

NATIONAL STRATEGY FOR SOCIAL PROTECTION AND SOCIAL INCLUSION 2008/2010



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1.1 ASSESSMENT OF THE SOCIAL SITUATION

Between 2002 and 2005 the Portuguese economy recorded an accentuated deceleration of economic growth. In effect, the growth rate of Portugal's Gross Domestic Product (GDP) before the previous Strategic cycle (2006-2008) began was below 1% (0.4% in 2005). The economy recovered in 2006 (1.4%), a trajectory that has been maintained in 2007 with a GDP growth of 1.9%¹. However, the Portuguese economy was marked, in the second half of 2007, by a series of external shocks whose effects have tended to be prolonged, with negative repercussions on the factors that have sustained the recovery currently underway. On the other hand, this growth rate continues to be amongst the lowest in the context of the European Union (EU), lower than the European average, and continues to jeopardise the process of real convergence with the EU. Although the GDP growth in 2007 corresponds to the highest rate recorded in the past six years, from the point of view of the national social situation the impact of the deceleration of economic activities during the first half of the decade is still significant.

The budgetary imbalances that occurred in the middle of the decade have been corrected in a sustained manner by means of a process of budgetary consolidation. In effect, the results achieved in 2007 recorded a deficit in public accounts of 2.6% of the GDP and a public debt of 63.7% of the GDP, allowing the abrogation of procedures associated with excessive deficits in Portugal in 2008. This reinforcement of the sustainability of public finances was bolstered with the long-term contribution of the reforms implemented in the social security system, which have already enabled the reduction of risk in projected expenses with pensions. Likewise, significant progress was realised in the area of health, such as controlling the evolution of the operational costs of hospitals and the reinforcement of planning processes, management controls and financial controls for hospitals.

In the context of the labour market, the indicators available for 2008 show some positive signs, in the wake of the progress achieved in the final months of 2007. In the 2nd quarter of 2008², in much the same manner as during the 1st quarter, there was an increase in employment rates (+1.4%) as compared to the same quarter in 2007. In truth, there has been a continuous upward trend in terms of employment since 2006.

The rate of overall employment³ recorded in the 2nd quarter of 2008 (68.6%)⁴ showed a slight rise as compared to the corresponding quarter during the previous year, drawing closer to the goals established for 2010 by the Lisbon Summit for employment rates (70%). In the case of the employment rate for women (63.1%), there was likewise an increase as compared to the same period during the previous year (61.7%). As in the case of the category of older workers (55-64 years), the employment rate for women continues to show values above the European targets for 2010.

In the case of older workers, the employment rate recorded for 2007 (50.9%) even showed an increase as compared to previous years (50.5% in 2005 and 50.1% in 2006), more evident in the category of women (44% in 2007 as compared to 42.8% in 2006). This seems to be an increasingly clear trend, as a result of the changes introduced in the national system of social protection.

Confirming the favourable trend that began in the final quarter of 2007, the unemployed population once again decreased during the 2nd quarter of 2008. It diminished by about 6.9% as compared to the corresponding quar-

¹ INE, August 2008, National Quarterly Accounts - rapid estimate for the 2nd quarter of 2008: Annual GDP Variation Rate: 2005 (0.9%); 2006 (1.4%); 2007 (1.9%)

² INE, Employment Statistics - 2nd Quarter of 2008

³ (15-64 years)

⁴ INE, Employment Statistics - 2nd Quarter of 2008

ter in 2007 and during this period about 409,000 people were unemployed⁵. The unemployment rate was 7.3% during the 2nd quarter of 2008 (less 0.6pp as compared to the same period in 2007), while in the case of women the reduction was even more significant (-1 pp). The unemployment rate for women was 8.4% (6.3% for men). Although the beginning of 2008 indicated a slight improvement in the overall behaviour of the indicators associated with the employment market, weaknesses still persist in Portuguese society owing to structural factors, such as the entrepreneurial structure and professional qualifications. It is essential to address these areas in the current context where technological progress predominates, ensuring the need for greater qualifications to succeed in the labour market.

Moreover, the present levels of unemployment are more acutely felt amongst some groups with more precarious professional ties and in segments of the Portuguese population that find it more difficult to enter the labour market. Nevertheless, in Portugal, the rate of long-term unemployment (3.6% during the 2nd quarter of 2008) showed a reduction of about 0.2pp as compared to the same period during the previous year. Unemployment amongst youths dropped once again (14.3% during the 2nd quarter of 2008 as compared to 15.3% during the same quarter in 2007), representing 17.5% of the unemployed population. The reduction in unemployment rates amongst youths was even more significant in the case of women (-1.7pp), who nevertheless still continue to show a rate of unemployment (17.5%) higher than that of men (11.7%).

In its turn, after a continued increase in recent years, the percentage of individuals between 18 and 59 years of age living in jobless households remained stable in 2007, with the same value as for 2006. In effect, currently about 5.8% of individuals aged between 18 and 59 years live in households where nobody works.

However, employment does not necessarily prevent the vulnerability of some groups. A closer look at low wage earners⁶ makes it clear that in 2006 low wage jobs accounted for 12.5% of employment, slightly less than the figures recorded for the preceding year (12.8%). For this purpose, the limit was considered to be 2/3 of the average wage, more precisely, 445 euros as gross monthly income in 2006. In addition, the number of employees with a minimum wage also decreased slightly, from 8.4% in 2005 to 8.2% in 2006. The continued existence of low salaries in 2006 appears to have broken the trend of successive increases observed between 2000 and 2005.

In order to overcome some of the obstacles at the level of the labour market, it is essential that the active population increases its levels of education and qualifications. Efforts have been made in this regard in terms of the system of education and training. Although Portugal still has several shortcomings in this area, progress has been achieved. In 2007⁷, the rate of school dropouts was about 36.3% (14.8% EU27), translating into an improvement as compared to 2006 (39.2%). On the other hand, the participation of the Portuguese population in education and training continues to show relatively low values (4.4% in 2007) although there has been an upward trend in recent years. In truth, low levels of education still persist even amongst younger sections of the population. In 2006 about 55.8% of the population between 25 and 34 years of age had a maximum educational level equivalent to the lower secondary education. This figure is even higher in the context of individuals between 25 and 64 years, where 72.9% had lower secondary education as their highest education level.

Nevertheless, there are also some positive signs, such as the growth in the percentage of youths (20-24 years) who have completed the upper secondary level of education (53.4%), a significant reduction in the dropout rate at the level of lower and upper secondary education⁸ and an increase of about 3.9% of the active population that has higher education.

The Portuguese population has been accompanying the process of demographic change taking place in Europe, albeit at a slower pace, with a drop in birth rates and a positive evolution in terms of life expectancy. External migratory movements have contributed to attenuate the effects of the demographic process underway.

⁵ INE, Employment Statistics – 2nd Quarter of 2008

⁶ GEP, Quadros de Pessoal 2006

⁷ Eurostat, Labour Force Survey

⁸ Upper Secondary Education: 2004/05: 33%; 2005/06: 31.7%; 2006/07: 25.9%; 2007/08: 22.4%.
Lower Secondary Education: 2004/05: 12.2%; 2005/06: 11.4%; 2006/07: 10.8%; 2007/08: 8.3%

The demographic ageing in Portugal is translated into a reduction in the younger population as a percentage of the total population, down from 44% in 1980 to 28% in 2005. On the other hand, the elderly population, which represented 14% of the total population in 1980, corresponded to 22% of the total population in 2005. Likewise, the elderly segment of the population aged over 80 years increased from 1% to 4% during the same period.

In terms of its birth rate, Portugal has recorded a decline in births (down from 11.7 live births per thousand inhabitants in 2000, to 9.7 in 2007) and a sharp drop in the average number of children per woman of childbearing age (the fertility index has reduced from 1.5 children per woman in 2000 to 1.33 in 2007).

The trends for increased life expectancy, a direct result of an improvement in the living conditions of the Portuguese population, reflect the ageing of the population. Confirming this fact is the progressive increase both in terms of average life expectancy at birth, which in 2006 was 75.5 years for men and 82.3 years for women, as well as life expectancy at age 65: 16.6 years for men and 20.2 for women. As compared to 2003, the increase in terms of life expectancy at birth is around 8 months and at 65 years it represents over 1 additional year of life. Portugal's ageing population is also equally evident in terms of the evolution of the dependency index of elderly citizens, which in 2008 was 25.9%. It has been estimated that in 2060 this figure will touch 54.8%.

The system of social protection is one of the main instruments upon which this situation has had the greatest impact, both due to the pressure that an ageing population implies at the level of finances as well as the greater resources that are necessary in terms of support for elderly and healthcare.

The demographic aspect thus constitutes an important challenge for the Portuguese social protection and healthcare systems. This is fundamentally due to the short duration of contributing careers, low value recorded wages, which have resulted in low pensions in Portugal, and the need to guarantee minimum pensions. On the other hand, in addition to the pressure resulting from an ageing population, the Portuguese system of pensions, whose funding is based on a PAYG model, also suffers from additional pressure resulting from the youthful segment. This translates into the fact that the contributing careers of new pensioners are today far greater than those of older pensioners and are still less than the average values expected in the future.

Even so, Portugal has been taking steps to reinforce the national system of social protection. An appraisal of the social protection expenditure reveals that in 2004, expenditure on account of pensions and healthcare represented 72.5% (44.1% and 28.4% respectively) of total outlays for social protection. These are also the categories whose expenditure has increased the most in terms of percentage of GDP between 2000 and 2004. In 2004 they represented 10.9% and 7% of the national GDP.

On the other hand, the reinforcement of the social protection system represents a broader effort to better adapt the system not just to new demographic realities but also to new emerging social risks. The national expenditure on social protection has, in this regard, recorded a gradual increase between 2000 (21.7%) and 2004 (24.7%), a growth that is higher than that of the EU (26.6% in 2000 and 27.3% in 2004).

In terms of healthcare, there has been a continuous growth in total expenditure on health, which, in 2005, represented about 10% of the GDP, a value that places Portugal above the European average. In particular, there has been a gradual growth of public expenditure on health (5.1% of the GDP in 1995; 6.8% in 2000 and 7.4% in 2005).

At the level of social services and facilities, Portugal, in recent years, has had a favourable relationship between available facilities and target-populations, both in terms of children and youths as well as elderly. However, the country still faces some shortcomings and regional asymmetries that need to be overcome.

In terms of coverage regarding childcare, the data contained in the 2007 report of the Social Charter recorded a rate of average coverage in mainland Portugal of 28.1%, which represents an increase of about 2 percentage

points on the preceding year, drawing closer to the target established at the European Council in Barcelona⁹. The rate of average coverage in mainland Portugal for the main facilities aimed at elderly was 11.5% in 2007.

The role of social services and facilities is essential for the reconciliation of work and family and personal lives. This is even more vital when the characteristics of the labour market show one of the highest rates of full time female participation in the workforce (43.5%) and is a labour market where women work more hours per week.

National efforts to reinforce a public and universal system of social protection have had a significant impact in terms of combating poverty and safeguarding cohesion. Poverty, which continues to be one of the greatest weaknesses of Portugal's social fabric, has shown signs of receding in recent years (21% in 2000 as compared to 19% in 2005). In 2006, the percentage of the population living below the poverty line corresponded to 18% (18% for males and 19% for females)¹⁰, confirming the downward trend of the risk of poverty in Portugal.

