Cash transfers for families and children in Argentina, Brazil and Chile: segmented expansion or universal benefits?

Camila Arza

Consejo Nacional de Investigaciones Científicas y Técnicas
Centro Interdisciplinario para el Estudio de Políticas Públicas
Buenos Aires, Argentina

Abstract

Over the past two decades, most Latin American countries have developed cash transfer programmes for poor and low income families not covered by the social security system. These programmes now benefit about 127 million people throughout Latin America and in some countries they include more children than the family allowances of the social insurance system. How have these innovations changed the structure of child benefits in Latin America? This article discusses this issue by looking at the experiences of Argentina, Brazil, and Chile. In these three countries, a wide-ranging programme of non-contributory cash transfers for low income families now operates alongside a pre-existing scheme of family allowances for formal sector workers. This has contributed to expand coverage of cash benefits for families and children, while at the same time keeping a segmented benefit structure. In contrast, a universal child benefit could overcome this segmentation and guarantee equal rights to all children.

Keywords: CONDITIONAL CASH TRANSFERS – CHILD BENEFITS – FAMILY BENEFITS – NON CONTRIBUTORY BENEFITS – FAMILY ALLOWANCES – LATIN AMERICA

The version of record of this manuscript has been published and is available in the *Journal of International and Comparative Social Policy* (published online 3/Jan/2018)

http://www.tandfonline.com/doi/abs/10.1080/21699763.2017.1415218

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1. Introduction

Over the past two decades many Latin American countries have developed extensive non-contributory cash transfer programmes for lower income families and children. It is estimated that conditional cash transfer programmes (CCTs) currently cover about 127 million people throughout Latin America (Cecchini and Vargas, 2014, p. 123). These programmes have a focus on children and normally include specific benefits for each child in the household. In some countries, like Argentina and Uruguay, they are designed as non-contributory family allowances for lower income families.

These benefits coexist with more traditional family allowance programmes, which have been an item of social security systems in most Latin American countries for some time (ISSA, 2016). Conceived as income supplements for working families, these benefits are normally directed to formal workers (in some cases, to salaried formal workers only) and pensioners with a family to economically support. But over the past two decades or so, these benefits lost some prominence *vis a vis* the wide-ranging expansion of cash transfers for lower income families. This expansion has increased coverage of families and children, and has also contributed to alter the structure of child benefits, shifting the focus from work-related to means-tested benefits, and from social insurance to social assistance.

This article analyses the current structure of child benefits after the expansion of cash transfers in three Latin American countries: Argentina, Brazil and Chile. These countries now have cash transfer programmes for poor and low income families and children that offer wide but segmented coverage. The article focuses on the child-oriented components of family allowances and CCT programmes, and looks at four key dimensions (eligibility conditions, benefits, rights, and coverage distribution) to evaluate how recent policies have reshaped the structure of child benefits.

2. Coverage expansion and segmentation: Child benefits in Latin America

Latin American social security systems were designed based on the social insurance model of work-related benefits, with substantial heterogeneity across countries in their development and effective reach. Under this framework, informal workers and persons who do not participate in the labour force are not covered or eventually only covered as dependants of a formal worker (e.g. wife and children), and in some countries self-employed workers are also excluded from some or all benefits. In practice, this has produced large coverage gaps and inadequate social protection for many people in Latin America (see, e.g. Mesa-Lago 2008; 1978).

Against this backdrop, over the past two decades most Latin American countries have expanded coverage of non-contributory benefits, such as social pensions and cash transfers. Most of these benefits are targeted to low income families, who are largely excluded from the contributory social security system (Arza and Chahbenderian, 2014a, 2014b; Cecchini and Madariaga, 2011; Fiszbein, et al., 2009; Lavinas, 2013a). As a result, many families, children and older adults now receive a basic benefit from the social protection system – but one which often involves different rights and conditions than the benefits that persons included in the contributory social security system receive.

In stylised fashion, social policies can be of in three main types in terms of how they include different groups of the population: exclusionary, segmented or universal (Table

1). This characterisation goes in line existing literature on social policy and universalism in Latin America (Martínez Franzoni and Sánchez Ancochea, 2016a; Pribble, 2013; see also Filgueira, 1998; Filgueira, Molina, Papadópulos and Tobar, 2006), and as that literature, it aims to capture not only coverage, but also equity in the type and quality of benefits that each one receives.

Exclusionary policies are those that offer protection to some groups in the population but not to others. Exclusion can be established in the operational rules of a policy program (e.g. when benefits are directed to some occupational groups only), or it can simply occur in practice (e.g. due to the incidence of informal work). On the other hand, segmented social policies are those that offer different benefits (conditions, quality or degree of protection) to different groups of the population. This can result from the fragmentation of the public provision (for instance, when different programmes exist for different occupations or in different regions of a country). It can also emerge from the development of private provision as an alternative to the public system (for instance, in education and healthcare), which divides the population based on differences in use and ability to pay (see Martínez Franzoni and Sánchez Ancochea, 2016a). Finally, universal social policies are those that make all people entitled to (and receive) equal benefits or protections in the face of similar risks or needs (for example, universal child benefits or universal healthcare). While exclusion and segmentation can co-exist (and often do), a universal policy is by definition a non-exclusionary policy, and one that avoids segmentation (or reduces it to the minimum).

