilience Plans (RRPs) put in place reforms and investments aimed at strengthening social cohesion and resilience, through an increased capacity of public employment services, digital education and better access to services, amongst others. Overall, RRP present a wide range of measures supporting the digital transformation pillar, especially the digitalization of transport (36%, EUR 47 billion) and the digitalization of public services, for the 22 adopted RRP, including interoperability of digital public platforms, the use of eIDs, user-friendly and citizen-oriented public administration services. Digitalization of national healthcare systems and the development of digital skills also represented a significant share of many RRP⁷².

However, RRP did not address all the challenges identified in the European Semester, specifically the country-specific recommendations (CSRs) of 2019 and 2020 adopted by the Council⁷³ – including but not limited to the involvement of social partners in national policy design and implementation of social CSRs, better alignment between the call for investments and the available resources under the overarching macroeconomic recommendations and tax systems (heavy focus on labour), the integration of an active inclusion approach. For example, in Ireland, the RRP includes measures to address some elements of the much wider reforms necessary to bring about reforms in healthcare and in the provision of social and affordable housing as well as pensions reform. Only a few countries received recommendations to improve adequacy and coverage of social protection systems in their social CSRs in 2019 and 2020. Some of them incorporated measures to consolidate coverage and adequacy of social benefits and social safety nets in their RRP (e.g. Croatia, Lithuania and Portugal). In 2019, access to health services was prioritised in many countries, but accessibility and quality considerations were often mainly linked to efficiency and cost-effectiveness. In 2020, the Commission CSRs paid greater attention to the post-pandemic recovery to tackle its health and socio-economic impact. However, whilst it welcomed the fiscal flexibility under the activation of the general escape clause (Stability and Growth Pact), it also framed

⁷² Report from the Commission to the European parliament and the Council on the implementation of the Recovery and Resilience Facility, March 2022.

⁷³ EAPN, A Step Forward for Social Rights? EAPN Assessment of 2019 Country-Specific Recommendations & Country Analysis; EAPN Assessment of the 2020 Country-Specific Recommendations, Position Paper.

the recovery in the economic stability, social fairness, environmental sustainability and productivity and competitiveness. Social fairness focused on employment, income inequalities and the need of better cooperation between social services, healthcare and long-term care. Lastly, in 2020 CSRs, there is still little attention to specific at-risk target groups, quality work, inclusive, affordable universal services of general interest and comprehensive anti-poverty strategies.

Frequent missed opportunities across national Recovery and Resilience Plans include the following aspects:

- No direct component to combat poverty or poverty reduction targets (e.g. Portugal, Finland, Ireland and Spain).
- Insufficient focus on social rights and socio-economic inclusion measures, apart from labour creation or modernisation (e.g. Lithuania and France).
- Limited impact assessment of measures addressing climate and digital transitions on poverty and social exclusion – no clear social indicators (e.g. Ireland, Lithuania, Spain and France).
- Unclear synergies between RRP and national strategies to combat poverty (e.g. Portugal).

Particularly negative outcomes can be observed in the Czech Republic, where professional counselling and preventive social services were not allowed to draw funds from the RRP.

Some positive elements include, the mention, in some countries, of universal access to quality essential services, combating inequalities and promoting the inclusion of the most vulnerable groups (in housing, energy, digital comms, health) – like Portugal. The digital divide, specifically its impact on access to education, is also recognised as a priority and a burden for disadvantaged groups. Furthermore, RRP that address 2019-2020 CSRs in their plans have the potential to increase equality of opportunities. For example, in Ireland, 3 CSRs (2019) are duly considered – 1. provide personalised active integration support and facilitate upskilling, in particular for vulnerable groups and people living in households with low work inten-

sity. 2. Focus investment-related economic policy on the low carbon and energy transition, the reduction of greenhouse gas emissions, sustainable transport, water, digital infrastructure and affordable and social housing. 3. Broaden the tax base; address features of the tax system that may facilitate aggressive tax planning; fully implement pension reform plans. Likewise, 2 CSRs from 2020 are addressed in the Irish RRP: 1. Improve accessibility of the health system and strengthen its resilience, including by responding to the health workforce's needs and ensuring universal coverage to primary care. 2. Support employment through developing skills and increase the provision of social and affordable housing.

In Spain, the RPP focuses on issues linked to the various indirect dimensions of poverty and inequality, such as the adequate provision of care services and social housing as well as ensuring a just and inclusive energy transition and a fair taxation system. In fact, there is a call for reinforcing the three existing pillars of the welfare state in terms of essential services, such as education, health and social services, with an expressed need to develop provision and access to better care services. Territorial inequalities are also taken into account when it comes to the availability of basic goods and services. Therefore, although the Spanish RPP prioritises sustainable economic growth, it recognises the fundamental role of reducing inequalities, particularly gender inequality, and the related impact on economic efficiency and territorial cohesion in the long-term. Furthermore, the proposed deep reform of the active employment policies and the promotion of quality employment could potentially lead to inclusive labour market insertion policies adapted to the different vulnerability profiles of those receiving the National Minimum Income and in need of access to quality services.

Neutral outcomes can be observed in countries like France, where the RRP allocates 50% of investments in favour of climate transition, and 25% of investments in support of digital transition, which exceeds EU requirements (37% and 20%, respectively). However, in the Renovation of Buildings section of the Plan, social housing is high on the agenda but there is no priority given to the poor households for renovation of the worst-performing buildings in the private residential sector and no quantified targets for the renovation of the worst-performing buildings. Similarly, in the digital chapter, digital inclusion is mentioned, but no quantified targets are proposed

to measure poor people's access to their rights and essential services digitally.

In the present study, country case studies set out several common challenges that should be prioritised through better consistency and integration between EU and national policies, particularly in the context of the European Semester and the implementation of the European Pillar of Social Rights.

Adequacy of essential services: highlights and grey areas

When analysing adequacy of essential services, the quality and affordability dimensions cannot be separated. In fact, in the context of essential services, adequacy represents their free and universal nature, which makes de facto the access to these services a right for all - those who are in need of support, in particular - regardless of the different levels of social segmentation and the nature of the provider (public or private, profit or non-profit making).

Protocol n° 26 on Services of General Interest and Article 36 of the Charter of Fundamental Rights – under the changes implemented by the Treaty of Lisbon – paved the way for a harmonised quality framework aiming to facilitate the national delivery of services of general interest according to the principles of quality, safety, affordability, universal access, users' rights and equal treatment⁷⁴. Furthermore, maintaining high-quality standards for service delivery has been set as a priority in European Commission's Country Specific Recommendations on the National Reform Programmes in most Member States (2019 and 2020)⁷⁵.

⁷⁴ European Commission, Guide to the application of the European Union rules on state aid, public procurement and the internal market to services of general economic interest, and in particular to social services of general interest, 2013. A Quality Framework for Services of General Interest in Europe, 2011.


⁷⁵ Challenges identified in the country-specific recommendations of 2019 and 2020 have informed the recent national Recovery and Resilience Plans. More information is available here: https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility_en.

The implementation of the right to access adequate essential services at national, regional or local level poses some challenges such as inequalities in the access and/or use of services, which are often linked to both structural inequalities in our society – e.g. income and gender inequality, stigmatisation against vulnerable communities – and important contingent factors – e.g. the non-integrated approach to policies and the neo-liberal austerity model implying the reduction of public spending and the liberalisation of services via market-opening.

Public authorities and the welfare state play a pivotal role in ensuring accessibility of essential services. The market without public intervention cannot address structural inequalities and the needs of vulnerable groups in compliance with all fundamental principles of quality, safety, affordability, universal access, users' rights and equal treatment. When the market acts alone, such necessary conditions often are not met. For example, high-quality services are likely to be concentrated in cities, but essential services are often unaffordable for all in urban areas.

When a service is offered in the public interest – whether the entrusted entity is publicly owned or not – public authorities should be held accountable for designing and implementing good governance models setting human-rights requirements for service providers as well as targeted public investments. Flexibility should be prioritised when specific needs of the population must be served, and not for cost-effectiveness reasons of public authorities. Furthermore, the quality criteria⁷⁶ should be clearly designed and monitored in the context of a coherent legislation for quality frameworks in the contracts regulating the provision of essential services at national, regional, and local level. In this respect, it is crucial that public authorities consistently incorporate the universal service obligation which makes the compliance with a specified quality a “*condictio sine qua non*”. For example, the main obligation for contracting parties should not simply be to run a service but to comply with the quality evaluation criteria set by the public authorities based on the specific circumstances and characteristics of the local population. Compliance with such conditions should

⁷⁶ Types of existing quality tools and frameworks for social services in Europe have been mapped in the final report of the European Commission on the study on social services of general interest, October 2011.



be universal, legally binding, and socially inclusive – the consultation of stakeholders, the assessment of social needs and the impact assessment of measures (e.g. service accessibility) should be prioritised. Conversely, quality monitoring should not depend on the financing sources and organisation for service provision (public versus private funds; or direct public provision versus for-profit or non-state providers in receipt of public funding)⁷⁷.

⁷⁷ In some countries the degree of quality imposed on private providers depends on the degree of public funding these providers receive.

Box 1: Focus on Social Services

Social services comprise a wide range of providers, as well as care and support services of both economic and non-economic nature. Their organisation and funding vary greatly across countries and services, according to contextual factors (e.g. vulnerable groups, geographical and cultural specificities). They contribute to social protection and benefit systems, but they also provide people at risk of exclusion with access to social security schemes and customised activities. Therefore, they enhance the creation of equal opportunities for all and build social cohesion.

Social services of general interest often benefit from legislative waivers to avoid potential regressive effects of competition regulations in the European single market and the administrative burden for Member States organising the provision of such services to the vulnerable groups at affordable conditions. For example, non-economic services, such as statutory social security schemes, are not subject to specific European legislation or to internal market and competition rules.

The 2012 SGEI package⁷⁸ offers a clear framework for social services of an economic nature only, regardless of the nature of the service provider (profit or non-profit). It also establishes that public service compensation for the provision of SGEIs meeting social needs⁷⁹ – such as health and long-term care, childcare, access to reintegration into the labour market, social housing and the care and social inclusion of vulnerable groups’ – is compatible with the internal market, irrespective of the amount. More interestingly, it clarifies that, as for social services for the general public successfully provided under normal market conditions, consistent with the public interest, there is no mandatory public service obligation. Conversely, as for social services targeted to vulnerable or disadvantaged people, public authorities can intervene by setting very specific requirements regulating

⁷⁸ European Commission, 3rd Biennial Report on Social Services of General Interest, 2013, accessible [here](#).

