



# Convention on the Rights of the Child

Distr.: General  
20 December 2013

English only

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## Committee on the Rights of the Child

Sixty-fifth session

13–31 January 2014

Item 4 of the provisional agenda

Consideration of reports of States parties

### List of issues in relation to the combined third and fourth periodic reports of Portugal

Addendum

### Replies of Portugal to the list of issues\*

[25 November 2013]

#### Part I

**Question 1. Please specify whether a comprehensive national policy and strategy has been developed for the implementation of the Convention in the State party and if so, please provide information on its content, including its aims, implementation budget and monitoring and evaluation process**

1. The Initiative for Childhood and Adolescence 2009-2010 (INIA) was a national mechanism which covered the full range of children's rights in an integrated way, providing technical support with the participation of all concerned actors, including all ministries, key departments and organizations with competence on childhood and adolescence. An extensive consultation process was held prior to the establishment of INIA, with public online hearings and the participation of children, parents, caregivers and relevant professionals, as well as public services and other relevant organizations. Ten strategic goals were defined, taking into account the basic tenets of the Convention on the Rights of the Child: participation and citizenship; awareness-raising, training and access to information; family and alternative families; health; economic resources; social services; housing, urban planning and environment; education, leisure and cultural activities; and special protection. In May 2012 the Government established the Child Agenda. The Government created a working group aiming at assessing proceedings and legal issues that converge in defining and defending the best interests of the child (Order n° 6306/2012,

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\* The present document is being issued without formal editing.

GE.13-49850



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14 May). In 2013, as a result of the working group's report, the Resolution 37/2013, of the Council of Ministers opened the debate on the revision of the children and youngsters protection system and the adoption regime.

2. In the area of health, the Health Act for Children and Youngsters at Risk (ASCJR) was established by Order No. 31292/2008 of 5 December, having the main object of establishing a structured response of the National Health Service to the phenomenon of maltreatment by developing the "National Network of Centres for the Support of Children and Youngsters at Risk" both at the Primary Health Care and at Hospitals with paediatric care. The National coordination of the ASCJR lies with the Directorate-General of Health, through a monitoring committee. The coordination, monitoring and implementation of the ASCJR at regional level belongs to the five health regional administrations, in particular regarding the allocation and management of human, physical and material resources, in-service training, financing of the activities of centres and administrative procedures.

3. The new National Health Program for Children and Youngsters (PNSIJ) came into force on 1 June 2013, replacing the Health Programme for Children and Youngsters, (Technical Guideline No. 12, 2nd edition of 2005, of the Directorate-General of Health). The main changes with respect to PNSIJ 2005 are:

- (a) Changes in the timing of queries for key ages of surveillance;
- (b) Adoption of the growth curves of the World Health Organization (WHO);
- (c) New focus on issues related to child development, emotional disturbances and behavior and mistreatment.

4. The priorities of this new National Health Program are:

- (a) Detection of and support for children with special needs, at-risk or particularly vulnerable;
- (b) Reducing inequalities in access to health services;
- (c) Recognition and empowerment of 1st careers (parents and other adults of reference).

5. Mental health continues to appear as a priority area of public health. **The Mental Health Act** (Law n° 36/1998) set out the general principles that ensure the mental health policy and only becomes effective through the adoption of measures aimed at ensuring the implementation human rights in general, and child rights in particular.

6. The protection of children and youngsters with mental illness is guaranteed, their treatment and rebalancing being ensured through measures of integration and reintegration into the social, educational, recreational and family environment. There are recommended measures to promote mental health prevention in close coordination with primary and hospital healthcare, as well as with community institutions.

7. By Ministerial Order of June 2011 the Hospital Referral Network of Psychiatric for Children and Adolescents was approved, which currently has 36 specific units in general hospitals and pediatric hospitals (3), 5 less structures than those existing for adults.

8. To conclude, it is worth mentioning that even though no specific mechanism or structure was put in place to coordinate the implementation of the Convention, the Portuguese National Human Rights Committee (PNHRC) was established in April 2010 by a Council of Ministers' Resolution. The PNHRC is responsible for intergovernmental coordination with the aim of promoting an integrated approach to human rights policies. The Committee aims to define Portugal's position in international fora and to implement Portugal's obligations under International Human Rights Conventions, as well as ensuring

follow-up to recommendations by Special Procedures and Treaty Bodies. The present reply was drafted within the PNHRC's framework.

**Question 2. Please provide information on the impact of the financial crisis on children and their families living in poverty, and the measures taken to redress and mitigate the effects of the financial crisis on child poverty, especially with respect to children in need of special protection, including Roma, migrants, asylum seekers, unaccompanied children and children living in street situations**

9. Portugal does not possess quantified information relating to the overall effects of the financial and economic crisis on children's poverty levels, neither of the effects of budget cuts on the protection of child rights. However, the government is aware of the fact that within a difficult economic and social context in which the austerity measures are transversely reflected in the various society sectors, social impacts are expectable.

10. To mitigate the social impact Portugal has set-up a four-year programme – Social Emergency Programme (PES), in October 2011.

11. Although it is a dynamic programme open to new measures and solutions, even to tailor-made solutions, with implementing mechanisms that may be adjusted over time, PES is based on three main strategic goals: to focus on the empowerment and promotion of personal and collective competences, to prevent duplication of social services and to involve those who best know the reality and who are closer to citizens. To this end, it is focused on simple and direct solutions that may reduce the social impact of the crisis, by firstly identifying the situations that require a more urgent social response, and then mobilizing the necessary resources and tools. The cooperation of the different levels of government is understood as central (national, regional and local), as well as the effective participation of the national solidarity network in the several decision and implementation stages of action strategies.

12. The table below shows the rates of monetary poverty of households with and without dependent children. Single parent and large family households evidence a higher incidence of monetary poverty, while households with dependent children are more exposed to the risk of poverty compared to the whole population.

Table 1  
**At-risk-of-poverty rate by household type (2004-2012)**

At-risk-of-poverty rate by household type, Portugal (%)									
	2004	2005	2006	2007	2008	2009	2010	2011	2012
Households without dependent children	20,0	18,5	18,9	18,7	16,1	15,4	16,5	15,8	15,2
Households with dependent children	20,6	20,0	18,1	17,7	20,4	19,9	19,1	20,1	20,4
Single person with dependent children	34,8	31,5	41,2	33,6	38,9	37,0	37,0	27,9	30,5
2 with 1 dependent child	12,8	14,7	12,1	12,2	16,7	13,4	12,6	15,6	16,2
2 adults with 2 dependent children	24,0	23,9	18,6	17,0	20,6	19,4	17,1	19,8	17
2 adults with 3 or more dependent children	41,0	42,0	37,8	43,3	31,9	36,1	33,2	34,5	41,2
3 or more adults with dependent children	17,5	14,9	15,8	16,3	18,0	20,1	20,7	19,5	22,3

Source of data: EU-SILC 2004-2011, Eurostat (Last update: 15/07/2013) and ICOR 2012, INE (Last update: 15/07/2013, provisional data)  
Note: poverty threshold as 60% of median equivalent income

13. In terms of investment in the quality and availability of social services and facilities to families, it is crucial to facilitate the access of the most vulnerable families to the network of child care services.

14. Regarding concrete measures, we highlight the following: the creation of the National System of Early Child Intervention (SNIPI); the increase of the number of Committees for the Protection of Children and Young People, promoting the intervention at primary and secondary prevention level, reinforcing the identification of risk cases; the “Nascer Cidadão” (Born Citizen); the reinforcement of measures regarding parental responsibility; a 10 percent mark-up of the unemployment benefit to families with dependent children (since 2012).

15. Also, in order to respond to new poverty situations that particularly affect the active population, there is an investment on a set of protective measures for families at emerging social risk, in the context of the *Social Emergency Programme*, from which we highlight the creation of a solidarity network of social canteens (around 800 in June 2013), the Social Rental Market and measures of access to services and equipments (social tariffs for public transports, user fee exemptions in health services, social energy tariffs). In order to fight unemployment and the consequent erosion of families available income, there are several measures providing support to socio-professional (re)integration, through active policies of employment or vocational training of people who have more difficulty in the access to the labour market (examples: Stimulus 2012 and 2013, Measure Active Life, Program “Impulso Jovem”, programs for active social work, National Microcredit Programme).

16. Regarding social services for children and families, changes have been introduced to improve processes and increase effectiveness. For instance, the Centers for Family Support and Parental Guidance (CAFAP), saw their intervention, organization and functioning regulated, considering their importance in specialized support to children and families in vulnerable conditions; 0-3child care provision (Crèche) increased the number of places available, more 13,000 new places; under the HOME Plan, the Government assumed a higher financial effort for centers such as Childhood and Youth Homes (LIJ) and Temporary Centers (CAT).

17. In March 2013 a new phase of Local Contracts for Social Development (CLDS+) was approved, a program which aims at promoting an integrated intervention involving different agents that operate in the field of local social development. Its goal is to promote social inclusion of vulnerable groups through actions implemented in partnership, meant to increase employability, to combat critical situation of poverty, especially child poverty, in territories particularly vulnerable, aged or affected by calamities. Along 2013, eighty contracts will be signed.

18. One of the main drivers to break the intergenerational cycle of poverty is the social system of education and training. In this context, measures to help preventing and reducing school dropout and promote educational success are particularly relevant. Three programmes have recently been renewed and improved based on previous experience:

(i) Program ‘Educational Territories for Priority Intervention’ going already for a third generation (October 2012), aims to establish the conditions for promoting the educational success of all students and, in particular, children and young people in areas more exposed to poverty and social exclusion;

(ii) the ‘Integrated Program for Education and Training’, also recently undergone improvements (September 2012), being created a Support and Qualification Program for Integrated Education and Training, whose purpose is to promote social inclusion of children and youth by creating integrated responses, namely socio educational and training and of prevention and combating school underachievement and dropout, favouring compulsory schooling and school certification and training of young people;

(iii) ‘Program Choices’ (August 2012), undergoing a fifth generation (2013-2015) and presenting as a result of the past eleven years the participation and involvement

of about 215,000 young people and aims to promote social inclusion of children and young people with vulnerable socio-economic backgrounds, especially descendants of immigrants and ethnic minorities, envisaging equal opportunities and strengthening social cohesion. In this 5th Generation, about 1200 local partners are expected to be involved in 140 projects.

19. In the area of education, since 2010/2011 the number of children benefiting from social support increased three times, covering basic and secondary education pupils. Besides the school milk programme, free for all pre-school children and all 1st cycle pupils, and the generalization of meals, subsidized for all pupils and free for the most needy, economic support for pupils from low-income families, for the acquisition of text books and other school materials and the Ministry is also extending financial support to extra-curricular activities like study visits. The amount of this financial support depends on the families' income. These measures are a fundamental contribution to social inclusion, to higher success rates and to the prevention of early school drop-outs.

20. According to the Ministry of Economy, and more concretely to the National Authority on Working Conditions, it is important to note that even in a context of crisis, child labour has declined in all sectors of economic activity and geographical areas and the number of minors in illegal labour has very little significant expression, remaining hence merely residual.

#### **Child labour/number of children**

<i>Year</i>	<i>Visits</i>	<i>Child Labour (without minimum requirements)</i>
2009	1,089	6
2010	804	6
2011	107	2
2012	77	1

*Source:* ACT annual reports.

#### **Proceedings of working conditions authority\***

<i>Year</i>	<i>Visits</i>	<i>Notifications</i>	<i>Warnings</i>	<i>Information's</i>	<i>Infractions</i>	<i>Penalties</i>
2009	202	-	8	186	31	40,339
2010	202	2	-	176	20	33,150
2011	107	1	4	80	10	10,552
2012	77	16	5	63	27	28,482

*Source:* ACT annual reports.

<i>Year</i>	<i>Penalties</i>
2009	40,339
2010	33,150
2011	10,552
2012	28,482

*Source:* ACT annual reports.

21. The above data reveals situations of legal child labour, but where there still exist some infractions to the labour code committed by employers, the majority of whom are related with medical examinations, or miscommunication admission of minors to the ACT.

22. Finally, and according to the Ombudsman, the economic and financial crisis faced by Portugal undoubtedly impacted on the fundamental rights of citizens, especially the most vulnerable ones, and children are no exception. In recent years, the number of cases dealt with by the Portuguese Ombudsman has been increasing and cases about social rights and workers' rights have been the most frequent ones. In 2012, for example, social security issues accounted for 24 per cent of the 7027 cases opened, ranking as the most addressed issue in the cases opened by the Ombudsman. Public employment relations followed as the second most-addressed issue, amounting to 11 per cent of the total of cases.

23. The Ombudsman's office also finds cases of economic need among the issues specifically addressed to the Children's Hotline. Finally, the Ombudsman wishes to draw attention to the fact that in a report published after his visit to Portugal on 7-9 May 2012, which included a visit to the Portuguese Ombudsman, the Council of Europe's Commissioner for Human Rights stated, inter alia, his concerns about the impact of austerity measures on children's rights [see CommDH (2012)22].