Segmentation is a longstanding feature of social protection systems in Latin America. In its origins, it was related to particularism and stratification in access to social security by different occupational groups (Mesa Lago, 1978). At present, it is mainly linked to the segregated incorporation in the social protection system of formal and informal workers, and of the middle class and the 'poor'. The expansion of non-contributory cash benefits has reduced exclusion, but it has often not managed to overcome the segmentation between a population entitled to social insurance, on the one hand, and a population that is not totally excluded but receives more residual social assistance transfers, on the other. New social assistance programmes bring more families into the social protection system, but with more limited benefits and more restrictive conditions. As Martinez Franzoni and Sánchez Ancochea (2016a, p. 45) put it 'programmes targeted to the poor that are delinked from programmes accessed by the non-poor or that give access to fewer or lower quality services […] nourish fragmentation and deter universalism'.

With the development of CCTs, the number of families receiving income-support from the state increased across Latin America, but the new benefits kept a residual logic and relatively small budgets (compared to contributory social security). In most countries a sharp separation exists between benefits for formal workers and benefits for the poor, with different requirements and conditions, and a large uncovered population remaining in between the two groups. In others, some policies have been oriented to reduce disparities across systems and guarantee, for instance, equal benefits amounts. But separate programmes (for poor and non-poor, formal and informal) normally continue to exist and build a segmented benefit structure that in some countries involves substantial differences in rights and conditions across the population.

By and large, rather than integrating new components into a single system, or replacing them with a universal child benefit, the most common pattern of coverage expansion was by 'layering', in other words, by creating new benefits to operate alongside existing ones. Layering has been conceptualised as one of the ways to bring enduring transformation in public policies with incremental policy changes (Streeck and Thelen, 2005; see also Béland, 2007; Palier, 2005). Layering occurs when new policies are created aside existing ones, which are not replaced or eliminated. As these new policies grow in breadth and importance, the earlier system may become secondary, substantially changing the original structure. The process is incremental and the outcome can be transformative, 'set[ting] in motion dynamics through a mechanism of what we might think of as *differential growth*' (Streeck and Thelen, 2005, p. 23). The creation and expansion of new benefits to operate alongside existing ones (CCTs alongside family allowances, which were also rolled back in some countries, as we will see), has modified the structure of family benefits.

In the section below, I discuss this pattern of expansion and segmentation of family benefits specifically directed to children (child benefits) in Argentina, Brazil and Chile, looking at four main aspects: (1) eligibility conditions, (2) benefits, (3) rights, and (4) coverage distribution. Firstly, eligibility conditions for child benefits refer to the definition of the target population and to how selective (by income thresholds or means-testing) and heterogeneous (across existing programmes) these conditions are. Secondly, regarding benefits, I consider benefit amounts as well as differences in the benefits offered by different programmes. Thirdly, regarding rights, I refer to whether benefits are secure entitlements or not, based on three main dimensions: (i) whether benefits are available for all individuals who meet the conditions and do not depend on quotas, waiting lists or budget allocations (i.e. automatic access); (ii) whether there is a right to benefit continuity, or benefits are instead meant for a fixed period of time or can be discontinued if conditionalities are not met; and (iii) whether a mechanism to protect the real value of benefits against inflation is legally enshrined and applied, rather than left to government will or to budget availability. Finally, regarding the coverage distribution, I refer to coverage overall, and by each specific program across social strata, in order to identify coverage gaps as well as the stratification of coverage.

3. The experience of three countries: Argentina, Brazil and Chile

3.1. Argentina:

In Argentina, family allowances have been part of the contributory social security system for a long time. Non-contributory cash transfers for children and pregnant women with no access to family allowances were created more recently, in 2009 and 2011, respectively (see Table 2, Arza and Chahbenderian, 2014b; Bertranou and Maurizio, 2012; Lo Vuolo, 2010, 2013). In addition to these two main benefits, there is a social assistance pension for vulnerable mothers of seven or more children (established in 1989),[i] and high income workers can receive an income tax deduction per dependent child or spouse in their income tax returns.