⁷⁹ Commission Decision of 20 December on the application of Article 106(2) of the Treaty on the Functioning of the European Union to State aid in the form of public service compensation granted to certain undertakings entrusted with the operation of services of general economic interest Official Journal L7, 11.01.2012, p. 3-10.

the price, quality, continuity and accessibility other than the market's conditions.

Despite these specific conditions, both statutory and not-for-profit services have been hugely affected by austerity measures and the stagnation of expenditure for benefits in kind, in the past decade. Nonetheless, the demand for these services has not ceased to overcome the supply capacities due to the COVID-19 pandemic and the ageing population. At the same time, personalised social services have a preventive role that cannot be replaced by other services for vulnerable users in their exercise of their fundamental rights – social re-integration of individuals with long-term health or disability problems, or housing and childcare for disadvantaged people.

Moreover, the aforementioned ad hoc regulatory framework has not managed to: secure the investment needed for social services; set a harmonised definition of what social services are as the term is often interchanged with public services; harmonise the operability of data collected from users' assessment and interventions to improve the governance and meet the needs of the diversity of users and professionals (e.g. training). In 2010, the Social Protection Committee developed a rights-based framework⁸⁰ for quality social services – the voluntary European Quality Framework for social services – whose implementation remains voluntary⁸¹. However, the overarching quality principles for social service provision⁸² are very similar to those that EAPN identified for essential services, which proves that social services should be formally acknowledged as essential services in

80 Every citizen, especially the most disadvantaged, should be able to count on quality social services such as early childhood education and care, long-term care, social assistance, social housing, needs-based personal targeted services aimed at social inclusion and labour market integration.

81 Opinion of the European Economic and Social Committee on the 'Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: A Quality Framework for Services of General Interest in Europe', 2012; Prometheus, Common Quality Framework for Social Services of General Interest, 2010.

82 More details about the quality principles for the relationships between service providers and users; quality principles for the relationships between service providers, public authorities, social partners and other stakeholders; and quality principles for human and physical capital in: the Social Protection Committee, a Voluntary European Quality Framework for Social Services, 2010.

the EU and pave the way for quality indicators measuring the impact on the service user⁸³:

- available
- accessible
- affordable
- person-centred
- comprehensive
- continuous
- outcome-oriented

Social protection and access to services

People in low-income households have less access to essential services or experience more adverse outcomes when they access these services (e.g. healthcare and financial services). At the same time, inaccessibility to basic goods and services can put people at risk of extreme poverty and social exclusion (e.g. people that do not have access to transport or child-care cannot work).


⁸³ Building on the existing voluntary European Quality Framework for Social Services, the Commission will present, by 2024, a specific framework for Social Services of Excellence for persons with disabilities, as part of the new Strategy for the Rights of Persons with Disabilities 2021-2030.

Adequate social protection and access to adequate minimum income⁸⁴ are essential elements to support people living in poverty in achieving decent living standards. However:

- means alone, without broader enabling policies, are not corrective of inequalities and social injustice.
- Activation measures often focus only on participation in labour markets and apply negative conditionalities on the people in need of minimum income.
- Many EU countries use income-based eligibility criteria to decide potential beneficiaries of support measures for access to essential services. However, restrictiveness of eligibility criteria of minimum income scheme leaves many vulnerable people behind.
- The adequacy of income support is monitored via the European Semester. Nonetheless, the Annual Sustainable Growth Survey 2022 reiterates the market-based narrative of productivity, job creation and economic growth, and overlooks the social dimension of the single market.
- The long-standing weakness of social protection systems (inefficient governance, no integrated approach in the planning of policies and service delivery, funding cuts and under-investment, amongst others) is conducive to review the capacity of current tools and regulations to create more inclusive societies.

In this context, entitlement to measures facilitating access to essential services should not be based on the existing eligibility criteria for means-tested benefits. Conversely, a universal needs-centred and rights-based approach to social protection is necessary. Adequate income support should be complemented by access to essential services through more inclusive activation paradigms which integrate employment with quality essential

⁸⁴ Minimum Income Schemes (MIS) are an integral part of comprehensive, rights-based, and universal social protection schemes. Minimum Income should be part of National Strategies Combating Poverty which effectively integrate measures to achieve fair wages and decent work, access to affordable quality essential services, access to basic social security and adequate income support, personalised social services, and active inclusion policies. More information about EAPN key messages on Minimum Income Schemes is available in [EAPN response](#) to the Commission's consultation on minimum income, 2022.



services such as housing, health and education⁸⁵. Concurrently, active inclusion⁸⁶ involves a holistic framework supporting active social and economic inclusion through the provision and access to all key services. This includes all types of social protection schemes, comprising social assistance, social insurance, statutory and personalised social services, socially-just labour market interventions (e.g. training services and minimum employment standards). A reinforced role of welfare states in providing adequate social protection for all is a necessary pre-condition and an enabling factor to enhance access to income, essential services and inclusive labour markets. The quality dimension of essential services is strictly related to a good social protection coverage and the availability of public support. In fact, access to quality services relies on the one hand, on the provision of quality services which implies fair minimum wages and working conditions and adequate social security for those who provide essential services. In parallel, access to quality services also depends on the design of social policies and protection schemes which inevitably affects low-income and vulnerable people's access to enabling goods and quality services. In this regard, a positive and poverty-proof hierarchy between minimum income, social security, and minimum wages must be established at the EU and national levels. Punitive activation measures and strict conditionalities in minimum income schemes do not cease to hinder any progress in access to quality employment, training, health and housing services; therefore, an urgent review is needed.

To conclude, minimum income protection should be measured through the effective application of the key principles identified in the Council Conclusions of 9 October 2020: universal access; adequacy considering living standards and price levels or national poverty lines in the Member State

⁸⁵ [Commission Recommendation of 3 October 2008](#) on the active inclusion of people excluded from the labour market recommended an integrated comprehensive strategy for the active inclusion of people excluded from the labour market combining adequate income support, inclusive labour markets and access to quality services. The European Social Network, in 2013, highlighted the existing barriers to such approach in Member States. These challenges continue to pose problems today: in-work poverty rose significantly in a third of EU countries; Member States have tightened eligibility conditions and linked the right to income support to the willingness to work and a minimum commitment to seeking a job. See also European Social Network, '[Tools for inclusive activation: Improving the social inclusion of people furthest from the labour market](#)', 2019.

⁸⁶ EAPN, 10 Arguments in Support of Active Inclusion, 2014.

concerned; provision of good-quality enabling services based on active inclusion⁸⁷.

The impact of digitalization on disadvantaged groups

The dimension of access to services has been embedded in several EU initiatives and policies, in the last decade. The EU's Digital Single Market Strategy⁸⁸ is based on better access for consumers and businesses to digital goods and services across Europe. The EU Parliament and Council issued a Directive on the accessibility of the websites and mobile applications of public sector bodies, in 2016. The Communication on Shaping Europe's digital future, in 2020, promoted a digital transformation that works for the ultimate benefit of people and fairness in the digital economy. In the wake of the COVID-19 pandemic, measures to close the digital gap in education and healthcare were prioritised – for example, through the European Parliament resolution of 25 March 2021 on shaping digital education policy and the European Health Data Space promoting the design and application of digital services for the provision of healthcare, respectively.

The fast-paced digitalization of essential services during the COVID-19 pandemic contributed to the exacerbation of inequalities. In fact, although in many EU countries the wider population has access to digital technologies and the internet, people living in vulnerable situations suffer from a lack of digital skills and the necessary infrastructure and equipment – including but not limited to children in poor households, undocumented migrants, Roma, the elderly, the homeless, and people living in rural or remote areas.

Two main common concerns impact these groups: 1. the over-reliance on digital means produce higher costs and administrative burdens, for those

⁸⁷ Council Conclusions (9 October 2020), Strengthening Minimum Income Protection to Combat Poverty and Social Exclusion in the COVID-19 Pandemic and Beyond.

⁸⁸ Digital Single Market Strategy: European Commission agrees areas for action, 2015.

lacking digital equipment or skills and those who live on a low income – for example, old people and online banking, children and education, Roma and healthcare. 2. During the pandemic, many services and professionals became accessible only via digital means. If no training and targeted measures for service users and providers are not put in place, the massive use of technologies will exclude disadvantaged groups from accessing fundamental rights, social benefits, and essential services.

The digital bank identifier is required to access digital private and public services (Finland). People who do not have the identifier are left alone to incur higher costs if they want to use face-to-face services and they are often unable to access their health data and apply for benefits online.

Digital literacy is key to enhancing social inclusion (Slovenia): the digital gap and poor communications on digital means (e.g. long emails, no contact details, unclear attachments) can lead to a greater social division in access to rights and services.

Housing lists, choice-based housing applications, homeless support, disability grants and repairs/maintenance are mainly online processes. Many people experiencing poverty do not have computers and conducting such services on a smartphone is more difficult (Ireland). Apart from among older people, other socio-economic and demographic digital divides are evident, with the unemployed, those with lower education, lone-parent households, and the lower income quintiles less likely to own ICT devices, use computer software, download apps, use internet banking, or interact with government online – National Economic and Social Council Report on Digital Inclusion in Ireland 2021. Qualitative data from the Citizens Information Board (2018, 2020) also shows that those with literacy problems and non-native English speakers struggle to use online public services. Groups that lack digital skills and/or devices have had difficulties with access to many services such as the online Pay Related Social Insurance, Back to School Clothing and Footwear Allowance applications, Pandemic Unemployment Payment eligibility checks, and driving licence renewal appointments.

In September 2021, the Irish government published a new Adult Literacy, Numeracy and Digital Literacy Strategy, to address some barriers related to digital skills.

However, a wider range of measures is needed to address other issues regarding the digital divide, some of which are linked to income poverty and other forms of exclusion, and access to broadband.

Moreover, while investment in digital access and addressing the digital divide is very important, it is critical that people are given the possibility to access some services face-to-face. This is because of the limited use of technology among people in some age and social groups and the fact that the internet is not available in all areas of the country and the EU. Furthermore, the physical contact with service providers for some people can be an essential part of their social network for reasons of mental health or social isolation, and to access community and social services to get personalised support for issues they face, many because of poverty or social exclusion. Therefore, ensuring equal access to digital services and digital training should not become the only focus.