**Question 3. Please provide information on measures taken to combat stereotypes and discrimination against girls, ethnic and racial minorities, immigrant children, children with disabilities and lesbian, gay, bisexual and transgender adolescents, and to promote diversity in society. Please also provide information on measures taken to ensure that children of immigrants and ethnic minorities, including Roma and people of African descent, do not suffer discrimination in access to housing, employment, education and health care**

24. In respect to stereotypes and discrimination against children with disabilities, Portugal is a State Party of the United Nations Convention on the Rights of Persons with Disabilities and therefore is bound and committed with the provisions of article 7 of the Treaty on children with disabilities, of article 23, concerning the household and family and of article 24, Education.

25. After the UNCRPD ratification, Portugal approved the National Strategy on Disability 2011-2013 (ENDEF), which includes several measures to promote the rights of persons with disabilities in general, and also the rights of children with disabilities, in order to combat stereotypes and discrimination.

26. The ENDEF represents a concerted, cross-oriented and multidisciplinary strategy, involving Portuguese Public Administration bodies and representatives of persons with disabilities, their families and the associative movement.

27. This strategy contains a set of 133 measures structured in 5 axes. Some deal specifically with children with disabilities:

- Measure 22: Prepare the characterization of children with disabilities and measure promotion and protection in the out-of-home care system;
- Measure 44: Implement the National Early Childhood Intervention (SNIPI);
- Measure 45: Proceed the deinstitutionalization of children with special educational needs (SEN);
- Measure 46: Strengthen and adjust the specialized units and reference schools to support students with multiple disabilities, autism spectrum disorders, deaf and blind;

- Measure 47: Provide each student with educational special conditions in order to achieve the objectives defined in the individual study plan (IEP);
- Measure 48: Reinforce specific training to special education teachers;
- Measure 49: Promote the training of auxiliary schools with pupils with SEN;
- Measure 50: Create virtual networks to gather the special education teachers that are in the reference units, like the network of resource centers of information and communication technologies (ICT) for special education;
- Measure 51: Promote the transition of pupils from SEN, across different levels of education, to the labour market.

28. Additionally, the National Institute for Rehabilitation, the public office with responsibilities in disability domain, issued several publications addressing the issue of children with disabilities.

29. In the area of migration Portugal has been making considerable efforts and investments in order to combat all forms of racial discrimination and to integrate all groups in the Portuguese multicultural society, ensuring the full enjoyment of all human rights, civil, cultural, economic, political and social rights. Portugal was ranked in 2011 the second amongst 31 developed countries for its policies in the area of integration of migrants by the Migrant Integration Policy Index for the second consecutive time. It should also be mentioned that Portugal was recognized as the country with the best legal framework in the protection of migrants' rights in the United Nations Human Development Report 2009.

30. A good example of those efforts and commitment is the fact that Portugal possesses a public institute (ACIDI) that – among other competences – is responsible for combating racism, promoting the integration of immigrants and Roma communities and promoting Intercultural Dialogue. Such an institute still constitutes a rare case in the international panorama, namely because it reports to a Secretary of State who works with crosscutting dimensions of Public Policies and adopts a holistic approach when dealing with these issues.

31. The Portuguese authorities consider that this approach of having a public institute that deals with these issues, recognizing that integration and combating racial discrimination, and which is crosscutting to all Public Administration services, has been producing good results. Portugal applies a comprehensive and integrated vision to the phenomena of racism and immigration, following an intercultural model based on integration as a two-way process and always bearing in mind the need to respect and protect all human rights. Our goal is a mutual process of integration, without assimilation or segregation.

32. The following are examples of measures, which have proved effective in fighting against racism, racial discrimination, xenophobia and related intolerance against all and which continue to be implemented in Portugal:

- (i) The two **National Action Plans for the Integration of Immigrants**, developed since 2007, are essential instruments in the development of public policies on immigrant integration. They were adopted after a broad debate with social partners and also obtained a wide consensus. They take into account a variety of sectors where integration should occur and be improved (employment, health, education, justice, housing, culture and language, civic participation, human trafficking), as well as crosscutting themes such as gender issues, racism and discrimination and the promotion of diversity and intercultural dialogue). These action plans adopt a holistic approach to integration, involving 10 different

Ministries and serving as a reference for both the government and civil society in developing more specific initiatives.

(ii) The **National Immigrant Support Centres**, well-known as the Portuguese One-Stop-Shop approach, located in Lisbon, Oporto and Faro, bring together different services and provide information and support to all immigrants, free of charge, in an integrated way.

(iii) A Network of 86 **Immigrant Support Centres for the Local Integration of Immigrants**, covering almost the entire territory which provide decentralized information, support and response to immigrants' questions and problems, in partnerships with local authorities and civil society.

(iv) The **Immigration Observatory**- created in 2003 to stimulate the dialogue between academia and political decision-makers on the definition, discussion and evaluation of public policies in the area of immigrant's integration in Portugal, including ethnic and racial discrimination issues. It also seeks to deconstruct myths, representations and stereotypes about immigrants or immigration in general.

(v) The **Choices Programme**, a governmental programme that reaches 71,000 children aged 6 to 18 from disadvantaged social backgrounds, many of whom are immigrant descendants and members of ethnic minorities living in vulnerable places, in order to promote their social integration. In view of its good results, the Choices program is in its fourth phase (2010-2013) and supports 110 local projects that involve schools, municipalities, non-profit organizations and the Commissions for the Protection of Children and Youngsters.

(vi) Regarding the mediators, the Project "Intercultural Mediation in the Public Services" should be mentioned - a pilot project developed under the European Fund for the Integration of Third Country Nationals coordinated by ACIDI. This project placed 28 intercultural mediators, whose goal was to promote interculturalism, in 25 public services (mostly health and municipal ones). Mediators were also placed in the following areas: public security police, social security, housing, employment, and education. An estimated 14,000 people benefited from this programme and a new phase started in March 2012 with 20 mediators.

33. When it comes to marginalization and abuses against immigrant children, it is important to mention article 185-A, paragraph 3 of Act 29/2012, of 8 August – which consists of the first amendment to Act 23/2007, of 4 July that approves the legal framework for the entry, permanence, exit and removal of foreigners into and out of national territory – according to which, whoever uses the work of an underage foreign citizen, who finds him or herself in an illegal situation, is punishable with a prison penalty of up to 2 years or a fine up until 480 days.

34. The project "SEF on the move" intends to simplify people's life in their interaction with the service, highlighting the privileged care and monitoring of vulnerable groups of citizens, especially those who have greater difficulty in reaching SEF, such as sick, elderly and children, contributing to their integration into society.

35. SEF (Borders and Foreigners Service) promotes an awareness campaign against human trafficking, preventing crime and victims through information. The training actions organized by SEF teams take approximately 45 to 60 minutes and give information about the main causes of human trafficking, who the victims are, how to deal with victims, how to recognize and avoid the crime and the situation at international and national level. SEF also promotes the project "SEF goes to school" which contributes to the integration in school and in the labour market of young people, thus avoiding problematic behaviours and minimizing their entry into a crime environment.

36. Regarding Roma, the Portuguese Government launched the Portuguese Strategy for Inclusion of the Roma Communities 2013-2020 in 2013. This is an important instrument which will help Portugal to better integrate Roma Communities and to eliminate prejudices and misconceptions towards them. The main areas of the Strategy are: education, health, housing and employment. The Strategy addresses the recommendations of the European Commission and also includes the fight against discrimination, gender perspective, Mediation, Roma History and Culture, and Justice and Security as crosscutting areas.

37. Efforts are being undertaken, also, in the area of public awareness on diversity, intercultural dialogue, and in combating racial stereotypes and prejudices. Some examples include:

(i) Regarding education and training, the *Entreculturas Board*, which has the mission of helping Portuguese public schools to deal with the increase in the number of foreign students and with social, cultural and ethnic diversity, was created in 1991 and integrated in ACIDI's structure in 2004. A large range of activities was developed to raise awareness in regard to intercultural education, as a means to facilitate integration within the educational community;

(ii) In addition to the education system, a Pool of Trainers (*Bolsa de Formadores*) was established, with around 30 experts assigned to undertake awareness-raising campaigns and actions promoting integration all around the country and within different institutions. These experts are qualified with specific training in various areas, such as Myths & Facts about Immigration, Nationality Law, Immigration Law, Intercultural Dialogue, Intercultural Education (for youngsters), Health, Immigration and Cultural Diversity, and Inter-religious Dialogue;

(iii) Brochures in several languages with accurate information on rights and duties of immigrants in Portugal are available at ACIDI's National and Local Centres for Immigrants Support. CIG and ACIDI produced leaflets in several languages, providing information on the rights and resources available for migrant women, on the prevention of domestic violence and on citizenship rights in matters of gender equality and of parenting;

(iv) ACIDI also operates a national telephone information service, "SOS Imigrante", providing information in the most common immigrants' languages in Portugal, and a Translation Phone Service (STT) available in 60 different languages to support immigrants in dealing with issues related to public administration;

(v) A weekly TV show called "Nós" (Us) broadcasts in an open public channel in Portugal and all over the world through RTP International and RTP Africa, is dedicated to immigrant communities and immigrants' rights and duties. It involves local communities and the civil society;

(vi) A weekly radio programme portrays life stories of immigrants who live and work in Portugal and provides a view on the multicultural nature of Portuguese society;

(vii) ACIDI translated into Portuguese and published "A Diversity toolkit for factual programmes in public service television", produced by the EU Agency for Fundamental Rights<sup>[1]</sup>. As an outcome of this event, the Portuguese public television drafted an ethic code based on the "Diversity toolkit" principles;

(viii) ACIDI financed the Portuguese version of the International Organization for Migration's Glossary on Migration. It was distributed to *media* professionals and agencies, and it is an important tool for better management of migration issues in the news;

(ix) A book with a national database of highly qualified migrants was created in order to promote migrants' positive image within the public opinion and to recognize their contribution to the country's development;

(x) The annual Journalism for Cultural Diversity prize distinguishes journalists who provide a positive image of immigrants and or intercultural dialogue (€ 5.000,00 award).

(xi) Other awareness raising initiatives against discrimination have also been adopted. In addition to the initiatives mentioned in the report, namely the 2009 European Campaign "Say No to Discrimination", or the 2008 contest "My School Against Racial Discrimination", the Commission for Equality and against Discrimination launched in 2010 a "Photo and video contest against Racial Discrimination" aimed at choosing the best photo and video promoting the values of diversity and non-discrimination on the basis of nationality, ethnic origin, race, colour or religion. The contest "Poetry against Racial discrimination" was launched in 2013.

(xii) As part of the celebrations of the International Day for the Elimination of Racial Discrimination on 21 March, a series of initiatives were launched aimed at raising public awareness to the Fight against Racial Discrimination. For instance, from the 18 to 21 March 2011, some football players from the Portuguese Premier League entered the field showing a banner saying "Football against Racism! Join us." In 2012 a flash mob composed by 300 youngsters performed in the Final of the Football Portuguese Cup with the message "Football against discrimination".

38. Regarding the *Entreculturas* Board, mentioned above, a large range of activities were developed to sensitize schools and other educational stakeholders regarding the issue of intercultural education, as a means to facilitate the integration of immigrants' children and ethnic minorities in schools and ensure better and more equal opportunities.

39. It was a sign of recognition that the problems and challenges addressed are far beyond the answers that may be given within the education system. With this new scope it was created a trainers team to provide free support for undertaking awareness-raising and mobilization actions at the local level to promote welcoming and integration. Around 36 trainers make up the Team, qualified with specific training in various areas.

40. These areas are:

- Myths & Facts about Immigration.
- Nationality Law.
- Immigration Law.
- Intercultural Dialogue.
- Intercultural Education (for youngsters).
- Health, Immigration and Cultural Diversity.
- Inter-religious dialogue.

41. One of the purposes of the *Entreculturas* is the production, editing and dissemination of tools and teaching materials and training, as well as the production of information materials to the general public. In 2009 the work was the release of a set of strategies like "Citizenship and Cultural Diversity in the Professional Practices" – to leaders of the civil service, "Cooperation and Learning" and "Learning from Diversity" – for teachers, other agents and trainers, and even a post-graduate "Planning and Mediation in multicultural contexts" – to the local centers to support the integration of immigrants.

42. The activities undertaken by the Department of Support for Associative Activity and Intercultural Dialogue – *Entreculturas* are framed within the topic of interculturalism as an explicit dimension of policies to support welcoming and integrating immigrants, and reflect the promotion, also, of Dialogue with Religions.

43. The challenge of the promotion of Interculturalism is a process of learning that relates to all and is based specifically on the very strong and systematic involvement of the greatest possible number of actors and institutions of the host society. It involves projects where competences for the management of diversity are learned, to be applied in the different contexts in which they intervene.

44. There are two programs undertaken by *Entreculturas* that exposes the Inter-religious Dialogue awareness: Campaign “Conhecer para Agir” (You Have to Know, to Act) and Calendar “Celebração do Tempo” (Celebrating Time). In the first case, the Operational Program of Human Potential, from the European Social Fund and ACIDI developed a Campaign, where Inter-religious Dialogue is one of its main focuses, through:

- 4 seminars on inter-religious dialogue.
- Poster for youngsters to help disseminate the message from Charter for Compassion (an international movement).
- Calendar “Celebração do Tempo” – *Celebrating Time*.
- “Um dia para Agir” – *One Day to Act* (Proposals for teachers of activities to use in school at different levels of education).