Family allowances for formal workers date back to 1957 for private sector employees, and later incorporated public sector workers and social security beneficiaries. In 2016, these benefits were extended to part of the self-employed (those affiliated to the lower income categories of a simplified tax system –'*monotributistas*').[ii] Family allowances include regular monthly benefits per child and during pregnancy, and one-off payments for childbirth, adoption, marriage and schooling. The child benefit is about U$S 80 per month per child for families in the bottom earnings bracket (ANSES, 2017).[iii]

Originally, all entitled workers received an equal amount per child. In 1996, an earnings cap made workers with higher earnings no longer eligible and different benefit amounts were established based on earnings (higher benefits for workers with lower earnings).[iv] This changed the underlying logic of the system, shifting from a social insurance system that redistributes between types of families (with and without children) to an earnings-tested system for workers with middle and lower earnings only (Bertranou and Maurizio, 2012; Pautassi, Arcidiácono and Straschnoy, 2013). In practice, earnings thresholds to qualify produced a gradual reduction of coverage. The incomplete indexation of these thresholds meant that as wages rose, more workers ceased to be eligible or entered higher earnings brackets and received lower benefits: between 2005 and 2012 the number of family allowances paid fell from 4.3 to 3.1 million (Bertranou, Cetrángolo, Casanova, Beccaria and Folgar, 2015: Table A.6).[v] In 2012 income thresholds to qualify increased, thus bringing more workers in, and in 2015, a regular indexation rule was established for both benefit levels and earnings thresholds (Law 27,160, implemented as of 2016). As a result, the number of family allowances rose and, by March 2016, the system paid 4.8 million benefits (MTESS, 2016a).[vi]

Informal and unemployed workers were not eligible to family allowances up until 2009, when the government created a new non-contributory benefit called 'Universal Child Allowance for Social Protection' (AUH, for the acronym in Spanish), and two years later, in 2011, the 'Universal Pregnancy Allowance for Social Protection' (AUE). These two benefits are oriented to unemployed and informal workers, domestic workers, socio-economically vulnerable workers in labour cooperatives ('*monotributistas sociales*'), and beneficiaries of some social and workfare programmes, who have children under the age of eighteen (in the case of AUH), or are pregnant women (in the case of AUE) (Table 2). The new programmes absorbed families who received other pre-existing social assistance benefits (like *Programa Familias*) and rapidly reached high coverage. By December 2009, AUH already benefited some 3.4 million children, and coverage stayed around that level from then on. In March 2016, AUH paid 3.8 million benefits (MTESS, 2016a, p. 32).

The basic benefit amount of AUH/AUE is the same as for family allowances (U$S 80 per month per child or pregnant woman) and households can accumulate up to five benefits. This amount is more generous than most other CCT programmes in Latin America, even though it represents less than one third of the poverty line per adult equivalent (male) and about 15 percent of the minimum wage. Access is wide but not universal: in order to be eligible, informal workers must not earn more than the monthly minimum wage, and all children must comply with the conditionalities regarding enrolment to health program Nacer/Sumar, regular health check-ups and school attendance if in school-age (conditions that are not required for formal workers to receive family allowances).

In 2015, it was estimated that family allowances and the AUH together covered around 61 per cent of children in the Great Buenos Aires, and another 3.6 per cent received other social assistance benefits (MTESS, 2016b, p. 6, based on ENAPROSS II).[vii] AUH benefits were concentrated among the lowest income households. In the same region 36 per cent of children in the bottom two household income quintiles received AUH, compared to 13 per cent of children in income quintiles three and four. In poorer provinces like Jujuy, Chaco and Catamarca, all benefits together reach close to or over 80 per cent of children. Across districts, coverage is stratified by income group. AUH benefits prevail among lower income households and family allowances among middle and higher income ones (MTESS, 2016b, p. 8; see also Filgueira and Aulicino 2015; MTESS, 2014).

The segmented expansion of child benefits is reflected in the distribution of coverage. Total coverage is high but each program is directed by design and in practice to a different socio-economic group. At the same time, compared to CCT programmes in other countries, in Argentina, the structure of child benefits includes some institutional features that tend to reduce disparities across programmes directed to different population groups. For instance, unlike most other CCT programmes, the AUH was instituted as a non-contributory component of the pre-existing system of family allowances; it is administered by the same institution (the National Social Security Administration, ANSES)[viii] and financed from the social security budget. The basic benefit is the same in both systems, and as of 2016 the same indexation rule is applied to both benefits, ensuring their amounts will evolve together. Apart from regular indexation, the AUH also guarantees a right of access to all eligible individuals (with no quotas or waiting lists), an improvement over social assistance programmes of the past (Table 2).