During the pandemic, in particular, digital processes have become more widely used, and for groups that lack digital equipment or digital skills, such as those below the poverty line and the elderly, it has become more difficult to contact the local social services offices (Norway). Additionally, people are struggling to open digital letters. Furthermore, immigrant groups with weak Norwegian language skills experience problems. For example, the lack of access to an interpreter is a challenge: if the help of a professional interpreter is needed, one must contact the physical offices, because translation is not offered by phone. Consequently, some use family members as an interpreter, although they are not familiar with the sectoral language of social services officers.

The fact that certain benefits can only be requested electronically does not entail less bureaucracy and services' simplification for many (Portugal). This situation limits the access to the measure by those who need it, but do not have the required means and knowledge. During the pandemic, for example, access to the Extraordinary Income Support for Workers and housing programs was extremely difficult, as people in need did not know how to fill in online forms. For those who do not have adequate digital means and skills, access to the online services of the National Health System also represented a core challenge. Ordering online prescriptions

and appointments, long waits on the phone, and one-size-fits-all solutions were reported as the main problems.

Quality and affordability of digital equipment significantly affects accessibility of digital services – for example, e-citizen systems to access necessary documents to exercise various rights. Many people who are homeless or people below the poverty line cannot afford to buy a computer and pay for monthly internet access so many do not have internet access (Croatia⁸⁹). People experiencing poverty often use mobile phones, although there are still a large number of people experiencing poverty who cannot afford a smartphone and use mobile phones that do not have the ability to use certain applications such as social networks, nor do they have the internet. Whilst in bigger cities, social workers provide people in need with free computers and/or training on digital literacy, people experiencing poverty and living in rural areas are often not reached by these forms of support.

89 Digital index-social and economic, Indeks gospodarske i društvene digitalizacije (DESI) za 2021, Hrvatska.

Box 2: The perspective of undocumented migrants

Undocumented migrants often do not have access to minimum income, as one of the eligibility criteria is residence, nor do they have access to good working conditions. Unequal access to essential services further exacerbates their vulnerability.

Migrants and asylum-seekers face innumerable difficulties in accessing and maintaining a bank account free of charge due to banks' regulations which do not recognise as valid identity documents the receipt of an application for international protection and often request additional documentation or costs, even in those situations when the requirements to have free access to a bank account are met.

Financial exclusion prevents them from contracting basic services such as electricity and water supply, rental housing, or receiving wage or social aid income.

Digital communications represent an additional obstacle: the lack of recognition of the identity documents and poor access to the internet impede them from obtaining electronic identity certificates facilitating communication with the authorities and service providers.

Social services are crucial for migrants and refugees as they help them to become integrated into the society of their country of adoption. This is particularly true for undocumented children whose legal status depends on their parents' status and who cannot independently access essential services, especially healthcare, education and justice⁹⁰.

Currently, remarkable variations in organising, delivering and financing social services within each country generate inequalities in the offer and access to these services. A standard legal framework for social services, at national and EU level, is a desirable outcome to guarantee adequate social protection and universal access to social services across regions. Addi-

⁹⁰ PICUM, Navigating Irregularity: The Impact of Growing Up Undocumented in Europe, 2021.

tionally, it would enhance progress in improving the quality of social services, by better defining their scope, their common minimum requirements, accountability and modernisation.

Undocumented migrants face unique challenges when they ask for any type of assistance and they report injustice: they are structurally at risk of mistreatment, detention or deportation. Digitalization not only makes the obtention of digital certificates (e.g. the COVID-19 vaccine) extremely difficult. It also further exposes them to the risk of surveillance in the case of insufficient safeguards protecting potential misuse of their sensitive data by public authorities. Such risk is real in the context of widespread criminalisation of irregular migration in Europe, which is prone to legitimise regular rights violations and put more people at risk of poverty, abuse and social exclusion⁹¹. Unconditional access to support services (mostly social services) for all undocumented victims is needed. Migrant women would particularly benefit from further safeguards as they frequently suffer from structural discrimination (e.g. precarious or low-paid jobs, migration status dependant on the partner). Social policies should promote women's access to services based on their condition of right holder rather than migration status⁹².

In the light of the above, the distributional impact of digitalization on disadvantaged groups should be prioritised across national reforms and investments aimed at improving access to services. Additionally, greater consistency and integration between EU and national programmes should be achieved to successfully establish adequate forms of protection for all vulnerable groups, by considering the transversal impact of digitalization.

Digital communications, together with banking and transport services, have been identified as priorities in the European Accessibility Act⁹³, which

⁹¹ PICUM, Preventing Harm, Promoting Rights: Achieving Safety, Protection and Justice for People with Insecure Residence Status in the EU, 2021.

⁹² PICUM, An Inclusive Gender-Responsive Approach to Migration, 2020.

⁹³ Directive (EU) 2019/882 of the European Parliament and of the Council of 17 April 2019 on the accessibility requirements for products and services.

aims at removing barriers to accessibility for people living in vulnerable situations, such as people with disabilities, across EU countries. This directive recognises the importance of harmonising accessibility requirements⁹⁴ for the internal market, for the ultimate benefit of the most vulnerable. However, the lack of up-to-date data on access to transport, financial services and digital communications does not facilitate an EU-wide impact assessment on the target vulnerable groups.

National anti-poverty strategies, and the Council Recommendation on adequate minimum income, should systematically integrate minimum income schemes with inclusive activation policies, including enabling services to combat and prevent digital poverty.

Gender⁹⁵ and children⁹⁶ perspective must be mainstreamed in the European Semester process, also through a consistent use of the EPSR Social Scoreboard and assess the role of digitalization in reducing or increasing structural inequalities.

Free and effective access to quality key services for children in need is the cornerstone of the European Child Guarantee⁹⁷. Children's early years play a pivotal role in tackling the risk of poverty and social exclusion through better access to essential services⁹⁸.

Non-discriminatory access to key essential services for children – early education and care, education, healthcare, nutrition, housing – should consider concrete solutions to fill the gap created by digital poverty by paying particular attention to equal opportunities for digital education and synergies with the Digital Education Action Plan 2021-2027. 25% of vulnerable

⁹⁴ A list of general accessibility requirements is provided in Annex 1, Section 1, of the Directive. General requirements regard the provision of information, user interface and functionality design and support services.

⁹⁵ 2021 European Parliament [briefing](#) on Gender Equality in the Recovery and Resilience Facility, found that not all Member States have indicated dedicated reforms or investments addressing gender-related challenges or women as the main beneficiaries.

⁹⁶ 2019 Eurochild [report](#) on the European Semester found that Member States gave insufficient attention to child poverty, in the 2014-2020 EU funding period, to implement the European Commission Recommendation on 'Investing in Children: Breaking the Cycle of Disadvantage'.

⁹⁷ Council Recommendation of 14 June 2021 establishing a European Child Guarantee.

⁹⁸ Data confirm the necessity to guarantee universal access to early childhood education and care services for children under three and for families with young children, alongside a greater collection and use of disaggregated data disaggregated by age and type of vulnerability at least, in the Snapshot of early childhood development data and policies in nine countries - a [cross country analysis](#) within the First Years First Priority Campaign.

children do not have access to a suitable device for learning⁹⁹. Safe and affordable access of children to the internet, information and devices is pivotal for their education and social inclusion, alongside greater attention to online violent or inappropriate communications which more frequently target girls¹⁰⁰ and children from minorities ¹⁰¹.

The removal of barriers to access for all vulnerable groups of children to essential services in the Child Guarantee national action plans¹⁰² should contain a thorough assessment of the challenges and opportunities of the digital transition for children, girls and women. This should be done in conjunction with cross-cutting principles and strategies set in the Strategy for the Rights of Persons with Disabilities 2021-2030, the EU Roma strategic framework for equality, inclusion and participation, the EU Anti-Racism Action Plan 2020-2025, the European Platform on Combating Homelessness, the European Gender Equality Strategy and the revision of the Barcelona targets on high quality and affordable childcare.

In fact, breaking the cycle of intergenerational poverty and disadvantage implies an integrated policy framework addressing the causes of child poverty and social exclusion which are often related to their family status and require a multi-sector set of measures in support of children and their households, particularly their mothers or women caregivers who are themselves victims of inequalities and discrimination at home, at work and in society. The Council Recommendation on the European Child Guarantee provided an enabling policy framework addressing the intergenerational cycles and the impact of COVID-19 as an exacerbator of pre-existing socio-economic inequalities. Such a framework aims to enhance investments and policy consistency of social protection, employment, housing, health and healthy nutrition, education to access adequate essential services while addressing the territorial dimension of social exclusion. The Recommendation also recognised the importance of mainstreaming a gender per-

⁹⁹ Digital poverty facts: <https://digitalpovertyalliance.org/>.

¹⁰⁰ EU Strategy on the Rights of the Child, 2021.

¹⁰¹ [Our Europe Our Rights Our Future](#), Children and Young People's contribution to the New Strategy on the Rights of the Child and the Child Guarantee, by Eurochild, UNICEF, Save the Children, World Vision and Child Fund Alliance.

¹⁰² Eurochild released a list of key recommendations for Child Guarantee National Action Plans available [here](#).

spective in relation to the different situations of risk of poverty and unequal opportunities for girls and boys.

Digital education and life-learning training for adults and the elderly are equally important. The EPSR Action Plan acknowledges that, in the context of the post-pandemic recovery and of the digital and green transitions, increasing adult participation in training to 60% is a necessary pre-condition to improve employability and close the digital skills gap. Furthermore, socially inclusive and environmentally sustainable digital technologies are crucial for delivering on the ambition of climate neutrality by 2050, in the food, energy, transport, construction and green economy labour markets. Adequate policies combining social and environmental protection with digital rights will be needed across these sectors. Stepping up the re-skilling and up-skilling, equipment and connectivity for those in need and in rural areas should be fostered for both service users and providers, with a view to implementing ad hoc person-centred strategies for particularly vulnerable people (e.g. the elderly¹⁰³, homeless, ethnic minorities, and people with disabilities) and achieving equal access to welfare benefits and essential services in a timely and safe way. Such strategies need to also take into account non-digital barriers when it comes to some groups' experience with online services and platforms, such as homeless people – including trust, data protection, confidence, online administrative procedures, lack of identifiers (ID, address, bank account), cultural acceptance, language barriers, affordability of data plans, lacking digital mediation or training of social workers¹⁰⁴.