45. In the second program, the Calendar includes a theological/historical approach regarding each religion’s symbology, main doctrine and fundamental principles, as well as sacred texts. Published since 2003, it is an inter-confessional and inter-religious calendar, in the spirit of the Universal Declaration of Human Rights, and of the Declaration for the Elimination of All Forms of Intolerance and Discrimination. This calendar has been widely distributed by ACIDI, I.P., free of charge.

46. Finally, the work of the Choices Programme (mentioned above) should be also highlighted, as it targets children and young people between the ages of 6 and 24 coming from disadvantaged social backgrounds, many of which are immigrant descendants and members of ethnic minorities living in vulnerable places, in order to promote their social integration.

47. Regarding Choices Programme, the following impacts should be mentioned:

- The reintegration of 9,776 children and youngsters who were previously in a NEET situation (not in education, employment or training).
- In 2011/2012 the overall rate of academic success for all participants was 86,7 per cent.
- From January 2010 until 31 December 2012, 13,949 certificates were issued in IT through the Digital Inclusion Centres.
- In the 4th Generation of Choices Program (2010-2012) 850 technicians were involved in 134 communities, involving 89,232 children, youngsters and parents and 1,040 local partners (schools, NGO, municipalities, etc).

48. In the area of access to health care, beside the elements provided to the answers under question 2 above, the National Mental Health Program is part of the Health Action Monitoring Group on Gender, Violence and Life Cycle, which aims to promote equality, equity in health and prevent interpersonal violence. In the area of access to health care, family Planning Consultations are free of charge for Portuguese and foreign women of

childbearing age. Access to physical and mental health care in the National Health Service (NHS) is free of charge for all children up to twelve years old. Undocumented immigrants have access to the NHS for reasons of public health, urgent and vital health care and maternal and child health care (Directorate-General of Health Standard nº 12). Once legalized their situation, immigrants acquire the same rights and privileges than the rest of the population.

49. In the area of culture there is also an attempt to find measures that can foster the participation of children belonging to most vulnerable and marginalized groups in cultural life. Hence, in the year 2013, for the first time ever, National São Carlos Theatre (TNSC) celebrated International Children's Day with a set of free activities at the square in front of its main entrance. A stage was set for young people's performances. Among them, a dance group of 20 girls from a neighbourhood with social problems (Cova da Moura), had the chance to present two choreographies to a big audience and also perform in a TV program as part of the event's promotion. TNSC established a partnership with NGO Fundação do Gil that supports post-hospitalized children in need, and offered 5 of those children the chance to take part at its behind the scenes program, held during Christmas 2012. Furthermore, the project Lugares Mágicos (Magic Places) is ongoing since 2010, and is aimed at children placed in institutions, in the Algarve region. It fosters a relationship of identity with the cultural landscape and enhances arts education for young people and property and children are the main targets. Is simultaneously an important action to combat social exclusion. Around 200 children and young people placed in residential institutions / social solidarity (between 6 and 18 years old) and about 15 young adults (18 to 35) with disabilities have benefitted from this project.

50. In some of the activities in TNSJ (São João National Theatre) free entry to disadvantaged children was granted, in particular to the following shows:

- Jojo, O Reincidente (TNSJ, 25 to 29 October de 2011) – 25 children.
- Bom dia Benjamim (Teatro Carlos Alberto, 13 to 15 de December 2012) – 104 children.

51. In order to address gender stereotypes, as well as other types of discrimination, the Public Security Police (Polícia de Segurança Pública – PSP), in the framework of the Safe School Program, developed several awareness actions concerning “Intercultural dialogue”, “Gender Equality”, “Citizenship” and “Bullying”.

52. Finally, the Portuguese Ombudsman has made a recommendation regarding the issue of immigrant children following the inspection carried to places of detention of foreign nationals whose status was not regularized. In fact, the Portuguese law only allowed entry into the country of foreign children unaccompanied by those who exercised parental responsibility when there was a Portuguese citizen or a foreign citizen with legal status who take responsibility for their stay. Sometimes, this requirement cannot be fulfilled. So, the Ombudsman recommended that whenever unaccompanied children are being held, the Commission for Protection of Children and Young that has the territorial jurisdiction should be called to accompany the child.

**Question 4. Please provide information on measures to protect children from road traffic accidents, drowning, falls and other accidents, including legislation, awareness-raising on the importance of car seats and safety belts in cars and school buses, fencing and and/or other protective measures**

53. The National Programme for the Prevention of Accidents 2010-2016 is based on the principles of health promotion and security directed to citizens and the specific environments in which they live, work and study, to the prevention of accidents through actions directed at vulnerable groups and the main risk factors, and to the improvement of

the quality of health care, from pre-hospital emergency to the creation of integrated services for victims and their families.

54. Its implementation involves training of health professionals so that they can intervene in a competent manner throughout the cycle of trauma and monitoring of unintended accidents.

55. Under this Programme, the Project “Babies, Children and Youth in Safety” was developed as a result of a 2010 diagnosis of the technical competences of health professionals working at Health Care Centers and Maternities about Restraint Systems for Children and daily safety education. The diagnosis revealed reduced knowledge on these matters, so this project was elaborated and implemented in order to fill those gaps, with the goals of improving the level of literacy in child road safety of the Portuguese population and the adoption of safe behaviors by pregnant women, parents and families in transporting babies in the car, from the time of hospital discharge and throughout childhood and youth. In September 2013, all Health Regional Administrations were involved in the project, 215 health professionals had already done this training, being in course 28 training sessions across the country in Health Care Centers and Maternities. The training entity is the Association for the Promotion of Child Safety, a Private Institution of Social Solidarity. Most of these actions involve security forces, schools and city counties.

56. The Ministry of Health has also developed the following campaigns:

- 2010: “Keep children safe” – implementation of a WHO campaign with 6 posters on children’s safety, 6 campaign movies, radio spots and outdoors.
- 2010: Fact Sheet on the Prevention of Children’s Accidents: road accidents, burns, drowning, falls, intoxications; plus a sheet on general recommendations.
- 2010: Technical sheet on home accidents under the WHO project on Local Plans for Housing and Health.
- 2011: European Code Against Injuries (ECAI).

57. The Ministry of Health is part of the National Strategy for Road Safety, the National Plan for the Promotion of Bicycle and other means of transportation, and is the coordinator of the Decade of Action for Road Safety 2011-2020. The Ministry of Health has established several partnerships with private institutions regarding road safety, like GALP Foundation (Alliance for Road Safety), Renault Portugal (Program Safety for All), Vodafone Foundation (Campaign “War on thumbs” – drivers texting) and the Association for the Promotion of Child Safety (Action Plan for Child Safety).

58. Under the National Program for Accident Prevention, in 2011/2012 and 2012/2013, the Directorate-General of Health has also supported the 12th and 13th Editions of the School Contest “Safety for all” through the review and dissemination of an educational kit which supported the actions of schools and teachers with the most vulnerable users of the road (6-9 years old students).

59. The new National Health Program for Children and Youth (June 2013) also presents rules for car transportation of children from the maternity hospital.

60. Furthermore, the Public Security Police developed several awareness-raising actions such as “Road Safety Prevention and Education”, “Child Safety” and “Self Protection”. In 2011/2012 6704 actions were provided and 30 per cent were about “Road Safety Prevention”. In a regular basis live demonstrations are made, 410 of them in 2011/2012 of which 28 per cent were developed in “Schools of Traffic, Circulation and Road Prevention”.

**Question 5. Noting the adoption of Decree Law Nos. 38/2004 and 3/2008 on special educational needs for children with disabilities, please provide information on measures taken to implement inclusive education for children with disabilities, including updated information on the provisions of human, technical and financial resources and support, as well as mainstreaming and accessibility. Please also provide information on children with disabilities in specialized centres and measures to ensure their protection from ill-treatment**

61. In the area of education, due to an inclusion policy in public school, the following measures have been adopted:

(a) Annual financing for the operation of 25 Resource Centers for Information and Communications Technology (ICT) for special education. These centers aim to evaluate the students with Special Educational Needs (SEN) for allocating support products;

(b) Annual financing of support products for students with SEN who attend public schools;

(c) Yearly, the central services of the Ministry of Education and Science (MEC) ensure the adaptation and distribution of textbooks and of extensive reading books in accessible formats (Braille, large print, analogue audio and Daisy format);

(d) Annual financing of Action Plans presented by School Groups and Resource Centers for Inclusion. These Centers provide specialized services in mainstream schools, aimed at students with SEN, their teachers and families;

(e) Annual financing for the operation of the Specialized Support Units for the Education of Students with Multiple Disabilities and Congenital Deaf-blindness and of the Structured Teaching Units for the Education of Students with Autistic Spectrum Disorders;

(f) Allocation of therapists, Portuguese Sign Language interpreters and Orientation and Mobility technicians to mainstream schools;

(g) Allocation of kindergarten teachers to early childhood intervention teams;

(h) Qualification of human resources to meet the needs identified in the system. In the last two years, training courses were held in the areas of teaching Braille, Orientation and Mobility, Early Childhood Intervention, ICT in Special Education and Portuguese as a second language in the curriculum of deaf students;

(i) Publication of a guide for directors in order to support the organization of educational responses in the area of special educational needs.

62. Regarding ill-treatment of children, whether involving negligence, physical or psychological, sexual abuse or other, the intervention model is defined in the Health Action for Children and Youth at Risk, according to the order No. 31292/2008, dated 5 December based on the network of Support Centers established at Primary Health Care in conjunction with Centers at hospital and other community resources. Scientific, technical and functional coordination aspects are detailed in the document "Maltreatment in Children and Young People - A practical guide approach, diagnosis and intervention".

63. Regarding Children with developmental disorders, between 0 and 6 years there is specific legislation establishing the National System of Early Childhood Intervention, with the participation of 3 Ministries – Health, Labor and Social Solidarity, and Education (Decree-Law No. 281/2009 of 6 October). From the age of 6, the multidisciplinary support to these children is no longer articulated among the three ministries, but rather more towards the pedagogical support, legislation framed by the then Ministry of Education, Decree-Law n. 3/2008, of 7 January and Law n.º21/2008 of 21 May.

**Question 6. Please provide updated information on the number of teenage pregnancies and abortions, and sexually transmitted infections, including HIV/AIDS as well as measures to provide sexual and reproductive health education, including methods of contraception and the prevention of sexually transmitted diseases. Please also provide information on access to health for children in disadvantaged situations, including children of migrants, whether documented or not, Roma children and others**

64. According to the Portuguese Constitution, “Everyone has the right to the protection of health and the duty to defend and promote health”. The right to health protection is accomplished through a national health service which is universal and general and, “with particular regard to the economic and social conditions of the citizens who use it, shall tend to be free of charge” (art. 64).

65. Fulfilling this constitutional principle, the Health Law establishes the universality of coverage of the health care services provided as a basic feature of the Portuguese health system, determining that the public health services extend to the entire population. It also establishes the equity as a general principle of the health system ensuring that access to health care is made in terms of substantive equality.

66. Finally, the said Law also gives particularly relevance to the fact that the means and the actions of the health system are primarily oriented towards health promotion and disease prevention. This implies an integral concept of health and raises the challenge to health care service providers, to incorporate the operationalization of strategies that can contribute to reducing inequalities in health, improving equity in access to health care, particularly taking into account the needs of especially vulnerable groups in the actions of health promotion and disease prevention.

67. With regard the Roma community, all its members are considered Portuguese citizens, and therefore enjoy the same rights and duties as other users of the National Health Service. For members of the Roma community who are considered immigrants, the rules and procedures in place regarding access of immigrants to the National Health Service apply. Regular immigrants have the same rights as national citizens on this matter. Moreover, according to the Health Ministry’s Order nr. 12/DQS/DMD, 7 of May, irregular immigrants who are in Portugal for a period above 90 days, cannot be discriminated in accessing to public health care, although, in general terms, they might have to pay its real costs. Exceptions, however, are made such as, for instance, in cases where urgent and vital care is needed, or in case of transmissible diseases that endanger or threaten public health.

68. According to the Directorate-General’s Bulletin, the exceptions to the rule stipulating the obligation for irregular migrants to pay for the health care’s real costs are:

- (a) Urgent and vital health care;
- (b) Communicable diseases that pose a danger or threat to public health (e.g. tuberculosis or AIDS);
- (c) Maternal and child health care and reproductive health care, namely access to family planning consultations, voluntary interruption of pregnancy, monitoring and observation of women during pregnancy, labour and delivery and the post-partum period, and health care provided to newborns;
- (d) Health care to minors residing in Portugal under the terms set forth in Decree-Law 67/2004, of 25 March;
- (e) Vaccination, according to the National Vaccination Programme;

(f) Foreign citizens present in Portugal for the purpose of family reunification when a member of the family makes contributions to the Social Security System which are duly documented;

(g) Citizens who are in a situation of social exclusion or economic need as documented by the Social Security Services.