On the other hand, however, child benefits for families belonging to different socio-economic and employment groups remain different programmes (see Lo Vuolo, 2010; 2013). Furthermore, income tax deductions per child, which have existed for a long time, continue to grant tax benefits to higher income workers (Díaz Langou and Acuña, 2016). Family allowances offer higher benefits in some provinces and there are separate regimes for public sector employees and social security beneficiaries at the provincial level (Bertranou, et al., 2015). In addition, family allowances include one-off benefits that the AUH does not offer (for example, for marriage, childbirth, and adoption).[ix] Beneficiaries of the AUH are also subject to additional requirements. They must show that children go to school and get medical check-ups. They receive only 80 percent of the total benefit each month, and the remaining 20 percent at the end of the year when they present the certificates that prove those conditionalities were met. This weakens the dimension of rights, and clearly differentiates these benefits from those oriented to families in the formal sector. All these specific differences reflect the logic underlying coverage expansion through the creation of separate systems for informal and low income workers with a more restrictive logic, rather than expanding access by incorporating all in the same program through a more structural shift to a universal child benefit.

3.2. Brazil:

In Brazil, families can obtain two main types of cash benefits depending on their income and employment situation: a family allowance for formal workers (*Salário Família*) and a cash transfer for poor and extremely poor families (*Bolsa Família*) (Table 2). As in Argentina, there is also an income tax deduction per dependent family member (including children up to age 21, or 24 if enrolled in formal education). These benefits do not build an integrated system. The current structure is the result of a policy that has evolved over time, with new benefits created to operate alongside existing ones with different goals, eligibility criteria and administration.

Bolsa Família (Family Grant) is Brazil's flagship cash transfer program (De Castro and Modesto, 2010a, 2010b; Fonseca, Jaccoud and Karam, 2013; Lavinas, 2013b, 2017; Soares, 2012; Veras Soares, Perez Ribas and Guerreiro Osório 2007; among others). It was created in 2003 absorbing other existing social assistance benefits and currently reaches 12.7 million families.[x] Benefits are targeted to poor and extremely poor families and include a 'basic benefit' (for families in extreme poverty only) and a 'variable benefit' for each child or pregnant woman in all eligible families.[xi] The child benefits are conditioned on regular health check-ups and school attendance. In 2017, 21.3 million variable benefits were paid, which suggests a coverage rate of about one third of all children in the country.[xii]

Both earnings thresholds and benefit amounts are low and the latter vary according to household composition. Besides the basic benefit of about U$S 25 per family per month, the benefit per child ranges from U$S 12 and 14 depending on the children's age (that is, 4 to 5 percent of the minimum wage).[xiii] An additional benefit also exists (*Benefício para Superação da Extrema Pobreza*) for families that remain extremely poor after receiving the basic benefit, which aims to lift their income above the extreme poverty line. In 2017 the average benefit per household was U$S 54 per month (MDS, 2017a, 2017b).

Aside this wide-ranging cash transfer program, the work-related *Salário Família* (Family Salary, established in 1963) is a family allowance for formal workers and social security beneficiaries with children up to the age of 14, earning less than about 1.4 times the minimum wage. The benefit has gone through a similar process of targeting as the family allowances in Argentina. At first, a flat benefit was paid per child to all eligible workers with a formal contract, independently of earnings level.[xiv] In 1991 two benefit amounts were established (for workers with lower and higher earnings)[xv] and in 1999 the benefit was targeted to workers with earnings below a maximum threshold only.[xvi] The benefit currently ranges between U$S 9 and 13 depending on earnings, and both parents can get it if they are eligible (Table 2).

These two main programmes shape a segmented system of child benefits with overlaps and coverage gaps (Soares and Ferreira de Souza, 2012; Sposati, 2010). Eligibility criteria vary across programmes. *Bolsa Família* is targeted to poor and extremely poor families and *Salário Família* is oriented to formal workers with low earnings. Benefits are modest in both cases but not exactly the same. In a study specifically directed to address this issue, Soares and Ferreira de Sousa (2012) point out that *Salário Família* and *Bolsa Família* (as well as the income tax deduction) have separate processes of application and administration (see also Sposati, 2010). And while *Salário Família* is an entitlement for all workers meeting the conditions, in the case of *Bolsa Família*, a family can be eligible but fail to receive the benefit because the benefit quota has been used up. In fact, according to the Brazilian Single Registry for social programmes, for instance, 12.7 million families receive *Bolsa Família*, but there are a total of 16.6 million registered families with incomes below the eligibility threshold for *Bolsa Família*, and another 6.8 million families with per capita income between the eligibility threshold and half the minimum wage (MDS, 2017a).[xvii] In contrast, there are no quota limitations for the *Salário Família*, and the benefit is included in the 1988 Constitution as a right; that is not the case for *Bolsa Família*. Therefore, in terms of rights, *Salário Família* performs better: it offers the right of access, continuity and regular indexation, none of which are guaranteed for *Bolsa Família* (Table 2, see also Lavinas, 2017, p. 28, 130).[xviii]

Furthermore, unlike what would be the case with a universal child benefit, there is a large share of families and children that receive none of these benefits, and there is no automatic transition from one program to the other. Instead, many families, informal but not poor enough to meet *Bolsa Família*'s eligibility conditions, obtain no benefit, and some families can receive two benefits per child (if both father and mother are eligible to *Salário Família*). Both programmes are targeted to lower income families, but according to existing estimations, *Bolsa Família* benefits are concentrated in the poorest households and *Salário Família* is received mainly by low and middle-low income groups (Rolim Guimarães, 2011; Soares and Ferreira de Souza, 2012; see also Kidd and Huda, 2013). The income tax deduction for dependent family members, in contrast, benefits the richest: Lavinas and Cordilha (2015, p. 128) estimate that more than half of these tax waivers favour the taxpayers belonging to the highest tax bracket (i.e. those with highest incomes). Overall this builds a segmented structure of child benefits with persistent inequalities and wide but incomplete coverage.