103 According to AGE Platform Europe, only 8% of persons between 65 and 74 have more than basic digital skills and older people living in rural areas, those with physical limitations, such as mobility problems or with chronic health conditions should be targeted by measures to acquire digital literacy. More data is available [here](#).

104 Non-digital barriers play an important role in access to digital rights and services: concerns about security, motivation and confidence have been found amongst users but also providers of services, especially social workers, who may not feel prepared to offer help with key online activities and use sensitive information online; in FEANTSA, [Digital inclusion for homeless people and homeless service providers: an analysis of benefits, challenges, and solutions](#), 2021.

Case study 1: access to healthcare in the digital era

The right to access healthcare is one of the principles of the EPSR¹⁰⁵. The Action Plan also encourages Member States to boost the digitalization of their health systems and address health inequalities. Unfortunately, this is far from implemented. Inequalities have been on the rise, and the situation has worsened during the pandemic and the over-reliance on digital tools by reinforcing the vicious circle between health sector inequalities, poor health outcomes, prevalence of ill health and income poverty¹⁰⁶. Access to healthcare is a fundamental right but pre-COVID disinvestments in public services and policies of austerity have weakened the coverage of public healthcare provision and social services, while private providers are often unaffordable for people living on a low-income. In 2017, half of the world's population could not access essential health services and 100 million people were pushed into poverty because of out-of-pocket healthcare expenses¹⁰⁷. In 2019, more than 3 % of the EU population aged 16 and over had an unmet need for a medical examination or treatment¹⁰⁸.

¹⁰⁵ Principle 16 on Healthcare: Everyone has the right to timely access to affordable, preventive and curative healthcare of good quality.

¹⁰⁶ Overlapping dimensions of health inequalities, in the Opinion of the Expert Panel on effective ways of investing in Health about the Organisation of Resilient Health and Social Care Following the COVID-19 pandemic, 2020.

¹⁰⁷ More data here: <https://www.who.int/news/item/13-12-2017-world-bank-and-who-half-the-world-lacks-access-to-essential-health-services-100-million-still-pushed-into-extreme-poverty-because-of-health-expenses> & OECD, *Health at a Glance* Europe report, 2020.

¹⁰⁸ Eurostat data, *Unmet health care needs statistics*.

"It's a big challenge to afford health care if you are living in poverty or a lone parent managing childcare and everything"

— Quote from a person experiencing poverty in Ireland.

As a result of the costs of health care services, distance and transportation needed to reach the services and long waiting lists, 1.8% of the EU adult population reported they had unmet needs for medical care, in 2020, a share that ranged from 0.1% (Austria, Germany and Luxembourg) to 13% in Estonia¹⁰⁹.

The pandemic exposed pre-existing barriers and inequalities in access to healthcare¹¹⁰, such as inadequacy of the public resources invested in the health system and insufficient public healthcare coverage, inadequate availability of services, in particular in rural areas, and lack of protection of vulnerable groups from user charges. In most EU countries, people who are not covered by the statutory system only have access to urgently necessary healthcare. Dental care is often not covered by the national health systems; outpatient psychological services and outpatient physiotherapy and rehabilitation may also be excluded from the range of benefits.

The post-COVID era brought out the need to examine barriers and opportunities of digitalization for vulnerable people to achieve a fair organisation of healthcare provision.

Amongst EAPN National Networks, EU countries have reported great variation in the geographical distribution and accessibility to healthcare services¹¹¹. Geographical variation has a bigger impact on specialised health-

¹⁰⁹ Eurostat data, [Self-reported unmet need for medical examination and care by sex](#).

¹¹⁰ European Commission, [Inequalities in access to healthcare – A Study of National Policies](#), 2018.

¹¹¹ OECD Health Policy Studies, [Geographic Variations in Health Care](#), 2014.

care services, such as mental health services and dental care, which have been hardly accessible for low-income groups.

In Norway, for example, having poor finances generates a disproportionate burden on mental health as people living in rural areas need to travel before finding the required support. Although they can get a reimbursement for their travel expenses in case of absence of public transport, they still need to bear the upfront costs. The waiting time to get public help is often too long and private solutions are unaffordable. Additionally, 27% of the lowest-income people and recipients of social assistance avoid dental consultations due to the very high cost of dental services.

In Spain, social workers have reported 'hidden' inequalities of opportunities which emerged from the pandemic, such as mental health and the digital divide which affects children and young people, hinders employability and reduces access to basic procedures for the elderly. In particular, mental health has been the 'great neglected' among public policies before Covid-19. It was already the case in normal times that poverty is both a cause of mental health problems and a consequence. Mental issues derive, in some cases, from the poverty inflamed by the pandemic, as the volunteers in 54 Spanish Food Banks reported. The lack of affordable and accessible mental health services became visible during the pandemic and may aggravate Covid-19 impacts on the most vulnerable, as people living in poverty often cannot afford private psychological treatments while the public healthcare system does not provide enough support for mental health. In this regard, civil society organisations, in Spain, have been working to fill the gaps but their support alone cannot generate an impact on the wider population.

Some EU countries (e.g. Finland and Ireland) believe that digitalization can potentially increase access to healthcare for people living in poverty or in marginalised areas/communities. Social and healthcare services can become accessible at any time and in any place - including remote areas, where being in touch with social workers and health professionals is extremely difficult - if digital support services are made available for citi-

zens¹¹². Better digitalized services would have ameliorated the frustrations caused by COVID-19 restrictions affecting timely access to hospitals and deferred services.

Other EU countries believe that digitalization is likely to further decrease access to healthcare. The digital decision-making process about e-prescriptions and medical examinations have not been straightforward during the pandemic (Slovenia). Even when promising practices exist – such as e-referral – these are not necessarily accessible due to the lack of consistent procedures in the central healthcare system.

The elderly face difficulties in accessing digital services due to the lack of computers and digital skills (the Netherlands and Portugal). Despite undeniably promising experimental practices during the Covid-19 pandemic¹¹³, the internet still conveys insecurity in the Portuguese population. Poverty, the ageing population, overreliance on digital tools at work will exacerbate inequalities in access to healthcare in Portugal. Many professionals cannot use digital tools and are in urgent need of training; otherwise, this situation could produce more bureaucracy for doctors and reduce their time availability for patients. On the other hand, some population groups need to access phone and face-to-face services without cost increases, including the elderly. The Portuguese Recovery and Resilience Plan has a specific investment line in the digital transition in the health system, with a view to simplifying and standardising data operability and communication across citizens and different health services. However, as is in other EU countries, it is too early to assess the impact of such reforms and the related improvements in terms of coverage.

112 Finland set a good example of digital support to help citizens to access digitalized public services, through remote, face-to-face or training support, as a permanent service of the Digital and Population Data Services Agency. More information is available here: <https://dvv.fi/en/digital-support>.

113 The “Telecare Services” project started in 2018 in the context of Senior Biopsychosocial Assessment – the Senior Proximity project. This project was designed in collaboration with the two participating ACES (ACES Oeste Sul and ACES Porto Oriental) to monitor the frail elderly population with regard to integrated care. Recipients were contacted through weekly phone calls to identify potential need of proximity interventions.

The project started with 19,030 users (a wide range of users over 75 years old, registered in the health units in the identified areas) and continued in 2019, with more than 85,000 contacts being made with elderly citizens. In addition to this, CARITAS in Beja developed the project “HumanaMente @ctivos” for elderly aged between 74 and 89, aiming at the prevention of demencias and the promotion of active aging, through teletherapy and occupational therapy, using new technologies.

Croatia recognises the enormous potential of digitalization for increasing access to healthcare for every patient, regardless of where they live or come from, as well as price transparency, up-to-date information and affordable integrated healthcare. People from rural areas could particularly benefit from digital health services (if well designed) to avoid travelling to collect medical files or schedule/follow up on medical examinations. Generally speaking, digital health could trigger timely delivery of care, better outcomes and reduced costs, thus reduce health inequalities and social isolation.

However, it also warns that concrete initiatives should be put in place to improve digital inclusion at the local level, otherwise digitalization could make health services less available and accessible for those who do not have the opportunity to use technology for health purposes. It is crucial that digital access to health services is provided to all through better internet coverage, cheaper internet prices, support to improve digital skills and technology usability and availability.

Data¹¹⁴ shows that Croatia has particularly poor results in terms of penetration of digital systems in rural areas compared to other EU countries and is still far from 100% household coverage with internet speeds of at least 30 Mbps, which was the EU's target for 2020. In addition to this, Croatia has many people living in poverty who still cannot afford digital technologies. At the moment, people experiencing poverty in Croatia point out that they have been denied access to some health services because they cannot access them digitally.

¹¹⁴ **DESI indeks** (Digital Economy and Society Index), 2021.

Case study 2: access to energy and adequate housing

Energy poverty is a multidimensional phenomenon whose drivers are deeply structural as they span across various sectors such as employment, energy, climate, housing, health and taxation. Energy poverty often results from a combination of inadequate income, poor energy efficiency in buildings and unfair energy prices, which prevent decent standards of living related to warmth and hot water, cooling, lighting, and energy to power appliances¹¹⁵. Inadequate income may result in two effects: high expenditure of disposable income on energy – to the detriment of other essential expenses – or the drastic reduction of energy consumption to avoid high bills, which affects physical/mental health and full participation in society. Energy is an essential good and service that affects several dimensions of a person's life and may aggravate deprivation at various levels (e.g. food and health). At present, the conflict in Ukraine, and its impact on energy prices and supplies, is jeopardising universal access to quality energy services at affordable prices. The RePowerEU Plan¹¹⁶ is calling on Member States to implement existing green new deal measures to respond to rising energy prices and improve the EU's energy resilience.

Currently, people living in poverty face insufficient access to renewable, energy-efficiency and renovation programmes aimed at improving buildings' performance and fall behind on the payments of their utility bills. More than 50 million households are experiencing energy poverty and cannot sufficiently light, heat or cool their homes across Europe, with inadequate housing linked to 100,000 premature deaths annually¹¹⁷.

¹¹⁵ [Energy Poverty Handbook](#), 2016.

