



Portugal

Tackling child poverty and promoting the social inclusion of children

A Study of National Policies

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Executive summary

The present document is organised according to the guidelines provided by the Commission and it contains three main sections.

Section I concentrates on the analysis of key trends regarding the issue of child poverty, highlighting the necessary links to the overall poverty situation in Portugal and comparing it to the situation in other countries, namely in the EU and OECD. This section starts by presenting information regarding income-poverty indicators and the evolution and relative position of Portugal, highlighting the particularly vulnerable situation of children compared to the Portuguese population in general and to children in EU Member States. From this income-driven approach, section I goes on to take a multidimensional approach on children's wellbeing, covering areas such as education, health, housing, child labour, abuse, risk behaviours and relationships. The situation of Portuguese children regarding these different dimensions of wellbeing is analysed using both international comparative data and national available data. Income poverty, deprivation, educational wellbeing and housing are some of the dimensions where the situation of Portuguese children is particularly serious, compared to other EU and/or OECD countries. In terms of relationships, on the other hand, Portuguese children and young people are doing better than children in most other countries. Building on the presentation of this comparative data, the report provides an insight into the factors that may explain such performance, developments achieved, as well as some of the challenges that still persist and which are often difficult to grasp.

Section II starts by stressing the shift which occurred, from a protectionist model of intervention towards the recognition of children's rights, following the ratification by Portugal of the UN Convention on the Rights of the Child. It then assesses the overall policy framework regarding child poverty, revisiting the first and second generation of NAP-inclusion and focuses more specifically on the NAP-inclusion 2006-08. This first part of section II ends by highlighting the inexistence in Portugal of any actual mainstreaming of child poverty in public policies, as well as the stage of infancy regarding childhood policies and perspectives ahead. Indeed, they have just started to be developed. An analysis of the main policy areas which are relevant for the prevention and alleviation of child poverty is presented in the final part of this section, with a specific concern to identify some of the structural hindrances affecting the Portuguese society and directly impacting on the efficacy of existing policies, namely in terms of the frailty of monetary resources available to families. In fact, the document stresses the low levels of income provision by social security but also the persistence of a strong informal labour market and a model of low-qualified and low-paid labour force. Policies in place in different areas, such as education, health, child protection or child labour are also presented and discussed both from their achievements and potential, and the gaps persisting and challenges still to be addressed.

Section III addresses the current situation in Portugal regarding monitoring arrangements on implementation and impact of policies and is mainly based on the answers given by Portuguese authorities to the ISG task force questionnaire. The first relevant issue is that there is no monitoring system focusing on the situation of children in poverty in Portugal. Moreover, the report stresses some already identified hindrances regarding the functioning of monitoring mechanisms in the NAP process and the need for the 'National strategy for childhood and adolescence' (under preparation). The recently established Commission for the Promotion of Family Policies should seriously take into account this challenge of monitoring mechanisms and impact assessment. Finally, information on the involvement of different stakeholders in these monitoring and evaluation processes is provided. Particular attention is given to challenges

arising from creating a methodology that will enable such participation, which is clearly different from just defining participation as an achievable objective.

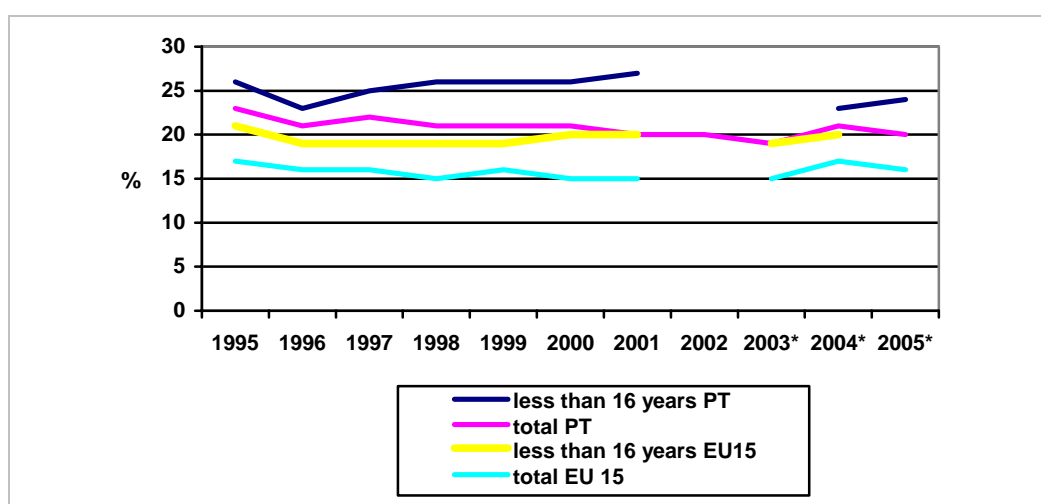
Section 1. Children in poverty in Portugal

1. Overview of main figures and trends

The situation of children in poverty has risen to prominence as a particular concern across the EU over the past few decades.

However, according to Eurostat data,¹ the situation of children (aged less than 16 years old) between 1995 to 2005, was consistently worse than that of the general population, both in the first 14 EU Member States and in Portugal. Children are also more likely to experience persistent poverty: according to European Community Household Panel (ECHP) data, 23.7 % of children aged under 17 years old were persistently poor between 1995 and 2000.

Table 1. At-risk-of-poverty rate, after social transfers



Eurostat estimates for the first 15 EU Member States.

Note: Break in series (transition between ECHP and EU SILC).

Source: Eurostat <http://epp.eurostat.ec.europa.eu/portal>.

In 10 years, only a marginal improvement has been recorded in the situation of children: the percentage of children at risk of poverty has decreased from 26 to 24 % (between 1995 and 2005) in Portugal and from 21 to 20 %² in the first 15 EU Member States. However, it should be noted that between 1995 and 2001 there was a slight worsening of the incidence of poverty among children. After a break in series between 2002 and 2004, the figure for 2004 represents a decrease of 4 percentage points comparing to the 2001 figure (27 to 23 % respectively), but a slight increase in 2005 (24 %) has already been estimated.

¹ Available from <http://epp.eurostat.ec.europa.eu/portal>

² This latter figure refers to 2004, since no figure is available for 2005.

Particularly striking is the fact that in Portugal the at-risk-of-poverty rates remain consistently higher than the first 15 or 25 EU Member States averages, both for the total population and for the sub-group of children aged less than 16 years old.

At the same time, indicators on the persistence of poverty among the total population show the disadvantaged position of Portugal among the first 15 EU Member States (15 versus 9 %) and the particularly serious position of Portuguese children compared to both the total Portuguese population (22 versus 15 %) and to children in the first 15 EU Member States (22 versus 13 %) ³.

One of the first studies on children poverty in Portugal (Silva, 1992) already highlighted the importance of analysing both phenomena and not isolating the situation of children from that of their families: 'The poverty status of children cannot be treated in isolation from the poverty status of families. Indeed, the poverty of a family affects a child's wellbeing even before the child is born ...' Silva (1992:4).

Another insight on the vulnerable situation of children in Portugal relates to the incidence of poverty according to the different types of family structure, as registered in 2004: a) one in every four families composed by two adults and two children is poor; b) 30 % of lone parent families with at least one children and 34 % of families with two adults and three or more children were living in poverty in 2004 (NAP-inclusion 2006-2008).

Some authors (Matsaganis et al., 2005), however, have shown the implications of distinguishing between poverty rates and contribution to aggregate child poverty when analysing child poverty ⁴. Focusing on southern European countries (Greece, Italy, Spain and Portugal), the authors point out that: 'In terms of poverty rates, child poverty rates are highest in large and lone parent families. In this sense, there is nothing remarkable about child poverty in southern Europe compared to the rest of Europe. In terms of contribution to aggregate child poverty, a very different picture emerges. In the case of lone parent families this is clearly limited: from about 8 % of all poor children in Italy to 15 % in Portugal. Large families account for a higher share of poor children, especially in the three Latin countries. Yet, a very substantial proportion of children in poverty (ranging from 29 % in Portugal to 48 % in Greece) live in 'standard' families of couples with one or two children.' (Matsaganis et al., 2005: 3)

Furthermore, in order to have a comprehensive overview of the situation in relation to child poverty and social exclusion, it is important to consider not only income-poverty indicators — which in the particular situation of children are even more insufficient given their status of 'non-income earners' — but to adopt a multi-dimensional approach on children's wellbeing and on the fulfilment of their rights. According to Eurochild, 'measuring family household income as the sole indicator of child poverty is wholly inadequate. There are many circumstances where family income may not benefit the child.' (Eurochild, 2007:7).

³ These persistent poverty rates refer to data from 2001 ECHP and were presented by Carlos Farinha Rodrigues at the Final Conference of the President of the Republic initiative called 'Roteiro para a Inclusão', on 14 April 2007.