3.3. Chile

In Chile, child-oriented cash benefits include family allowances for formal workers and pensioners and a family subsidy for low-income families. In addition, there is a multidimensional social assistance program called *Ingreso Ético Familiar* (previously *Chile Solidario*), which aims to reduce extreme poverty, and also offers conditional and unconditional cash transfers for families and children (Table 2).

As in Argentina and Brazil, family allowances in Chile are oriented to formal workers and social insurance beneficiaries with incomes below a maximum threshold, and grant one benefit per dependent family member (including children under the age of 18, or under 24 if enrolled in formal education). And also similarly to those other two countries, the benefit was originally a flat amount for all workers, but a reform in the early 1990s established differential benefit amounts based on income level and an income threshold to qualify. Benefits are modest – currently the highest benefit is U$S 16 per child per month for workers in the lowest earnings bracket (for higher earnings benefits reduce to U$S 10 and 3). These benefits represent -at most- 7 percent of the poverty line and 4 percent of the minimum wage. In terms of coverage, in 2016 the system paid 1.1 million family allowances in total (SUSESO, 2017a, 2017c).

In parallel, the *Subsidio Único Familiar* (SUF) is a means-tested cash benefit established in 1981 for low income families with children under the age of 18 or other dependent family members (SUSESO, 2013). One benefit is granted for each dependent family member, for a period of three years, and can be renewed as long as conditions are met (SUSESO, 2017b). The SUF's benefit amount is the same as for the lowest earnings bracket of the family allowances (U$S 16), but the eligibility requirements and application processes differ. In order to receive the SUF families must not be receiving family allowances, belong to the lowest income population and demonstrate participation in health programmes of children under the age of 8 and school attendance of children as of 6 years of age (Table 2).

While the SUF has existed for over three decades, coverage has expanded in recent years. In the past, access to the benefit was limited by available quotas per district and linked to yearly budgets for each region. In practice, this meant that the number of beneficiaries remained stagnant and demand was not fully satisfied. That mechanism was abolished in 2007 and from then on, all eligible individuals should get the benefit (Staab, 2013; SUSESO, 2013, p. 8). Between 2006 and 2010, the number of SUF paid for children rose from 740 thousand to almost 1.4 million. In 2016, the SUF paid 1.3 million benefits for children, and the total number including benefits for other dependents was around two million (SUSESO, 2017c). The eligible population has also recently expanded from the previous target of the 40 per cent poorest households to the 60 per cent poorest households following the implementation of new selection instruments in 2016.

In addition to the family allowances and the SUF, the social assistance program *Ingreso Ético Familiar* (IEF) was established in 2012 to replace *Chile Solidario,* a program created in 2002 to reduce extreme poverty and ensure access to public benefits and services by the most vulnerable families (Cecchini, Robles and Vargas, 2012; Vargas, Cueva and Medellín, 2017). The IEF's subsystem 'Securities and Opportunities' is directed to families living in extreme poverty, who are identified by the state (it is not possible to apply to the program), and receive conditional and unconditional cash transfers for a limited period of time. These benefits include a 'basic family bonus' (which varies with earnings), a 'protection bonus' (ranging between U$S 13 and 24), and a benefit of U$S 9 per child per month for monitoring health (children under 6 years of age) and for attending school (children in ages 6 to 18) (Ministerio de Desarrollo Social, 2017; Table 2). Families participating in the program can also receive other social assistance benefits, including the SUF.[xix]

All these benefits shape a multi-layered system of income support for families. Child benefits exist in each of these three programmes, and are all targeted to a different specific group among the lower income population. Family allowances are oriented to lower income formal workers and pensioners, the SUF to lower income families, and the IEF-Securities and Opportunities targets families in extreme poverty. Both family allowances and the SUF are tax-financed,[xx] and pay an equal benefit amount per dependent family member. But the programmes are separately administered, application processes are diverse, and while all benefits are targeted to families with low incomes, the income thresholds vary. Furthermore, the SUF as well as some benefits of IEF (the child bonuses) are also conditioned on providing regular certification of health monitoring and school attendance of children (Chile Atiende, 2017; SUSESO, 2017b). Thus segmentation was not overcome with the expansion of cash transfers that took place over the past decade or so (see also Pribble, 2013).