¹¹⁶ European Commission, [REPowerEU: a plan to rapidly reduce dependence on Russian fossil fuels and fast forward the green transition](#), 2022.

¹¹⁷ EU Energy Poverty Observatory, <https://www.energypoverty.eu/about/what-energy-poverty>; Friends of the Earth Europe and CAN Europe: Towards a Healthy Renovated Europe, May 2021.

Even in 2019 almost 80 million people in the EU were late or unable to pay their utility bills¹¹⁸. In Latvia and Romania, 1 in 10 of the population faced severe housing deprivation in 2019. The share of the population living in households that spend 40% or more of their disposable income on housing covered 9.4% of the EU population, in 2019, and it was much higher for tenants than owners and in some EU countries (36.2% in Greece)¹¹⁹.

The COVID-19 pandemic and the recent explosion in energy prices aggravated the existing situation of unequal access to clean and affordable energy and adequate housing for all, due to a number of intertwined factors. The worst-performing homes have largely missed out on renovations and are disproportionately occupied by low-income households. They are highly dependent on fossil fuels (particularly gas) for their energy consumption at home and they risk getting locked in the fossil fuel infrastructure in the next decade to come if Europe does not speed up a socially-just clean energy transition. Moreover, Europe's high and growing dependency on fossil gas (also for electricity) has created a disproportionate impact on low-income people for whom electricity is the highest share of expenditure out of their disposable income. Lastly, people living in poverty often cannot pay upfront costs to improve their housing conditions and/or are excluded from the conventional banking system and insurance systems.

Energy is one of the essential services listed in Principle 20 of the EPRS Action Plan, while access to social housing or housing assistance of good quality is included in Principle 19 of the Plan. However, the right to decent and affordable housing is interrelated to the non-discriminatory access to all necessary facilities required for an adequate housing, comprising energy for cooking, heating, lighting and energy efficiency/renovation programmes¹²⁰. Non-discrimination and equality are critical human rights principles and pre-conditions to the right to adequate housing. Discriminatory practices can take many forms and further magnify poverty and social exclusion – e.g.

¹¹⁸ European Commission study 2019, HEAL 2019, Eurostat 2019, BPIE 2019.

¹¹⁹ Eurostat data, [Living conditions in Europe – housing](#).

¹²⁰ FEANTSA, [Targeting energy efficiency renovation to improve housing conditions of the most vulnerable](#), 2021; European Parliament, [Report on access to decent and affordable housing for all](#), 2020; UN Habitat, [the Right to Adequate Housing](#), Fact Sheet No. 21/Rev.1.

forced evictions, socio-economic status (employment, disability, country of origin), denial of housing benefits or access to credits.

Despite of large differences across EU countries, they all share similar barriers to decent affordable housing and energy.

In Finland, the housing market is coordinated at regional level. In large cities, housing tends to be quite expensive and social housing does not cover the whole population in need. People experiencing poverty do not have the opportunity to get loans for renovations. Moreover, the use of coal is very expensive because of the emissions trading system, which creates a disproportionate impact on heating costs as well.

The measure of “household reductions” (kotitalousvähennys) has been extended in 2022 and until 2027. However, this measure has not been designed to help the lowest income groups who are often cut off from the benefits of tax deductions addressing the general population.

In the Netherlands, there are some immediate measures, such as direct income support, to facilitate access of people on low income to affordable energy. For example, beneficiaries of social assistance may be eligible for a lump sum payment (€200) to compensate for high energy costs. Taxation on energy was reduced in 2021, for an average of €550 per household on their annual bill. However, these short-term interventions cannot replace structural reforms and investments tackling energy poverty in the long run.

Furthermore, immediate financial support aimed at shielding those in need of energy is not always accessible to all potential beneficiaries amongst vulnerable households. In Portugal, for example, the ceiling for accessing social tariffs is not adequate to meet the needs of all low-income households. In addition to this, people experiencing poverty and energy poverty often cannot afford upfront costs. Therefore, measures such as the energy-efficiency vouchers in Portugal, “Vale Eficiência¹²¹”, cannot support many households in need. In fact, these vouchers are granted upon presentation of the expenses incurred and many families cannot advance the amount.

¹²¹ Fundo Ambiental, [Vale Eficiência](#).

But this is not the only barrier to access the scheme. The programme aims to deliver 100,000 “efficiency vouchers” to economically vulnerable families, by 2025, for the value of €1,300 plus VAT (Value Added Tax) each, which can be invested in improving their house’s thermal comfort. In its current phase, the programme intends to deliver 20,000 vouchers for economically vulnerable families and in situations of potential energy poverty.

However, to access these vouchers, families must benefit from the Social Electricity Tariff and own and permanently reside in the house. Such criteria automatically jeopardise those who reside in social housing and renters.

The value of the voucher is also not adequate to cover the costs of materials for energy-efficiency interventions.

Another limitation consists in the use of an electronic platform to apply for the programme, which can represent an obstacle for vulnerable people not having the necessary resources to deploy these systems, particularly elderly or marginalised people lacking energy and digital literacy skills.

Nonetheless, energy efficiency programmes are crucial to reducing the energy consumption in a country like Portugal, where the expenses for electricity, gas and other fuels represented the largest share of household expenditure (20%), after rents, even before the global energy price surge ¹²². In 2019, Portugal was the 4th worst ranked in Europe regarding high levels of energy poverty, where citizens cannot keep their homes warm (19% of the population) – only behind Bulgaria (30.1%), Lithuania (26.7%) and Cyprus (21%) – aggravated by the fact that elderly people who live alone and are poor do not have the financial means to afford the costs of heating¹²³.

In Ireland, the cost of fuels has significantly increased due to external factors – the rise of energy prices at global level – and national policies such as carbon taxes to reduce dependency on fossil fuels, thus exacerbating already inadequate incomes. Research has shown that those on lower incomes would be hit hardest by increases in carbon taxes unless shorter-

¹²² INE, [Consumo de energia no setor doméstico](#), 2020.

¹²³ EAPN Portugal, [Rediteia nº53 \(2021\): Pobreza Energética](#).

and longer-term measures are taken to tackle it (ESRI 2021). Furthermore, the low quality of insulation of many houses results in greater energy use in these homes. State support is not adequate to address such costs in the residential sector.

Vulnerable social groups are most affected by unequal access to affordable energy and decent housing. Many Travellers are still living in temporary very poor-quality accommodation, including caravans and mobile homes. They therefore spend a large amount of their incomes on heating their homes. The long delays in providing adequate quality accommodation for Travellers means that many are trapped in these conditions. The State has failed to deliver on Traveller accommodation needs over many decades.

The Irish government is reviewing the Strategy to Combat Energy Poverty, which currently includes the following measures:

- **Retrofitting:** free upgrades of some lower income homes under the main Sustainable Energy Authority of Ireland (SEAI) energy poverty retrofit schemes; increasing grants under schemes for the retrofitting of other homes; speeding up the retrofitting programme for social housing; public consultation on energy efficiency in the private rented sector which should improve measures in this sector. This is important for many families on low income, including those whose social housing needs are being met through the private rental sector.
- **Income supports:** a Fuel Allowance has been set to support those on low incomes. From October 2021 this will be paid at a rate of €33 for 28 weeks of the year (€924 per annum). Already inadequate to meet fuel costs for many families, the increase will not keep pace with the increased cost of fuels linked to carbon taxes. Also, the eligibility criteria means that many households on low incomes do not qualify.

Based on the Sustainable Energy Authority of Ireland (SEAI) indicative annual spending on fuel per Building Energy Rating (BER), the Fuel Allowance may be adequate for a 2-bed apartment, with an energy rating of B2 or better. However, for those living in less energy efficient accommodation the cost of heating can be 2-4 times the level of the Fuel Allowance.

Historically, the quality of housing in Ireland is bad including the provision of social housing. There has never been an audit of the state's housing stock in Ireland. Much of the housing stock is old, with poor thermal properties, needing replacement doors, windows, and electrical rewiring. Many structural problems have emerged because of poor standard housing. Tenants have been forced to initiate a campaign for vital repairs and refurbishment, bringing a successful case under the European Social Charter in 2017 (Council of Europe). As a result, the state has committed to carrying out an audit of its housing stock. In the meantime, repairs are only slowly being implemented and the monitoring of the implementation of standards for private rented accommodation is not effective due to the lack of resources available within local authorities.

In the future, the role of the State will be crucial in enhancing access to energy-efficient and decent housing. A two-pronged strategy approach is needed to both improve the energy efficiency of homes, while adequately supporting those on low incomes to meet the cost of fuel/heating. This must be linked to a move away from the use of fossil fuels towards renewable sources of energy. 100% state support is needed to support retrofit programmes for low-income households. A separate approach is needed to address the retrofit of rental accommodation where many on low incomes and state supports are living. The wider accommodation needs of Travellers and other minorities who are living in temporary forms of accommodation must be urgently met to ensure that better-quality insulated accommodation is available.

In Croatia, studies¹²⁴ suggest that the main instruments for reducing energy poverty include energy efficiency programmes, financial assistance, protection measures for vulnerable consumers, counselling services to empower consumers, prevention of disconnections and prepayment meter.

Likewise in other EU countries, there is currently no clear definition of energy poverty or vulnerable energy consumers. In spite of the lack of a single definition, descriptions of the issue disclose some recurring factors, such

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as rising energy prices and living in low-quality housing. High energy prices, low incomes and poorly insulated, damp and unhealthy housing are the cause of higher energy poverty rates in Croatia. However, energy poverty is not merely related to socio-economic deprivation but also to above average energy consumption and expenditure. As a result, they cannot cover energy expenses or, conversely, decide to save on heating and cooling, which increase the risk of developing respiratory or cardiovascular diseases.

However, to create the preconditions for defining vulnerable groups and identifying adequate thresholds of energy poverty, it is necessary to develop specific policy strategies and related action plans. It is estimated that between 10 to 25 percent of the potential savings in low-income households will be extremely difficult to exploit without specific policies removing barriers to access affordable energy services. One of the most common barriers for low-income consumers is insufficient access to information to make decisions about energy efficiency. The removal of informational barriers would help to reduce behavioural barriers and the search for available funding. Another common barrier is the split incentives issue which affects people with low incomes who are often tenants and cannot afford greater energy efficiency investments. The split incentives barrier also restrains landlords from doing costly refurbishments.