⁴ On this distinction the authors explain: 'The former is simply the proportion of children in a certain household type that are below the poverty line. The latter is a function of the population share of each household type, calculated as the number of poor children in a certain household type as a proportion of all poor children' (Matsaganis et al., 2005: 3).

In Portugal, a few studies have tried to analyse the situation of Portuguese families from the perspective of deprivation level experienced. A recently published article ⁵ draws a profile of deprivation in Portugal, from ECHP data (1995-2001). Based on the creation of an aggregate index of deprivation (including dimensions such as housing, social networks, durables, basic needs, financial capacity, labour market, education and training), the authors show that in Portugal the level of deprivation among families registered a sustained improvement between 1995 and 2001. However, the incidence of deprivation situations among Portuguese families increased between 1996 and 2000: 'The percentage of families deprived increased between 1996 (17.9 %) and 2000 (19.8 %). Nevertheless, the tendency verified during that period is reversed in 2001, with a total of 18.7 % of the families in a deprived situation.' (Bomba et al., 2006: 14)

The same study highlights the fact that families with children and large families are the ones which present a higher incidence of deprivation. Furthermore, there was a relative aggravation of the situation of large families with children between 1995 and 2001 comparing to the total population.

In wider contexts, several recent studies (Bradshaw et al., 2006; Unicef, 2007) have built comparative analyses of children's wellbeing in different sets of countries, based on analyses that consider the situation of children, using a multi-dimensional approach.

Both studies identified different dimensions or clusters of child wellbeing, including material wellbeing, health, education, children's relationships, behaviours and risks and subjective wellbeing. Housing and civic participation are only present in the former study (Bradshaw, 2006).

Three dimensions or clusters present particularly striking results regarding children's deprivation in Portugal: material wellbeing, education and housing. Although not actually surprising, the main conclusions from these three dimensions — resulting from different sources, referring to different sets of countries and using different methodologies — all stress common serious challenges affecting children's wellbeing in Portugal. At the same time, these results provide the comparative background information for linking with the relatively scarce nationally-based information on the specific situation of children in poverty.

Children's material situation or wellbeing directly relate to the economic situation of the children's family context (income poverty, deprivation and parental worklessness). Portugal scores below the mean in both Bradshaw's and Unicef's study (13th out of the first 25 EU Member States in the former and 19th out of the 24 OECD countries). A closer look into the individual components of this dimension confirms that Portuguese children are particularly vulnerable to income poverty and deprivation (where Portugal scores well below the mean in both 'leagues'), although only a very low percentage of them live in jobless households. An analysis of SILC data for 2004 shows that only 19 % of poor children aged less than 17 years old live in jobless households. Although the figure for non-poor children is clearly lower (5.6 %) which shows the risk of living in a jobless household, it is important to keep in mind that 81 % of poor children live in households where there is at least one person working. At this stage, it is important to recall that although the risk of poverty is significantly lower for working individuals, 39 % of individuals below the poverty line in 2004 were employed ⁶.

⁵ Bomba, T. Fernandes, R., Machado, C. and Nascimento, F., 'A Privação em Portugal (1995-2001)', *Revista Sociedade e Trabalho* Nº30,, MTSS/DGEEP, Lisboa, 2006.

⁶ According to SILC data reported on CESIS, *Poverty and Social Exclusion in Portugal* Intermediate Report (internal document), 2007.

The first study on child poverty in Portugal (Silva et al., 1991) — focusing on the situation of poor children in the Lisbon metropolitan area — already highlighted the extreme vulnerability and precarity of the working pattern of insertion of the parent(s) of these poor children and the high levels of deprivation experienced, namely in terms of basic needs.

At the same time, an analysis of 2001 ECHP data combining income poverty, subjective poverty and deprivation (Heikkilä et al., 2006) in order to obtain a 'reliable poverty rate'⁷, highlights the impact of adopting such a measure: 'Compared to the average level in the EU15 area, the poverty rate is at least double in Spain and Italy and the most poverty prone countries in EU15 area are Portugal and Greece, where more than 40 % of the population live in poverty'. (Heikkilä et al., 2006: 22). The reliable child poverty rate in Portugal, according to the same study, is higher than 50 %.

Poverty in Portugal — its incidence, its persistence, its consequences and its impact on both children and adults — is clearly linked to structural problems of economic and social nature and can only be adequately tackled if addressed also with structural, continued and coherent policy strategies.

The second relevant dimension regards educational wellbeing. According to Unicef's report (Unicef, 2007), Portugal's performance puts it in the last position of OECD countries' 'league'. Bradshaw's study on child wellbeing in the EU (Bradshaw, 2006) also identifies Portugal as one of the worse placed countries regarding educational attainment, participation and outcomes.

It is important to recall at this stage that one of the most relevant changes during the last three decades was the general increase of the educational level of the Portuguese population. Between 1977-78 and 2004-05, the rate of school participation among 2nd cycle students rose from 34.4 to 86.4 %. In the 3rd cycle, in the same period, this rate increased from 27 to 82.5 %. In secondary school, the increase was from 8.9 to 59.8 %⁸.

The extension of compulsory education⁹, the enlargement of the network of public schools and the improvement of populations' general standard of living, are all factors that led to the improvement of population standards and to increased expectations of higher qualifications among younger generations.

Looking at very young ages, it is possible to identify a very positive evolution in the attendance rate of children aged between three and six years old at kindergarten facilities. According to the National Statistics Institute there were approximately 44 000 more children enrolled in public kindergarten facilities between 1990-91 and 2003-04. Data from the Ministry of Education¹⁰ shows that between 1977-78 and 2004-05, the percentage of children in pre-school education rose from 12.6 to 77.4 %, a level still below the EU average of 85.8 %.

After a continued growth of the Portuguese population school participation rates following the 1974 revolution, the mid-1990s registered a stagnation of the relative number of students in the education system. At the same time, the levels of school attainment have suffered a regression. Between 1994-95 and 2004-05 there was an increase in school failure in both the 2nd and 3rd

⁷ See Heikkilä et al. (2006) for the definition of the 'reliable poverty rate' measure used in the study.

⁸ Data available at <http://www.min-edu.pt/np3/416.html>

⁹ The 'Lei de Bases do Sistema Educativo' created in 1986 establishes a compulsory schooling of nine years.

¹⁰ Data available at <http://www.min-edu.pt/np3/416.html>

cycles of basic school. In the 12th grade, school failure has reached almost half of the students, and has come down to the 1997 figures ¹¹.

Education remains one of the major structural problems in Portugal. Participation rates in education have been considerably lower in Portugal than in the first 15 EU Member States and a large number of students still leave the education system before finishing the nine years of compulsory education (thus before the age of 15). According to OECD data, in 2003 almost 30 % of Portuguese youngsters from 15 to 19 years old were no longer in full or part-time education.

Portugal also has very low educational attainment scores (literacy attainment indicators in reading, Maths and Science) compared to other EU countries (19th position out of 20 countries), according to data presented by Bradshaw's study. The same performance is confirmed by the Unicef Innocenti report (Unicef, 2007).

Since the very first study on Poverty in Portugal (Costa et al., 1985) where a representative survey of poor families was conducted throughout the country, educational hindrances became obvious. In fact, the authors then identified serious educational participation and attainment problems among children living in these poor families: a) 68 % had already been held back in school at least once; b) 61 % had left school after completing the 4th grade and 21 % had left school before completing the 1st grade.

The importance of educational attainment in children's present and future wellbeing has recurrently been referred to by several authors since then (Silva et al., 1991; Monteiro et al., 1992 and 1996; Silva, 1992; Detry and Cardoso, 1996; Bastos, 1999).

At the same time, the impact of poverty on children's school trajectories and life prospects may condition their whole social inclusion path: 'Perhaps the most important effect of poverty on children occurs in education, since education seems to represent the most significant vehicle of social mobility. In the present situation, because of their poverty, poor children are likely to be held back and eventually drop out of primary school. All too often, they are ill prepared to understand the language and comply with the standards of schools. Illiteracy or low educational level of their parents, inadequate housing, malnutrition and hunger, child labour and participation in domestic duties at an early age all spell 'failure' in education.' (Silva: 1992, 5)

Other relevant findings on the educational attainment of children living in poverty refer to the relationship between learning difficulties, skills recognition and school patterns and perceptions (Silva et al., 1991). According to the authors, in a sample of 400 children living in poor neighbourhoods in the Lisbon area, it was possible to identify several learning difficulties (e.g. reading, writing, memory skills), but also a very low level of recognition of children's skills among primary school teachers (an average of one in every four children was considered by his/her respective teacher as having 'no skills' and the most commonly recognised skill was manual skills). Commenting on the results, the authors stress that: 'All the elements presented seem to justify our statement that the present schooling system clearly shows a lack of adequacy to the needs of poor children, and a lack of adequacy to their daily lives. The schooling model will therefore need to be thought over in order to be able to contribute towards an effective promotion and social integration of these children.' (Silva et al., 1991: 66-67)

¹¹ Data available at <http://www.min-edu.pt/np3/416.html>

The same study analyses some of the factors contributing to higher/lower school failure levels among poor children. The authors stress the relationship between school failure and several factors: the parents' own school level (or of those responsible for the children); the support received when doing their homework; attendance of pre-school education and kindergarten; and access/availability of school material. The higher level of education of the parents, the support received at home, attendance to pre-school education and access to school material all positively influenced the levels of school success among the 400 poor children living in poor neighbourhoods in Lisbon. Finally, the high levels of school failure among this sample of poor children were also clearly influenced by the housing conditions in which they and their families were living, namely the level of overcrowding and the precarious conditions of their dwellings.