69. Therefore, an immigrant who is in the national territory, and needs any kind of health care, has the right to be treated in a health clinic or a hospital (in case of emergency) without these services have the possibility to refuse to provide the healthcare based on any grounds of nationality, lack of economic means, lack of legalization or other.

70. Regarding teenage pregnancies, it is not possible to provide data because there is no data on "Pregnancy" in any age group. Data is only available for Live Births and Voluntarily Interruption of Pregnancy performed. As for the number of births in women under 15 years of age, there were 59 and 55 in the years 2011 and 2012 respectively. In women between 15 and 19 years of age there were 3,604 and 3,246 in the years 2011 and 2012 respectively (see annex 1)<sup>1</sup>. The number of teenage births has been declining.

71. Concerning the number of pregnancy interruptions in girls less than 15 years of age there were 84 in 2011 and 71 in 2012. In women between 15 and 19 years old there were 2274 in the year 2011 and 2021 in the year 2012 (see annex 1). Both the number of births and the number of pregnancy interruption have been declining.

72. The regular contraceptive methods (which include hormonal contraceptives, intrauterine device, contraceptive implant, vaginal ring and condom) and the emergency contraception are distributed free of charge on the National Health Service. Some methods can also be purchased at the counters of pharmacies and Para-pharmacies.

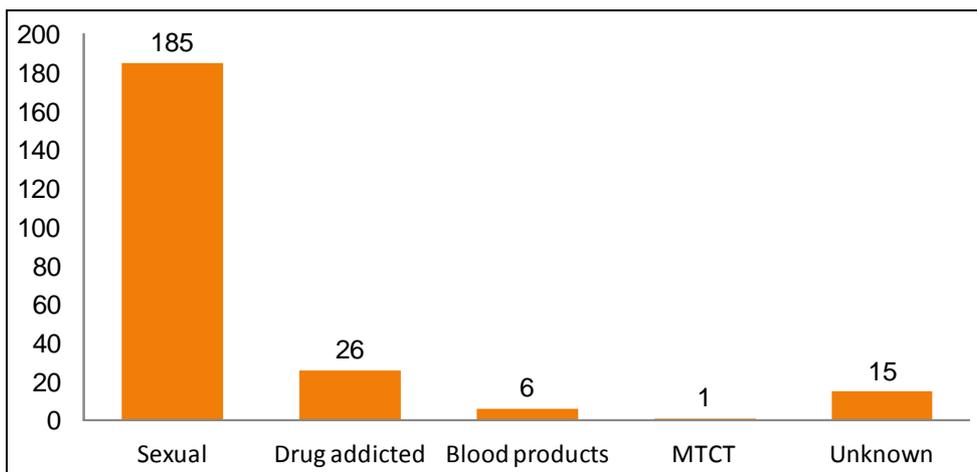
73. Concerning mother-to-child transmission of HIV/AIDS, the data reported by 50 of the Portuguese hospitals/maternalities (24 from the Southern region; 8 from Central region; 14 from the Northern region; 1 from Madeira Island; 3 dos Azores Islands) in 2012 is as follows:

#### **Source of mother's infection**

74. The source of mother's infection in 2012 was mostly sexual (185), followed by drug use (26). The number of HIV infected mothers last year is 233, which represents a prevalence of 0,28 per cent.

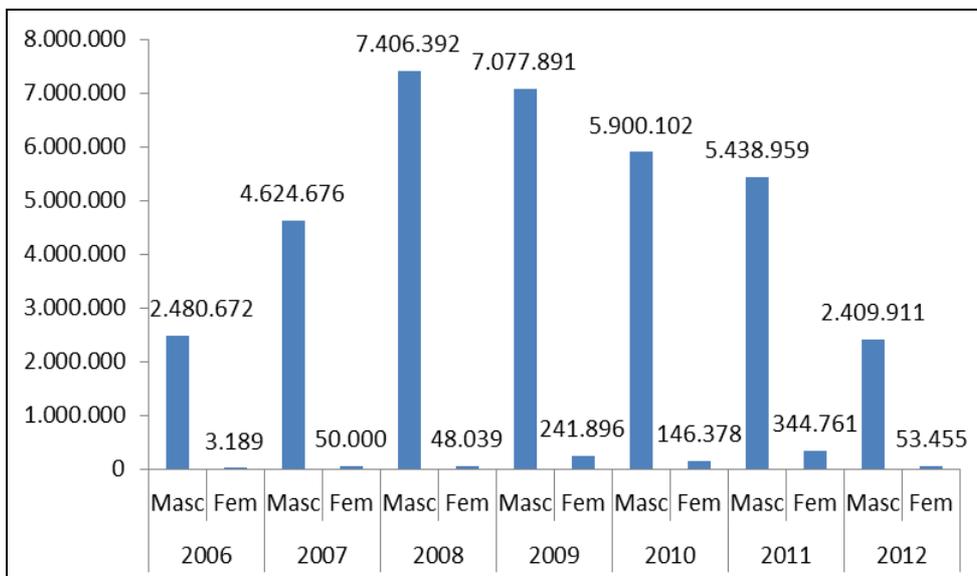
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<sup>1</sup> Annexes can be consulted in the files of the Secretariat.



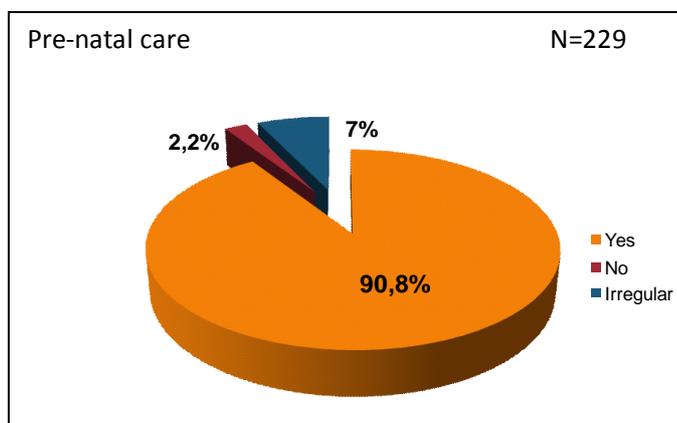
**Methods of contraception/ AIDS prevention**

75. Concerning methods of contraception and the prevention of sexually transmitted diseases, the National Programme for HIV AIDS distribution of male and female condoms between 2006 and 2012 was as follows:



**Infected mothers – 2012**

Almost 91 per cent of pregnant women had pre-natal care on a regular basis.



**Births and newborns 2007-2012**

**Number of newborns from HIV infected mothers between 2007 and 2012:**

Hospitals	2007	2008	2009	2010	2011	2012
North	53	46	46	32	31	36
Center	20	17	18	19	17	14
South	184	192	180	226	214	186
Islands	-	-	-	-	2	1
<b>Total Number of Newborns</b>	<b>257</b>	<b>255</b>	<b>238</b>	<b>277</b>	<b>270</b>	<b>237</b>

**Number/percentage of newborn infected children from HIV infected mothers:**

2007 N=257		2008 N=255		2009 N=238		2010 N=277		2011 N=		2012 N=236	
6	2,3%	3	1,6%	6	2,5%	5	1,8%	5	1,85%	1	0,42%

76. The figures regarding 2012 reflect an accentuated decrease, comparing with the previous years.

**Question 7. Please provide updated information on the Street Project which was developed to assist runaway children, including the number of children in street situations, the number of shelters and centres offering support for such children and the number of children in street situations benefitting from these shelters and centres**

77. In Portugal, there are mainly runaways from home and from institutions. The vast majority of children are recovered safe and quickly by the police forces across the country. There are a few hundred cases, but most are recurrent situations.

78. The Instituto de Apoio à Criança (Child Support Institute) developed a comprehensive policy to address the causes of children living in the street, including assisting families and addressing concerns related to adequate housing and access to

education and health care. This NGO, financed by the Ministry of Solidarity, Employment and Social Security, continues to implement a flexible approach aimed at effectively reaching, supporting and reintegrating children in their families and communities, with a particular focus on situations of drug abuse and child prostitution. As a result, the phenomenon of children living in street situations has been gradually decreasing and is presently limited to few cases mainly in metropolitan areas such as Lisbon, Porto and Setúbal.

79. Furthermore, Portugal has implemented the European number for missing children, the 116000 in 2008 through a protocol between the Ministry of Internal Affairs and the NGO Instituto de Apoio à Criança. IAC is responsible for taking in the calls (free for the caller) and provide free psychological and legal support, while the shelter is provided by the Social Security District Centers, depending on where the runaway child is located. IAC is a member of the European Federation for Missing Children, based in Brussels ([www.missingchildreneurope.eu](http://www.missingchildreneurope.eu)), whose work is funded by the EU.

**Question 8. Please provide information on the effectiveness of the law and measures to combat corporal punishment, such as research demonstrating a decline in the use of corporal punishment in child-rearing and a change in public attitudes towards corporal punishment. Please also provide updated information on the outcomes of the implementation of the Raise Your Hand against Smacking campaign launched in 2010, the programme on child maltreatment and corporal punishment, the National Social Emergency Line of the Institute of Social Security, and the Children and Young People Bullying Helpline**

80. Corporal punishment is now a public crime according to the Penal Code. The Law for the Protection of Children and Youngsters in Danger (LPCJP), approved by the Law 147/99 of the 1st of September and the Commissions for the Protection of Children and Youngsters (CPCJ), locally based, have been an important instrument to change public attitudes towards corporal punishment.

81. Since 2008 the National Commission for the Protection of Children and Youngsters at Risk (CNPCJR) has been developing a bottom up campaign, named Mês da Prevenção dos Maus Tratos (Child Abuse Prevention Month), aimed at being a national campaign for child abuse and neglect prevention. In 2012, there were 80 CPCJ involved in this campaign. The CNPCJR has also been developing, in partnership with the local CPCJ, a National Prevention Project “Tecer a Prevenção” which is aimed at implementing Local Plans for the Protection and Prevention of Child Abuse and Neglect involving several public and private local sectors. In 2012, there were also 80 CPCJ involved in this project.

82. Portugal has implemented the European number for Children’s Helpline, the 116111, which is free for land lines and cell phones. It is run by the IAC ([www.iacrianca.pt](http://www.iacrianca.pt)) since 1988, and it has adopted the European number in 2010.

83. The National Social Emergency Line of the Institute of Social Security received 132 calls about children under 18 years old in a social emergency in 2012 and 45 situations of children under 18, in a social crisis situation. Some of these situations imply physical maltreatment and domestic violence.

**Number of situations identified by the National Social****Emergency Line, of children under 18, in a social crisis situation**

	2010	2011	2012
Children, under 18, in a social emergency situation	120	*	132
Children, under 18, in a social crisis situation	54	61	45

*Source:* National Social Emergency Line of the Institute of Social Security.

\* Not available.

84. By decision of the Ministry of Solidarity, Employment and Social Security, monitoring and evaluation reports on the activity of CPCJ have, from 2012, changed their periodicity, from a six month period to a three month period. The new periodicity allows assessments that are closer to reality. This has positive effects namely in the monitoring and support of CPCJ by the National Commission and on relevant decision making.

85. Extending compulsory schooling until 12th grade originated a higher number of children and youngsters in schools and therefore more risk and danger cases were identified. School failure and early school leaving together with other situations have increased the number of requests by schools for the intervention of CPCJ. Latest data reveal that cases of danger where the right to education is at stake, is the second most detected problem with highest incidence in 15 to 18 years of age group.

**Question 9. Please provide updated information on violence against children, and in particular girls, including domestic violence and sexual violence. Please further provide information on assistance to child victims of domestic violence, including shelters, witness protection, access to medical care, especially in cases of sexual violence, and mental health counselling**

86. Concerning any type of violence (active or passive) against children, the Annual CPCJ Activity Report data points to five major conditions that led, in 2012, to CPCJ interventions: Child Neglect (30 per cent), Exposure to behavior models that may compromise child health, well being, and development (23 per cent), Situations that compromise the right to education (15 per cent), Physical Abuse (6.3 per cent), and Psychological or emotional abuse (5.3 per cent).

87. In 2012/2013, the CNPCJR has been a social partner, along with several NGO and public services, in the conception and development of a manual about Domestic Violence (DV) for any professional who may face a domestic violence situation. The CNPCJR is giving expertise concerning professional intervention and procedures with children in domestic violence. Technical advisory teams provide assistance to National Courts in these cases. These teams include trained professionals of the Social Security Institute and are established in all 18 districts of Portugal. These teams provide all the necessary psychosocial information to support the judge/court to make a legal decision and are also responsible to accompany the child/youth social plan decided by the judge.

88. All victims are provided with emergency shelter through the national emergency system run by the National Social Emergency Line of the Institute of Social Security (144 helpline) and through the local Child Protection Commissions, closer to the child.