Moreover, the current Croatian Regulation on the acquisition of vulnerable consumers status covers only a small number of Croatian citizens who live in energy poverty. These are the citizens who fall into the category of people experiencing poverty and receive a guaranteed minimum benefit. An additional limitation is that the Regulation currently deals with electricity, which represents only one part of the household energy consumption and expenditure. Vulnerable customers are also defined on the basis of the Energy Law, which further prescribes different regulations for the various benefits concerning vulnerable customers, who most often are people experiencing poverty and receiving social benefits under social welfare law.



Annex I: Promising Practices

The role of social workers and civil society

The Kings of the Street Association is fighting against housing exclusion in Slovenia and provides a wide range of support services. It launched an accommodation support programme which became a verified social protection programme¹²⁵. More recently, it carried out a programme to help with online schooling and digital literacy targeted at both children and adult family members. As part of their outreach on healthcare services, they also provided bandaging for the wounds of homeless people and phone counselling. In addition to this, they regularly help with facilitating the communications between users and service providers, which was crucial during the pandemic when the institutional availability to manage dossiers and appointments was extremely limited.

"For everything I have to take care of, I refer to the Association for Help and Self-Help of the Homeless Kings of the Street. I find out what I have to do there, then I write everything on a piece of paper. They usually send someone with me to take care of bureaucratic affairs because this has always made me panic. Of the government services, I only refer to the Centre for Social Work."

¹²⁵ European Social Policy Network (ESPN): National strategies to fight homelessness and housing exclusion, Slovenia, 2019.

"Because I have status of disability, I manage most of my affairs through the Centre for Social Work. The NGO I work with the most is Kings of the Street because I sell street newspapers, and I'm also a homeless tour guide there. I don't go much to other organisations. Every now and then I go to the Red Cross for a food package."

— Quotes from people experiencing poverty in Slovenia.

Mozaik, Association for Social Inclusion, a social enterprise, carries out the programme Help at the Door, outreach to the homeless and advocacy. In the program, there is great emphasis on collaborations with other non-governmental and public services. The complex problems of the users (financial, housing, health or mental problems, insolvency) are most often solved in cooperation with other institutions.

The Slovenian Third Age University aims to prevent poverty and social isolation of the elderly. Digital exclusion is a part of social exclusion, which is why the Slovenian Third Age University runs a number of programs on digital competence. It is attempting to prevent the functional illiteracy of the elderly and the consequent social inequality and injustice.

At the Association of Friends of Youth Moste-Polje, they actively confronted the distress resulting from the consequences of the measures to contain the COVID-19. When solving problems and easing the consequences of the pandemic, the social workers took a personal approach, which gives the people in distress a feeling of security. The worker listens to the person's problem and works with them to set achievable goals and to actively search for solutions without judging the situation or the feelings involved. After a first contact with a family, the real picture of a family's situation, which is impossible to see merely through an application and conversation, emerges during a home visit. Outreach makes setting appropriate objec-

tives to solve a situation easier. Handle It, a workshop in which the participants become competent at solving their situations independently is an effective tool for eliminating distress and preventing it from worsening. At the same time, they are offered a safe environment where they can see that they are neither alone nor the only ones to face such problems. For easier resource management, the participants gain insight into the family's financial state with a financial plan, which offers them the possibility to solve their financial problems effectively and systematically.

Red Cross Slovenia - Regional Association Ljubljana - pointed out that the epidemic has increased the already existing distress of the most vulnerable groups of residents and shown the shortcomings of the system. In 2021, they continued offering psychosocial and learning support to families. Direct and regular contact with the children and families that find online schooling difficult, for various reasons (a lack of skills and knowledge to help their children with online schooling, lack of technological equipment, inability to speak the language, educational helplessness, special needs etc.), has been extremely important for lessening many of the children's and families' hardships. Based on the experiences of the 2020 pandemic year, they have strengthened the help and support system for the elderly. In the second and third waves (October 2020–May 2021), they made 6,501 home deliveries of material aid (food parcels and hot meals) for the elderly. The home deliveries of material aid are important because of the social interactions with the elderly, whose isolation has increased during the epidemic.

Digital Communications

Croatia's Recovery and Resilience Plan includes investments to enable citizens to easily use online public services on their smartphones by creating a digital mobile e-service platform. It promotes the use of electronic signatures in citizens' interaction with the public administration and envisages an investment for the deployment of Croatia's digital identity card enabling users of e-IDs to sign documents on mobile platforms. Croatia's RRP also contains a specific measure to set a "one-stop-shop" harmonising and

centralising the helpdesk system of all public administrations' online services, to allow better access to information and communication with public administration, including the possibility to send feedback and assess the quality of interaction with civil servants.

Health

Portugal launched a pilot project for dentists in health centres, in 2016. It is a relevant practice since the public healthcare system could not guarantee this service and the outreach to vulnerable communities. At the current stage of the project, it is important to improve the working conditions of professionals to make the project sustainable in the longer term.

Mental health was the “great neglected” in public policies before the pandemic. In Spain, thanks to the insurance sector donation program, 4 million people - workers in health centres, nursing homes and people with disabilities and their family members - will now receive psychological support from the Fundación Salud y Persona for at least one year. The Spanish Red Cross also believes that it is necessary to reinforce public policy attention to mental health issues, which are still stigmatised. Caring for people with emotional fragility is one of the projects funded by the Red Cross through the money received by the insurance sector, namely “the Red Cross Listens to You”. This is a free and anonymous telephone service channel, launched one month after the beginning of the pandemic, used to share guidelines to manage anxiety, loneliness, abuse or mourning. Each case is referred “to the most adequate mental health system”. However, public resources allocated to this area are still insufficient.

To address the impact caused by the pandemic in the area of mental health, the Government presented the Action Plan 2021-2024 on Mental Health, which provides for an allocation of 100 million euros. The Action Plan 2021-2024 on Mental Health complements the Mental Health Strategy approved in 2006. Since 2019, the Government has promoted its renewal, with the participation of experts and people with mental health problems.

This strategy will improve mental health care at all levels of the National Health System -both in hospital and primary care - and will promote Specialised Health Training in mental health, combat stigmatisation, prevent and detect addictive and suicidal behaviours, and promote emotional well-being - focusing on childhood, adolescence, and other vulnerable groups such as women or the elderly.

Housing

"1.º Direito" is a support programme for Access to Housing, in Portugal, aiming at promoting housing solutions for people who live in poor-quality housing and who do not have the financial capacity to support the cost of access to adequate housing.

"The monthly salary is received and after paying the rent for the house, water, electricity and gas, what's left is little, very little left over for the most basic things, such as food. (...) There is simply no money for the rest, to dress, put on shoes, buy some glasses, go to the doctor, fill the prescriptions... all this is left to the end"

— Quote from a person experiencing poverty in Portugal.

"My son bought the house that we had rented and, to do so, he asked the bank for a loan ... as he did not want to resort to state support (moratorium) ... as the instalment was paid directly from the bank account, he practically had no money ... his salary was almost only to pay the instalment for the house ..."

— Quote from a person experiencing poverty in Portugal.

In Lithuania, there are some measures which help to partially compensate the costs of rent. This promising practice, however, is least effective in the case of one-person households, such as single or homeless people. Due to relatively low housing rent compensation, their share of rent compensation was lower (19.4%) than a three-person household (41%) or an eight-person household (66%). Such a measure represents an alternative option to social housing and could be improved to better meet the needs of one-person households in the future.

Food

In the framework of changes in the FEAD regulation¹²⁶, the Portuguese government announced this year the launch of an electronic card to access the national food support program. This electronic card will allow vulnerable people to buy food in stores. This represents a very promising practice to guarantee decent access (and right) to food rather than providing a food basket through an institution.

¹²⁶ Fund for European Aid to the Most Deprived (the 'FEAD'), More information is available [here](#).

"We live in conditions of food insecurity and with great difficulties in accessing diversified and quality food. Less consumption of fish due to the high price and more consumption of pork"

— Quote from a person experiencing poverty in Portugal.

"I had the support of the POAPMC¹²⁷ but I had to refuse because I didn't have transport to pick up the food and the basket I was allocated was too much and I prefer not to spoil the food; for me it's complicated to store all the products they give me, as I have no way to freeze the products"

— Quote from a person experiencing poverty in Portugal.

Education

The "**Roma Educa**" programme was established in 2019, in Portugal, to grant 100 scholarships for young Roma to attend secondary education, which include a monthly subsidy of 50 euros and integration into a programme with individual mentoring.

127 POAPMC stands for "**Programa Operacional de Apoio às Pessoas Mais Carenciadas**", Operational Support Programme for the Most Deprived People, which is a programme to fight poverty and social exclusion in Portugal, through food support.

“OPRE” programme¹²⁸ - Operational Platform for Roma Equality - was launched, in Portugal in 2019, as a political measure to award 25 scholarships to young Roma university students.

Inclusive and quality education is one of the goals of the “[Zero Child Poverty Country Alliance](#)”, a programme launched by the High Commissioner for the Fight against Child Poverty to reduce the intergenerational transmission of poverty and inequality through better coordination between alliance partners, quality training and the mobilisation of public and private resources. This initiative could contribute to putting an end to the negative impact of child poverty in education which is visible in 5 areas in particular: first cycle of early childhood education (0 to 3 years), educational spending by households, school segregation, early school leaving and repetition of courses, and the digitization and educational gap. According to the latest report published by the High Commissioner for the Fight Against Child Poverty of the Government of Spain, the lower that the level of studies is at home, the more children are at risk of poverty. Therefore, the report highlights the state obligation for promoting inclusive and quality education from early childhood - with policies aimed at reducing school segregation by socioeconomic level, social gaps in educational achievement, grade repetition, school failure, early school leaving and the digital divide – to provide truly equal opportunities and guarantee the right to quality education for all children and adolescents.