In terms of eligibility conditions, all benefits are income or means-tested. Family allowances offer rights of access and continuity for the eligible population. The SUF was limited by waiting lists in the past (thus no right of access), and although this later changed, facilitating coverage expansion, benefits remained conditioned on providing proof of health monitoring and educational attendance of children. The IEF program offers more limited rights: families cannot apply to the program and those included receive cash transfers for a fixed term-period only (no continuity), and both coverage and benefit amounts depend on budget allocations established each year (Cecchini, Robles and Vargas, 2012). Regarding the distribution of coverage, most benefits go to families in the lowest income groups.

Discussion and final remarks:

The expansion of cash benefits is one of the central features of recent social policy in Latin America. Many countries, among them Argentina, Brazil and Chile, have created new programmes or expanded existing ones, benefiting a large number of families. Most of these new benefits follow a residual logic: they are income-tested, conditioned, and offer small amounts of cash. In most countries, however, these programmes now benefit many more children and families than social assistance programmes of the past, and cover part of the gaps left by the social insurance system in a context of informal labour markets.

Currently about 12.7 million families receive benefits from *Bolsa Família* program in Brazil, 3.8 million children receive non-contributory family allowances in Argentina and 1.3 million family subsidies are paid for children in Chile. In the three countries, it is estimated that these programmes benefit more than one fifth of all children. Depending on the program and country, benefits are targeted to families living in poverty or extreme poverty, families with low or no incomes, or families that are not eligible to the social insurance system. As these programmes expanded, they modified the overall structure of child-oriented benefits, increasing the role of social assistance. This was also the result of policies implemented in previous years to roll back pre-existing systems of family allowances and target those benefits to lower income (formal) workers only.

The expansion of cash transfers has increased the coverage of families with children across Latin America. However, this was achieved not by including all families into the same system, but by creating separate social assistance benefits for the poor, set aside from previously established programmes for formal sector workers. The result was the coexistence of multiple programmes with different of eligibility criteria and conditions. Benefit expansion reduced exclusion, but maintained residual features of past social assistance, and offered separate benefits, rather than building a universal program. Families and children in different socio-economic and labour market groups (formal/informal workers, or poor/non-poor families) receive benefits from different systems, and many still receive no benefit at all. This segmented expansion reflects the tensions between the aim to extend coverage and reach more families, and the persistence of a poverty relief logic for social assistance, on the one hand, and policy legacies of employment-based social insurance, on the other.[xxi]

In contrast, the integration of all these benefits into a universal child benefit could bring many advantages. It could contribute to consolidate social rights and promote social cohesion by making all families part of the same social program. It could help building broad distributive coalitions that support these transfers and defend them inter-temporally. Social development components of current programmes, directed to multiple dimensions of deprivation could continue to exist for vulnerable families, alongside rights-based universal child benefits. A universal system could also reduce errors of exclusion, avoid arbitrary thresholds that leave out families that may be just slightly better-off than eligible ones but still vulnerable, and overcome the difficulties of measuring income in contexts of widespread informal and precarious employment. It could make the system more coherent, as well as more effective, avoiding current exclusions, overlaps, and inequalities.

But, is a universal child benefit affordable? Is it politically feasible? A number of studies have estimated the budget costs that an expansion of child benefits with alternative designs (including a universal model) would involve (CEPAL, 2010; Cruces and Gasparini, 2013; Filgueira and Espíndola, 2015). Filgueira and Espíndola (2015) estimate that the budget costs for a universal child benefit vary widely across countries depending on the coverage of existing benefits as well as on the size of the target population. The three countries analysed in this article are among those where a universal child benefit would be most affordable, and where the resources required to complete universality (adding to what is already being spent on cash benefits for families and children) represent a relatively modest share of current public social expenditures. In every case, the implementation of a program of this kind can be gradual, for instance, starting with more modest benefit amounts or number of benefits, to progressively move towards more comprehensive systems, without renouncing universality (Filgueira and Espíndola, 2015).

Besides budget costs, other political, institutional and ideological constraints may also be important. Most cash transfer programmes currently in operation have means-testing, conditionality and low benefits as key features – which are at odds with a universal model.[xxii] Furthermore, in Latin America, a policy legacy of social insurance systems, where benefits are conceived as entitlements derived from one's own (contributory) effort, has helped legitimize public spending on those benefits, but not on the benefits for informal workers who made no contributions. Recent coverage expansion has extended the frontiers of social policy but the persistence of segmentation has restricted a more structural shift to universal benefits. At the same time, some experiences in the development of universal (or other wide-ranging) basic pensions (like Bolivia and Mexico) show that universal benefits can be both feasible and popular. It now remains to be seen whether the wide expansion of benefits to populations previously not covered (i.e. the shift from exclusion, to segmented incorporation), will evolve over time: either consolidating segmentation or instead opening a window of opportunity for the construction of a universal benefit for all children.