Poverty continues to affect more sharply some subgroups of population. Despite the significant improvements in the well-being of children and their families, children are still a particularly vulnerable group. Keeping in mind that childhood is a decisive phase in terms of subsequent life opportunities the incidence of multiple deprivation can have an irreversible impact on the intergenerational transmission of poverty. In 2006, about 21% of children (0-17 years) lived at risk of poverty¹¹. The persistent character of these situations is also significantly higher than in other groups of the population, with about 22% of children living below the poverty line in 2001 and in at least two of the three preceding years (as compared to 15% in terms of the total population)¹². It is important to note, however, that poverty affecting children has accompanied the national downward trend. This situation is related to the improvement of the situation of families with children, one of the groups that have higher rates of poverty in Portugal. In 2004, poverty affected about 25% of Portuguese children. On the other hand, the elderly are the population subgroup that runs the greatest risk of poverty. In 2006, 26% of the elderly were at risk of poverty (26% for females, 26% for males) as compared to 18% of the total population¹³. The reduction of poverty is also evident in the elderly population. In 2004, 29% of this population lived in poverty. The elderly are also one of the most vulnerable groups to income inequality. The average income of families and their frailties with regard to new situations of poverty are also increasingly subject to social and cultural pressures of consumption habits and expenditure. The average pattern of expenses of Portuguese families indicates a high percentage of expenditure based on credit, especially mortgages. In this context the capacity of families to meet these commitments has been undermined. Situations of sudden monetary poverty have become more frequent in recent years.

The extent and intensity of particularly serious situations of poverty and greater vulnerability have different contours. Traditional poverty, on the fringes of social structures and institutions, coexist with new configurations resulting from unequal processes of modernisation. The development of Portuguese society has produced a pattern of territorial structuring characterised by two complementary processes that have had different effects: the concentration of the population along the coast, especially in metropolitan areas, and the corresponding demographic desertification of the rural interior. The contrast between the relatively depressed rural interior and the more dynamic and urbanised coastal areas is related, amongst other factors, to the location of economic activities and employment.

In fact, initiatives for innovation and the modernisation of diverse sectors have been concentrated, above all, in mid-sized cities and towns. Rural areas are more vulnerable, facing a greater isolation, a reduction in productive investments, an ageing population and conditions of exclusion. Poorer rural territories have concentrated clusters of a more elderly population, comprising peasants and individuals who earned rural wages and have low

⁹ The European Council held in Barcelona in 2002 established the goal of increasing the rate of coverage of social facilities for children below 3 years of age to 33%, to be achieved by 2010.

¹⁰ Eurostat, SILC.

¹¹ Eurostat, SILC.

¹² Eurostat, ECHP.

¹³ Eurostat, SILC.

pensions, thus perpetuating the link between poverty and the surrounding underdevelopment. In comparison, the visibility of poverty in urban and suburban areas contrasts sharply with the surroundings, owing to the concentration of stigmatised territories of exclusion that reproduce situations of persistent poverty.

From the perspective of the degree of urbanisation, the existence of asymmetries in the average income of families is evident: the average annual net income of families in predominantly urban areas is 10% higher than the national average. The composition of income reveals a greater percentage of income from work (59.3%) and a lesser degree of income from pensions (17.1%) in predominantly urban areas as compared to predominantly rural areas (45% and 27% respectively). In any case, despite the persistence of asymmetries recorded at the level of the labour market, there has been a visible reduction in the regional coefficient of variation of employment rates¹⁴ (3.1 in 2006 as compared to 3.3 in 2005 and 3.8 in 2004).

Disabled individuals, immigrants, ethnic minorities and the homeless are amongst the most vulnerable categories in terms of social exclusion in Portugal. Although they do not represent the largest groups in terms of the composition of poverty in Portugal, the intensity of their situation and the problems associated with these groups are extremely relevant.

The disabled population is one of the population subgroups facing a great multiplicity of problems and traditionally has had the greatest lack of solutions. In 2001, 6.1% of the Portuguese population was disabled (52.3% male; 47.7% female), especially in elderly adult age groups¹⁵. Until the age of 16 years the rate of incidence was 2.2%, while amongst the group of individuals aged over 64 years, this value rose to 12.5%¹⁶. Just like the general Portuguese population, disabled individuals have, on average, low levels of schooling. In 2001, the illiteracy rate amongst the disabled population was more accentuated as compared to the total population (23% and 8.9% respectively)¹⁷. They are, mostly, inactive in economic terms (71%) and only 29% have any means of economic activity. The main source of income for disabled individuals over the age of 15 years is a pension/subsidy (55.2%). On the other hand, in 2001, the unemployment rate of disabled individuals was 9.5% as compared to 6.8% for the total resident population of Portugal¹⁸. In short, this population lives, essentially, in a context of having to face a combination of various social inequalities, namely concerning access to employment, professional qualifications, schooling and income inequality, gender and age differences being accentuated.

The dimensions of migratory fluxes into Portugal, the difficult conditions for their integration and their territorial concentration have together created a situation of vulnerability and social exclusion for the immigrant population. In recent decades, Portugal has recorded an accentuated growth in the population of foreigners. In 1995, 168,316 foreigners were legal residents or authorised to stay in Portugal, four years later there were 190,896 foreigners and, in 2007, 435,736 foreigners (240,096 men and 195,640 women) were residing in Portugal, corresponding to 401,612 with residence permits, 5,741 with permanence permit extensions and 28,383 with long term visa extensions.¹⁹

A high percentage of immigrants have low levels of schooling (lower secondary education), especially those coming from South America and Africa. Immigrants from Europe have, in terms of percentage, higher levels of qualifications (upper secondary education and higher education)²⁰. In terms of integration in the labour market, Portugal has made progress with regard to the participation of immigrants as compared to some EU countries. In 2007, 77.9% of the foreign population was active. The employment rate was 68.5% and the unemployment rate was 12%. The inactivity rate was 22.1%²¹.

¹⁴ Regional variation coefficient: standard-deviation of regional employment rates divided by the weighted national average (age group 15-64 years) (NUTS II)

¹⁵ INE, Census.

¹⁶ INE, Census.

¹⁷ OINE, Census.

¹⁸ INE, Census.

¹⁹ SEF, Statistics of the immigrant population in Portugal.

²⁰ INE, Censos.

²¹ INE, Employment Survey.

However, when compared with Portuguese citizens, it is evident that they participate in the unqualified segment of the labour market, which reveals inequalities while accessing more qualified jobs²². Unemployment also affects nationals and non-nationals in a different manner. The disparity in the unemployment rate between Portuguese nationals and non-EU nationals was 4.2 percentage points in 2007 (as compared to 5.3 percentage points in the EU)²³. The difficulties of encountering solutions, the absence of family networks, difficulties in accessing housing and language difficulties are other factors that, in Portugal, tend to place immigrants in situations of vulnerability and social exclusion.

Individuals belonging to minorities are regularly exposed to a precarious professional integration, the imposition of the dominant culture, without respect for differences, processes of segregation and isolation with regard to networks of social support, for various reasons that often have to do with mutual difficulties of socio-cultural adaptation. The growing presence of such groups in the country is also associated with the entry of new immigrant fluxes from Eastern Europe, along with more traditional minorities such as the Roma community. It has been estimated that the Roma population in Portugal varies between 40 and 50 thousand individuals²⁴ of which about 38% are younger than 15 years of age²⁵ and about 16% reside in precarious housing conditions²⁶. Many of these situations have resulted from local strategies but also arise due to a lack of socio-cultural adaptability on the part of resident communities, the majority population, and ethnic Roma. This generates preconceptions and stereotypes that prevent such citizens from breaking free from the situations of vulnerability, poverty and exclusion in which they live.

In Portugal, the overall numbers of homeless individuals are not known. It is known, however, that most of them are males of an active age group (30 to 49 years), single or divorced, Portuguese nationals, with basic schooling and distributed in the greater metropolitan areas of Lisbon and Porto. They are people with mental illnesses, drug addicts, alcoholics, ex-convicts or are other individuals who are at variance with prevailing norms and institutions – characterised by a breakdown of socio-family ties, professional instability, a lack of access to housing, difficulties in accessing jobs, low incomes, the absence of rules and routines, self-marginalisation, a dissipation of work habits, regression in terms of cognitive capacities – and they lack any kind of social, psychological and economic support.

²² OCDE, SOPEMI, International Migrations Outlook, 2006.

²³ Eurostat, Labour Force Survey.

²⁴ ERCI (2002), *Segundo Relatório sobre Portugal - European Commission Against Racism and Intolerance*, adopted on 20 March 2002, Strasbourg, 4 November 2002, p. 23; MACHIELS, T. (2002), *Garder la distance ou saisir les chances. Roms et gens du voyage en Europe occidentale*, Réseau Européen contre le Racisme, p. 11; SOS RACISMO (2001), *Ciganos, Números, Abordagens e Realidades*, Lisboa; CASTRO, Alexandra (2007) "Dos Contextos Locais à Invisibilização Política: discussão em torno dos ciclos de exclusão habitacional dos ciganos em Portugal", in *Revista Cidades: Comunidades e Territórios*, No. 15.

²⁵ BASTOS, José Gabriel Pereira; CORREIA, André Clarezza; RODRIGUES, Elsa (2006), *Sintenses Ciganos. Uma abordagem estrutural-dinâmica*, Lisbon, CEMME/ Sintra Town Hall, p. 115.

²⁶ CASTRO, Alexandra (2007) "Dos Contextos Locais à Invisibilização Política: discussão em torno dos ciclos de exclusão habitacional dos ciganos em Portugal", in *Revista Cidades: Comunidades e Territórios*, No. 15.

1.2 OVERALL STRATEGIC APPROACH

a) Social cohesion, equality between men and women and equal opportunities for all, through adequate, accessible, financially sustainable, adaptable and efficient social protection systems and social inclusion policies

An evaluation of the strategy implemented during the previous cycle has shown that this strategy was suitable and produced positive results. This fact induced Portugal to rely on a long-term perspective, maintaining the political priorities undertaken in the past within a policy of continuity and seeking to reinforce them by improving some aspects in which there is scope for innovation and progress.

On the other hand, in this new cycle, efforts have been made to respond to the main recommendations and challenges identified in the Joint Reports for Social Protection and Social Inclusion for 2006 and 2007 and to align the new strategic and operational priorities with them.

Thus, in the context of the main trends and to meet the main challenges facing the country today, the national priorities for social protection and social inclusion for the period 2008-2010 have been defined on the basis of two strategic axes of intervention and six strategic objectives:

Axis 1 | Facing the impact of demographic changes

- Supporting fertility and children
- Supporting the reconciliation of work and personal and family life
- Promoting quality active ageing, and preventing and supporting situations of dependency

Axis 2 | Promoting social inclusion (reducing inequalities)

- Promoting active social inclusion
- Improving living conditions in more vulnerable territories and habitats
- Favouring the social inclusion of specific groups, namely disabled, immigrants and ethnic minorities and homeless people

The definition of national priorities and the selection of the policy measures to be implemented within the scope of the strategies delineated for each of the pillars also incorporate multiple guidelines so as to ensure: (i) access by all individuals to resources, rights, goods and services (ii) the adequacy and quality of policies, adapting them to the evolution of the needs and requirements of individuals and modern societies (iii) the long-term sustainability and financial viability of the systems, promoting a rational use of resources.