89. In the areas of training and prevention of violence, the National Republican Guard's (Guarda Nacional Republicana –GNR) military personnel has special training to interact with school communities and therefore held awareness programs in schools to easily detect ill treatment situations. Within a school community the following members are considered:

students, teachers, parents and school staff. Therefore this interaction is very important to inform them on their rights in order to avoid physical violence on children. The Public Security Police develops prevention and awareness actions with schools on thematic areas such as “citizenship” and “domestic violence in romantic dating” targeted at students, teachers and other school staff.

90. In the area of health, the Health Surveillance Consultation on Children and Youth has been highlighted as a prime opportunity for screening, assessing, intervention and guidance in difficult situations. The articulation between the teams of Mental Health for Children and Adolescents and the Primary Health Care is essential for a more cohesive and efficient integrated work.

91. In order to complete the evaluation of the emotional relationship in the first year of life, it has been also issued the document “Promoting Mental Health in Pregnancy and Early Childhood – Guidance Manual for Health Professionals”.

92. Unfortunately, there are few mental health medical experts, well as other areas of expertise, in the field of childhood and adolescence, to complement professional intervention, particularly in integrated multidisciplinary teams, such as clinical psychologists, nurses, social workers, speech therapists and early childhood educators.

93. On the other hand it is identified the problem of the small number of inpatient beds in child psychiatry, which does not correspond to the real needs, and often children are hospitalized in pediatric departments and teens in sector of adult, which is a limitation and a barrier to implementation of the document “Recommendations for the Practice of Child and Youth Mental Health in Primary Care”.

94. Similarly there has been a near total absence, whether at public or private, of therapeutic communities and outpatient psychosocial rehabilitation structures for both children and adolescents with serious mental illness as with severe personality disorders.

95. For further data on violence against children, please also see annex 2.

**Question 10. Please provide updated information on measures taken by the State party to combat child labour. Please also provide information on inspections by government authorities in those industries known for employing children, especially the agriculture, textile, footwear, construction and hotel industries. Please further provide updated information on assistance provided by the State party to victims of labour exploitation, including compensation, education, vocational training, witness protection and counselling.**

96. The numbers of child labour in Portugal have been declining over the last decade: 233 cases were detected during 4,736 visits carried out in 1999. In 2012, only 1 case was confirmed during 77 visits, hence proportionally there was approximately a 75 per cent reduction of cases.

97. Until 2010, most cases were found in the construction industry and in the retail. An inspection campaign was also undertaken in the entertainment industry, comprising of 202 inspecting visits. This campaign found 20 breaches, which lead to fines and reports to competent courts, monitoring and social support services.

98. This evolution was possible due to the creation of specific structures in the area, such as the Plan for the Elimination for Child Labour and later, the Programme for Inclusion and Citizenship (2009). Financial support measures to families below poverty level such as the Social Insertion Income also contributed to the reduction of the number of cases. The Programme for Inclusion and Citizenship (PIEC) which aims at enabling children to obtain a school and/or professional certificate, also played an important role, as one of its top priorities were children working and drop-outs. As part of the methodologies

used by the Working Conditions Authority, situations of child labour were reported to other entities involved in order to trigger mechanisms to monitor and support the families of these children.

99. The next table shows the child labour evolution in Portugal:

Table 3  
**Child labour in Portugal (1999-2012)**

<i>Year</i>	<i>Visits</i>	<i>N.º Children</i>
1999	4,736	233
2000	5,620	126
2001	7,100	91
2002	11,043	42
2003	6,957	18
2004	11,755	16
2005	12,142	8
2006	3,811	13
2007	3,722	5
2008	1,203	6
2009	1,089	6
2010	804	6
2011	107	2
2012	77	1

*Source:* ACT (Working Conditions Authority).

**Question 11. Please clarify whether Decree Law No. 67/2004 guarantees the right of children whose foreign parents have no legal status in Portugal to enrol in schools and have access to health care, including children migrants and children of migrant workers who are undocumented or in an irregular situation.**

100. Within the principles and the procedures foreseen in the Law of Protection of Children and Youngsters in Danger any child in Portuguese territory is entitled to be protected regardless of the legal status their parents have in Portugal. Within this legal framework any child has the right to enroll in schools and have access to health care and any other support to guarantee her/his development and her/his rights.

101. More specifically in the area of health, Decree Law number 67/2004, of 25 March, regulated by the Decree n. 995/2004, of 9 August, effectively ensure full minors' access to health care and education, both in preschool as well as school education level, with the same rights that the law grants to minors (or their parents) in a regular situation in the country.

102. The ministerial order n. 25 360/01, of 16 November (Health Minister) had previously assured to immigrants access to health care in the National Health Service in the same conditions as nationals, whether they are legalized or if they took residence in Portugal for 90 days.

## Part II

**In this section the Committee invites the State party to briefly (three pages maximum) update the information presented in its report with regard to:**

- (a) *New bills or laws, and their respective regulations*
- (i) Circular letter nr. 25360/01, of 16 November; Health Action for Children and Youth at Risk (ASCJR) with network Support Centers, at the level of Clusters of Health Centers (ACES) and Hospitals with paediatric care – Order MS n.º31292/2008, 5 December. Health Action on Gender, Violence and Life Cycle (ASGVCV), with the Network Team on Prevention of Violence among Adults – Order SEAMS n.º6378/2013 of 16 May.
  - (ii) Order 25360/01, of 12 December by the Minister of Health, about access of foreign citizens living legally in Portugal, attributing them equal rights in access to the National Health System.
  - (iii) Decree-Law nr. 67/2004, of 25 March creates a national registry of foreign minors who find themselves in an irregular situation in Portugal.
  - (iv) Decree-Law nr. 3/2008, of 7 January – defines specialized support to pre-school education and to basic and secondary education.
  - (v) Law nr. 21/2008, of 21 May, introduced the first change to Decree-Law nr 3/2008, of 7 January, which defines specialized support to pre-school education and to basic and secondary education.
  - (vi) Decree-Law nr. 229/2008, of 27 November, created the Observatory of Trafficking of Human Beings (Observatório de Tráfico de Seres Humanos – OTSH).
  - (vii) Order nr. 31292/2008, of 5 December, on the health actions for children and youngsters who have been victims of ill-treatment.
  - (viii) The scheme of leaves and benefits in situations of maternity, paternity and adoption was amended by the Labor Code, approved by Law No. 7/2009, of 12 February.
  - (ix) Decree-Law No. 91/2009, of 9 April, as amended by Decree-Law No. 70/2010, of 16 June and Decree-Law No. 133/2012, of 27 June, defines and regulates the parental protection benefits scheme in the event of maternity, paternity and adoption of the welfare system and solidarity subsystem.
  - (x) In the field of social action Law No. 108/2009, of 14 September, introduced an amendment to the support foster care system in situations of need, by amending article 13 of Decree-Law No. 12/2008, of 17 January. Decree-Law No. 63/2010, of 9 June, changed the same provision and implemented the payment of a cash basic economic support in the scope of measures for the promotion and protection of children and young people intended to protect the situations of need.
  - (xi) Law nr. 113/2009 of 17 September establishes measures to protect minors against sexual exploitation and child sexual abuse. Amendments to Law n.º57/98 of 18 August established rules of criminal identification.
  - (xii) Decree-Law nr. 281/2009, of 6 October, creates the National System of Early Childhood Intervention.
  - (xiii) Circular letter DGS 12/09 – regarding access of foreign citizens living legally in Portugal to equal rights in access to the National Health System.

(xiv) Joint Order by the Ministers of Internal Affairs, Justice and Health, nr 27808/2009, of 31 December on the statistics and definition of deadly victims of accidents.

(xv) Law nr. 27/2007 of 30 July was altered and republished in the annex to Law No. 8/2011, of 11 April. The amendment sets rules for the protection of children from the broadcasting of programs that “are likely to cause an obvious and serious adverse effect on the free personality development of children and adolescents, including programs which contain pornography [...] or gratuitous violence.” Furthermore, the Law determined that the Regulatory Authority for the Media should encourage broadcasters to draw up a common television program rating system to establish a set of symbols in order to identify target age groups according to program content and which observes, with respect to the exhibition of cinematographic works and videos, the ratings of the Portuguese Board of Classification.” Further protection applies to television advertisements. The said Law further obliges the concessionaire of the public television service to “ensure the production and broadcast of educational and entertainment programs intended for young people and children, contributing towards their education;” and to “ensure the broadcasting of informational, educational and cultural programs for specific audiences, including those of the different immigrant communities living in Portugal”.

(xvi) 3 May 2010 – The Self-regulation Code Commercial Communication on matters related to food and beverage addressed to children, approved on May 2010, combines a series of general and specific rules in the field of commercial communication, regarding namely social responsibility, health, security, identification and character intervention, sales promotion and school marketing.

(xvii) The family benefits protection scheme, regulated by Decree-Law No. 176/2003 of 28 June and later republished by Decree-Law No. 133/2012, of 27 June was subject to some changes.

(xviii) Decree-Law No. 201/2009, of 21 August, created a new monthly cash benefit called scholarship.

(xix) Decree-Law No. 70/2010, of 16 June, established stricter rules for determining the means test to take into account in the granting of the benefits of the family protection subsystem.

(xx) Decree-Law No. 77/2010, of 24 June, determined that the payment of the additional amount to child benefit payable in September, will only apply to the lower level of income (1st level).

(xxi) Decree-Law No. 116/2010, of 22 October, established that family benefit for children and young people will no longer be granted to recipients belonging to the 4th and 5th income brackets, and will only be granted to children and young persons belonging to households whose reference earnings are not higher than 1.5 the social support index (IAS).

(xxii) Regulation No. 511/2009, of 14 May, which updated the amounts of family benefits and those benefits intended to protect children and young persons with disabilities or in situation of dependency.

(xxiii) Regulation No. 1113/2010, of 28 October, fixed the new amounts of child benefit for children and young persons, prenatal family benefit and respective increases as regards the second.

(xxiv) The Decree Law 133/2012 made it possible to reassess income grades after the “annual proof” (during the month of August) when there has been a change in either revenues or family household determining the scale to access child benefits. Indeed, ensuring that whenever there is a change in revenues of the family household determining a change of reference income which, in turn, change the position in the income grade, one can reassess the grade according to new incomes, avoiding loss of entitlement in the case of reduction or loss of income. The terms and procedures of the reassessment were defined by Regulation no.344/2012 which establishes that the reassessment period cannot be produced before 90 days after the “annual proof” or the date of the previous declaration of change of income or of family household.

(xxv) Law No. 51/2012, 5 September, approved “Estatuto do Aluno e Ética Escolar” – Students’ Status and School Ethics – which establishes the rights and duties of children and youths attending elementary and secondary education, as well as the commitment of parents and other members of the school community to the education process of pupils.

(xxvi) Order nr 6378/13, of 11 May, which creates in the framework of the Ministry of Health, a model of integrated interventions on interpersonal violence throughout the life cycle.

(xxvii) Article 160 of the Penal Code was recently amended by law 60/2013, of 23 of August. The new wording explicitly includes begging, slavery and the exploitation of other criminal activities among the purposes of trafficking in human beings.

*(b) New institutions (and their mandates) or institutional reforms*

103. Nothing new to report regarding the period after submission of the 3rd and 4th periodic reports.

*(c) Recently introduced policies, programmes and action plans and their scope and financing*

104. The following programmes and plans have been introduced after the submission of the 3rd and 4th periodic reports:

(a) Redefinition and increment of crime’s penalties concerning the sexual self determination of children; any type of sexual abuse already implies a protection measure and is mandatory of a crime process, once the majority of these abuse types is legally defined as a public crime;

(b) Requirement of the criminal registration presentation for all professionals who have any contact with children and youngsters;

(c) Policies, legal initiatives and specific actions concerning the victims of DV;

(d) Increment of crime’s penalties for Child Abuse Crimes where it was included the Corporal Punishment crime;

(e) Specific measures to integrate the Protection System, the Educational Guardianship System and the Civil Guardianship Intervention; the educational guardianship interventions belong exclusively to Family and Children Courts and are applied when there are facts qualified as crimes but committed by youngsters in the 12-16years age group; those interventions goal, through educational guardianship measures, is the youngsters education for the law, human rights and citizenship and also to promote their social inclusion;

- (f) PES – Social Emergency Plan;
- (g) PERA – Schooling Plan for Food Supply in Schools (joint initiative Ministry of Solidarity, Employment and Social Security and Ministry of Education);
- (h) Child Agenda: in May 2012 the Government established a working group aiming at assessing proceedings and legal issues that converge in defining and defending the best interests of the child (Despacho n°6306/2012 de 14 de maio);
- (i) The Resolution 37/2013, of the Council of Ministers, opened the debate on the revision of children and youngsters protection system and the adoption regime;
- (j) In the area of health, Ministerial Order of June 2011 created the Hospital Referral Network of Psychiatric for Children and Adolescents and in June 2013 the National Health Program for Children and Youth were adopted;
- (k) In the area of internal affairs, the II National Plan Against the Trafficking of Human Beings, the IV National Plan Against Domestic Violence and IV National Plan for Equality were adopted.