The educational attainment of 2nd and 3rd generation immigrant children has raised specific challenges. In Portugal, both the Constitution and other specific legislation protect the rights of immigrants in regard to education. The law is clear in the sense that all children are entitled to education and have the right to be enrolled in school, no matter their legal situation in the country.

The schooling situation of immigrant children from African Portuguese speaking countries (PALOP) has been widely described (Detry and Cardoso, 1996; GES; Monteiro et al., 1996; Paes, 1993; Bastos and Bastos, 1999) as particularly disadvantaged compared to the general children and young people in Portugal. The relative disadvantages that derive from immigration processes, from the 'intercultural and linguistic clash, from the social, economic and housing precarious conditions, from educational gaps of relatives and from several other factors (such as racism and social exclusion)' (Bastos and Bastos, 1999) are some of the factors that lie behind the schooling failure that affects these young people during their education trajectories.

At the same time, several indicators showed that school was not providing the most adequate conditions and responses to the needs of children and young people from different cultural and ethnic backgrounds.

The close relationship between early school leaving and early labour entrance has been systematically identified among poor children in Portugal. The issue of child labour in Portugal has risen not only to national but also to international attention since the 1990s. In 1995 ILO included Portugal on the list of European countries with high levels of economically active children and in 1998 a collective complaint on child labour in Portugal was submitted to the European Committee of Social Rights. A violation of article 7 of the European Social Charter was found.

According to the Labour Code, the minimum age to work is 16 years old and the youngster must have finished the 9 years compulsory education and should have the physical and psychic condition to perform the work in question. However, as in many other domains, in Portugal the reality is still far from the law.

In 1996, the Government created a specific 'Programme for eradicating child labour', which is the present 'Programme for preventing and eradicating child labour' (PETI) which has been responsible for most of the available information in this area.

Some relevant aspects have been highlighted by studies conducted on the reality of child labour in Portugal. A study carried out in 2001 and involving a sample of 26 429 children between 6 and 15 years old (Lopes and Goulart, 2005) identified some important aspects of the nature and characteristics of child labour in Portugal:

1. Child labour is a structural phenomenon, directly linked to persistent poverty and not to temporary situations of poverty;
2. Child labour shows a very high inter-generational persistence (which is mainly due both to the reproduction of poverty cycles and to a culture of undervaluation of schooling);
3. Child labour mainly occurs within the family household environment, and it is strongly related to the existence of the father's own business or activity, to the existence of a family vegetable garden and to the agricultural sector (given its precarious nature, and the difficult social supervision and fiscalisation);
4. Child labour can act both as a complementary economic resource (regarding family economy) or as a replacement domestic resource (given other household's members labour condition).

Although the latest available data on the characterisation of child labour in Portugal relates to 2001, the analysis of the PETI data referring to the annual number of visits and the number of firms where illegal situations were found between 1999 and 2005 may lead us to conclude that, during this period, the number of children illegally involved in the formal labour market has decreased sharply: in 1999 there were a total of 4 736 visits and 189 firms were found to be in an illegal situation, compared to 12 142 visits and only 8 illegal situations in 2005.

Recent media reports have raised attention to a relatively new phenomenon involving child labour and which is a 'response' to the growing monitoring of these situations in Portugal: the exploitation of child labour by firms but with children working at home, and therefore becoming invisible.

On the other hand, people responsible for the Programme stress that there has been a relevant increase in the identification of and intervention with young people aged between 14 and 17 years old who, failing to conclude compulsory education, are living within inactive patterns and very close to or even involved in trajectories related to extreme forms of child exploitation and delinquency.

Overcrowding and housing problems two other domains included in the housing and environment cluster analysed in the study on Child wellbeing (Bradshaw et al., 2006). This dimension was not included in the Unicef report and therefore the data presented — contrary to material wellbeing and education — only refers to the former study.

According to the study, Portugal scores clearly below the mean average in terms of housing and environment (22nd position out of 25). Housing problems and the quality of housing are the two domains where the Portuguese situation is worse.

Similarly to what has been reported in the area of education, there has been a clear improvement in the housing conditions during the last decades in Portugal. Between 1991 and 2001 there was a positive evolution in the quality of housing namely as regards basic infrastructures and household amenities, although in 2001, there were still 10 % of the total dwellings lacking at least one of the four basic infrastructures, a situation that is more serious in the inner regions of the country compared to coastal and urban areas.

In the same decade, there was a decrease in the number of shanties from 16 105 to 11 540, of which the sharpest fall was registered in the Lisbon Metropolitan Area, from 11 439 to 7 112, a territory that still concentrated in 2001 more than 30 % of all these precarious dwellings. The rehousing initiatives (namely the PER Rethousing Programme which officially started in 1993) have

positively contributed to reducing this concentration of shanty towns and to increase access to social housing in the major metropolitan areas.

The few studies on child poverty in Portugal (Silva et al., 1991; Bastos, 1999) have highlighted the impact on the child's development of the housing conditions and local environment. Lack of basic infrastructures and amenities, overcrowding and lack of privacy, dual use of sleeping spaces, lack of own space for sleeping, insecure environment and spatial segregation were some of the problems identified in these studies and which strongly contributed to the overall lack of wellbeing of poor children (e.g. health, education, behaviours)

Children's health is another basic dimension of children's wellbeing which has been recurrently referred to in the few studies on child poverty in Portugal. According to those studies, children's health in poor families is affected by their family's situation even before they are born, namely because of factors such as:

- 'the poor health of the mother;
- the consequences of the lack of proper care during pregnancy and delivery on the child's health and chances of survival;
- the poor education of the parents, especially the mother, and the impact of this on the hygiene, nutrition, (...)
- the poor nutrition of the mother;' (Silva et al., 1992: 4-5)

Apart from these early effects on children's health, there have been other important aspects conditioning the health of poor children during their development, namely the late detection of health problems (e.g. hearing or vision problems), reducing the possibility of recovery and introducing important obstacles to children's school development and future life opportunities (Silva et al., 1991).

Bad nutrition, bad housing conditions and insufficient or inadequate use of health-care services also impact on poor children's health trajectories and on their overall wellbeing in Portugal.

The progress achieved in terms of child health indicators during the last 30 years is remarkable. The decline in infant mortality rates and the generalisation of vaccination places Portugal among the 10 OECD nations with the lowest rates of infant mortality and the highest percentage of children aged 12 to 23 months immunised against major vaccine-preventable diseases (Unicef, 2007).

These improvements which are mainly due to the generalised coverage of child-related public health services after 1974 have had an important impact on the quality of living conditions of children in Portugal. Nevertheless, such generalised improvements reflected in overall average figures often hide the persistence of important inequalities within the country and within sub-groups of population: 'In fact, there are still significant shortcomings in terms of guaranteeing access to health care, for the more disadvantaged groups who, not being able to access alternative solutions, are confronted with a service providing system that is not always accessible nor of good quality.' (ISS, 2006: 31)

The particular situation of specific sub-groups of children, namely children from Gypsy communities, has raised specific concerns regarding access to health care. Similarly to what happens in other European countries, the relationship between health care services and Gypsy communities in Portugal has been characterised by feelings of exclusion and marginalisation. In order to reduce the gap between services and population, some local projects have promoted initiatives taking the health services to the population, to promote access to health centres and to sensitise to child health care, vaccination and family planning (CESIS et al., 2005). Such experiments have produced positive results in terms of pragmatic behaviour directly enhancing children's health and have shown the importance of reinforcing an intercultural information dialogue between the services and the Gypsy communities.

Other important gaps still persist in certain areas. A current study on breastfeeding under the scope of the WHO has already released some preliminary results, according to which more than half of the 5 000 Portuguese mothers ¹² already involved in the study admit that they will stop breastfeeding before their child is two months old.

The doctors involved in this study consider that such behaviours are not only closely linked to the lack of information regarding the importance, advantages and knowledge of and on how to breastfeed but also to the fact that women only have a period of four months paid maternity leave, which according to the same source is neither adequate for the child's nor mother's needs.