Within the framework of the priorities and instruments that have been established, policies aimed at ensuring equal opportunities for men and women are a transversal element of the national strategy and are also part of the strategic aspects of each of the three pillars.

The preparation of this strategy also entailed an approach that was aimed at mainstreaming disability, as well as the integration of the immigrant population and ethnic minorities.

The strategy that is presented herein for social protection and social inclusion has also been structured around a framework in which economic, employment and social policies reinforce each other mutually, thus ensuring parallel progress in creating employment, competitiveness and social cohesion. The implementation of this integrated and synergetic vision implies a permanent articulation with the National Strategy for Growth and Jobs. Efforts have been made to improve the strategic approach and existing synergies and to thus enhance the results achieved by both strategies.

The new integrated strategy for social policies presented herein involves resources dispersed over various sources and institutions, keeping in mind its transversal and inter-sectorial nature. However, it is important to note the strong impetus it received owing to the fact that it was developed in close articulation with the objectives and instruments defined within the New National Strategic Reference Framework (NSRF) for the period 2007-2013. The funding obtained from the NSRF, through different operational programmes, especially the Operational Programme for Human Potential, plays an essential role in the development of this strategy, since a significant part of the resources attributed to Portugal are dedicated to achieving objectives that seek to reinforce social cohesion.

Axis 1 | FACING THE IMPACT OF DEMOGRAPHIC CHANGES

The strategic challenges that have emerged in the last years at a national level are primarily a result of the pressures associated with the demographic changes that are currently underway, namely, low birth rates, an increasingly ageing population (with visible consequences in terms of a progressive increase in the contributing period) and the growth of pensions at a faster rate than that of contributions. All these factors translate into problems for the financial sustainability of systems, which are based on an intergenerational logic.

These pressures require concerted action in various areas of intervention and have a particular impact on the living conditions of families and the reconciliation of work and personal and family life, opportunities in a long and active life span with a quality of life, the integration of the immigrant population, the long-term sustainability of public finances and a greater productivity and economic dynamism. Thus, several of the recent mechanisms for public measures seek, on the one hand, to reverse the unfavourable trend in terms of the expected evolution of the population and, on the other hand, to provide adequate solutions for the process of ageing.

> Supporting fertility and children

Keeping in mind the current demographic trends towards a significant reduction in the birth rate, Portugal has chosen to structure a set of incentives to promote a higher birth rate and to provide support to children, with a strategic dimension of intervention for the economic and social development of the country.

In effect, various efforts have recently been implemented to reverse the trend of decreasing birth rates and this strategy seeks to provide continuity. The strategy presented herein is based, in concrete terms, on reinforcing intervention for all kinds of families, keeping in mind the growing number of single parent families, mostly headed by women. It seeks to provide support for better family planning, reinforce support for the incomes of families who decide to have children and to identify and implement additional incentives to increase the birth rate apart from the benefits granted within the scope of the Social Security system, namely factoring in the situation of companies. These efforts must also keep in mind socio-cultural elements, such as the gender stereotypes that are the basis for constructing the social roles of men and women, which are very often an obstacle for the effective implementation of policies supporting birth rates and children, and a factor for inequality.

Support to increase the birth rates also implies suitable social protection for changes in the life cycle, especially with regard to trajectories for longer and more complete schooling and a greater diversity of ways of making young adults enter the labour market. This entails policies that seek to combat precariousness in the labour market and unemployment, which are especially high during the stages of a personal and family life where, in our society, birth rates typically peak. Support for young people during their active life so as to create better conditions of security and stability in the labour market, thus favouring forms of flexibility that facilitate a personal and family life, is a decisive factor in the decision to become parents, as well as in the number of children.

The need to intervene to combat situations of child poverty and to better frame national policies to reinforce the rights of children, as established by the Convention of the Rights of the Child, are clear guidelines of the strategy to intensify support during childhood and children's rights. A fundamental aspect is the reinforcement of social

transfers within the scope of family services aimed at children, a greater intervention to ensure parental education, facilitating responsible maternity and paternity, and greater support for births and early childhood. These all serve to guarantee healthy pregnancies, childbirth and security during the first years of life.

> Supporting the reconciliation of work and personal and family life

Families face new challenges resulting, above all, from the difficulties involved in reconciling professional activities with looking after children and parents, the diverse forms of family life that currently exist and the new requirements of the novel situation of having children.

Social protection for families has assumed an essential role in improving the well-being of children, elderly and individuals in situations of dependency, especially with regard to dynamising social services and solutions that ensure this well-being.

Portugal is aware that investments in promoting access to social and healthcare services continue to be the main instrument for promoting the balance between work and a personal and family life, as well as a mechanism to reinforce equal opportunities and gender equality. In this sense, the strategy reinforces the commitment to expand the network of social and healthcare services as a way of improving access to social and healthcare facilities for children, elderly and individuals with disabilities in situations of dependency.

Forms of funding social solutions will likewise continue to be reviewed, especially to ensure access on the part of families and citizens with lower incomes.

Another priority area for intervention is reinforcing protection during parenthood with innovations not just in terms of the duration and amounts of guaranteed benefits, but also in situations to promote shared responsibilities and facilitate reconciling work with time dedicated to looking after children.

Policies to support the balance between a professional, family and personal life are a significant contribution towards ensuring gender equality, insofar as they facilitate the active participation of women in the labour market while simultaneously encouraging the participation of men in the family sphere, without either parent being obliged to give up a career or a family.

The improvement of conditions to achieve this balance likewise entails actions by other agents directly involved in the conditions governing the relationship between a family life and a professional activity. In this regard, one can consider the dissemination of good corporate practices in diverse areas of activity based, especially, on the implementation of mechanisms that ensure flexibility and organising the working time, which seek to satisfy the personal and family needs of employees. This is an area that has become quite visible in terms of the social responsibilities of companies and is also increasingly reflected in the construction of synergies between associations from civil society, the local and central public administration, academia and corporate associations.

> Promoting quality active ageing and preventing and supporting situations of dependency

Identifying ageing as one of the main challenges that has multiple implications for the system of social protection itself justifies a concrete option for providing support to those who are in situations of dependency and promoting active ageing.

Amongst the most significant implications of the system is the emergence or accentuated aggravation of new risks or social realities. Portugal is committed to ensuring more suitable services for these risks, namely by revising guaranteed benefits in cases of disability, incapacity and single parent families. The main objective is to reinforce protection and equity by means of a positive differentiation in the amounts of the benefits.

Due to the significant increase in the average life expectancy, society currently faces the challenge of living longer in a functional manner. In this regard, it is important for the system to create more suitable services to care for increasing situations of potentially incapacitating chronic diseases. In this area the strategy favours developing national programmes to prevent and control diseases.

This strategy is associated with the consolidation of the network of long-term care, creating intermediate solutions

between health centres and hospitals for patients who require investments in terms of rehabilitation and overall recovery.

It is essential to expand the network of social facilities, with a strong component of territorial and sectorial selectivity (in regions and aspects which have been identified as having pressing needs) and to ensure the involvement of social partners and incentives for private investments, in order to provide solutions for the general need to improve access to social facilities for the elderly and individuals in a situation of dependency, as well as reconciling work and personal and family life.

National intervention is essential, in order to promote ageing in an active manner by reducing incapacities that make working difficult, via the implementation of national programmes to prevent and control chronic diseases, as well as by combating early exits from the labour market. This strategy for intervention simultaneously presupposes valuing the experience and updating the knowledge of older workers, encouraging older workers to remain in the labour market and preventing and reducing unemployment amongst older workers.

On the other hand, the promotion of active ageing presupposes the adaptation of the systems of social protection and, especially, the pensions system, so as to reduce early exits from the labour market and to encourage promoting a longer active life.

Axis 2 | PROMOTING SOCIAL INCLUSION (reducing inequalities)

Promoting social inclusion is a fundamental dimension of any strategy for sustainable development. It contributes towards creating opportunities for all and towards maximising the potential of society and the economy, since it has positive effects on employment, the economy, qualifications and human development.

> Promoting active social inclusion

The awareness that poverty and social exclusion can assume complex and multidimensional forms has ensured the adoption of an integrated strategy based on the articulation of policies that combine three objectives:

- **To promote the provision of an adequate level of income support** - by guaranteeing a minimum income and satisfying basic needs, inherent to a dignified human existence;
- **To support socio-professional integration** - through active policies for employment or vocational training;
- **To provide a greater and better access to services** - through, for example, measures aimed at orientation, healthcare and long-term support, childcare, lifelong learning to offset educational deficiencies, training in ICT to assist potential workers, including disabled individuals, taking advantage of new technologies and greater professional flexibility, psychological and social rehabilitation, etc.

The construction of this innovative path, which is decisive for the creation of the social model envisaged for Portugal, is based on three strategic concerns, whose ultimate objective is the full inclusion of individuals. Employment is a fundamental element of the framework of this process of inclusion but it is not the only instrument:

- A solid system of social protection that provides citizens with social benefits, positive discrimination in the tax system, a progressive increase in minimum wage and the support and orientation that are required to prevent poverty and ensure minimum incomes whenever necessary;
- Activating employment policies that invest more effectively in human capital and in training and qualifying individuals, creating more opportunities for employment and ensuring that work is an option available to everyone;

- Concentrating on expanding and qualifying the network of social and healthcare services and facilities in terms of solutions, quality and an equitable territorial distribution. This entails reinforcing solutions for childcare and facilities to support the elderly and dependent population (day centres, homes, residential support and continuous care) and disabled individuals (residential solutions and centres for occupational activities), contributing towards further supporting the balance between a personal, family and professional life, especially amongst disadvantaged groups with lower incomes and more fragile networks of informal support.

In order to achieve progress in terms of reducing poverty and social inequalities, Portugal believes that it is essential to correlate all these elements into an integrated and transversal logic. Portugal thus defends the principle that everybody should have access to fundamental rights, based on the promotion of an active inclusion that fosters empowerment and quality employment while simultaneously guaranteeing social minima for those furthest from the labour market.

> Improving living conditions in more vulnerable territories and habitats

Amongst the factors that condition the trajectories of the most vulnerable social groups are territorial dynamics, not just because these tend to be concentrated in segregated physical spaces but also because these spaces, with a concentration of multiple social and economic problems, favour the emergence of stigmatised and devalued social identities.

In truth, the distribution of factors of vulnerability in the space occupied by different social groups is associated with unequal access to spheres in which opportunities for social, cultural, political and economic participation are generated and distributed, namely the labour market, education, training, income levels and available resources. Apart from being the stage for factors of social exclusion, the territorial unit is simultaneously, owing to its dynamic nature, a space of reference for the introduction of resources and potential factors to invert the processes that generate poverty. Thus, elements that determine social exclusion and inclusion are also inscribed in this space.

Although the processes of modernisation introduced in Portuguese society in recent decades have enabled substantial developments towards improving the living conditions of the population, they have not been able to prevent territorial asymmetries that generate different phenomena of poverty and social exclusion.