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Acknowledgment: This work was supported by the National Agency of Scientific and Technological Promotion (Program of Technological Innovation, PICT 2011, Préstamo BID) and by CONICET. I am very grateful to Rossana Castiglioni, Lena Lavinas, Rubén Lo Vuolo and Claudia Robles, who have read earlier versions of this article and offered very useful comments; they are naturally not responsible for the shortcomings that may remain. I also thank the participants of the ISA RC19 Annual Meeting at the University of Bath in 2015, as well as two anonymous referees for their suggestions.

Table 1: Three logics of social incorporation: Exclusionary, segmented and universal social policies

	Characteristics	Examples
Exclusionary	*De jure*: Benefits are directed to some occupational groups only.	Benefits only for public-sector workers, or other specific occupations.
	De facto: Benefits are directed to all occupations, but many workers are excluded in practice.	Informal or atypical workers lacking access to benefits.
Segmented	Due to the fragmentation of public programmes.	Different benefits by type of worker, socio-economic status, occupation, area of residence, etc.
	Due to mercantilization (direct or indirect privatisation).	Significant role for private provision with different access based on ability to pay.
Universal	Equal benefits for all.	Universal access to equal benefits (or equal basic benefits).

Source: Own elaboration.

Table 2. Cash benefits for families and children in Argentina, Brazil and Chile: key features.

	Eligibility conditions	**Benefits**	**Rights**	**Coverage distribution**
Argentina				
Family allowances	Formal salaried workers, part of the self-employed (“*monotributistas*”) and beneficiaries of the social insurance system, with children under the age of 18 or with a disability.	Monthly benefits per child vary by total family monthly earnings (TFE) and are: U$S 80 if TFE are below U$S 1244. U$S 54 if TFE are between U$S 1244 and 1825. U$S 32 if TFE are between U$S 1825 and 2107. U$S 17 if TFE are between U$S 2107 and 4735. No benefit for families with TFE above that threshold. Higher benefit for children with disabilities and in some provinces.	Automatic access and continuity. Income tested (total family earnings). No conditionalities. Regular indexation, with pension indexation rule.	4.8 million benefits. Higher coverage in middle-high income households.
Universal child allowance (AUH)	Unemployed and informal workers, domestic workers, beneficiaries of specific social programmes, and low income self-employed (‘*monotributista social*’), with children under the age of 18 or with a disability.	U$S 80 per month per child (higher for children with disabilities and in some provinces). 20% of the benefit retained each month and paid after conditionalities are certified.	Automatic access. Income tested (auto-declaration). Must provide proof of health monitoring and school attendance of children. Regular indexation, with pension indexation rule.	3.8 million benefits. Concentrated in lower income households.
Brazil				
Salario Familia	Lower income formal workers and beneficiaries of the social insurance system (some exclusions apply), with children under	Monthly benefits per child vary with individual monthly earnings and are: U$S 13 if earnings are below U$S 255 U$S 9 if earnings are between U$S 255 and 383.	Automatic access. Income tested (worker’s earnings). Must certify vaccination and school attendance of children.	Concentrated in low and middle-low income households.

	the age of 14 or with a disability.	Paid to both parents if both are insured.	Regular indexation.	
Bolsa Familia	Poor and extremely poor households. Basic benefit for extremely poor households; plus benefits per child (0-15), adolescents (16-17), pregnant women and nursing mothers in poor households.	Basic benefit: U$S 25 per family per month, for households with per capita monthly earnings under U$S 25. Variable benefit per child (age 0-15), pregnant woman, and nursing mother: U$S 12 per month each; and per adolescent (age 16-17): U$S 14 per month, for households with per capita earnings under U$S 50. *Benefício para Superação da Extrema Pobreza* for families that remain extremely poor after receiving the basic benefit.	No automatic access. Income-tested (per capita family income). Must provide proof of health monitoring and school attendance. No pre-established regular indexation of benefits or eligibility thresholds.	12.7 million households receiving benefits. Coverage focused on poorest households.
Chile				
Family allowances	Formal workers and beneficiaries of the social insurance system, with earnings below a certain threshold, and dependent family members (wife, children under the age of 18 or under 24 if in formal education, children with disability of any age, widowed mother, other relatives, living at their expenses).	Monthly benefits per dependant vary with monthly earnings and are: U$S 16 if earnings are below U$S 414. U$S 10 if earnings are between U$S 414 and 605. U$S 3 if earnings are between U$S 605 and 944. No benefit for workers with earnings above that threshold.	Automatic access and continuity. Income tested. No conditionalities. Regular indexation.	1.1 million benefits, spread across low and middle income groups.
Family Subsidy (SUF)	Families with dependent children under the age of 18 or with a disability, dependent mothers of minors, and/or	U$S 16 per dependent family member per month.	Means-tested. Granted for three years (renewable). Must provide proof of participation in health	1.3 million benefits for children. Concentrated in lowest income groups.