Energy

Croatia issued a forward-looking [Strategy on Energy Development 2020-2050](#) and an [Energy Efficiency Act](#). The first document sets the steps towards the transition to a low-carbon economy. It embeds a wide range of energy policy initiatives, which are aimed at strengthening security of energy supply, reducing energy losses and increasing energy efficiency,


¹²⁸ The COE-FRA-ENNHRI-EQUINET Operational Platform for Roma Equality (OPRE) launched in 2015, in several countries, is a commitment of national, European and international human rights institutions and equality bodies to strengthen human rights protection of Roma and Travellers in Europe by fighting discrimination, protecting and promoting human rights, democracy and the rule of law.

reducing dependence on fossil fuels, increasing domestic production and use of renewable energy sources. It also focuses on the crucial role of the private sector in the funding of the energy transition, while making sure that energy systems continue to secure supply of energy to all customers, at affordable prices and with minimal impact on the environment. Key determinants of the energy sector development until 2030 include equal access to the energy market, infrastructure development and modernisation, the optimisation of central heating systems, the use of alternative forms of energy in transport, the participation of the transport sector in the cost-effective provision of services, reduction of administrative barriers and a framework for achieving energy renovation of buildings. In the longer run, the speed of the transition from fossil fuels to electricity from renewable sources will depend on the availability of certain technologies for citizens (level of acceptable cost), infrastructure development and the change in the production structure of electricity, considering the expected increase in electricity consumption.

The Energy Efficiency Act also takes into account the need to reduce energy poverty in the design of policies achieving the national indicative energy efficiency targets.

Recently, [Recommendations for combating energy poverty in the City of Zagreb](#) also pointed out that there are more and more sets of measures to combat energy poverty, but more work is still needed to better define the target vulnerable energy consumers and monitor the implementation of measures. In fact, data from the city of Zagreb display that investments alone do not ensure adequate housing conditions. The model shows that the investment in the energy renovation of buildings in which energy-poor people live are profitable due to the short payback period and the long-term implications for energy recovery. Some of the financial measures implemented to reduce energy poverty and achieve savings include:

- Annual investments in energy renovation aimed at 30 households from the target group, for a period of 10 years;
- Implementation of small energy efficiency measures in all households (425 per year) such as the installation of energy saving aerators;

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- Replacement of “old for new” refrigerators and washing machines in half of households, 5% of households (213) per year.

According to the study, quality and sustainable policies combating energy poverty in the long term should also prioritise the introduction of a standard method of measuring energy poverty at EU level, while paying attention to country-specific indicators that should reflect the specific characteristics of those Member States; acknowledge the role of education and information campaigns to encourage behavioural changes at local level through the engagement of local and regional actors and small-scale cost-effective initiatives; ensure fair distribution of costs to avoid negative effects of measures on certain groups of society. Data from the city of Zagreb also highlight that direct income support for energy only mitigates the effects of energy poverty, without addressing long-term effects linked to the structural causes, therefore these should be used only after or as a complement to structural interventions.

Portugal set out a [National Long-Term Strategy to Combat Energy Poverty 2021-2050](#)¹²⁹ which aims to tackle energy poverty through the improvement of energy performance in the residential sector and social housing, support to access to essential energy services, enhancement of energy literacy and reduction of energy consumption costs. The document is consistently integrated with the energy decarbonisation targets of the European Green Deal and other related national strategies, such as the National Strategy for Combating Poverty, the Affordable Lease Programme and the First Right Programme. Energy efficiency is the key component of this strategy and relies on several concrete actions, comprising:

- non-refundable incentives mechanisms, for tenants and owners, to insulate houses and decarbonise energy consumption (e.g., promotion of the electrification);

¹²⁹ EAPN Portugal also responded to the public consultation on this strategy, 2021. Findings are accessible [here](#). Amongst recommendations, EAPN Portugal highlights the correlated implications of unequal access to essential services. For example, insufficient access to energy-efficient appliances may also expose vulnerable people to food waste. Beneficiaries of the POAPMC receive a monthly basket containing a high number of frozen foods that need to be stored properly.

- “Vale Eficiência” vouchers as a direct income support for vulnerable households to ease access to renovation and specialised technical interventions;
- the use of energy certificates through regular energy audits in the housing of low-income families and in situations of energy poverty;
- investments in renewable energy communities and active engagement of vulnerable consumers;
- charges’ reduction thanks to the social tariff, whose access conditions were already significantly improved during the Covid-19 pandemic – before it was open to people below the poverty line only; after it was extended to the unemployed and those disconnected from the energy supply;
- assessment of the impact of tax benefits and energy saving bonuses.

Moreover, the Strategy also acknowledges the correlation between income poverty and energy poverty associated with high energy costs, low incomes, poor energy performance and/or adequate conditions of domestic buildings, which disproportionately increase energy consumption while reducing access to adequate levels of quality energy services and compromise thermal comfort throughout the year.

Another promising practice consists in the pilot project “Ponto de Transição” which proposes a model of social innovation available at municipal or parish level through local actions supporting households in access to clean energy and renovation schemes. This model sets the example for a person-centred advisory service visible to and accessible by local residents, which brings qualified experts closer to citizens who can ask for advice on electricity and gas bills, financing for energy renovations and free evaluation of their home energy performance.

The Spanish Anti-Poverty Network (EAPN-ES) positively values the work carried out by the Ministry for Ecological Transition and the Secretary of State for Energy to fulfil the commitment to develop a National Strategy to Combat Poverty. An Energy Poverty initiative was also announced in the Royal Decree-Law 15/2018. The Strategy sets the objective of achieving

a reduction of 50% in 2025 for each of the indicators (based on the 2017 values) and indicates a minimum reduction of 25%. EAPN-ES considers the Strategy as a first step in tackling the issue from a regulatory perspective, to fight against the country's energy poverty and ensure that people in vulnerable situations have access to basic services such as electricity and heating. However, it does not address the structural causes of energy poverty and the necessary review of related challenges, such as the price of energy, the social bonus and the related eligibility criteria, and the financing of the National Strategy. The Network also positively values the measures taken by the government through Royal Decree-Law 30/2020, of September 29, on social measures protecting employment, as well as the provision on the Social Bonus within the General State Budget.

In addition to this, EAPN-Spain proposed a series of measures to optimise the Social Bonus as illustrated in the Royal Decree-Law 15/2018, to speed up the energy transition while protecting consumers:

- Social energy voucher that includes social rates for different supplies, including drinking water.
- Diagnosis of the incidence of energy poverty amongst large families, which makes it possible to assess whether they should be recipients of the bonus automatically or if they should be considered as a group with special circumstances.
- Inclusion of households with one or more primary dependants with the same criteria as the rest of the dependency situations.
- Inclusion in special circumstances the fact that all members of a household are unemployed.
- Smoothing the conditions related to the proof of residence in the home: for example, qualify as a consumer through the current rental contract or assignment contract.
- Relieving excessive bureaucratic disincentive burdens, simplifying as much as possible the available information and its processing to eliminate access barriers.

- Improving collaboration and joint work with Social Services and Local Entities.
- Promoting an information campaign about the Social Bonus and its application.
- Stabilisation of the financing mechanism of the social bond to avoid periodic variations that have an impact on consumers.
- Application of the planned bonus percentages (25% in the case of vulnerable consumers and 40% in the case of severely vulnerable consumers) to situations of indebtedness, once the requirements for access to the bond have been accredited.
- After the period established for communication of the result of the request for the bonus, absence of communication should be understood as a silent confirmation.
- The economic sanctions against the trading companies must be used to finance the social bond, the debts and/or contribute to improving the energy efficiency of vulnerable households.
- Review of the income thresholds established to obtain the Social Bonus, evaluating using the Minimum Interprofessional Salary instead of the Public Indicator of Income of Multiple Effects (IPREM).
- Creation and dissemination of good statistical information that allows auditing and the evaluation of the impact of the Social Bonus on the lives of households that suffer from conditions of energy poverty.

Lithuania provides compensation for heating bills or the purchase of less polluting heating equipment. However, this must target the most vulnerable who currently does not use such schemes, especially in remote regions, due to lack of information, administrative barriers and low amounts of compensation.

Slovenia also offers eco-funding, namely grants in support of building of new houses. Such eco-funding schemes often are not accessible to the elderly or to low-income households because of administrative barriers and high upfront costs.

Social Services

In a recent [study](#), EAPN Spain identified key challenges and opportunities for social services delivery and access. They suggested concrete recommendations to better adapt social services to today's reality while adopting a human-rights based approach:

Respect of human rights and dignity, with a focus on gender and diversity:

Social services should respect fundamental rights and freedoms, in line with national human rights legislation, European and international conventions.

They need to apply a cross-sectional anti-discrimination approach, by paying attention to gender inequality and cultural diversity in designing the solutions to meet specific needs, trained and motivated professionals.

Accessible and affordable

Social services need to be easily accessible to all, in terms of access to information and impartial advice as well as providers and caregivers.

They should be free of charge or available at an affordable price for the person and their family, without unduly compromising their quality of life, dignity and freedom of choice between services.

Integrated

Social services must be developed in an integrated way so that they reflect the multiple needs, capacities, and preferences of the person and, where appropriate, of the families and possible caregivers, in order to improve their well-being.

Available

They should be part of a wide range of services available to people who are in need of support and care, in a location that is the most beneficial for the person and appropriate for their families or caregivers.

Transparent

Social services availability should go hand-in-hand with clear and complete information about the services offered, their cost (if they are not free) and conditions to access these. The information must be reliable, adapted to people with reading difficulties or disabilities, up to date, and must be available upon request and through publicly accessible communication tools. Users of services must be informed in time about any changes that affect the services they receive and receive information on alternative solutions.

Integrated vertically and horizontally

Social services can offer comprehensive solutions with specialised services, and at the same time, share the focus with employment, training, education, health, dependency care, security, and housing services.

Focused on the person

Social services should be flexible and adaptable to the changing needs of everyone, with the aim of improving their quality of life and guaranteeing equal opportunities. Tailor-made support would foster individual empowerment and community development.

Preventive and rehabilitation

Social services need to prevent chronic conditions and deterioration of health, to ensure people's well-being and their ability to live in dignity and autonomy.

Results-oriented

Greater budgetary contributions are necessary to increase the ratio of professionals to users of social services, and to strengthen primary care.

Benefits for the users should be prioritised, together with, when appropriate, the benefits for their families, informal caregivers and the community. These benefits should be based on the available evidence on the actions that lead to these improvements.

Continued

Social services should be organised in a way that guarantees the continuity of the provision of services, especially when it responds to long-term needs, in accordance with a life cycle approach that allows people to have an uninterrupted access to a range of services.