Another specific study undertaken by the Group on Studies on HIV among Children concludes that in 2003, within a sample of 60 % of all children born during that year, 13 children were born infected, which corresponds to a vertical rate of 4.9 %. Among this group of 13 children, 9 were born out of non-accompanied pregnancies and corresponded to severe social situations. 43 % of the mothers only knew about their own health condition during pregnancy and 5 % at childbirth or after.

Some positive outcomes may be found regarding the percentage of young people (11, 13 and 15 year olds) who report eating breakfast every school day and who report eating fruit every day, positioning Portugal in first position among all OECD nations. In the case of fruit consumption, the figure presented is probably linked to cultural issues — namely to the so-called Mediterranean diet that gives importance to fresh fruit — which have positive impacts on children and young people's nutrition. However, the increasing and generalised spreading of fast-food — very popular among children and young people — has already been identified as one of the major dangers for preserving cultural dietary habits among the Portuguese population, with serious consequences, namely in terms of obesity incidence.

According to the study 'Prevalence of overweight and obesity in 7-9-year-old Portuguese Children', 31.5 % of these children are overweight and 11.3 % of them suffer from obesity problems. The 'EU Platform on Diet, Physical Activity and Health' shows that, in 2005, Portugal, Spain, Italy and Malta, more than 30 % of children aged 7 to 11 years were overweight and/or suffered from obesity problems ¹³

On the other end of the scale, the *3rd Report about Human Rights of the Ibero-American Ombudsman Federation* (Provedoria de Justiça, 2005: 31) found that although subnutrition, understood as the total lack of caloric or protein food, is not relevant among Portuguese children,

¹² The study is being implemented in five maternity homes in Oporto and will follow 10 000 babies from birth to adulthood.

¹³ http://www.obesidade.online.pt/index.php?option=com_content&task=view&id=54&Itemid=97&Itemid=39

the high level of Portuguese families living in poverty is certainly impacting on children's diets, namely in terms of food insecurity (difficult access to food for economic reasons).

The final component used in the Unicef study to assess child health and safety concerns the rate of deaths caused by accidents and injuries. Portugal scores particularly badly in this domain (third position from the bottom among all OECD countries). The fact that the data present mixes up very different types of events (accidents, suicide, murder, abuse and violence) makes it difficult to interpret it.

Nevertheless, it is important to refer back to available national data relating to these events in order to have a more realistic perspective on this dimension of children's health.

During the meeting on national strategies for preventing accidents (Lisbon, 2006), the director of the European Alliance of Childhood Security estimated that Portugal was the EU country that recorded more deaths among children up to 15 years old, caused by accidents (8.95 deaths in 100 000 inhabitants), the majority of which are caused by traffic accidents, drowning and falls ¹⁴.

According to the report on Youth and Road Safety in Europe (WHO, 2007) Portugal is the fourth country in the WHO European Region with the highest mortality rate for transport injuries among young people between 0 and 24 years old (around 13 deaths per 100 000 inhabitants).

The issue of road safety has gained an increased visibility in Portugal and very recently the issue of road accidents occurring in the collective transport of children has been subject to new legislation (see section 2), given the high number of accidents. During a one and a half year period, the Association for the Promotion of Children's Safety identified a total of 19 accidents occurring from the public transport of children, resulting in 200 child victims.

According to the National Statistics Institute, the second main cause of child mortality is drowning. Most cases occur in pools, water tanks and wells. These accidents occur mainly during the summer months and given the dispersion of data from different sources, it is not possible to confirm the evolution trends of such phenomena. Between January and mid-July 2006, the Association for the Promotion of Children's Safety identified, through the media, 13 deaths of children by drowning.

As far as suicide is concerned Portugal has one of the lowest rates in Europe. A study on suicide in Portugal was undertaken using the National Statistics Institute shows that there was an irregular decreasing evolution of suicide rates among the 5 to 19 year old age group. In 2000, the recorded suicide rate was 1.1 among boys and 0.3 among girls, per 100 000 inhabitants ¹⁵.

Another relevant dimension concerning children's health is child neglect and child abuse. The impact of such phenomena on children's nutritional deficiency, child mortality and morbidity has been largely reported, as well as the effects it has on children's marginalisation and future behaviour and expectations.

In Portugal it was only after 1980 that the issue of child abuse started to gain some relevance, particularly with the cooperation between the Portuguese Paediatric Society, the Centre for Judiciary Studies (CEJ) and the Institute for Children's Support (IAC)

¹⁴ www.medicosdeportugal.iol.pt

¹⁵ Study referred to in Provedoria de Justiça, 2005:34.

According to recent data collected through the National Commission for the Protection of Children and Young People (CNPJC), the number of cases registered in 2004 in Portugal reached 12 589, of whom 34.9 % were in neglect, 20 % school drop-outs and 18.6 % suffering physical and psychological abuse. The most represented age group were children between 6 to 15 years old (64.1 %); and the great majority of children and young people (86 %) lived with their biological family. According to the same data, 89.4 % of their parents had not completed more than 6 years schooling and 62.3 % revealed addiction problems, (44.9 % alcoholism and 17.4 % drug addiction).

In one specific study (Marques, 2004) the authors estimated a figure of 68.4 family abuse cases in every 10 000 in Portugal and stressed the fact that among the most frequent form of abuse, i.e. neglect, which accounted for 48 % of the total cases, more than half (53 %) were related to the lack of hygiene and adequate nutrition (33 %) and, finally, to accidents caused by lack of surveillance. Such evidence clearly points to the existing bridges between these phenomena and the impact of the persistence of high poverty levels and lack of wellbeing among Portuguese children and their families.

Other relevant data on children at risk is also available from the statistics from the IAC (Instituto de Apoio à Criança) mentioned above. The national helpline (SOS Children) was created in 1998 and according to 2006 figures, there was an average of 11 calls a day. During 2006 the service received information on a total of 423 situations of children at risk, 341 situations of abuse within the family and 383 of child neglect; poverty situations were also the cause of 60 of the calls received and the number of calls related to child begging reached 287. On the latter — which in 2005 was responsible for over 500 calls — there is a total lack of information, although in some media reports, it has been closely associated with the increase in child begging and immigration from Eastern Europe, namely Romania.

A recent study on institutionalised children and young people (Alves, 2007) points out that the trajectories of abused children are often initiated very early, often before they are born, given the mother's risk behaviours, which make it difficult to talk about abuse as an isolated event, but rather as a long process. Moreover, the author recognises the existence of links between different social environments and different types of abuse: 'Abuse hits children coming from all social environments. Nevertheless, the social and family context where children seem to give a major contribution to the nature of the abuse they experience. Thus, physical violence, leading to visible body damage, serious neglect regarding health, school and nutrition are more frequently found among children coming from unprivileged social environments, whereas emotional neglect is more often found among privileged classes.' (Alves, 2007: 61).

The Institute for Social Security estimated that in 2005 there were a total of 11 200 children and young people living in institutional settings. Almost half of these children were aged between 12 and 17 years old, and the second largest age group was composed of children aged between 0 and 11 years old. According to the same study (ISS, 2006), poverty has been identified as the major factor leading to this institutionalisation need, namely through its impact on the lack of family structuring and on the effects it has on reducing parental skills. Neglect — which according to the study is the main reason leading to institutionalisation — is very often linked to the absence of social and economic conditions of the family to ensure the child's development.

Given the weak investment in prevention practices among families presenting risk factors — translated into the high number of institutionalised children — it will be important to identify in section 2 whether there are relevant policy changes leading to a decisive change in this domain.

If the aspects covered above directly concern the risk conditions under which many children are living in Portugal, another area involving risk and safety concerns the active role children and young people play in their own wellbeing (Bradshaw et al., 2006).

In the following paragraphs we will refer to existing data on young people's risk behaviours, some of which have been reportedly linked to the poverty situation and trajectories of these children and young people.

Portugal presents one of the highest rates of teenage fertility within OECD countries (Unicef, 2007). In fact, teenage pregnancy has been one of the major risk factors linked to poverty. The first studies on poverty in Portugal (Silva et al., 1991 and 1992) already stressed the high percentage of teenage mothers: around 33 % of the mothers of the 400 children involved in the study on child poverty in Lisbon (Silva et al., 1991) were less than 18 years old when they had their first child. According to the authors, apart from the physiological risk factors involved, it is important to understand the co-presence of other social risks (e.g. bad housing and working conditions, bad nutrition, low levels of education) and other cultural factors: 'For example, the fact that these women start to have children at very young ages is probably deriving not only from a relatively weak access to contraception, but mainly from the meaning of maternity in the social environments these women are living in' (Silva et al., 1991: 51)

Young people's involvement in violence, alcohol or drug consumption and problems with the law are also risk behaviours that are often associated with growing up, in the context of poverty and social exclusion. Boys are generally more affected by these risks, and cultural factors are once again not absent from this reality.