105. Furthermore, the 13th ordinary meeting of the Ministers of Justice of the Portuguese Speaking Countries Community (CPLP), that took place in Lisbon, from 29 to 30 may 2013, was subordinated to the subject “International child protection in CPLP area” covering both civil and criminal aspects. In the coming months, the Portuguese Presidency will implement all the activities approved by the Ministers within that subject and that will involve the 8 Portuguese Speaking Countries in the World.

*(d) Recent ratifications of human rights instruments*

106. Portugal has recently ratified the following UN human rights instruments:

- (i) Optional Protocol to the Convention on the Rights of the Child on a communications procedure (ratified on 24 September 2013);
- (ii) Optional Protocol to the International Covenant on Economic, Social and Cultural Rights (ratified on 28 January 2013);
- (iii) Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) – ratified on 15 January 2013). The Portuguese Ombudsman/NHRI was appointed the National Preventive Mechanism by the Portuguese Council of Ministers on 20 May 2013.

107. Portugal has also recently ratified the following human rights instruments from the Council of Europe:

- (i) Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (ratified 23 August 2012);
- (ii) Council of Europe Convention on preventing and combating violence against women and domestic violence (ratified 5 February 2013).

108. Portugal has also recently ratified the following UN international humanitarian law instruments:

- (i) Convention on the Reduction of Statelessness (acceded 1 October 2012);
- (ii) Convention relating to the Status of Stateless Persons (acceded 1 October 2012).

109. Furthermore, the internal ratification process is ongoing for the following instruments:

- (i) UN International Convention for the Protection of All Persons from Enforced Disappearance (currently being discussed in Parliament);
- (ii) European Convention on the Exercise of Children's Rights, currently in Parliament;
- (iii) Protocol 12 to the Convention for the Protection of Human Rights and Fundamental Freedoms;
- (iv) Protocol 15 amending the Convention for the Protection of Human Rights and Fundamental Freedoms (signed 24 June 2013).

### Part III

#### Data, statistics and other information, if available

**Question 1. Please provide, if available, updated statistical data (disaggregated by age, sex, ethnic origin, geographic location and socioeconomic status) for the period 2010, 2011 and 2012 on<sup>2</sup>:**

(a) *The national budget and on the proportion of the budget allocated to the implementation of the rights of the child at the national, regional and local levels*

110. Portugal does not collect information on budgetary allocations for the implementation of child rights.

(b) *Reported cases of child abductions, the number of children recovered and the number of conviction of perpetrators for child abductions*

111. Please see annex 2 for the existing statistics on the above-mentioned cases.

(c) *Reported cases of abuse and violence against children, including all forms of corporal punishment and domestic violence, with additional information on the type of assistance given to child victims and the follow-up provided, including prosecution of the perpetrators and the sentences handed down in the State party*

112. Please see annex 2 for the existing statistics on the above-mentioned cases.

#### **Number and percentage of child abuse cases by subcategories of the broader category: Exposure to behaviors which may compromise the well-being and development of a child**

<i>Exposure to behaviors which may compromise the well being and development of a child</i>	<i>%</i>	<i>Nº</i>
Alcohol drinking	2.7%	128
Addiction	3.7%	176

<sup>2</sup> On the basis of the fundamental rights protection under the Portuguese Constitution, no statistics can be drawn up on the basis of ethnicity. (Article 13 nº2, Principle of equality, Constitution of the Portuguese Republic – seventh Revision [2005].

<i>Exposure to behaviors which may compromise the well being and development of a child</i>	<i>%</i>	<i>N°</i>
Domestic Violence	93.7%	4,506
<b>Total</b>		<b>4,810</b>

Source: 2012 Annual Activity CPCJ Report.

**Percentage of child physical abuse in the CPCJ by its subcategories**

<i>Child Physical Abuse in the CPCJ</i>	<i>%</i>
Child Physical abuse in the context of DV	49%
Child Physical abuse as corporal offense accounting	27%
Child Physical abuse for corporal punishment with 24%.	24%

Source: 2012 Annual Activity CPCJ Report

**Number and percentage of children by subcategories of sexual abuse**

<i>Subcategories of Sexual Abuse</i>	<i>187</i>	<i>N°</i>
Sexual grooming	35,3%	66
Sexual language or exhibition of genitals to the child	33,2%	62
Child Pornography	4,8%	9
Child Prostitution	6,4%	12
Sexual Abuse with intercourse	21,9%	41

Source: 2012 Annual Activity CPCJ Report.

**Child sexual abuse by age groups and sex**

	<i>Feminine</i>	<i>Masculine</i>	<i>Total</i>
0 to 5 years	120	48	<b>168</b>
6 to 10 years	118	71	<b>189</b>
11 to 14 years	158	53	<b>211</b>
>15 years	106	27	<b>133</b>

Source: 2012 Annual Activity CPCJ Report.

(d) *The number and types of cases of child abuse and neglect, including sexual abuse, reported to government authorities and by whom (e.g., family members, teachers, doctors, nurses), the types of interventions required, the disposition of the cases, including court decisions or other types of follow-up, and assistance provided, including counseling*

113. Please see annexes 2 and 3 for the existing statistics on the above-mentioned cases.

**CPCJ Child Abuse Referrals by type of abuse**

<i>Exposure to dangerous behaviors</i>	<i>Neglect education at risk</i>	<i>Right to education</i>	<i>Child/youngster assumes dangerous behaviors</i>	<i>Physical abuse</i>	<i>Other danger situations</i>

	<i>Exposure to dangerous behaviors</i>	<i>Neglect education at risk</i>	<i>Right to education</i>	<i>Child/youngster assumes dangerous behaviors</i>	<i>Physical abuse</i>	<i>Other danger situations</i>
2010	18,7	34,6	14,1	1,8	7,4	
2011	20,8	27,7	15,4	7,3	6,1	7,2
2012	27,1	25,1	15,9	10,9	6,1	5,7

Source: 2012 Annual Activity CPCJ Report.

### Child abuse and neglect referrals to the CPCJ by type of source information

<i>Type of Service/Institution</i>	<i>N°</i>	<i>%</i>
Schools	8,577	24.1
Police	7,086	19.9
Parents/Father/Mother	3,168	8.9
Commissions for the Protection of Children and Youngsters	2,579	7.3
Anonymous	2,486	7.0
Health services	2,366	6.7
Public Prosecutor	1,971	5.5
Neighbours and Others	1,362	3.8
Relatives	1,104	3.1
Welfare services	912	2.6
Court	845	2.4
NGO	811	2.3
Projects	741	2.1
National Emergency Line	552	1.6
Municipality	478	1.3
Child Placement Institution	137	0.4
Health Child and Youngsters at Risk teams	134	0.4
The Child or Youngster	124	0.3
EMAT- Multidisciplinary Court Support Teams	52	0.1
DGRS- General Board for Social Inclusion	35	0.1
	35,520	100.0

Source: 2012 Annual Activity CPCJ Report.

### CPCJ child abuse reports by parents element type

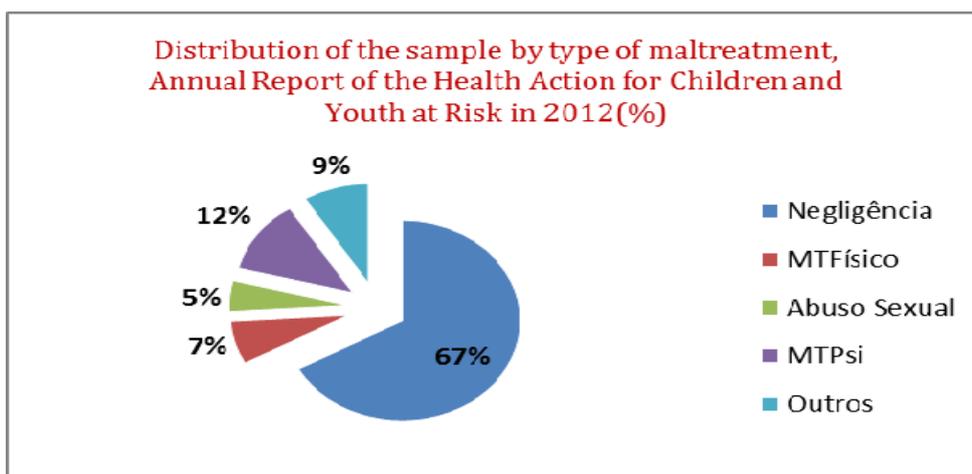
<i>Child Abuse Reports by Parents</i>	<i>%</i>
Mother	56%
Father	40%
Both	4%

Source: 2012 Annual CPCJ Activity Report.

**Danger situations for children and youngsters with protection processes that remained in the CPCJ from 2011 to 2012**

<i>Danger Situations</i>	<i>2011/2012</i>
Neglect	11,675
Exposed to dangerous behaviours	6,715
Right to education in danger	4,756
Psychological abuse	2,476
Physical Abuse	2,309
Child/Youngsters with behaviour that affects his well being and development	2,277
Other danger situations	1,633
Act qualified as a crime	710
Sexual Abuse	707
Abandoned/Unaccompanied child	690
Begging	105
Child Labour Exploitation	31
	<b>34,084</b>

Source: 2012 Annual Activity CPCJ Report.



114. According to the Ombudsman, it is difficult to provide a completely accurate account of all the cases dealt with by the Portuguese Ombudsman which in some way relate to the situation of children and their rights. This is due to the fact that some situations considered by the Ombudsman may not exclusively relate to children but also include other issues, as well as to the fact that, as mentioned above, complaints regarding the situation of children are not exclusively dealt with by the Children’s Hotline, but may also be handled in the context of formal cases attributed to other departments.

115. It can also be stated that in 2010 the Children’s Hotline received a total of 856 calls, in 2011 received 740 and in 2012 received 682 calls.

116. There are no data available disaggregated by age, sex, ethnic origin, geographic location and socioeconomic status.

117. However, in the table below we provide a complete break-down of the issues submitted to the Portuguese Ombudsman via the Children’s Hotline:

<i>Issues</i>	<i>Nr. of calls</i>		
	<i>2010</i>	<i>2011</i>	<i>2012</i>
Exercise of parental responsibilities	194	236	210
Abuse (physical and psychological)	110	79	78
Negligence	84	79	44
Activity of other entities with competence in childhood matters	8	11	38
Education and school issues	31	22	37
Commissions for the Protection and Children and Young People	43	38	30
Economic need	31	30	29
Risk behaviour	36	27	16
Abandonment	5	7	15
Judicial protection	37	24	14
Sexual abuse	24	14	13
Psychological guidance	21	21	13
Exposure to deviant behaviour	19	20	13
Visits to grandparents	6	10	12
Protection measures	37	24	12
Placement institutions	19	7	11
Information about the Portuguese Ombudsman	69	32	10
Exposure to domestic violence	25	24	10
Health care	18	3	8
Social responses and equipment	11	6	7
Activity of Social Security services	6	7	5
Registries	5	7	3
Bullying	6	4	2
Child labour	0	2	1
Civil educational measures	7	1	1

**Question 2. Please provide data on the budgetary cuts undertaken as part of the austerity measures, in particular in the areas of health, education and social welfare that affect children.**

118. Portugal does not collect information on this matter, however there is some information that we can give regarding the budgetary cuts Portugal was forced to make over the past years, given the financial and economic crisis. In fact, the Portuguese economy has been hit harshly by the international economic and financial crisis, with the economic activity being affected since 2008. After an initial moment of strong national public investment to face this crisis, a set of austerity measures was put in place in 2010 and, in May 2011, Portugal has been granted financial assistance of 78 billion Euros over three years negotiated with the EU and the IMF. In exchange, the country has committed to implement important structural reforms to revive its economy and rapidly consolidate its public finances. The austerity program included higher taxes and reducing number of benefits, leading also to a contraction of family income and rising unemployment.

119. According to the update of the Memorandum of Understanding on Specific Economic Policy Conditionality (MoU), carried out in August 2011, here are the main social challenges presented by the domain:

(i) Health care system: improve efficiency and effectiveness in the health care system, inducing a more rational use of services and control of expenditures; generate additional savings in the area of pharmaceuticals to reduce the public spending; generate additional savings in hospital operating costs and devise a strategy to eliminate arrears;

(ii) Education and training: continue action to tackle low education attainment and early school leaving and to improve the quality of secondary education and vocational education and training, with a view to increase efficiency in the education sector, raise the quality of human capital and facilitate labour market matching;

(iii) Labour market/Social Welfare: revise the unemployment insurance system to reduce the risk of long-term unemployment while strengthening social safety nets; reform employment protection legislation to tackle labour market segmentation, foster job creation, and ease the transition of workers across occupations, firms, and sectors; ease working time arrangements to contain employment fluctuations over the cycle, better accommodate differences in work patterns across sectors and firms, and enhance firms' competitiveness; promote labour cost developments consistent with job creation and enhanced competitiveness; ensure good practices and appropriate resources to Active Labour Market Policies to improve the employability of the young and disadvantaged categories and ease labour market mismatches.

120. The concrete measures to address these challenges have been put in place since then, with the Minister of Solidarity and Social Security presenting a Social Emergency Programme, in August 2011, a four-year plan to reduce the social impact of austerity on most vulnerable groups, acting in five areas: families, elderly, people with disabilities, volunteering and social institutions. Regarding children in particular, a 10 per cent increase in unemployment benefits for unemployed couples or single parent with children was put in place.