Key Recommendations

EU Recommendations

- Derogations to the application of European internal market and competition rules to the provision of essential services – to protect citizens' access to services and when there is a Public Service Obligation – should be refined and clearly stated in the EU Report on Access to Essential Services and harmonised with the EU framework of services of general interest and the Directive 2014/24/EU on public procurement.
- Revise the body of laws regarding services of general interest, which includes but is not limited to the Regulation on the categories of aid compatible with the internal market, the Services Directive, consumer protection measures and the Quality Framework for Services of General Interest in the EU. This revision should aim to update and monitor binding commitments to minimum provision of services and accessibility of essential goods and services. As for the review of the Quality Framework, it is recommended that the implementation of the European Quality Framework for social services be mandatory and applicable to other essential services.
- Digital poverty in the EU – from the perspective of both service providers and users - should be monitored and assessed in relation to access to essential services and fundamental rights, through a consistent integration in the EU Semester process and the implementation of the actions under the European Pillar of Social Rights.
- Access to affordable healthy food should be integrated in the framework of essential goods and services, particularly in the context of the cost-of-living crisis and in relation to the link between healthy people and a healthy planet in the European Green Deal.
- Capitalise on the lessons learnt during the pandemic, the war in Ukraine and the energy crisis - which legitimised the application of softer fiscal policies through the general escape clause, and envisage mechanisms to activate necessary national investments and reforms and avoid the tough return to austerity in the longer term. In this regard, optimise the integration of the Recovery and Resilience Facility model into the Eco-

conomic Governance Review and the EU Semester while promoting the distributional impact assessment tailored to different groups of users.

- Develop and monitor the implementation of a strong Council Recommendation on Minimum Income containing binding elements for Member States regarding the design and evaluation of minimum income schemes. Amongst these, inclusive activation and positive conditionality ensuring access to key social rights and quality essential services for minimum income beneficiaries; a poverty-proof hierarchy between minimum income, contributory and non-contributory social security, and minimum wages to socially integrate or re-integrate people that are excluded from the labour market; rights-based eligibility criteria and impact assessment of minimum income schemes; strengthen positive incentives for quality work and active inclusion.
- Promote a rights-based and person-centred approach to a universal and non-discriminatory access to affordable quality essential services, rather than a conflicting interaction between a market-driven approach and public interest.

"I think that helping people in need should be a priority for the European institutions. We are all human beings, and we all need to be treated equally, whether we're living on the streets or are employed in Parliament"

— Quote from a person experiencing poverty in Slovenia.

National Recommendations

- Appropriate and binding quality standards should be established and reflected in public contracts, procurement procedures and financial compensation granted for the provision of services of general economic interest. Quality indicators should measure the achievement of the required standards, based on social outcomes rather than uniquely on a price-quality ratio. Social outcomes must consider the specific needs of the various categories of service users, including vulnerable target groups.
- Social considerations in the procurement processes for the provision of essential services should be fully integrated into the criteria applied by public authorities for the awarding of a contract, particularly minimum requirements for working conditions of people participating in the process of production or supply and social integration of disadvantaged people.
- Essential services must be developed together with the people who use them, in order to prepare the necessary support to overcome barriers to access.
- Essential services should be available and accessible everywhere. To this end, one-stop-shop schemes can play a crucial role in helping to overcome territorial inequalities, the bureaucratic burden and the information gap: engaging the final users in the design of these schemes is strongly recommended to address the unmet needs, such as legal protection, and to monitor quality of services.
- The distributional impact of policy changes on gender and youth and the related use of disaggregated data should be embedded into all social policies, particularly the EU Semester and the Child Guarantee National Action Plans. In this respect, clear quantitative and qualitative targets must be included, such as targeted people in need and benefi-

ciaries of budget resources or measures, quality of services provided, data on gender and youth impacts.

- Digitalization should be an option rather than an obligation, especially in those contexts where adequate measures are not put in place to prevent and address the effects of fast-paced digitalization on social, cultural, economic and territorial inequalities, for both service users and providers. Furthermore, digital communications should not replace or hinder the relationship with service providers and the possibility of receiving personalised and face-to-face support.
- Member States should clearly specify the characteristics of the services with public service obligation and the conditions for its provision and the related target group. In this framework, they should broaden and adapt the EU definition of essential services (Principle 20 of the EPRS Action Plan) to their national context, including the identification of target vulnerable groups.
- Social services should be recognised as essential services and an essential component of transformational social protection systems aiding the most vulnerable while ensuring preventive services. Subsequently, these must be adequately funded and ensure decent working conditions of social workers: more quality jobs should be available where support services are needed.
- Extend the quality criteria of social services to the design of quality standards and indicators for all essential services, particularly:
 - Respect for users' rights, in terms of equal opportunities, equal treatment and freedom of choice, through clear, accurate and accessible information and active involvement of the users.
 - Ensure proximity of service needed to the users.
 - Organise service provision to achieve a comprehensive and integrated delivery of social services.
 - Guarantee decent working conditions, including non-discrimination, social protection, health and safety protection, re-skilling and up-skilling of workers, social dialogue and trade union repre-

sentation, decent wages as well as gender equality and, in particular, equal pay for work of equal value.

Sector-Specific Messages and Recommendations – case studies on health and energy

- Member States should invest adequate resources in improving the availability, accessibility and affordability of mental and dental health services for people living in poverty or vulnerable situations, such as those with disabilities or affected by marginalisation.
- Member States should invest in increasing the number of affordable or free medicines, accessible public health centres and services, as well as health professionals with good working conditions and adequate training, for people living in poverty and social exclusion.
- The price of energy must not be a factor for exclusion in access to energy services, regardless of the geographical location and living conditions:
 - Access to clean affordable energy is a human right.
 - Ban all disconnections, guaranteeing the supply of a minimum amount of energy for all.

➤ The extent to which higher carbon pricing is regressive is determined by the level of income inequalities in the country where it is implemented. Therefore, a regulatory approach is needed to deliver a socially-just green transition, including:


- A close end-date for fossil fuel subsidies and phase-out of fossil fuel boilers.
- Incentives for power supply from renewables, which are affordable and accessible for energy poor households.
- Fair green tax and social protection systems with adequate revenue recycling to support target vulnerable groups.
- Optimisation of the electricity market design in Europe while maintaining the regulated electricity prices to put the energy system under democratic governance and public control.

➤ The role of the State is of pivotal importance to provide access to renovation and energy-efficiency programmes and ensure decent housing for all while helping low-income, vulnerable and energy poor households to overcome upfront costs through ad hoc and adequate financial and technical assistance. The EU must strengthen the Fit for 55 Package through adequate social safeguards and achieve ambitious requirements for Member States to significantly reduce energy poverty, in line with their target for energy poverty mitigation, especially with regards to:

- Adequate and timely Deep Renovation Standards and Minimum Energy Performance Standards for public and residential buildings, as well as mechanisms to monitor housing affordability and the utilisation of public real estate, in the Energy Performance of Buildings Directive.
- The right balance between immediate support and long-term structural investments in the Social Climate Fund, particularly in the framework of the potential extension of the EU emissions

trading system to road transport and buildings and its regressive effects on the energy expenditure of EU's poorest households.

- In the Energy Efficiency Directive, the implementation of the energy efficiency obligation schemes should be prioritised for people affected by energy poverty, vulnerable customers and people living in social housing. Decarbonisation of heating and cooling systems should be obligatory and publicly funded for lowest-income households in worst-performing buildings and should involve the participation of final users to empower them in the transition towards more energy efficient housing.
- The EU and Member States should collect disaggregated data on accessibility, affordability, and adaptability of low-carbon transport, to avoid fossil fuel lock-ins, reduce the urban/rural divide and forced car ownership, through a good range of public transport alternatives. Mobility challenges have a direct impact on the accessibility to other essential services and the job market, thus these need to be prioritised.
- Member States should address energy poverty together with transport poverty and indecent housing, in the context of the transition towards climate neutrality, in their National Energy and Climate Plans and the Building Renovation Action Plans. At EU level, better synergies should be established between these and the Just Transition Fund, the Recovery and Resilience Facility, the National Energy Efficiency Funds, the Social Climate Fund, REACT-EU and the Cohesion Fund.



"Poverty is much more than what you have just read. You are poor not only materially, but also socially, and in all other ways. When you have no money there are no friends or they are rare. Before when I was employed and working, earning my living, I had friends. I took out a loan and then got fired because I was redundant and now that I'm bankrupt there are no friends of mine. I sit at home alone and that is the hardest thing for me. I have no one to talk to, no one to hang out with, no one wants to be with you like poverty is contagious."

"It affects your health, in that misery a man goes crazy. You're crazy about it. Imagine going to 4 squares and looking at a black mouldy wall. How not to be crazy "

— Quote from people experiencing poverty in Croatia.



Methodology

This report is the result of dedicated sessions of structured consultations and mutual exchanges with EAPN members, during and after the meetings of EAPN's EU Inclusion Strategies Group (EUISG) in July and October 2021. Since the presentation of the first concept note in July 2021, EAPN members pointed out the importance of access to essential services for their members and people experiencing poverty and social exclusion, in the context of overarching challenges, such as the digital and green transitions and the poor conceptualisation of essential services at EU and national level, from a rights-based perspective. Considering the diverse views of members regarding the scope of analysis, the impact of cross-cutting issues and the understanding of essential services, the EU Policy Team adopted a participatory research approach to propose a second concept note, develop the questionnaire template, and provide members with the necessary time to collect data and follow up on research/interview findings.

10 EAPN National Networks participated in the consultation process through the questionnaire: EAPN Norway, Finland, Serbia, Lithuania, Ireland, Netherlands, Portugal, Spain, Slovenia, Croatia. The questionnaire was also completed by Red Acoge, a national member of the Platform for International Cooperation on Undocumented Migrants (PICUM) who is a member of EAPN. Other European Organisations that actively contributed to the consultation process by email and dedicated meetings are AGE Platform Europe (AGE), Eurochild and the International Federation of Social Workers (IFSW). EAPN Belgium, France and UK also contributed to the brainstorming sessions about the scope of analysis.

Additional secondary sources include EU and national reports/articles.

The report was drafted and finalised by Sabrina Iannazzone, policy officer at the European Anti-Poverty Network, in May 2022.

References¹³⁰

130 Most references have been indicated in the footnotes, throughout the report. Here, only an overview of key horizontal sources of information and data is provided.

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Information & Contact



The European Anti-Poverty Network (EAPN) is an independent network of non-governmental organisations (NGOs) and groups involved in the **fight against poverty and social exclusion** in the Member States of the European Union, established in 1990.

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