Comparative data for Portugal and the EU (Bradshaw et al., 2006) and for Portugal and OECD countries show the relative poor score of Portugal in young people's experience of violence. Particularly high levels of violence are those related to bullying, which has gained recent social visibility in the Portuguese society, namely in connection with problems of insecurity in the school environment.

Although the available statistical data on alcohol consumption do not allow us to draw a trustworthy picture of the situation of children and teenagers in Portugal, there is evidence of a growing consumption of an increasing range of alcoholic drinks at younger ages. In 2002, selling alcoholic drinks to children aged less than 16 years old as well as its consumption in public or open spaces was for the first time forbidden by law.

The national survey on the consumption of psychoactive substances on the Portuguese population, conducted in 2001, showed that the highest consumption occurs in the youngest age groups, no matter the substance under analysis. First consumption usually occurs during adolescence: 14 % reported having started to use drugs before 15 years old and 58 % between 15 and 19 years old. On the other hand, the consumption of cannabis among students aged 16 rose from 9 to 15 % between 1999 and 2003. During the same period, there was also an increase in the consumption of other substances (ecstasy, cocaine and crack) and a decrease in heroine (Provedoria de Justiça, 2005: 33)

Finally, some data will be presented regarding the involvement of youngsters and children with the criminal justice system. It is important to state that children are not criminally responsible for their acts before they are 16 years old. Until this age they are subject to protection, education or assistance measures declared by children's courts (Tribunal de Menores).

According to the *Annual Report of Internal Safety* (2003) juvenile delinquency increased 5 %, compared to 2002.

The *Annual Report of Internal Safety* of 2006, shows that juvenile delinquency corresponds to 1.2 % of the total of crimes registered during that year. In 2006, group criminality increased 12.9 % compared to 2005. 'These groups are often composed by young people, who act without any previous planning of their actions. In many cases, these groups are formed in a relatively spontaneous way and develop their activity through the so-called 'crime spree' which consists on doing several crimes, usually theft and robbery, in a successive way, during a short period of time and in a delimited area.' (Gabinete de Segurança Interna, 2006: 59)

According to the Social Reinsertion Institute, on 31 December 2005, there were 328 children and youngsters in the 12 Educational Portuguese centres (7.72 percentage points less, compared to the situation on 31 December 2004). The majority of them were boys (298) and the main reasons for them being held were crimes against property (87.25 %).

In 2005, the majority of the under-aged young people in educational centres were integrated in professional training (89.24 %).

On that date (31 December 2005), 2.79 % of youngsters in these centres were aged between 12 and 13 years old. The majority of young people staying in these centres were aged between 16 and 17 years old (53.38 %), followed by the group of 14-15 years old (30.68 %). Although these centres (according to the law) should not receive persons aged more than 18 years old, 13.15 % of the population was older than that (IRS — Difusão Estatística/2005).

According to Portuguese law (2000), educational centres should be restricted to youngsters between 12 and 16 years old; those above that age (between 17 and 21) should be integrated into different structures or into specific units within regular prison establishments. However, these structures have, until now, not been created.

There are also children living in prisons in Portugal. In 2005, 67 children were living with their mothers in the two major prison facilities for women.

The final part of this section describing and analysing child poverty and wellbeing in Portugal will draw on the comparative data presented on the quality of the relationships both with the family and with peers, reported in both Unicef's and Bradshaw's studies on child wellbeing.

In both studies Portugal scores particularly high on relationships: Portugal holds the second position immediately after Italy among OECD countries (Unicef, 2007) and another second position, this time after Malta among 23 EU Member States (Bradshaw et al., 2006).

The well-known importance of family has long been identified as one of the most important features of southern European countries. Families continue to play an important role as informal but effective emotional and practical (economic, care support) safety nets.

The fact that most children in Portugal still live in 'standard' families and that lone parent families account for a relatively low percentage of the total families clearly contributed to these scores, given the presence of family structure indicators as a component within this dimension.

However, directly inferring the quality of the relationships from the type of family structure may be problematic.

As opposed to relationships with parents, namely time spent with parents and eating together, relationships with peers appear to be better proxy indicators of children's wellbeing.

It is important to stress some findings obtained in studies conducted in specific contexts characterised by poverty and social exclusion, for instance regarding the importance of relationships with peers.

Certain authors (Detry and Cardoso, 1996) have shown that friends play an important role in the lives of both poor and non-poor young people: 'Conviviality with friends plays an important role in the social integration of young people; knowledge on sexuality, for example, is mainly transmitted by friends...' (Detry and Cardoso, 1996: 68).

However, a major distinction between these two groups relates to the fact that poor young people are 'Living in environments where social and geographical mobility is practically non-existent (most of the young people were born in the neighbourhood they are now living in), the sociability of the group is restricted to the enlarged family and to the contacts with their neighbouring friends who share the same social condition. Leaving those safe territories enhances fear of finding themselves in an unknown and hostile world.' (Detry and Cardoso, 1996: 67).

In spite of the importance of peer relationships for children's wellbeing, it is important to reflect on the nature and conditions under which those relationships are initiated and maintained among poor children, whose living context is often characterised by the ghettoisation of their environments. The lack of opening towards the outer society, lack of alternative patterns and models of behaviours and even the closed although vital circle of peer relationships may contribute to the social marginalisation and exclusion of these children and young people with important effects on their future trajectories.

Section 2. Child poverty and social exclusion in Portugal — policy framework and main policies

1. Overall policy framework

One important milestone in the recognition of children's rights and their impact on legislation was clearly the ratification by Portugal of the UN Convention on the Rights of the Child, which occurred in 1990.

Until then, interventions focusing on children and young people were mainly developed according to a protectionist model which did not recognise the right of the child to actively participate in his/her own changing process. Following the ratification of the UN convention it became obvious that it was vital to adapt the existing legislation aiming at child protection to a new perspective on rights and responsibilities.

In 1996, the government established an interministerial committee for studying cooperation between the Ministry for Justice and the Ministry for Solidarity and Social Security. The objective was to jointly work on the conception and development of social policies for the protection of children at risk, for the prevention of crime among young people and for social reintegration.

The work of this Committee would enable one of the most important legislative and political reforms in the area of children and young people at risk.

The specific issue of child poverty, however, only became a clear policy priority with the approval of the first Portuguese NAP-inclusion where one of the major challenges was 'to eradicate poverty by 2010'. The situation of excluded children was identified as one of the priorities established under common objective 3 'To help the most vulnerable' and which aimed 'to move towards the elimination of social exclusion affecting children and to give them every opportunity for successful social integration'.

The second NAP-inclusion contained a report on the implementation of the previous plan and according to that evaluation, the established target of eradicating child poverty by 2010 was 'underway', although no other monitoring information was given, neither in the tables nor in the text itself.

The same document would then 'lighten' the challenge undertaken in the first plan and the challenge to meet the 2010 goal regarding child poverty was modified to 'strongly reduce child poverty by 2010'. Given the high incidence of child poverty and the structural nature of poverty in Portugal, the 2001-03 target seemed clearly ambitious. Nevertheless, the important aspect in our opinion is not giving up on ambition but creating the conditions — in a sustainable and continued way — to move towards ambitious targets. Strongly reducing child poverty is a legitimate target if we manage to strategically address the conditions that enable such reduction and to monitor their evolution.

In fact, the second NAP-inclusion not only reduced the ambition but it also does not state how the challenge of 'strongly reducing child poverty' will be addressed and no objectives in this domain were defined.

Throughout the document (excluding the chapter on the evaluation of the 2001-03 NAP) child poverty is only mentioned in the identification of challenges. Previous experience shows that very often the principles are correct but the implementation of policies and measures leading to outcomes that effectively contribute to fighting poverty and social exclusion and promoting social inclusion fall short, particularly because monitoring mechanisms are not among Portuguese strengths.

The 2006-08 NAP-inclusion clearly established child poverty as a major policy priority within the national strategy for social inclusion: 'Priority 1 Fight child and elderly poverty through measures which ensure their basic rights of citizenship'. Such a priority was clearly underpinned by the recognition of children's rights and the approach adopted aimed 'to consolidate and strengthen basic citizenship rights considered as fundamental to ensure and promote satisfactory levels of wellbeing and compatible with human dignity.' (ISS, 2006: 44)

Contrary to the previous plans, no quantified target has been established and the 'eradication' of child poverty has been replaced by 'fighting' child poverty. Priority 1 quantified targets specifically related to child poverty include: the social protection of lone parent families; increased capacity of child care centres; and deinstitutionalisation of children and young people.

However, the plan establishes both cross-cutting and specific policy measures addressing the issue of child poverty. These policy measures are linked to specific targets, financial resources (not all of them) and indicators.