The growing visibility of transformations in the patterns of the locations of poverty in Portuguese society has drawn attention to the importance of territorialising the diverse policy measures that seek to ensure the social reinsertion of excluded communities and the socio-urbanistic rehabilitation of territories.

Hence, the need to develop integrated actions that seek to transform disadvantaged territories in an overall and consistent manner, as well as the living conditions of the inhabitants who reside in these areas. This is the context in which Portugal has deemed a priority area for intervention to be the development of policies/programmes with a view to achieving the integrated development of territories facing exclusion. Urban and rural communities that concentrate situations of vulnerability are priority areas for intervention that seeks to ensure access to dignified housing, healthcare, security, justice, services, culture and leisure, education, training and quality employment.

The strategy in this area is based on the promotion of a set of instruments and programmes that are capable of responding to the needs of sections of society and territorial communities that are particularly exposed to localised phenomena of poverty and exclusion. With this objective, emphasis has been given to the territorialisation of social and healthcare interventions, personalising solutions for and focusing on local problems and people, creating the necessary conditions to dynamise local resources and skills.

> Favouring the social inclusion of specific groups, namely disabled, immigrants and ethnic minorities and homeless people

This priority area is based on the awareness that processes and situations of greater vulnerability are not equally distributed over various social groups and that there are groups that have traditionally been more affected.

Amongst the groups that are most vulnerable to social exclusion in Portugal are disabled, immigrants, ethnic minorities and homeless individuals. These groups are not the largest elements in terms of the composition of poverty but the intensity of their situations and the set of problems associated with these groups are extremely relevant. In the case of disabled individuals, their exposure to specific problems of integration - arising from situations of lesser autonomy, lower self-esteem, a scarcity of resources in the family, low scholastic qualifications, a lack of aptitudes and personal and relationship resources - conditions the objective opportunities that allow them to access basic rights or acceptable lifestyles.

Although belonging to a minority ethnic and cultural group is per se not an indicator of social exclusion, the fact that such groups are constituted, in large measure, by immigrants gives rise to situations of particular vulnerability. This is due to situations of precarious integration in the labour market, greater difficulties in accessing diverse services and rights and frequent processes of segregation and isolation in terms of networks of family and social support.

More than a lack of basic skills and capacities, the condition of marginality associated with situations of rupture with the main institutions of social life places homeless individuals amongst the categories that tend to significantly increase situations of persistent poverty, given the complexity of reversing the situations that are generated.

It is thus important to activate a set of policies that favour improving the living conditions of these groups that are in a situation of greater vulnerability, acting upon factors of social inclusion, favouring integrated and individualised programmes to prevent and control diseases and promoting social inclusion.

Fighting the exclusion of these specific groups also implies an articulation between reinforcing access to essential services and opportunities, the application of anti-discrimination legislation and the development of approaches aimed at specific situations.

b) Effective and mutual interaction between the Lisbon objectives of greater economic growth, more and better jobs and greater social cohesion and the EU's Sustainable Development Strategy.

The fact that economic growth per se does not necessarily reduce poverty and social exclusion is today a well-documented certainty. However, it is undeniable that economic growth and, above all, sustainable development - generating new jobs - create better conditions so that active policies to reduce poverty and exclusion are more effective and achieve better results.

However, the reverse is also true. A society with a greater social cohesion and less exclusion could have a positive impact on the efforts of citizens and, for example, could contribute towards improving competitiveness, thus creating better conditions for the economy to grow and strengthen in a more sustainable manner with better health indicators. It is therefore possible to affirm that economic growth, employment, social cohesion and health should tend to reinforce each other mutually.

In this perspective, it is particularly important to ensure that the economic development of the nation, based on a permanent reinforcement of competitiveness and macroeconomic balances, comprehensively incorporates efforts to improve social cohesion and to eliminate the structural factors that could favour the emergence of processes of social exclusion.

Thus, it is important that policies pertaining to economic matters, employment, social protection and social inclusion intersect. Moreover, they need to be designed in such a way that they work in a complementary and synergetic manner, i.e. they reinforce each other within the framework of their respective implementation. The new integrated strategy for social policies has been conceived in this perspective, seeking to ensure parallel progress in terms of employment generation, competitiveness and social cohesion.

These concerns were present in the National Programme for Growth and Jobs 2005-2008 and were developed

further in the new cycle of the Lisbon Strategy in Portugal, reflected in the National Reform Programme 2008-2010 (NRP), currently being prepared.

In fact, the 2008-2010 NRP defines two of its priority areas to be positive mobility, derived from integrated policies for qualifications, work and employment, and social protection, and an intelligent territory, the result of policies that add value to the territory from the point of view of sustainability and territorial cohesion, which creates equal opportunities. These guidelines and the measures that implement them are clearly aligned with the concerns and objectives of social inclusion and social protection developed in this Strategy.

Likewise, perspectives that are more closely related to economic growth, developed in the areas of a business environment, innovation and R&D, display a model of development centred on encouraging activities that result in further qualifications and are liable to create more qualified employment, better working conditions and personal and professional development. Innovation, in the true sense of the word, also extends to forms of organisation and management, and social activities, with a view towards innovation for the people, as the ultimate recipient of its benefits.

In this context, the Lisbon Strategy – NRP, especially in this new cycle, seeks to provide effective solutions for social cohesion, in its associated model for growth, and to reduce the factors that generate exclusion, favouring improved qualifications, access to the opportunities offered by technology, the infrastructure of the territory, the creation of jobs and an improvement in the conditions for professional development, creativity and innovation, especially in terms of solutions for social problems.

In its turn, the National Strategy for Social Protection and Social Inclusion 2008-2010 includes various policy measures that will have a direct impact on the Lisbon Strategy - NRP 2008-2010, contributing towards achieving objectives in terms of growth and employment.

Four areas of intervention stand out in particular and represent key areas of the national strategy. Irrespective of the governmental sector from which any measures that are adopted originate, such intervention will have a simultaneous and positive impact on social cohesion, employment and economic growth, namely:

- (i) Active ageing;
- (ii) The modernisation of the pension system;
- (iii) The promotion of active inclusion;
- (iv) Flexicurity

In fact, within the framework of demographic changes, **active ageing** is a decisive element to promote the prevention of incapacity and to ensure the sustainability of systems of social protection. This is a question that is closely associated with pensions and retirement benefits systems, employment policies and the labour market, health-care policies and lifelong learning and qualifications. It also allows for the construction of interesting bridges between the adequacy of solutions and social needs and the economic and financial aspects of sustainability.

Demographic change, especially the increase in the average life expectancy and low birth rates, alter intergenerational balances and raise problems of sustainability for pension systems. **Viable and reliable pension systems** are crucial for the sustainability and overall coherence of economic and social models. Consequently, the modernisation of the pension system must ensure not just the financial sustainability of social protection and pensions from the point of view of resources and public finances but also suitable relations between the models of social protection and economic dynamics and employment, as well as ensure that the policies are suitable for social risks and needs.

In its turn, social inclusion is an essential aspect of any sustainable development strategy. It provides instruments to create opportunities for all and to maximise the potential of societies and economies. It is not just a question of citizenship, because inclusion also has positive effects on employment, the economy, health, qualifications and human development. The integration of immigrants and more vulnerable groups and combating poverty, especial-

ly amongst children and youths, a phase in which lifetime opportunities are generated, must receive greater attention. The strategy of **active inclusion** - based on the promotion of integration in the labour market, measures to ensure suitable minimum incomes and access to social services and quality healthcare - can contribute towards establishing a solid and balanced base in this area.

Likewise, in the context of **flexicurity**, Portugal has implemented and developed an integrated strategy in terms of revising active policies for employment and to restructure lifelong learning (LLL). This is associated with labour relations reforms and the modernisation of social protection, as a priority objective to guarantee a more balanced labour market for all. This approach implicitly entails the understanding that reforms in the normative framework of labour relations and a suitable re-calibration of active policies for employment and social protection are mutually beneficial and are indispensable instruments for a productive articulation between economic growth, improved entrepreneurial competitiveness, increased productivity, improved employability, the development of the quality of jobs, reduced inequalities, especially in terms of opportunities between men and women, and a more equitable distribution of the results of economic progress.

In terms of the specific contributions of social policies towards economic growth and the creation of employment it is possible to identify some of the measures that have had the greatest impact.

Derived from the first two priorities of the NAPincl, namely reducing child poverty and correcting disadvantages in the processes of education and training/qualifications, the measures implemented to support disadvantaged children during their schooling will contribute towards preventing the intergenerational transmission of poverty and, over the course of time, will have an impact on economic growth.

In fact, the concentrated efforts aimed at children between 0-6 years of age, with measures such as a 50% increase in childcare and the creation of other facilities for children, the universalisation of pre-school education and investments in high quality education will contribute towards reducing school failure and early school leaving, which especially affect disadvantaged children. These measures favour more successful trajectories in terms of schooling and professional training, helping to correct the low level of qualifications that currently affects a large part of the active population, contributing towards generating better jobs and nurture the nation's economic development.

On the other hand, the expansion of school social action, which guarantee books and free meals to 400,000 students, and the creation of the school transport pass for children between the ages of 4 and 18 years, which provides a 50% discount on the monthly subscription, are essential elements in combating early school leaving and school failure.

These measures, implemented within the framework of the new regime for school social action, will contribute significantly towards promoting greater equality of access to educational opportunities. They will also contribute in the future towards reversing disadvantages in terms of education and training, an essential condition to guarantee higher levels of productivity, greater economic competitiveness and greater economic growth. They thus also assist in the creation of the necessary macroeconomic conditions for a better redistribution of income.

The emphasis on expanding the network of facilities for children as well as the elderly and disabled individuals, which will be actively implemented during the next cycle, will ensure financial support for projects that provide solutions for the needs that have been identified in this sector. In addition, it perforce stimulates, on the one hand, the creation of new jobs and, on the other hand, enables a better balance between the personal, family and professional lives of citizens. In its turn, this has an impact in terms of improved levels of productivity, which is an important factor for economic growth. Moreover, in Portugal, like in other EU countries, the social economy, also known as the third sector, is the economic sector that provides the greatest rates of growth and creates the largest number of jobs.

In terms of the social economy, the national Network for Long-term Care is especially worthy of note, not just because it responded to the needs of patients who did not have medical coverage but also because it created numerous new jobs.

In general, successful actions in the field of healthcare improve the quality of life of citizens and have an impact on productivity, while contributing towards maintaining financial sustainability.

Similarly, the reforms currently being implemented in the area of pensions have positive effects on the sustainability of public finances and the performance of the labour market.

Comprehensive policies for active inclusion aimed at the groups furthest from the labour market enable a reinforcement of human capital and available labour, while simultaneously fostering a more cohesive society. They could thus have an impact in terms of increased availability of labour and reinforcing cohesion within society.

Likewise, measures that seek to promote the integration of immigrants will contribute towards achieving the objectives of growth and employment, while promoting social cohesion. In this regard, recognising the qualifications of immigrants, guaranteeing access to social rights and promoting participation in Portuguese society have been identified as priority areas.