	pregnant women, living in households that belong to the 60% with lowest incomes.		programmes (up to age 8) and regular school attendance (as of age 6). Regular indexation.	
Ethical Family Income (IEF) – Subsystem Securities and Opportunities	Extremely poor families.	Basic family bonus: covers 85% of difference between per capita family income and the extreme poverty line. Protection bonus: between U$S 13 and 24 per person per month. Bonuses for health monitoring (children under 6) and for attending education (children 6-18): U$S 9 per child per month. Additional one-off bonuses for adults who finish secondary school, or for those who get a formal job.	No automatic access. No continuity (fixed-term of two years). Must participate in socio-labour support programmes. Some bonuses conditional on health monitoring and school attendance. Regular indexation.	Concentrated on the poorest households by design.

Note: all benefits are monthly amounts in March 2017 converted to U$S with the exchange rate of 15th March 2017. Number of benefits, latest figure available (see date in the text).

Source: Own elaboration based on ISSA, 2016; Cepal, 2017a; MDS, 2017b; Ministerio de Desarrollo Social, 2017; Previdencia Social, 2017a, 2017b; SUSESO 2017a, 2017b; Chile Atiende, 2017; ANSES, 2017; Vargas, Cueva, et al. 2017; Soares and de Souza, 2012; MTESS, 2016b; legislation and official websites of the countries.

[i] Law 23,746 of 1989.
[ii] Decree 593/2016.
[iii] This corresponds to the amount paid per child for families with total family earnings under U$S 1244 per month (benefits are higher in some provinces). The benefit decreases for higher income families: the lowest amount is U$S 17 per month per child for families with total earning between U$S 2107 and U$S 4732 per month. Families with earnings above that are not eligible. Unless otherwise specified, all benefit amounts correspond to March 2017 and were converted to US dollars (U$S) by the author using the exchange rate of March 15, 2017.
[iv] Law 24,714 of 1996.
[v] Includes child benefits and prenatal benefits for active workers.
[vi] This figure includes family allowances per child (including children with disability) paid by the National Social Security Administration (ANSES) to formal workers and pensioners.
[vii] The Great Buenos Aires area includes the city of Buenos Aires and the main suburban districts of the Buenos Aires province, and concentrates about one third of the country's total population. There is no data on the coverage distribution of child benefits at the national level.
[viii] This is similar to the case of Uruguay, where non-contributory family allowances are also administered by the same institution as contributory benefits (the *Banco de Previsión Social*, or BPS) (see Filgueira & Hernández, 2012).
[ix] Until recently, families receiving the AUH were not entitled to the yearly schooling allowance that formal workers could obtain. This changed in 2015 (Decree 504/15), and currently they are also eligible to this benefit.
[x] Number of families covered in July 2017, from MDS (2017a).
[xi] For *Bolsa Família*, extremely poor families are families with per capita income under U$S 25 per month, and poor families (eligible to variable benefits only) are families with per capita income under U$S 50 per month (MDS, 2017b).
[xii] Own estimation based on number of variable benefits from MDS (2017a) and population in ages 0-17 from CEPAL (2017b).
[xiii] All benefit amounts are of March 2017 (see Table 2).
[xiv] Law 4266 of 1963, see Rolim Guimarães (2011).
[xv] Law 8213 of 1991.
[xvi] Constitutional Amendment Nº 20 (December 1998). Decree Nº 3048/1999 established the earnings ceiling to receive the family salary.
[xvii] This matter is also raised by Lavinas (2013b, p. 42), who argues that "the fact that *Bolsa Família* is not a right but a welfare benefit subject to budget constraints diminishes its coverage and lowers the take up rate, occasioning horizontal inefficiencies, that is inequality amidst the most vulnerable and deprived."
[xviii] These features also sets apart *Bolsa Família* from the *Benefício da Prestação Continuada* (BPC), a social assistance benefit that pays one minimum wage to older adults and persons with disability in lowest income households (for the main differences between the two benefits, see Lavinas, 2013b, p. 40-42).
[xix] Families receiving family allowances, the SUF or the benefits of IEF-Subsystem Securities and Opportunities can also receive the Permanent Family Contribution (U$S 66 a year) (Law 20,743; SUSESO, 2017c).
[xx] Family allowances are financed by the *Fondo Único de Prestaciones Familiares y Subsidios de Cesantía* and the SUF by the *Fondo Nacional de Subsidio Familiar.*
[xxi] On these tensions, see also Martinez Franzoni & Sánchez Ancochea (2016b).
[xxii] For a related discussion about the limitations of cash transfer programmes in Brazil and Argentina (*Bolsa Família* and AUH), from a citizen's income perspective, see Lo Vuolo (2010; 2013).