An analysis of those measures that there is an imbalance towards those measures that privilege a targeted approach — aimed at alleviating poverty and social exclusion — in comparison to a more universal and preventive approach. Among the 10 measures defined as specific for children, only two can be described as addressing the promotion of the wellbeing of all children. These are the 'Programme to generalise meal supply to pupils from the 1st level of basic education¹⁶' and the 'Programme to extend social facilities network' (PARES). The remaining eight measures are clearly aimed at particular groups of children, namely children at risk, institutionalised children or children living in lone parent households.

It is important to highlight that from a total of 15 cross-cutting policy measures included under Priority 1, there are three measures which adopt a more preventive approach and can therefore have a wider scope of impact on both children and families. These measures relate to: a) development of job creation potential through tax benefits for the creation of jobs for young people and long-term unemployed; b) an office for financial advice, informing and supporting consumers on charges and credit risks; c) support programmes for the construction of 'Controlled Cost Housing'.¹⁷

If the extent and intensity of poverty in Portugal makes it understandable that there is such a concern put on the alleviation aspect of policies, it is nevertheless true that the structural nature of the phenomenon makes it urgent to combat poverty with a more preventive approach. The issue of low incomes is clearly one of the areas to give priority. The plan refers to the reinforcement of family allowances through bonuses granted to single-parent households. The vulnerability of these households as far as poverty is concerned is unquestionable. However, these households only represent a very low percentage of total households in poverty (2.5 % in 2004) and therefore the scope of such a measure is necessarily limited.

Furthermore, although it is important to improve the conditions under which children are living in institutions and to intervene with families whose children are covered by promotion and protection measures, it is certainly vital to implement measures addressed at improving support to families in general (e.g. information, access to affordable quality services and facilities, support in parental skills).

The issue of mainstreaming child poverty and wellbeing in national policy is still far from being closed. The fact that poverty issues continue to be envisaged as a political responsibility of one ministry — in spite of the growing concerted efforts and sharing responsibilities by the National Coordinator (supported by a technical team), the Interministerial Follow-up Commission, a working group of the Ministry of Labour and Social Solidarity, as well the Non-governmental Forum for Social Inclusion — does not facilitate such task. Further improvement is achieved in this last plan with the setting up of focal points in the different ministries. On the other hand, there is no conceptual framework at national level regarding child poverty and wellbeing and there has never been any strategic plan addressed at child poverty or even at children and young people. Section 3 provides some evidence on progress regarding efforts undertaken in order to improve the monitoring and evaluation of child poverty.

¹⁶ It is a school meals programme aiming at generalising the supply of one meal in every school of the 1st cycle of basic education up to 2008.

¹⁷ Specific Programme to support the building of housing the costs of which are compatible to households' income, thus representing an alternative to the regular housing market. The acronym in Portuguese is PCHCC

In fact, it is not possible to talk about the mainstreaming of child poverty in Portugal. It does not exist. Moreover, it is not even possible to talk about child policy as such. There are policy measures addressed at children and at combating child poverty and there are areas where there has been a growing effort in coordinating interventions (namely in child protection). However, even in this latter case, where there is a system involving different layers and actors, there are important gaps in the system's functioning, especially at the level of coordination.

Last August, a new body was created by the Government — the Commission for the Promotion of Family Policies — which will operate under the responsibility of the Ministry for Labour and Social Solidarity. This new body has been created — although it is not yet operational — to respond to the need for a new 'organisational model which will coordinate the conception of public policies to develop at an interministerial level' (Decree-law 155/2006). The diploma also creates the Families Consultive Council which is a consulting body 'whose main goal is to promote and ensure that the civil society participates in the evaluation, conception and implementation of policies which have an impact on families.' (Decree-law 155/2006)

At present, the first 'National strategy for childhood and adolescence' is being prepared under the responsibility of the Assistant Secretary of State and for Rehabilitation (*Secretária de Estado Adjunta e para a Reabilitação*). The strategy is being prepared by the technical support team based at the ISS and has the support of a conception and monitoring group, composed by representatives of all ministries and by the representatives of the autonomous regions. The group is preparing a national diagnosis on the situation of children and young people, and will later define strategic objectives. During the month of June 2007 there will be a public consultation of three different groups of stakeholders: children and young people; parents and other key educational actors; NGOs and other organisations identified as relevant. The National Strategy should be presented to the Government by the end of November 2007.

Currently, there is no other information available on this new instrument or on the articulation between this specific strategy and other national plans, namely the NAP-inclusion.

Until now, policy approach to child issues in Portugal has clearly not been sufficiently multi-dimensional, nor coordinated or integrated. This applies to the conception, implementation and evaluation of policies. Whether the new initiatives presented above will be able to reverse or to make a positive impact in this area, it is undoubtedly too early to assess.

2. Analysis of main relevant policy areas

An analysis of the main policy areas which are relevant for preventing and alleviating poverty and social exclusion among children and young people initially needs to discuss the income dimension.

In fact, any discussion on fighting poverty — among children or the general population — has to take into account the fact that Portugal remains — according to EU SILC 2005 data ¹⁸ — the country where income inequality is the highest in the first 25 EU Member States (increasing between 2001 and 2004 ¹⁹) and where the impact of social transfers continues to be clearly

¹⁸ Data presented by Carlos Farinha Rodrigues at the Final Conference of the President of the Republic initiative called 'Roteiro para a Inclusão', on 14 April 2007.

¹⁹ According to data presented by Carlos Farinha Rodrigues at the Final Conference of the President of the Republic initiative called 'Roteiro para a Inclusão', on 14 April 2007.

inefficient (26 % before social transfers in Portugal and in the first 25 EU Member States and 20 % after social transfers in Portugal, against 16 % in the first 25 EU Member States).

At the same time, the persistence of a model that is based on a low-qualification and low-pay labour force contributes to the very high number of working poor. According to EU SILC 2004 data, the largest group of poor individuals were people employed (39 %), followed by the retired population (27.5 %).

Therefore, the impact of NAP-inclusion 2006-08 measures aiming to ensure a basic integration income, namely through the Social Insertion Income or the monetary component of family allowances are positive measures but need to be clearly complemented with more structural reforms in the redistribution of income in the Portuguese society, namely linked to fiscal efficacy, economic restructuring of the entrepreneurial tissue, close fiscalisation of illegal and precarious employment, and education/training.

The recent guidelines on the 'National reform programme' regarding the need to foster qualified employment, to develop the inclusive nature of the labour market and to improve social protection and inclusive services to prevent and combat unemployment particularly among young peoples and long term employment are clearly in line with the concerns mentioned above.

However, the still low level of the national minimum wage remains a major hindrance to ensuring a better income level for Portuguese families. The Portuguese EAPN (European Anti-Poverty Network) branch has drawn attention to the fact that, according to the European Social Charter, the national minimum average should represent 60 % of the weighted average of the countries' salaries, which is not the case in Portugal. The recent tripartite agreement achieved between the Government and social partners regarding the evolution of the national minimum wage up to 2011 (when it should reach EUR 500) is a positive evolution in this area.

At the present, monetary assistance to families is provided through the so-called 'child and youth family allowance', according to which benefit rates are inversely related to family income. The different levels of benefits depend on the relationship between the family income and the national minimum wage and vary according to the age and number of children.

Furthermore, tax benefits are also granted within the income tax system.

Children with specific needs, namely disabled children, are entitled to specific social benefits or bonuses in addition to mainstream social benefits.

The Social Integration Income (SII) is a special subsidy from the solidarity subsystem and includes an integration programme ²⁰. This measure aims at meeting the basic needs of households and promotes the progressive labour and integration of its members. Children are therefore both indirect and direct beneficiaries of this measure.

In fact, one of the important impacts of the SII regarding children has been achieved by an increased school integration of children from Gypsy communities, through agreements established locally for developing the integration programme component, according to which the granting of the monetary subsidy depends of the children's enrolment in school. Such processes are often confronted with negotiation problems between the parents and the local social security

²⁰ The presentation and analysis of the Social Integration Income Programme was thoroughly presented in the 2006 first semester report.

services. As for school success among these children, it has not of course been solved by such an increase and requires other types of intervention within the school system.

The main problem with social protection benefits in Portugal is not their coverage or even the diversity of benefits available, but rather the low level of income they provide, as well as the awareness of information regarding these rights and benefits. Furthermore, the delay before the subsidies are in fact received, often has an extremely negative impact in very low income family contexts, namely on the fulfilment of the children's basic needs.

The availability of subsidised services to children — such as free school meals — is usually limited to facilities but it has been observed that many schools (particularly in less urbanised areas) do not have the conditions to provide such services. By the end of 2005, the Confederation of Parents' Associations reported that only 30 % of the 1st cycle schools (for children aged 6 to 10) were providing meals to their students.