Finally, it is important to mention that the objectives of supporting a balance between work and a family life and promoting gender equality (via measures such as the creation of childcare, disabled individuals and dependent elderly, flexible working hours, maternity and paternity leave, etc...) are omnipresent and transversal elements of all the policies aimed at social protection and social inclusion. They contribute towards promoting equal opportunities and the quality of life of citizens while simultaneously reinforcing well-being at work, with an obvious positive impact on productivity and, concomitantly, economic growth.

c) Good governance, transparency and the involvement of stakeholders in the design, implementation and monitoring of policies.

Policies in the areas of social protection and social inclusion face important challenges. Competition on a global scale, the impact of new technologies and demographic ageing all influence the long-term political scenario. In terms of more immediate concerns, it is essential to find solutions for the situation of slow growth, unemployment and social inequalities.

The quest for ways of overcoming these challenges entails reinforcing governance, transparency and the continuous participation of stakeholders. Another decisive factor for enhancing the effectiveness and efficiency of public policies and working towards building an increasingly inclusive society is to mobilise society as a whole, i.e. its structures and all citizens, at the most diverse levels, in an effort to resolve social problems and construct more just and equitable societies that, in short, will be more cohesive with sustainable development.

To this end, efforts have been made to pursue and reinforce instruments and mechanisms of good governance, maintaining the four key vectors defined in the Strategy presented for the period 2006-2008: 1) efforts to improve political co-ordination between the different ministries and state structures involved in the design and implementation of this strategy; 2) focusing on a more effective articulation between the three pillars of the Open Method of Co-ordination (OMC); 3) efforts to mobilise society and support the active participation of the main stakeholders and 4) providing an adequate level of information to the population about this process and the measures it encompasses.

While designing this strategy, the efforts developed to ensure a more strategic and significant articulation of the three pillars of the OMC proved to be particularly important. To this end, working meetings were held that resulted in the definition of an integrated matrix with strategic axes and common objectives for the three pillars of the OMC. In this sense, the Strategy was conceived in order to provide integrated solutions for the objectives and challenges that were identified for the set of pillars. A comprehensive and integrated strategic approach was developed while simultaneously seeking to ensure that the specific characteristics of each pillar were respected, according to their specific priorities. Efforts have been made to improve the strategic approach and existing synergies and to enhance the results.

The reinforcement of this strategic integration and articulation was not limited to the three pillars of the OMC. It was extended to the National Reform Programme (NRP). In fact, another aspect that merited particular attention was the need to improve the integration and visibility of social priorities within the scope of the Lisbon Strategy. In this regard, it is important to note that the National Co-ordination of the Strategy for Social Protection and Social Inclusion also began to participate formally in the working meetings of the NRP. The co-ordinators of each of the three reference pillars, namely: Macroeconomic, Microeconomic and Employment, are likewise represented in these meetings with the National Co-ordination of the Strategy for Growth and Jobs. The sessions discussed the levels and forms of articulation between the two strategies, thus serving as a catalyst for enabling mutual contributions and allowing assessments of reciprocal impacts.

Efforts were also made to incorporate more strategic guidelines for gender equality, promoting a close articulation with the national structure responsible for this area – the Commission for Citizenship and Gender Equality, which participated actively in the tasks involved in conceiving the strategy.

Measures were also implemented and developed to ensure the permanent involvement of various public and private entities, with a view to improving the effectiveness of governance and the transparency of the process. In this aspect, it is important to highlight the fact that the National Strategy presented herein is submitted to Parliament and to the Economic and Social Council.

On the other hand, several of the policy measures of the new cycle of the Strategy were preceded by a process of social dialogue, which culminated in the signing of various agreements aimed at concerted social actions. These include the Agreement regarding the Social Security Reform, the Agreement for the establishment and evolution of a Guaranteed Minimum Wage, the Agreement on Vocational Training and the Agreement concerning a new system for regulating labour relations, employment policies and social protection in Portugal.

Likewise in the health sector, fulfilling the government's programme, policies and mechanisms have been implemented and developed to facilitate access to information and the participation of the population in healthcare and to provide preventive care, treatment care and rehabilitation, suited to each concrete situation. This is the context in which the strategies contained in the National Health Plan for 2004-2010 have been framed, which were publicly discussed and debated in Parliament before being approved by the government.

Within the scope of the NAPincl, the Non Governmental Forum for Social Inclusion constituted and must continue to be a privileged interlocutor in efforts to mobilise and ensure the participation of citizens, especially disadvantaged social groups and individuals. This is in keeping with the implementation of the strategy for social inclusion, which must involve these sections of society as well as the entities that work most directly with such individuals and groups.

It is also important to highlight the role that Local Social Networks play in the mobilisation of an active participation of the main local players in the process of inclusion.

Similarly, within the scope of the Social Network Programme, the implementation of Supra-District Territorial Platforms (NUT III level) allows a region-specific view of the country's main problems and can dynamise more integrated intervention, thus creating conditions to foment a more effective articulation with national efforts. This can be achieved by identifying the main problematic areas in each region and the most vulnerable groups, making it possible, through qualitative information, to corroborate the need to pursue and reinforce intervention for the priorities defined within the strategy of social inclusion.

With a view to improving political co-ordination between the different Ministries and state structures involved in conceiving, implementing and monitoring policies for social inclusion and promoting a coherent and effective articulation in this regard, it was decided to create mechanisms with Sectorial Focal Points for Monitoring, which thus substitute the Inter-Ministerial Monitoring Commission. These Focal Points include representatives from all the areas contributing towards social inclusion and reducing poverty and exclusion, as well as representatives from the Regional Governments of Madeira and the Azores, the National Municipal Association and the National Parish Association.

Keeping in mind a future improvement of co-ordination and articulation between the different existing plans, a Platform for National Sectorial Plans for Strategic Planning will be created. This will facilitate the realisation of the NAPincl, keeping in mind the availability of information and an integrated evaluation by the respective structures. Two recent parliamentary resolutions will undoubtedly contribute towards reinforcing political co-ordination in order to reduce poverty. One was published on 19/03/2008, after a petition that had compiled a significant number of signatures. In this, the Parliament felt that it was important, "To assume a specific mission of permanently observing and monitoring poverty in Portugal, in a parliamentary scope (...) and to request the government to present an annual report to Parliament about the implementation of the National Action Plan for Inclusion" (Parliamentary Resolution No. 10/2008, DR No. 56; Series I dated 2008-03-19). The other resolution was published on 23/07/2008 and recommended that: "A threshold of poverty be defined according to the level of national income and the standard living conditions in our society; the regular evaluation of public policies to eradicate poverty; (...) the poverty line thus established will serve as an official reference for the definition and evaluation of public policies to eradicate poverty." (Parliamentary Resolution No. 31/2008, DR No. 141; Series I dated 2008-07-23).

To ensure greater visibility for the Strategy for Social Protection and Social Inclusion and to guarantee that adequate information about this strategy is available to the general population, the document will be published in a printed form. In addition, a set of measures to disseminate information about the strategy will also be implemented, alongside the creation of a website.

In order to promote a permanent and updated evaluation and monitoring of the impact of the strategy, an *Integrated Monitoring System* will be implemented, based on a system of statistical information supported by: (i) context indicators; (ii) key indicators that ensure comparisons with other Member-States; (iii) result indicators with regard to each of the priority objectives and goals that have been established; (iv) indicators for monitoring the implementation of policy measures, used to assess progress in terms of achieving objectives.

In terms of the effectiveness and efficiency of the overall strategy, it is essential to evaluate the progress achieved with regard to the priorities identified and the objectives defined. This is especially important to improve the quality of life of all citizens, particularly the most vulnerable social groups and individuals.

2.1 PROGRESS IN RELATION TO 2006-08 NSR AND CHALLENGES IDENTIFIED IN 2007 JOINT REPORT

The 2006-2008 National Action Plan for Inclusion (NAPincl) identified six risks that strongly affect inclusion in Portugal: (i) child poverty and elderly poverty; (ii) school failure and early school leaving; (iii) low levels of qualification; (iv) low participation in life-long learning; (v) info-exclusion; (vi) inequalities and discrimination of people with disabilities and immigrants in the access to rights.

In order to tackle these challenges, **three political priorities** were defined: (i) to combat child and the elderly poverty, through measures which ensure their basic rights of citizenship; (ii) to correct disadvantages in education and training/qualification as a means of preventing exclusion, and breaking cycles of poverty; (iii) to overcome discriminations, by re-enforcing the integration of people with disabilities and immigrants. These priorities were also approached from a gender perspective and were considered as situations of multiple discrimination.

Cross-cutting measures have been implemented in order to **reduce poverty amongst children and the elderly**, along with specific measures, in an attempt to articulate a dual strategy to respond to the objective of promoting rights and social protection for children and the elderly, with a focus on preventive and reactive measures. These measures entailed reinforcing and consolidating the component of Social Integration Income; intervention in the housing market to rehabilitate and re-qualify accommodation and re-housing citizens, improving access to housing at prices compatible with the incomes of families (*PROHABITA Programme; Door 65 Initiative, Programme to Support the Construction of Low Cost Housing for Young People; Special Re-housing Programme*); territorial intervention to promote the inclusion of marginalised areas, combating desertification and isolation, and favouring the social integration of specific populations (*Social Development Local Contracts ; the Critical Neighbourhoods Initiative; the Choices Programme*); informing and advising citizens in diverse problematic financial situations an example of which is the growing reality of over-indebted families (*Offices to Support Consumers with Debts; Offices for Consumer Debt Advice*).

It is also important to note the considerable investments made in social facilities through the creation of the *Social Services and Equipments Network Extension Programme*. The objective of this Programme is to increase the capacity of the network of social facilities, supporting families with children by means of investments in childcare; assisting elderly to live in their own homes with the help of Home Services and *Day Centres*; improving the situation of dependent elderly; expanding the coverage of old age homes; and reinforcing the integration of disabled citizens via investments in *Residential Homes, Autonomous Residences and Centres for Occupational Activities*.

To **combat child poverty** the measures implemented aim at reinforcing the social protection through a monetary component - family benefits. It also envisages positive discrimination for families with low resources and, particularly, single parent families and large families. On the other hand, investments in enhancing existing solutions at the level of facilities and services have been reinforced, by an increase in the number of places in childcare. This provides greater support for more vulnerable families and encourages and promotes a balance between a personal, family and professional life.

In the area of children and young people at risk, institutional solutions were also promoted, with a view to fostering the overall interests of the child. This has focused especially on the creation of alternatives that ensure they can live with their families (over other forms of institutional solutions) and support for young people in their path to autonomy.

The organisation and functioning of the Commissions to Protect Children and Young people were reinforced, as a supporting structure and programme for a renewed strategy to protect children at risk.

The *Permanent Observatory for Adoption* is working in articulation with Social Security services, with a view to improving and streamlining adoption procedures.

The *Born a Citizen Programme* was developed promoting children's rights since birth (this programme facilitates positive parenthood as well).

Regarding the social inclusion of children, special attention must be paid to measures implemented to remove children from institutions, namely through the implementation of the *DOM Plan and Plans for Immediate Intervention*. In order to reduce **poverty among citizens aged 65 years and over** more effectively and socially fare, an extraordinary monetary benefit called the *Solidarity Supplement for the Elderly* was created. This new benefit is an important step towards redefining the strategy to ensure minimum social benefits for the elderly and it focuses on concentrating available resources towards groups of society with low income. This strategy is a guideline to change the situation of the poorest elderly in qualitative and structural terms, thus correcting the asymmetries that still persist despite the efforts of recent years to increase minimum pensions. The *Solidarity Supplement for the Elderly* is a benefit provided within the Solidarity Subsystem and is aimed at complementing existing income. Its amount is defined using a limit fixed annually as a reference and has a means-tested allocation.