121. Nevertheless, the context of austerity has made urgent the need to increment the effectiveness and efficiency of social policies. In this demanding context, most of the actions/measures taken since 2010 concerning income support and protection in unemployment, have known changes which aim at a higher effectiveness and efficiency in provision.

122. Regarding Children's situation, spending on child benefits<sup>3</sup> has been decreasing, in particular from 2010 to 2011 as a result of a set of restraining measures adopted in 2010, accordingly to the Stability and Growth Pact 2010-13. In September 2010 it was decided to eliminate the extraordinary increase of 25 per cent of the child allowance in the 1st and 2nd brackets (set during in the beginning of the crisis, in July 2008) and to eliminate the higher (4th and 5th) brackets of this social benefit.

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<sup>3</sup> Child benefits are granted in respect of children and youngsters residing in Portugal who are part of a household with a reference income not exceeding a determined value and with movable assets whose value is also below a fixed ceiling, who are not professionally active and who meet the eligibility conditions. It is increasing for single parent and larger families.

### Evolution of beneficiaries of child benefits, 2005-2012

	2005	2006	2007	2008	2009	2010	2011	2012
Male	890.445	884.708	901.924	910.376	938.677	932.166	708.223	653.909
Female	887.057	878.734	891.630	895.645	920.467	911.941	691.141	638.136
<b>Total</b>	<b>1.777.502</b>	<b>1.763.442</b>	<b>1.793.554</b>	<b>1.806.021</b>	<b>1.859.144</b>	<b>1.844.107</b>	<b>1.399.364</b>	<b>1.292.045</b>
annual variation (%)		-0,8	1,7	0,7	2,9	-0,8	-24,1	-7,7

Source: Social Security Institute

123. However, earlier that year, the Decree-Law No. 70/2010 (16 June 2010) was published envisaging to redefine the non-contributory benefits entitlement conditions, by ensuring their harmonization and promoting a more careful implementation. The main changes were made primarily in three areas: 1) the concept of family household was redefined and harmonized; 2) the introduction of greater effectiveness in the determination of total income and benefits in kind (like, for example, housing supports), as well as financial and property income; 3) definition of a new scale of equivalence.

124. The social security system benefits covered by this harmonization and simplification effort were the Social Integration Income (national minimum income scheme), the unemployment social benefit, parental social benefits, family benefits and other public social supports, provided that they are subject to means-testing.

125. As a result of both changes, child benefits decreased over the last two years in analysis around 30 per cent, less 552 thousand children covered by this benefit (see table X).

126. Another means tested benefit, the Social Integration Income, beyond this, has undergone other changes (Decree-Law no 133/2012 and Decree-Law 13/2013), along with other benefits, in particular those from the non contributory system, in the way to stricter the conditions for eligibility and by that to comply the ceilings established for social expenditure on the Stability and Growth Pact of 2010.

### Evolution of families and beneficiaries of Social Integration Benefit 2005-2012

	2005	2006	2007	2008	2009	2010	2011	2012
<b>Families</b>	<b>71.621</b>	<b>123.539</b>	<b>139.112</b>	<b>160.542</b>	<b>192.249</b>	<b>206.700</b>	<b>173.028</b>	<b>160.358</b>
annual variation (%)		72,5	12,6	15,4	19,7	7,5	-16,3	-7,3
Average value paid by family (€) Dec. each year	198,7	216,5	222,3	231,0	239,6	228,1	242,0	214,7
<b>Beneficiaries</b>	<b>198.142</b>	<b>332.254</b>	<b>369.855</b>	<b>418.363</b>	<b>487.059</b>	<b>527.627</b>	<b>448.670</b>	<b>420.665</b>
annual variation (%)		67,7	11,3	13,1	16,4	8,3	-15,0	-6,2
<b>Children (&lt;18yrs)</b>	<b>78.523</b>	<b>127.665</b>	<b>140.057</b>	<b>156.201</b>	<b>177.054</b>	<b>187.570</b>	<b>161.259</b>	<b>149.921</b>
annual variation (%)		62,6	9,7	11,5	13,4	5,9	-14,0	-7,0
Children <18 yrs (% of total)	39,6	38,4	37,9	37,3	36,4	35,5	35,9	35,6
Adults 18-64yrs (% of total)	53,3	55,0	56,0	57,6	60,0	61,6	62,0	62,9
Elderly >64yrs (% of total)	7,1	6,6	6,1	5,1	3,6	2,8	2,1	1,5

Source: Social Security Institute

Note: the scheme changed from Guaranteed Minimum Income to SIB between 2004 and 2006.

127. As a result, since 2010, over 46 thousand families have lost this benefit, corresponding to 107 thousand people, from which 35.2 per cent were children (<18yrs).

**Question 3. Please provide concrete statistical data on the effects of the financial crisis on poverty and budget cuts affecting the protection of children.**

128. The Portuguese economy has been hit harshly by the international economic and financial crisis, with the economic activity being affected since 2008. Since then, the living conditions and employment situation of households are deteriorating, in particular since 2010. Although up till now the worst effects of the crisis have been somehow mitigated by national social security system, which intends to protect the most vulnerable and at the same time acts as an automatic stabilizer, negative effects are expected.

129. Regarding statistical data, according to National Statistics, the at-risk-of-poverty gap increased from 23.6 per cent in 2009 to 24.7 per cent in 2012 (income reference years of 2008 and 2011, respectively) and the at-risk-of-poverty rate is the same in these reference years: 17.9 per cent. However, this stable picture over the last years given by the steady share of people at-risk-of-poverty is due to a large extent to the decrease in the median household income<sup>4</sup>, rather than the stabilization in the income and living conditions.

130. National Statistics have published recently<sup>5</sup> the at-risk-of-poverty rate anchored at a fixed moment in time, by age group, choosing 2009 as the baseline. As a conclusion, the at-risk-of-poverty rate increased, between 2009 to 2011 (income reference years), from 17.9 per cent to 21.3 per cent, being particularly exposed children (<18yrs) – whose anchored risk of poverty increased from 22.4 per cent in 2009, to 23.9 per cent in 2010 and to 26.1 per cent in 2011 –, and adults in active age (18-64yrs), increasing from 15.7 per cent in 2009, to 17.7 per cent in 2010 and to 20.3 per cent in 2011.

131. Please also see annex 4.

**Question 4. Please provide data (disaggregated by age, sex, socioeconomic background, ethnic origin and geographical location) regarding the situation of children deprived of a family environment and separated from their parents, for the last three years, on the number of children:**

(a) *Separated from their parents*

**Children separated from their parents in Portugal are placed in institutions, foster families or adopted, according to the National Child Protection Law**

<i>District</i>	<i>Placed in Institutions 2012</i>	<i>Placed in Institutions 2011</i>	<i>Placed in Institutions 2010</i>
Aveiro	434	469	482
Beja	108	101	112
Braga	633	680	754
Bragança	234	249	249
Coimbra	516	514	510
Castelo Branco	162	212	171
Évora	148	162	151
Faro	409	421	450
Guarda	171	198	203
Leiria	191	201	190

<sup>4</sup> Fell 4,1% over the last two years available.

<sup>5</sup> INE. Rendimento e Condições de Vida 2012. Destaque, 15

<i>District</i>	<i>Placed in Institutions 2012</i>	<i>Placed in Institutions 2011</i>	<i>Placed in Institutions 2010</i>
Lisboa	1,045 + 365* + 207	1,021+ 371* + 199	1,215 + 247* + 193
Portalegre	95	108	137
Porto	1655	1805	1708
Santarém	369	384	369
Setúbal	495	472	486
Viana do Castelo	224	208	227
Vila Real	189	221	233
Viseu	200	219	223
Açores	329	344	394
Madeira	378	379	419
Sta. Casa da Misericórdia de Lisboa	365*	371*	247*
Casa Pia de Lisboa	207	199	193
<b>Total</b>	<b>8,557</b>	<b>8,938</b>	<b>9,123</b>

Data provided by the annual report on Institutionalized Children, ISS, IP (C.A.S.A. 2010, 2011 and 2012).

(b) *Living in child-headed households*

132. Not applicable in Portugal

(c) *Placed in institutions*

#### **Number of children placed in institutions, 2010-2012**

<i>Year</i>	<i>Age</i>							<i>Total<sup>a</sup></i>
	<i>0-3 years</i>	<i>4-5 years</i>	<i>6-9 years</i>	<i>10-11 years</i>	<i>12-14 years</i>	<i>15-17 years</i>	<i>18-20 years</i>	
2010	838	422	1090	890	2055	2459	829	<b>8583</b>
2011	811	392	998	820	1955	2572	905	<b>8453</b>
2012	781	390	897	714	1856	2633	867	<b>8138</b>

<i>Year</i>	<i>Gender</i>		<i>Total</i>
	<i>Masc.</i>	<i>Fem.</i>	
2010	4271	4312	<b>8583</b>
2011	4486	3967	<b>8453</b>
2012	4319	3816	<b>8138</b>

(Data on socioeconomic background and ethnic origin unavailable)

In Institute of Social Security, Annual Report on the situation of Institutionalized children and young people.

*(d) Placed with foster families***Number of children placed with foster families, 2010-2012**

<i>Year</i>	<i>Age</i>							<i>Total<sup>a</sup></i>
	<i>0-3 years</i>	<i>4-5 years</i>	<i>6-9 years</i>	<i>10-11 years</i>	<i>12-14 years</i>	<i>15-17 years</i>	<i>18-20 years</i>	
2010	20	19	95	63	128	147	81	<b>553</b>
2011	6	19	79	63	115	131	72	<b>485</b>
2012	9	13	57	60	92	111	77	<b>419</b>

<i>Year</i>	<i>Gender</i>		<i>Total</i>
	<i>Masc.</i>	<i>Fem.</i>	
2010	315	238	<b>553</b>
2011	276	209	<b>485</b>
2012	252	167	<b>419</b>

(Data on socioeconomic background data ethnic origin unavailable)

In Institute of Social Security, Annual Report on the situation of Adoption.

*(e) Adopted domestically or through intercountry adoptions***Number of children adopted domestically, 2010-2012**

<i>Year</i>	<i>Age</i>				<i>Total<sup>a</sup></i>
	<i>0-3 years</i>	<i>4-6 years</i>	<i>7-9 years</i>	<i>10-15 years</i>	
2010	na	na	na	na	<b>384</b>
2011	na	na	na	na	<b>432</b>
2012	225	112	48	23	<b>408</b>

<i>Year</i>	<i>Gender</i>	
	<i>Masc.</i>	<i>Fem.</i>
2010	na	na
2011	na	na
2012	217	191

(Data on socioeconomic background data ethnic origin unavailable)

In Institute of Social Security, Annual Report on the situation of Adoption.

**Number of intercountry adoptions, 2010-2012**

<i>Year</i>	<i>Age</i>				<i>Total</i>
	<i>0-3 years</i>	<i>4-6 years</i>	<i>7-9 years</i>	<i>10-15 years</i>	
2010	na	na	na	na	<b>4</b>
2011	na	na	na	na	<b>14</b>
2012	2	5	10	4	<b>21</b>

Year	0-3 years	4-6 years	7-9 years	10-15 years	Total	
	<i>Gender</i>					
					<i>Masc.</i>	<i>Fem.</i>
2010					na	na
2011					na	na
2012					11	10

(Data on socioeconomic background data ethnic origin not available)

In Institute of Social Security, Annual Report on the situation of placed children and young people.

**Question 5. Please specify the number of children with disabilities disaggregated by age, sex, types of disabilities, ethnic origin and geographical location, for the last three years, regarding children:**

*(a) Living with their families*

133. Among the population aged 5-17 years the proportion of persons who had at least a difficulty was 4.8 per cent and the males experienced a higher proportion ( 5.1 per cent) than females (4.3 per cent), according Portuguese Census 2011. Based on the same source the majority of persons who had at least a difficulty is living in Private households (98 per cent) and is attending school.

134. For additional data, please also refer to annex 5

*(b) In institutions*

**Number of children with disabilities in institutions, 2010-2012**

Year	<i>Type of disability</i>	
	<i>Physical</i>	<i>Mental</i>
2010	331	759
2011	299	655
2012	256	627

(Data on socioeconomic background data ethnic origin unavailable)

(c), (d) and (e) *Attending regular primary schools; secondary education and special schools*

		Número de alunos com NEE											
		2010/2011						2012/2013					
		Total	Norte	Centro	Lisboa	Alentejo	Algarve	Total	Norte	Centro	Lisboa	Alentejo	Algarve
Primary education	1º e 2º Círculo Total	28175	8153	7168	8971	2827	1056	34961	9730	9085	10925	3597	1624
	Escolas regulares	26917	7903	6976	8299	2719	1020	34069	9604	8969	10342	3540	1614
	Escolas Especiais	1258	250	192	672	108	36	892	126	116	583	57	10
Lower education	3º ciclo Total	13061	4124	3812	3436	1209	480	18603	5494	5534	5018	1725	832
	Escolas regulares	12953	4124	3786	3360	1203	480	18403	5473	5500	4880	1718	832
	Escolas Especiais	108	0	26	76	6	0	200	21	34	138	7	0
Upper education	Ensino Secundário Total	3009	836	880	955	245	93	5531	1466	1705	1633	418	309
	Escolas regulares	2997	836	870	955	243	93	5332	1429	1665	1538	395	305
	Escolas Especiais	12	0	10	0	2	0	199	37	40	95	23	4

Fonte: DGEEC/MEC. Dados provisórios

135. Please see also annex 7.

(f) *Out of school*

136. According to the Ministry of Education, this paragraph does not apply to Portugal, since compulsory education is universal. Furthermore the Ministry of Education does not possess data for the year 2012 because there was no statistical survey in the area of special education. We also do not possess disaggregated by age and sex.