At this point, it is important to highlight the crucial role played by local NGOs in replacing the State in this type of services. NGOs are subsidised by the State in order to provide for many services that the State directly does not have the conditions to provide. Leisure time activities, school work support, holidays and other services have traditionally been under the scope of the provision of NGOs all over the country.

The recognition of these difficulties, for example in the area of providing school meals, has probably been behind the inclusion in the latest NAP-inclusion of a new measure aiming at generalising meal supply to pupils from the 1st level of basic education.

Education policies have been negatively influenced by a strong political instability for decades with frequent ministerial changes within the same government period. Nevertheless, as we have seen in section 1 there have been important achievements in terms of education. In the following paragraphs it will not be possible to undertake an overall discussion on education policies in Portugal and therefore a special focus will be given to some relevant measures which directly impact on some of the areas of diagnosis presented in section 1.

The generalisation in recent years of pre-school education (three to six years old) on a voluntary basis, complementing the family education role, has been an improvement which is expected to have a positive impact on all children and particularly on poor children and on their performance after entering compulsory education. The positive correlation between having attended pre-school facilities and the school success among poor children has been documented in the few studies on child poverty in Portugal (Silva et al., 1991 and Bastos, 1996).

Priority 2 of the NAP-inclusion defines the target to 'cover in pre-school education 100 % of five year old children and 90 % of three and four year olds, by 2009', the achievement of which will certainly represent an important move forward in this area and in promoting better opportunities for all children in terms of school achievement.

Given the important role of local actors in the provision of these services it is vital that the implementation of such a measure, although the responsible body is the Ministry for Education, is achieved in close cooperation with these local entities and according to clearly identified needs of the different territories and of the populations and not to other needs, namely institutional protagonism and expansion strategies. The State should therefore keep a vital role during the monitoring of the whole programme, from the diagnosis stage to the implementation and evaluation stages. An important gap to be addressed in this domain is to ensure the quality

standards of the services provided by these facilities, a domain where the State is expected to have a major role and where there is no sufficient echo in the NAP.

Other important measures which have recently been introduced in the area of education with a specific impact on children and young people relate to: a) full-time school activities at the 1st level of basic education which aim at adapting the time spent by children at school to their family needs, although particular attention should be given to the increasingly longer working hours demanded in the private sector to both mothers and fathers, which in most cases are not compatible with the new longer school schedule; b) the continuity of the alternative curriculum pathways in order to ensure the completion of compulsory education of students up to 15 years old; c) the 'New opportunities initiative' aiming, among other objectives, at combating school failure and early drop-out, which as referred to before, represent important obstacles to social inclusion; d) *Escolhas* programme created in 2001 and aiming at preventing criminality and 'promoting the social inclusion of children and young people coming from more vulnerable socio-economic contexts, specifically the descendants of immigrants and ethnic minorities' (ISS, 2006: 114); e) the 'new'²¹ measure on priority intervention in education territories aims to promote educational success among children living in particularly under-privileged territories has already selected 36 school units in the metropolitan areas of Lisbon and Oporto.

The above-mentioned measures are clearly important and relevant given the nature of the problems they are trying to tackle. The issue is whether they will be enough and given the political time to be technically implemented and deepened in order to effectively address the enormous challenges ahead. The fact that schools are being given more autonomy and responsibility is in our opinion very positive. But they also have to be given the necessary conditions and resources to proceed with changes and there has to be a growing effort in the sense of promoting a better dialogue between all the actors involved in the education arena.

On the other hand, there seems to be more possibilities for further improving complementarity and synergies between actions in the specific fields of: education addressing children living in deprived areas (priority intervention in education territories); preventing criminality and promoting social inclusion of children from specific social and cultural backgrounds (*Escolhas* programme); and urban intervention programmes ('Critical neighbourhood programme') since many of them will be working with the same populations in the same territorial settings. Such complementarity and synergies could probably be enhanced under the scope of the local social networks as long as they are actively working.

The continuing effort to develop and consolidate the social facilities network, namely at the level of childcare centres aimed at younger children (up to three years) through the implementation of the PARES programme, is certainly welcome. It aims to answer a growing need for families in Portugal, after a long period of what was almost a total lack of investment in this area.

Several years of monitoring and developing local intervention projects in territorial settings affected by poverty and social exclusion have shown the importance of reinforcing support to families at this level of childcare equipment and services for younger ages, which is often one of the main reasons behind the impossibility for parents — mostly mothers — to engage in or maintain a paid working activity.

²¹ This measure recovers and re-launches a 1996 programme with the same goals which was discontinued.

An important development with direct impact on the wellbeing of children and young people, specifically immigrant children or third generation immigrants, is the new law on nationality (which came into force in December 2006) according to which, children born in Portugal, whose father or mother was born in Portugal, can acquire Portuguese nationality. It also became easier to gain access to the Portuguese nationality for all those whose parents were not born in Portugal, but who have legally lived on Portuguese territory for five years.

As far as health policies are concerned, it is important to recall our previous assessment²² regarding the total absence of measures addressing the specific needs of the most vulnerable populations in the present NAP (with the only exception of issues related to disabled and mentally ill people).

The NSRSPSI (National Strategic Report on Social Protection and Social Inclusion) gives a good, clear and detailed overview of the main challenges regarding the promotion of social inclusion across the three overarching objectives, recognising in the area of health that there are still obstacles in the access to health by certain groups of the population. However, there seems to be no adequate answer to how these specific obstacles will be dealt with, neither in the social inclusion strand nor in the health and long-term care strand.

The *Lei de Bases da Saúde* (law establishing the basis of health) identifies children and young people as a particularly vulnerable group to whom specific policies measures need to be addressed. The same law presents the 'Charter on hospitalised children' which defines ten fundamental rights to be observed by hospitals, namely the right of children to have the permanent presence of their parents or substitutes, the right to an environment favourable to their physical, affective or educational needs or the respect for their intimacy.

Children up to 12 years old are entitled to free access to healthcare at state hospitals and local health centres. All children are given a health bulletin where all clinical information is recorded up to their adult age. The 'National vaccination plan' includes a set of vaccines to be given to children up to the age of 10 to 13 years old.²³ This plan was responsible for the drastic reduction in child mortality and morbidity in the last decades.

Recent policy measures directly affecting children's health relates to the restructuring of paediatric emergency rooms and maternity homes. According to the Ministry of Health, the closing down of units which were not fulfilling the necessary conditions for providing adequate care for mothers and their children was a necessary measure to improve the quality of health care. The negative impact of such measure in terms of public opinion was huge and several public demonstrations and even judicial actions were taken in order to prevent those changes.

Although the first units for abused children in hospitals were opened in the 1980s not all hospitals have implemented them. An issue that is particularly sensitive regarding the situation of abused children who need medical assistance in hospitals is their long stay in hospital, after the clinical situation has been solved. Very often children have to remain for months in hospital before a safe alternative is found (some hospitals reported cases of four-month stays).

²² Refer to Baptista and Maciel, *Assessment of the Social Inclusion strand of the National Strategy Report on Social Protection and Social Inclusion 2006/2008*, CESIS, Lisbon, 2006.

²³ The age group 10-13 is the last specific children's age group included in the Vaccination Programme. After that age, vaccines are given every 10 years throughout peoples lives.

One of the most important gaps in the provision of health care for children and young people has been identified in the area of psychiatric and psychological care, given the inadequacy between the demand for such services and the late response of the health system.

Another programme directly addressing child issues is the 'National school health' programme which sets up a school health agenda dealing with individual and collective health; school inclusion; school environment; and life styles. Guided by relevant and important goals, the analysis on the data contained on the last evaluation report on this programme²⁴ shows its evolution and also some of the existing gaps.

The coverage rates of students benefiting from the programme vary widely between the different cycles: from 87 and 89 % in kindergarten and 1st cycle to only 56 % for secondary education students (2005). Furthermore, the coverage rates between 2001 and 2005 show an irregular evolution with small increases and some regression, particularly in the 2nd cycle.

The monitoring of the Global Health Exam made at the age of 6 and 13 which should be done at a national level shows that in 2004/05, the percentage of children aged 6 who had the Exam was 76 %, whereas for children aged 13, it was only 35 %.

Information from sources working on the field with children offers a complementary insight into the persistence of these gaps: 'If the Portuguese legislation was fulfilled there would be measures that the PETI needs to implement that would not be necessary, since all children should be covered. It's the case with vision, hearing and dental problems that should have been detected. School health should do this detection but they don't therefore when children are referred to a PIEF measure, all these different cares are needed', said PETI's responsible person.

The lack of health professionals with specific training in infant and paediatric health has been referred to as one of the important drawbacks regarding the lack of necessary support to parents and children, namely regarding primary care. According to the responsible person for the Commission of nursing professionals in infant and paediatric health, this reality may change given the recent re-opening of the nursing speciality in this area which was closed for seven to eight years.