At the same time, efforts have been made to reinforce and consolidate the network of services and facilities so as to respond to existing needs, favouring, whenever possible, solutions that allow the elderly to remain in their habitual living environment, while addressing increasing situations of dependence. For this very purpose, the *National Network of Long Term Care* was launched, under the aegis of the Ministry of Health and the Ministry of Labour and Social Solidarity. The general objective of the Network is to provide integrated long term care to individuals who, irrespective of their age, are in situation of dependence. This integrated long term care is ensured via outpatient and institutional units, as well as by hospital and home support teams.

In order to improve the basic conditions of housing and mobility for the elderly a *Programme for Housing Comfort for the Elderly* was created. It implements a policy of re-qualifying housing so as to protect the autonomy of the elderly. This new programme was also created with a view to avoiding and/or postponing the institutionalisation of elderly.

In order to correct disadvantages in education, measures have been implemented to have an impact on the structurally low levels of qualifications amongst the population and to reduce early school leaving and school failure. This will also enable a greater integration in the labour market, and closely articulates with the *National Employment Plan*. Broad and diverse measures have been created to enhance the quality of learning and to improve the school performance of students in order to overcome the qualification deficit in Portugal. These have been implemented in different areas of intervention.

With a view to ensuring equality in terms of access to educational opportunities the following measures have been implemented: expanding the coverage of the pre-school facilities network; generalised access to activities aimed at curricular enrichment in schools of primary education, creating conditions for full time schools; improving the *Programme for Priority Intervention in Educational Territories*; expanding the number of students in secondary school covered by school-based social actions and reinforcing support for the same; generalised supply of meals for students in primary education.

In order to promote qualifications for young people and adults the measures developed under the *New Opportunities Initiative* are especially worthy of note. This initiative seeks to promote broader opportunities for access to education and training, by offering vocational training aimed at adults, focusing on lifelong learning and reinforcing available facilities for technical-professional education for school age young people. The *New Opportunities Initiative*, launched in September 2005, is a response to the challenge of qualification levels amongst the Portuguese population. It encompasses an integrated set of strategic measures concerning education policies and vocational training that seeks to ensure that secondary education is a benchmark reference in terms of qualifications for young people and adults. The *New Opportunities Initiative* is thus based on two main pillars, one concerning young people, focused on combating early school leaving, and the other concerning adults, using skills they already possess as a point of departure for new qualifications.

Measures to combat unemployment and to promote employment creation have been implemented via programmes such as *INSERJOVEM* and *REAGE*. These programmes seek to ensure that unemployed individuals benefit from a

new opportunity before completing six months of unemployment, in the case of young people, and twelve months in the case of adults, in the form of training, re-conversion, professional experience or a job.

Measures have also been implemented to facilitate the professional integration of the groups furthest from the labour market, with an emphasis on increasing levels of schooling within the population, especially amongst poorer workers who lack qualifications and young people who left school at an early age.

People with disabilities and immigrants have been identified as priority target groups to combat discrimination.

Within the scope of policies for **people with disabilities**, measures have focused on the following key aspects of intervention: accessibility; education, qualifications and employment; social protection; facilities and services.

On the one hand, these measures aim at reinforcing investments to provide access to goods and services, by adapting the school system to the needs of people with disabilities. On the other hand, investments in social protection have been reinforced, by revising and updating family benefits and increasing the capacities of social services and facilities to support individuals and families.

These measures are also aimed at promoting the integration of people with disabilities into the labour market, as a factor for social and professional participation and economic independence. To this end, the process of recognition, verification and validation of skills has widened to include this particular situation.

In this context, the *Action Plan for Integrating Individuals with Disabilities* has also been approved, as was the *National Plan to Promote Accessibility*, in articulation with the approval of legislation for accessibility in terms of physical spaces and housing (Decree-Law No. 163/2006, dated 8 August).

In the context of **immigrants**, the measures adopted have focused on simplifying procedures for legalisation. Moreover, in order to guarantee rights and facilitate the integration and hosting of this community, a network of centres has been developed to provide integrated support.

At the level of hosting and integrating immigrants and their descendants, in May 2007 the government approved the *Plan for Integrating Immigrants* which envisages implementing and monitoring 122 measures.

It is also important to note the consolidation of the public structure aimed at implementing policies for hosting and integrating immigrants, through the *High Commission for Immigration and Intercultural Dialogue*, thus guaranteeing greater stability for the technical resources and solutions being implemented.

Investments in systems and supporting facilities for providing useful information to the immigrant population have been reinforced. These facilities are available in different languages and include actions to teach the Portuguese language and culture, initiatives for training and professional integration and creating integrated responses and support interfaces between the immigrant population and the central and local public administration.

Within an immigration policy that is adapted to the new context, Portugal has also sought to update national legislation in keeping with recent EU directives, given a legal status to foreigners that are equal to that of Portuguese citizens. Moreover, the process of legalisation has been simplified and made more transparent. Measures to combat human trafficking and to protect victims have also been reinforced, namely via the strategy embodied in the first *National Plan to Combat Human Trafficking*.

In terms of mechanisms and instruments to improve the **governance of the strategy for inclusion**, the role local social networks play in implementing the strategy for social inclusion is especially worthy of note. Most Local Social Networks have adopted the priorities defined in the NAPIncl, integrating them into their Local Plans for Social Development, thus guaranteeing that the local plans include and implement the objectives and priorities of the National Plan. This ensures greater coherence at the level of visibility and territorial co-ordination for measures with a national scope.

Another relevant question was the fact that civil society (namely NGOs) had the opportunity to participate actively in the stages of preparing and implementing the NAPIncl, through the *Non Governmental Forum for Social Inclusion*.

Some new mechanisms for participation and contributions from different sectors and different levels of government have also emerged. An example of this is the creation of various structures for inter-ministerial or inter-institutional

co-ordination, so as to allow the definition and implementation of specific strategies or policies, such as measures aimed at immigrants and ethnic minorities, and the homeless.

Finally, a system has been implemented to monitor and evaluate the Plan on a national scale with improved mechanisms to articulate with information systems that exist at a local level, thus strategically enhancing and dynamising efforts aimed at partnerships and planning that developed by *Local Social Networks*.

2.2 KEY CHALLENGES, PRIORITY OBJECTIVES AND TARGETS

Talking about the challenges of social inclusion in the current context means talking about the dimensions and types of social inequalities that continue to require a great deal of civic and political attention. Persistent social inequalities are today compounded by the effects of the well-known demographic changes taking place. For all these reasons, social protection systems currently face great challenges. They must guarantee citizenship rights, protect more vulnerable groups of society and prevent situations of risk, impoverishment and exclusion.

Within the framework of the overall strategy defined for Social Protection and Social Inclusion for 2008-2010, the government has adopted a series of measures in the NAPincl that will enable **the promotion of social inclusion and prevent the situations of poverty and social exclusion** still challenging Portugal today. In order to combat the social inequalities that have been identified and to promote active social inclusion, the NAPincl incorporates a multidimensional strategy based on three fundamental priorities: combating and reversing situations of persistent poverty, especially amongst children and the elderly; correcting disadvantages at the level of education and training, preventing exclusion and contributing towards interrupting cycles of poverty and towards sustained and inclusive economic development, and actions to overcome discrimination, reinforcing the integration of specific groups.

The strategy that has been developed in the NAPincl also proposes to contribute towards **facing the challenges posed by demographic changes**, namely by encouraging and providing support to fertility, enabling a balance between professional activities and personal and family life, and improving support for the elderly and dependant individuals. The measures to be implemented, on the one hand, aim to reinforcement of social protection by providing family benefits and positive discrimination in favour of low-income families. On the other hand, it represents a reinforcement of investments in developing existing resources at the level of adequate social services and facilities. Multiple guidelines are implicit in these priorities, in order to guarantee:

- Access by all individuals to resources, rights, goods and services;
- The quality and adequacy of policies, adapting them to the needs and requirements of individuals and modern societies;
- Long term sustainability, promoting a rational use of resources, guaranteeing that they are adequate to effectively implement measures.

Preventing and reversing social inequalities and the challenges arising from demographic changes also entails monitoring social dynamics underway and existing problems (and sometimes the resilience of these problems).

Social inclusion has proved to be a central priority for new social policies and is also an urgent priority in terms of adequate models for intervention. Given the multiple excluding factors and their consequent effects, interventions in the field of promoting inclusion require diverse actions with different scopes and directions. This also implies investments in structural changes along with changes in social, economic, political and cultural institutions. Hence, a strategy has been designed that seeks to combine actions to promote general conditions for greater and better inclusion along with other initiatives focusing on individuals, groups and/or institutions that are particularly vulnerable.

In Portugal, the choice of priority objectives for the NAPincl 2008-2010 was based on various available sources

and elements. These included existing systems for statistical information, academic studies, the evaluation of the 2007 Joint Report, the process of monitoring and accompanying the 2006-2008 NAPinc and, likewise, consultations with various entities involved (institutions or acknowledged individual experts) in the field of social exclusion/inclusion.

Investments have been boosted (begun in the 2006-2008 NAPinc) in more immediate measures, alongside with more long term initiatives, which in itself represents a challenge of balancing these two aspects. The strategy of this Plan is also based on a demanding selection of measures, which, in addition to being diversified initiatives, also benefit from the articulation of multi-sectoral contributions and multiple resources.

The strategy outlined for the period 2008-2010 seeks to respond to diverse areas of the most severe poverty and social exclusion, both at the level of individuals and families, as well as at the level of particularly vulnerable groups, or impoverished institutions or even less favoured territories. These guidelines seek to be consistent with the multidimensional nature of the problem, since combating these problems will require numerous and diverse agents and actors as important parts of an integrated and multifaceted strategy.

Thus, the strategy adopted did not include all the existing and/or scheduled initiatives in the area of social exclusion/inclusion, but also selecting them on the basis of their specific contribution to promote inclusion during the period in question.

The assessments and lessons learnt from the previous cycle of the 2006-2008 NAPinc revealed that investments in changing many of the problems identified were consolidated when persistent and intense attention was concentrated on certain areas of intervention. Thus, the strategy adopted by this NAPinc for 2008-2010 seeks to focus on three priority areas, attempting, within these areas, to maximise contributions and diversify areas of intervention, permanently aimed at the three central priority areas.

Some of the major reasons for the selection of these priorities included the fact that poverty still continues to be one of the main obstacles to ensuring that citizens have access to fundamental rights. Hence, diverse kinds of initiatives are required according to the profile of the problems identified. In 2006, 18% of the Portuguese population lived below the poverty line (18% for men and 19% for women)²⁷. Persistent poverty was likewise high: 15% of the population lived below the poverty line in 2001 and had been in that situation for, at least, two of the three preceding years²⁸.