137. Bearing these caveats in mind, we can still provide the following information:

**Students undergoing Individual Educational Plans (*Programa Educativo Individual - PEI*) in mainstream schools and special education schools**

	2011 <sup>(a)</sup>	2013 <sup>(b)</sup>
Total number of students with PEI	44.883	48.575
In mainstream schools (n)	41.181	46.974
In special education schools (n)	3.702	1.601

<sup>(a)</sup> Source: MISI (Gabinete Coordenador do Sistema de Informação do Ministério da Educação – Coordinating Office of the Ministry of Education’s Information System).

<sup>(b)</sup> Source: DGE (*Direção Geral da Educação – Directorate-General for Education*).

**Number of Students in Special Education in mainstream schools by level of education**

<i>Year</i>	<sup>(c)</sup> <i>1st CEB</i>	<i>2nd CEB</i>	<i>3rd CEB</i>	<i>Secondary</i>	<i>Total</i>
2011 <sup>(a)</sup>	15,557	10,852	11,981	2,791	<b>41,181</b>
2013 <sup>(b)</sup>	15,554	11,799	15,177	4,444	<b>46,974</b>

<sup>(a)</sup> *Source: MISI.*

<sup>(b)</sup> *Source: DGE.*

<sup>(c)</sup> 1<sup>st</sup> CEB – 1.º Ciclo de Ed. Básica (4 years of schooling 6-10 year-olds)  
 2<sup>nd</sup> CEB – 2.º Ciclo de Ed. Básica (2 years of schooling 10-12 year-olds)  
 3<sup>rd</sup> CEB – 3.º Ciclo de Ed. Básica (3 years of schooling 12-15 year olds), corresponding to lower secondary education.

**Number of Students in Special Education in mainstream schools by type of disability**

	2011 <sup>(a)</sup>	2013 <sup>(b)</sup>
Students with Multiple Disabilities and Congenital Deaf-blindness (n)	1,642	1,287
Students with Autism (n)	1,220	1,357
Deaf Students (n)	631	556
Blind or Low Vision Students (n)	329	258
Students with cognitive or motor deficit (n)	37,359	43,516

<sup>(a)</sup> *Source: MISI.*

<sup>(b)</sup> *Source: DGE.*

**Question 6. Please provide data on social protection measures, disaggregated by age, sex, socioeconomic background and ethnic group, and urban/rural areas), for the last three years, on:**

<sup>(a)</sup> *The number of children involved in child labour*

**Evolution of the number of minors in situations of child labour (1999-2012)**

<i>Year</i>	<i>Visits</i>	<i>Minors Detected</i>
1999	4,736	233
2000	5,620	126
2001	7,100	91
2002	11,043	42
2003	6,957	18
2004	11,755	16
2005	12,142	8
2006	3,811	13
2007	3,722	5
2008	1,203	6
2009	1,089	6
2010	804	6

<i>Year</i>	<i>Visits</i>	<i>Minors Detected</i>
2011	107	2
2012	77	1

Authority for the Work Conditions.

(b) *The number of children working as domestic workers*

138. No information available.

(c) *The number of children involved in hazardous work*

139. No information available.

**Question 7. Please provide information on the number of cases of child trafficking reported, the number of perpetrators arrested and prosecuted, the types of sentences handed down by the courts, and on assistance to victims, including shelters, witness protection, access to medical care, especially in cases of sexual violence, and mental health counselling**

140. For statistics please see the reply given to question 9 above. See annex 2.

141. Since 2010 some cases involving possible situations of child trafficking have been investigated, but so far there were no convictions. The more significant case involved Roma from the Balcan region, suspected, among other crimes, of possible child trafficking. In that context 30 minors were identified. Other cases are still being investigated involving possible situations of child trafficking, of African origin.

142. There are also situations of “miracle babies” (that involves the “purchase” of a newborn by an infertile couple), being investigated.

**Question 8. In addition, the State party may list areas affecting children that it considers to be of priority with regard to the implementation of the Convention**

143. In the area of health, the activities aimed at children and young people have focused on the need of preventive risk of developing mental illness. In the case of children, including through the screening identified as early as possible, i.e. pregnancy, postpartum and baby’s health, in a joint work with the network of primary health care and equipment in a work with the Network of Care primary health and equipment related to education and social protection. In the case of young people, runs an investment in suicide prevention and consumption of addictive substances legal / illegal, in conjunction with the services of the Intervention Service in Addictive Behaviors and Dependencies.

144. Regarding suicide prevention in schools (secondary and 3rd cycle), it must be highlighted the extension of coverage of the project developed and evaluated in the last two years in the metropolitan area of Coimbra (central region) - + contigo (“+ you”) to the five Health Regional Administrations, with the financial support from the National Program for Mental Health.

145. Based on his overall activity regarding children and their rights, the Ombudsman would like to draw the attention (...) to the following issues in particular:

**Family disputes and court delays**

146. Looking at data from the past few years, it becomes apparent that some of the main issues reported to the Portuguese Ombudsman as affecting the situation of children in Portugal relate to the family context.

147. The contacts received via the Children's Hotline and through other means reveal a prevalence of cases concerned with the exercise of parental responsibilities and with disputes over their regulation. In connection to this, there are also (less frequent) contacts regarding visits to the grandparents.

148. Disputes concerning these issues are made worse by the difficulties of the courts to achieve timely solutions. In July 2012, the Ombudsman drew the attention of the Ministers of Justice and Solidarity and Social Security to the serious delays encountered in the drafting of social reports requested to Social Security services by the Family and Children Courts. These delays are especially serious because the proceedings involve the situation of children. While the Minister of Justice indicated that a working group would be created to address the matter, no further updates are known as regards the meetings of such group. Delays and difficulties in the operation of the Child Maintenance Guarantee Fund have also been the subject of complaints investigated by the Portuguese Ombudsman.

#### **Abuse and negligence**

149. A considerable number of calls is still received regarding problems of abuse, both physical and psychological, and of negligence. In 2012 these issues were, respectively, the second and third most often submitted to the Hotline.

150. There is also a smaller number of calls concerning cases of abandonment, sexual abuse and exposure to domestic violence.

#### **Impact of the economic and financial crisis**

151. The economic and financial crisis faced by Portugal has no doubt impacted the fundamental rights of citizens, specially the most vulnerable ones, and children are no exception.

152. In recent years, the number of cases dealt with by the Portuguese Ombudsman has been increasing and cases about social rights and workers' rights have been the most frequent ones. In 2012, for example, social security issues accounted for 24 per cent of the 7027 cases opened, ranking as the most addressed issue in the cases opened by the Ombudsman. Public employment relations followed as the second most-addressed issue, amounting to 11 per cent of the total of cases.

153. We also find cases of economic need among the issues specifically addressed to the Children's Hotline.

154. Finally, it bears noting that in a report published after his visit to Portugal on 7-9 May 2012, which included a visit to the Portuguese Ombudsman, the Council of Europe Commissioner for Human Rights stated, inter alia, his concerns about the impact of austerity measures on children's rights [see CommDH(2012)22].

#### **The special education subsidy**

155. An issue that has concerned the Portuguese Ombudsman over the years has been the legislation on the special education subsidy – a monthly allowance to compensate the expenses regarding children and young people under 24 years of age, with disability resulting in the application of specific measures of support that imply either the paid attendance to a special education school or the paid provision of specific education support by a specialized entity not pertaining to the school. The subsidy is based on the income and expenses of the family.

156. The Ombudsman has received complaints since 2003 with regard to delays in the assessment of requests, insufficient justification of refusals to grant the allowance, errors in

handling requests and delays in proceeding to payments. The problems seem to focus only on the north part of the country, in Viana do Castelo, Braga and Porto.

157. The Ombudsman has on different occasions stressed the need for urgent revision of this legislation, so as to clarify the aspects that have been rendering the process of granting the allowance more difficult and less transparent.

158. The authorities have expressed their willingness to tackle these issues and have indicated that a working group has already been created to deal with the matter. The Portuguese Ombudsman is waiting for new developments.

#### **Regulating the activity of self-employed nannies**

159. The Portuguese Ombudsman has also been monitoring with concern the delay in adopting legislative measures to regulate the activity of self-employed nannies, a suggestion that he reiterated to the Secretary of State for Social Security in June 2010.

160. This suggestion was first made in October 2007, pursuant to complaints received against the fact that self-employed nannies were not subject to any form of control, and sometimes did not ensure the necessary physical and emotional safety conditions to the children under their care.

161. In his reply, the Secretary of State agreed with the need for such legislation. However, after several communications from the Portuguese Ombudsman, the Secretary of State subsequently informed that the legislation had to be articulated with the process of reviewing the Social Security contribution regime. Given the delay in resolving the matter, and in light of the best interest of the child, the Ombudsman decided to reiterate his suggestion, noting the urgent nature of the subject.

162. The Portuguese Ombudsman has recently been informed that a legislative draft has been submitted to the consideration of the Minister of Solidarity and Social Security. New developments are now awaited.

#### **Children in detention centers for non-admitted foreigners**

163. In 2010 the Portuguese Ombudsman carried out an inspection to assess the conditions of temporary installation of migrants who do not meet the legal requirements to enter or remain in Portugal. The number of children in these centers remains low and there are even fewer cases of non-accompanied children.

164. As regards their situation, no cases of mistreatment or serious lack of conditions were identified. However, the Portuguese Ombudsman deemed it important to suggest that the procedure regarding non-accompanied children be improved, in particular by:

- Making it mandatory to communicate the case to the competent Commission for the Protection of Children and Young People, which in turn shall take the necessary measures to protect them;
- Considering the possibility of authorizing visits to the children by family members, even those in an irregular situation (without prejudice to the security measures that might be needed).

#### **Commissions for the protection of children and young people**

165. These Commissions are official non-judiciary institutions, which have functional autonomy and whose function is to promote the rights of children and young people and to prevent or halt situations that may affect their security, health, upbringing, education or full development. They may act on cases of children and young people in danger, provided that the parents, the legal representative or the de facto guardian consent to it: otherwise, the

case must be referred to the courts. Commissions are composed of members appointed by various public and private institutions (e.g. municipalities, social security).

166. Whether through the Children's Hotline or through other means, the activity of these Commissions motivates quite a few requests for intervention addressed to the Portuguese Ombudsman.

167. This can be seen, at least in part, as a reflection of two facts: the fact that they play a significant and widespread role in the framework of the Portuguese system for the protection of children and young people in danger; and the fact that their decisions do affect the legal situation of the children and young people that are subject to protection and promotion proceedings.

168. The Portuguese Ombudsman has had the opportunity to assess both the merits of their activity in concrete cases and the conditions in which these institutions operate (facilities, staff, regulations, etc). In this latter domain, we would recall that in an own-initiative case opened in 2012 concerning the two Commissions operating in Sintra the Portuguese Ombudsman noted some difficulties of a more general nature (i.e. relevant to all the Commissions in the country), which he sought to address by way of a recommendation concerning the need to consider:

(a) Reviewing the model used for the evaluation of the staff's performance, so that the institutions that appointed them take into account the work carried out in the Commission and so that the evaluation complies with previously set objectives, according to the principles of equality and of prevention of arbitrary decisions;

(b) Revising the applicable legislation so that staff members may remain in a Commission for more than 6 consecutive years, when this is justified by public interest, in view of the primacy of the child and taking into account what suits the prosecution of the Commission's function.

169. The Minister of Solidarity and Social Security has since accepted the Portuguese Ombudsman's recommendation and the concrete developments are now awaited.

#### **Placement institutions for children and young people**

170. The Portuguese Ombudsman has also carried out inspections to the placement institutions for children and young people in the Autonomous Regions of Azores (2008) and Madeira (2010). In each case, a final report was produced, containing an overall assessment of the situation and recommendations and suggestions to the competent public authorities. These reports have been made public and are available, in Portuguese, on the Portuguese Ombudsman's website.

171. Some recommendations and suggestions were specific, relating to concrete institutions. Others were of a more general nature. Among the latter was the suggestion addressed in 2010 to the Minister of Justice, to ponder the revision of the legal provision concerning the measure of placement of the child with a person selected for adoption or in an institution with a view to future adoption, so that the law establishes the possibility to review the measure after three years without the child having been adopted.