Given the nature of some of the factors conditioning the health of children living in poverty identified in the first section of this report, it seems essential that the reinforcement of support in the areas such as primary care and nutrition in early ages, for example, should be a priority and therefore investment in improving training skills among health professionals should be a constant and continued effort.

The family health units recently created under the primary care reform, where it is expected that people can obtain personalised primary care, could certainly be a fertile ground for overcoming some of these gaps in the provision of healthcare to children, with a specific focus on the needs of poor and socially excluded children .

Policies to promote the care and protection of children at risk are basically centred on the so-called system for the promotion and protection of children and young people at risk. The first intervention layer is covered by public or private institutions with responsibilities in the area of child protection, followed by the Commissions for the Protection of Children and Young People (CPCJ) and, finally, the Courts.

²⁴ <http://www.min-saude.pt/NR/rdonlyres/3BA997CB-A308-455E-896C-CFBFA8BBE396/0/i008225.pdf>

The original idea was that this pyramidal organisation would act in order to ensure prevention actions by both the first layer and the CPCJ and the courts would only interfere for the more severe cases, when the intervention by the first two layers had not removed danger or when no cooperation from parents (or the child) had been achieved. However, in practice, the reality is not exactly like this. Very often the CPCJ is informed of situations that have been identified by other organisations (schools, health units, and others) but on which no active intervention has been initiated or attempted. The reasons behind this system's dysfunction has been attributed to an existing institutional mentality (Alves, 2007) and to human and logistic difficulties within the organisations. The fact is that many situations progress towards extremely serious outcomes without any preventive or early intervention ever taking place.

Another serious constraint for the child protection system concerns children in institutions. The very high number of institutionalised children reveals the lack of a preventive approach within the family context and the need to withdraw children in order to ensure their safety. Moreover, institutionalisation tends to last much longer than desirable and defined by law. For example, emergency sheltering should last for a maximum of 48 hours, but which in most cases does not occur. According to the survey undertaken by the ISS, (2006) 30 % of the children in institutions have been living there for over 6 years and in this group the average length of stay is around ten years. Understanding that living in an institution is not in fact a real alternative for a child's future and the frequent postponement of alternatives to return to their family of origin are factors often behind the decisions for keeping the child institutionalised until 'the situation changes', and time goes by...

Some of the new policy measures included in the NAP-inclusion 2006-08 referring to institutionalised children are targeted at addressing some of these issues, namely the need to analyse life projects of sheltered children, intervention activities with families whose children are covered by protection measures, and the need to assess and improve existing shelters for children and young people.

In our opinion, all these measures are certainly necessary and will contribute to filling in some of the gaps in this important area. However, the absence of measures referring to the previous training and sensitisation of professionals working in this area — which needs to be continued — is worrying. Some of the hindrances along this whole process are clearly linked to the persisting of social representation of children in their own right versus the rights of the biological family and role of the family. The outcomes of the above-mentioned programmes will hardly change the existing situation if before working with the families, there is no serious intervention by the institutions and professionals. Otherwise, they will continue to reproduce the same kind of work with the 'new' intervention programmes with the families and changes will hardly occur.

The final paragraphs in this section will be devoted to the existing policies in terms of child labour, an issue that has already been covered in section 1.

The first comment to be made on the component policy is the almost total absence of policy measures addressed at fighting this problem of child labour in the present NAP-inclusion. In fact, only specific measures referring to the autonomous regions have been included and they do not directly target child labour. A direct contact with the PETI programme which is the body in charge of implementing actions in this domain has confirmed this absence, explained by the fact that PETI was not asked to participate in the conception of the NAP-inclusion.

PETI is a nationwide programme developed under the responsibility of the Ministry for Labour and Social Solidarity. Initially implemented as a response to the extremely high numbers of children illegally working in more traditional sectors such as rural and industrial labour, PETI is now confronted with different forms of child labour — still under-regulated and socially not sanctioned — such as employment in the entertainment or sports, or even child prostitution and trafficking (Cadete, undated). On all these issues there is a clear lack of knowledge.

Diagnosis of the national situation and prevention has been one of the important areas of intervention of PETI. At the moment, PETI is developing the so-called 'Integrated programme for education and training' (PIEF) which aims at improving the completion of compulsory education for children and young people and promoting school and professional qualifications for young people above 15 years old. Since 1999, this measure has been used as a resource by local partners (the CPCJ, courts and school, among others) as an alternative for young people who are found in a situation of illegal work or any other form of labour exploitation and who cannot go back to the regular school system.

The measure may include, according to the the child's particular situation, different types of actions: a) supply of breakfast with specialised support in order to identify right at the beginning of the school day the needs of the child; training in the classroom with co-tutorship; training in the classroom and in a workplace context (for young people over 16) following formal agreements with firms who accept to integrate these young people and possibly gain school diplomas through training in this work environment.

According to the person responsible for the PETI programme the 'biggest added value of the PIEF measures is the proximity work and the flexibility of their professionals who have a close and personalised work with children and families.'

Section 3. Monitoring arrangements on implementation and impact

This section is mainly based on the response given by Portugal to the ISG task force questionnaire on 'Existing tools to monitor child poverty and social exclusion at national level', given our overall agreement with the contents on their description on the monitoring system.

In fact, there is no monitoring system to monitor and report on the situation of children experiencing poverty in Portugal. The existing system is one that has been built in order to monitor the implementation of the NAP and which is based on a follow-up system supported by: a) structural indicators of social cohesion and Laeken indicators; b) result indicators in relation to each of the three priorities and targets; and c) follow-up indicators for implementing the policy measures, used to measure the progress of their implementation.

In previous reports we have highlighted the fact that impact assessment of the measures proposed is vital to any NAP and that the improvements achieved in the design of the evaluation and monitoring framework identified in the present NAP should be reinforced in this specific sense. The indicator system designed has not been conceived to evaluate the impact of the policies and in the area of child poverty such an assessment should be vital.

It is important that the new 'National strategy for childhood and adolescence' — which is now being designed — as well as the recently established Commission for the Promotion of Family Policies take into account the need for introducing such mechanisms in the early stages.

First of all, the new model of articulation between national and local information systems should acknowledge the great heterogeneity of the different Local Social Networks and their capacity to effectively contribute to this task. Secondly, the success of this model requires very close cooperation with the local structures and requires intensive dialogue, because in many cases databases have been set up, the information is being collected and adaptations will have to be made. This is a long process for which a clear strategic and participatory approach is vital.

On the issue of participation, the NGO Forum for Social Inclusion has raised some concerns (FNGIS, 2006)²⁵ on the expected role of the Forum regarding the implementation and monitoring of the NAP, namely to discuss and formalise the specific mechanisms that will ensure the Forum's participation in the process. Linked to this concern, the Forum expresses the need to ensure that the quantitative indicators are enriched by the inclusion of mechanisms for the enlarged monitoring and participation, which will allow information to be obtained that may complement the formal indicators already foreseen.

Information collected directly from one of the people involved in the NGO Forum tells us that the Forum is presently preparing a methodological document to be discussed among Forum members in order to prepare their own monitoring process of the NAP.

Finally, the Forum reinforces the importance of including clear mechanisms in the NAP-inclusion for the promotion of updated and permanent knowledge on poverty and social exclusion — a vital tool in a domain where the reality is always changing and where some phenomena may remain invisible unless there is the concern to systematically collect information from a wide range of sources, with particular emphasis on those people that are working on the field.

The implementation of a national network on poverty and social exclusion (*Rede Conhecimento Pobreza e Exclusão Social*) included in the NAP-inclusion, designed to involve all the key policy-makers, academic researchers and experts from NGOs, could be an important improvement in this direction. This network had a first start in 2001 promoted by the then Ministry of Labour and Social Security. Several meetings took place and work was done with the cooperation of different entities. However, this initiative was discontinued, following a political shift in Government and, to our knowledge, it has not yet been activated.

According to the response by Government to the ISG task force questionnaire, the Ministry of Labour and Social Solidarity is planning to build a national monitoring system for children's wellbeing, involving the Permanent Section of Social and Demographics Statistics at the High Council for Statistics²⁶ as well as representatives of all ministries and state departments in the context of the national strategy for inclusion. This system will be built on the basis of already existing data relating to children, including different types of indicators.'

According to the same document, the 1989 UN Convention on the Rights of Children will be the overall framework for the definition of the main areas of child wellbeing, the conception of which will allow the selection of indicators and the collection of relevant data for the monitoring system.

²⁵ Forum Não Governamental para a Inclusão Social Referred to above in English.

²⁶ With representatives of National Statistical Institute, Ministry of Justice, Ministry of Education, Ministry of Health, Ministry of Labour and Social Solidarity, General Confederation of Portuguese Workers, General Workers' Union - Portugal and National Association for Consumer Protection.

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