Reinforcing the national system of social protection and drawing closer to the levels of other EU countries have resulted in improvements at various levels and the reduction of risks. Without the effect of social transfers (with the exception of pensions) the percentage of the population at risk of monetary poverty was about 25% in 2006 (as compared to 26% in the EU25)²⁹.

Far more than other European countries, Portugal also benefits positively from the non-monetary component of income to improve the living conditions of its population. In 2005/06, 19% of the total income of families came from non-monetary income, which resulted in a reduction of about 3 percentage points in terms of poverty³⁰.

Despite the reduction that has taken place in the percentage of the population living below the poverty line, there are still reasons why poverty and social exclusion continue to be a significant problem for Portuguese society. The differentiated incidence of poverty and social exclusion in certain groups in particular ensures that this is still a priority area.

Thus, this new NAPinc cycle for 2008-2010 has reinforced measures to combat the persistence and severity of the problem of **poverty and social exclusion among children and the elderly**, who have been identified as priority groups. Despite the improvements recorded in terms of the well-being of children and their families, they still continue to represent a particularly vulnerable group, presenting a well-known and perverse potential for inter-

²⁷ Eurostat, ECHP

²⁸ Eurostat, ECHP

²⁹ Eurostat, SILC

³⁰ INE, IDEF

generational transmission. In 2006, 21% of individuals between 0 and 17 years lived in situations of poverty (as compared to 18% of the total population)³¹, especially in the case of single-parent families, families with children and, amongst these, large families. A greater awareness of situations of abuse and abandonment implies that the problem continues to remain on the agenda in order to ensure an environment for safe development and well-being. Various measures have been designed to provide a more adequate and protected balance between work and a family life. In harmony with various other international entities, the strategy seeks to contribute towards reducing difficult situations for children, thus breaking the notorious cycle that reproduces poverty and multiple forms of social exclusion. Above all else, the strategy seeks to pave the way for a different future, one that does not resign itself to the idea that exclusion is inevitable. The situation of financial exclusion has also been addressed by this strategy, both through mechanisms for consultations and counselling as well as through financial benefits that seek to prevent and reduce this problem.

The elderly population continues to be the population subgroup facing the highest risk of poverty. In 2006, 26% of the elderly were in risk of poverty (26% for women and the same percentage for men). The emphasis on the elderly seeks not just to rectify a pre-existing deficit within Portuguese society, but also to identify initiatives that firmly protect against unprotected ageing (not just in terms of income patterns but also health practices, social and cultural relations).

Persistent levels of **school failure and lack of qualifications** for an increasingly demanding socio-professional world are the reasons that serve as the basis for reinforcing another priority area. The plan aims to cover the entire cycle and all opportunities for qualifications, bringing together a set of devices and measures designed to serve this purpose. The objective is to make education and qualifications a efficient tool that is accessible to various target audiences. It also seeks to meet the societal requirements that lie at the heart of this priority and to articulate them with basic conditions for social, cultural, political and economic performances beginning from now on. Since info-exclusion is one of the risks identified in the current context of information societies, the strategy of this plan also reinforces measures to promote info-inclusion.

The third priority encompasses a set of initiatives that will be extended to the **immigrant population and people with disabilities** during this cycle. It is clear that there is scope to improve existing initiatives while simultaneously developing new measures for intervention. In Portugal, measures to integrate the Roma community have been implemented for some time and this community is increasingly covered by many of the measures accessible to the general population.

However, the importance of adopting additional measures has also been recognised, especially aimed at the **Roma communities**. This NAPincl contemplates a mechanism to monitor the degree of integration of these communities, with a special emphasis on education, health, employment and housing. It will be co-ordinated by the High Commission for Immigration and Intercultural Dialogue.

The growing complexity of social exclusion has accentuated the visibility of the problems of the homeless people, requiring adequate solutions for the shortcomings identified. Due to the greater attention that this problem has received in Portugal, it is expected that measures will be implemented over the course of 2008-2010 and a new strategy will be developed to reinforce intervention in this area.

It is also important to mention that policies aimed at ensuring equal opportunities, especially between men and women, are transversal elements of the policy measures under each priority area.

Despite the levels of **awareness, debate and the qualification of intervention** achieved in the past 30 years, this is an area requiring permanent attention. Not just due to the reconfiguration of issues but also to the changes imposed on systems and agents of intervention. Starting in the European Year for Intercultural Dialogue,

³¹ Eurostat, SILC

this plan will be served by a set of initiatives that aimed at various publics and with diverse idioms. This will be facilitated by actions for closer ties. With this objective in mind, priority is given to reinforcing initiatives providing a better awareness of poverty and social inclusion in various ways, along with a heightened civic awareness and social responsibility in the context of this issue. Another area to be developed is contributing towards informed and qualified intervention on the part of the diverse stakeholders involved.

The strategy continues to focus on a restricted set of priorities, which encompass the risks and problems identified and characterised. There has been a renewed emphasis on articulation with various other strategic instruments at a national level, thus giving rise to multidimensional and integrated action.

The NAPincl 2008-2010 also reinforces the link with the **Autonomous Regions of the Azores and Madeira**, integrating some of their more significant intervention in the area of social inclusion into the national plan. This does not preclude these regions from constructing their own plans as well, targeted to meet the specific requirements of these archipelagos.

The priority political objectives selected as the main pillars of the strategy for social inclusion for 2008-2010 are aimed at three fundamental areas:

- i) Fight child and elderly poverty, through measures that ensure their basic rights of citizenship**
- ii) Correct the disadvantages in education and training/qualification**
- iii) Overcome discrimination and reinforcing the integration of specific groups, namely people with disabilities, immigrants and ethnic minorities**

2.3/ 2.4/ 2.5 PRIORITY POLICY OBJECTIVES

Priority 1 | Fight child and elderly poverty, through measures that ensure their basic rights of citizenship

Children and the elderly are two groups in Portugal identified as a priority in terms of investments so as to ensure the fulfilment of their rights. With this objective in mind, diverse measures and their respective goals have been established, which not only envisage actions specifically aimed at these groups but which also focus on aspects that seek to improve the socio-family and territorial environment.

Efforts to intervene in income, employment, housing and territorial improvements seek to promote better social conditions and to support children and the elderly. The goal of increasing the Minimum Guaranteed Monthly Wage by 24% by 2010 is aimed at improving the income of families. Other measures also serve to reinforce this, namely by:

- i) Guaranteeing a basic income and programmes for socio-professional integration;
- ii) Interventions in the area of housing, to ensure rehabilitation, re-qualification, re-housing, improving access to housing at compatible prices with the incomes of families income;
- iii) Territorial initiatives focusing on marginalised and more vulnerable areas, likewise combating desertification and isolation and favouring social integration for specific population groups;
- iv) Emphasising the need to reinforce support, information and counselling for citizens facing diverse financial situations/problems especially over indebtedness in the context of mortgages.

The initiatives to promote the professional integration of less privileged groups, within the framework of active policies for employment and professional training, also contribute towards creating better family conditions for children living in poverty.

Combating child poverty entails reacting and combating existing situations of vulnerability and developing initiatives to prevent the most severe risks of poverty, and the impoverishment of children and their respective families and/or territorial groups.

The measures that comprise the strategy outlined herein include a wide range of actions for intervention, ranging

from social protection, tax benefits, and school social action benefits, enhancing existing facilities and paying additional attention to children and young people who might be in situations of risk. The reinforcement of social protection and inclusion is implemented by improving monetary benefits and expanding access to social facilities. The measures aimed at increasing/updating child benefits have been further supplemented by initiatives that will double the existing number of childcare facilities with longer working hours as well as increase the number of places in childcare. Both these initiatives will promote greater and better support for families, ensuring adequate solutions for living conditions and professional activities.

While combating poverty amongst children, special emphasis has been given to **measures promoted within the educational system**, especially an increase in pre-school facilities and better conditions to ensure that students complete compulsory school. Especially worthy of note are new measures to school social action benefits aimed at paying for textbooks and providing meals for students.

The Born a Citizen Programme develops two aspects in terms of children. On the one hand, it registers children at birth at the health and social security services and, on the other hand, it identifies and intervenes in cases associated with risk factors and vulnerability. There is a visible growth in measures aimed at supporting fertility and parenthood that range from reinforcing monetary benefits to training for positive parenting. This plan continues the programmes aimed at the situation of children living in residential care, which seek to develop alternative ways of life as well as to work with their biological families and host institutions. Likewise, in terms of legal support, this plan encompasses support aimed at more vulnerable citizens and groups.

More specifically aimed at the elderly population, another priority is to reinforce their income as well as to focus on highlighting and **consolidating the network of services and facilities** in order to provide solutions for their needs, through new investments derived from National Strategic Reference Framework (NSRF) funding. The housing situation is likewise a target area for programmes specifically aimed at the elderly, through a policy of housing re-qualification.

TARGETS

- **Increase the Minimum Wage by 24% until achieving the amount of 500 euros in 2011.**
- **Include 80,000 beneficiaries of the Social Integration Income scheme in training/qualification initiatives and/or in the labour market.**
- **Increase means tested housing benefits, including 95% of households.**
- **Include 141,288 individuals in Occupational Programmes and 12,984 individuals in Social Integration Enterprises.**
- **Increase to 10 working days, from the present 5 days, obligatory paternity leave, half of which is to be immediately after the birth.**
- **Increase parental leave to 6 months paid at 83% (of gross income) and, for the purposes of social security, record double the hours spent in part-time work in the case of individuals with minor children.**
- **Increase the number of technical staff available at the National Social Emergency Helpline by 50% and increase the institutions involved by 30%.**
- **Register all children at birth, reporting and monitoring all detected situations of risk.**
- **Support 310,000 pregnant women financially who reach the 13th week of gestation.**
- **Support 711,000 students in basic and secondary education via School Social Action, up to 2010 and reduce the price of the school pass for public transport by 50%, from 2008 onwards.**
- **Double the number of childcare facilities working with schedules that cover more than 11 hours per day.**
- **Cover all individuals aged 65 years or over whose income is less than 4800 euros/year with: i) income supplements, ii) support for purchasing medicines, iii) support for acquiring dental prostheses and, iv) support for buying glasses and lenses.**
- **Create 1,378 places in facilities for the elderly.**

POLICY MEASURES³²

Cross-cutting measures³³

- Minimum Wage - (MTSS)
- Social Integration Income - (MTSS)
- Reduction of the maximum municipal property tax rate – CIMI, Art. 112 (MFAP) ✓
- Expanding the period for property tax exemptions for urban buildings for permanent and own residences - Change in Art. 46 of the Statute of Tax Benefits (MFAP) ✓
- Increased expenditure on housing according to resources - Change in Art. 85 of the Tax Code (MFAP) ✓
- Support and counselling for families with debts: Offices for Assistance for Over indebted Consumers (MEI)
- Inclusion Training (MTSS)
- Micro-credit (MTSS)
- Inclusive Labour Market (MTSS)
 - Occupational Programmes
 - Social Integration Enterprises
 - Life Employment Programme
- Revision of the Law for Access to Legal Rights and Support (MJ) ✓
- Tax benefits for creating employment for young people and long term unemployed (MFAP)
- Hire young people and long term unemployed (MTSS)
- Hire more vulnerable citizens (MTSS) ✓
- Combating job precariousness (MTSS) ✓
- Parenthood Protection (MTSS) ✓
- Door 65 (MAOTDR)
 - Youths
 - Housing and Mobility Services ✓
 - Management and Close Ties ✓
 - Supported Housing (Cohabitation) ✓
- PROHABITA (MAOTDR)
- Socio-territorial intervention in more vulnerable areas
 - Critical Neighbourhoods Initiative (MAOTDR/ Municipalities)
 - Social Development Local Contracts (MTSS)
 - Local Security Contracts (MAI/ Municipalities)
- Network of Social Emergency Services (MTSS/CVP/IPSS) ✓
- Voluntary services (MTSS) ✓
- 24 hour Health Help Line (MS) ✓
- National Programme to Promote Oral Health (MS)

³² **MTSS** - Ministry of Labour and Social Solidarity; **MAI** - Ministry for Internal Affairs; **MFAP** - Ministry of Finance and Public Administration; **MNE** - Ministry of Foreign Affairs; **MJ** - Ministry of Justice; **MAOTDR** - Ministry of the Environment, Territorial Planning and Regional Development; **MEI** - Ministry of the Economy and Innovation; **MOPTC** - Ministry of Public Works, Transport and Communications; **MS** - Ministry of Health; **ME** - Ministry of Education; **MCTES** - Ministry of Science, Technology and Higher Education; **MC** - Ministry of Culture; **PCM** - Presidency of the Council of Ministers; **RAA** - Regional Government of the Azores; **RAM** - Regional Government of Madeira.

³³ ✓ New policy measure or policy measure to be created

Children

- “Born a Citizen” Programme – Phase II (MTSS/MS/MJ)
- Prenatal family benefit from the 13th week of pregnancy onwards (MTSS)
- Increased family benefits after the birth or integration of a second child or subsequent children (MTSS)
- Additional family benefits for single parent families – Decree-Law No. 87/2008 dated 28 May (MTSS) ✓
- Extraordinary updating of the amounts of family benefits for children and young people in low-income family units – Order No. 425/2008 dated 16 June (MTSS) ✓
- Social maternity, paternity and adoption benefits – Decree-Law No. 105/2008 dated 25 June (MTSS) ✓
- Tax benefits for families with young children under the age of 3 – Change in Art. 79 of the Tax Code (MFAP) ✓
- School Social Action Benefits Programme and Programme to Provide Meals to Students of the 1st Cycle of Basic Education (ME) ✓
- School transport pass for students aged 4-18 | 4_18@escola.tp (MOPTC/ Municipalities) ✓
- Childcare (PARES) – Order No. 462/2006 dated 2 May (MTSS)
- Support for extended opening hours of childcare (MTSS)
- Network of Autonomy Apartments (MTSS)
- Positive Parenthood – Law No. 147/99 dated 1 September (MTSS)
- DOM Plan – Challenges, Opportunities and Changes (MTSS)
- Commissions for the Protection of Children and Young People - (MTSS)
- Civil Mentoring (MTSS) ✓
- The “Choices” Programme (PCM)

Elderly

- Solidarity Supplement for the Elderly - (MTSS)
- Reinforcing Facilities for the Elderly (MTSS)
 - *Social Facilities Programme (POPH)* ✓
 - *Social Services and Equipments Network Programme (PARES)*
 - *Re-qualification and Safety Programme for Social Facilities* ✓
- National Network for Integrated Long Term Care - (MTSS/MS)
- Programme for the Housing Comfort of the Elderly - (MTSS)

Autonomous Regions

- Network of Enterprises for a solidarity economy (Autonomous Region of the Azores)
- Regional Agency to Promote Credit for Social Integration - (Autonomous Region of the Azores)
- Regional Network of Home Care Providers (Autonomous Region of the Azores)
- Network of Resource Centres to Provide Integrated Support to the Elderly (Autonomous Region of the Azores)
- Programme for Early Intervention and Parental Skills (Autonomous Region of Madeira) ✓
- Family Planning for Adolescents (Autonomous Region of Madeira) ✓
- Project to Prevent Teenage Pregnancies (Autonomous Region of Madeira) ✓
- Network of Community Centres (Autonomous Region of Madeira) ✓

Priority 2 | Correct the disadvantages in education and training/ qualifications

Correcting disadvantages in education and training/qualifications continues to be one of the main dimensions for intervention within Portuguese society. It is also important to continue and reinforce the path begun during the previous plan, so as to reduce the structural deficit in qualifications of the Portuguese population, with a strong emphasis on strategic interventions throughout the cycle of life.

Thus, efforts are underway to guarantee **generalised access to pre-school education for children aged between 3 and 5 years of age**, with a fundamental objective of promoting equal rights and to ensure positive effects on the initial process of learning for children. Basic learning associated with the consequent development of individual capacities will be offered by a set of diverse measures, some of which have already been implemented and others will be implemented in the future. These measures are aimed at enriching citizens in personal and curricular terms from the very outset, during the first cycle of basic education, and are an indispensable asset that will provide a more solid grounding and a greater likelihood of success during subsequent levels of education.

Measures and initiatives are being promoted for the most vulnerable children and young people, especially via the *student support offices*.

A set of measures has also been reinforced to offer professional options and curricular alternatives to **(re)attract students who have left the educational system at an early age and those who have learning difficulties** thus ensuring that they have the opportunity to conclude their secondary education or just compulsory schooling. This will facilitate the acquisition of greater qualifications and skills to deal with the **transition to an active professional life**.

The *New Opportunities Initiative* is also framed within this context as a fundamental and more integrated strategic solution to respond to the challenge of ensuring qualifications for young people and adults. This initiative also focuses on providing qualifications for **adults in an active age group**. This is achieved by promoting educational/training courses, alongside the recognition, validation and certification of skills that such individuals have acquired over the course of their lives through formal or informal means. This affords opportunities for citizens with low qualifications, providing them with a set of tools with which to increase their qualifications and employability.

There has also been a very significant investment, which is currently underway, in the area of Information and Knowledge Technologies so as to sharply reduce info-exclusion. This will be achieved via projects providing training and certification in ICT, improving the skills of children, young people and adults. This also entails promoting generalised access to low-cost laptop computers, especially, in an initial phase, for *students between the 7th and 12th grades (E-School programme)*. From 2008 onwards, students from the 1st and 2nd cycles will also be included, through the computer Magalhães e-kids School Programme. Moreover, Centres for Digital Inclusion will also be created and the number of areas that provide free public access to the Internet will be doubled.

Within the framework of this priority, it is important to highlight the significance of its articulation with the measures contained in the National Reform Plan, which jointly encompasses the Strategy for Growth and Jobs, the Technological Plan and the National Employment Plan.

TARGETS

- **Make a Student Support Office available in each group educational institution.**
- **Develop 20 new contract-programmes in educational territories for priority intervention.**
- **Support 9,000 students in higher education, through a system of loans with mutual guarantees given by the State.**
- **Train, qualify, certify and integrate 550 people within the scope of the ITINÉRIS programme – Autonomous Region of the Azores**

- **Achieve a ratio of 2 students per computer connected to the Internet; ensure a video-projector in all classrooms; ensure an interactive blackboard in every 3 classrooms.**
- **Guarantee Internet access in all classrooms.**
- **Cover 500,000 students of the first cycle of basic education, guaranteeing access to a laptop computer with Internet access.**
- **Cover 500,000 students of the third cycle of basic education and secondary education, supporting the acquisition of computers with Internet access.**

POLICY MEASURES

- Network of pre-school facilities – New Programme for Metropolitan Areas (ME/ Municipalities)
- Student Support Offices (ME) ✓
- Activities for curricular enrichment (ME)
- Alternative Curricular Paths (ME)
- Dynamising educational and training courses for young people (ME)
- Educational Territories for Priority Intervention (ME)
- New Opportunities Initiative (MTSS/ME)
- System of loans and expanding the award of scholarships (MCTES)
- New regime of access to higher education for individuals aged over 23 years (MCTES)

Autonomous Regions

- ITINÉRIS Programme (Autonomous Region of the Azores)
- Alternative Curricular Paths (Autonomous Region of Madeira)

ICT

- Projects to provide technological infrastructure in schools (ME) ✓
- Training Projects as part of the Educational Technological Plan (ME) ✓
- School Internet Portal (ME) ✓
- Programmes to ensure generalised access to computers with Internet and broadband:
 - *e-professor* (ME)
 - *e-opportunities* (MTSS)
 - *e-school* (ME)
 - *e-kids school* (ME) ✓
- Centres for Digital Inclusion - Choices Programme (PCM) ✓
- Creation of Specialised Technological Courses (MCTES) ✓

- Broadband Networks (MCTES) ✓
- Doubling the network of Internet Spaces /Link Portugal Programme (MCTES) ✓

Priority 3 | Overcome discrimination and reinforcing the integration of specific groups, namely people with disabilities, immigrants and ethnic minorities

Policy measures to be implemented within the scope of this priority seek to overcome discrimination and favour the social inclusion of more vulnerable groups, namely people with disabilities, immigrants and ethnic minorities, the Roma community and the homeless.

Efforts will be made to activate a set of policies aimed at preventing and/or rectifying such situations, with a view to developing conditions to fully enjoy citizenship rights, both with strategic agencies and actors in the field of social intervention as well as with the general population. On the other hand, these measures will also reinforce access to essential services and opportunities, through the application of anti-discrimination legislation and the development of approaches aimed at specific situations.

These policy measures to prevent and rectify such situations, focus on the following key dimensions for intervention: income; services and facilities; accessibility; education, training and employment; institutional capacity building; rights. They thus translate into a reinforcement of investments towards improved access to goods and services, by adapting the school system to the needs of this community. On the other hand, investment in social protection will also be reinforced, by revising and updating family benefits and increasing places in social services and facilities to provide support for individuals and families. Investments will continue to be made in training initiatives and measures to integrate people with disabilities into the labour market, so that they can participate socially and professionally and are economically independent. Similarly, access to and the defence of rights will also be reinforced through specific measures within the scope of legal support.

Policy measures aimed at immigrants seek to ensure their rights, namely through the following: access to services; social protection; education and training; employability and jobs; access to rights/legal support. Such measures have already been envisaged and programmed within the scope of the Plan to Integrate Immigrants (2007-2009), which is one of the most important tools to realise the objectives of this NAPinl.

With regard to ethnic minorities, especially the Roma communities, in order to contribute towards promoting inclusion it is important to mention that these communities have access to an important set of general programmes and measures that are aimed at individuals and groups living in situations of poverty and exclusion. These include the Integration Social Income, housing programmes, measures for social protection and school social action. In the same way, Roma communities also benefit from some of the measures outlined in the aforesaid Plan to Integrate Immigrants.

In 2007, the High Commission for Immigration and Intercultural Dialogue created an Office to Support Roma Communities, with a view to developing a set of activities aimed at the promotion and social inclusion of Roma communities, in articulation with diverse entities working in this area.

Aware of the fundamental importance of guaranteeing the participation of the Roma communities, both in terms of developing and planning actions, the Office to Support Roma Communities has set up a Working Group with 6 elements belonging to Roma communities, experienced in mediation and working in joint projects. This will ensure that intervention measures are more effective and it also ensures a greater representation of the interests and perspectives of Portuguese Roma.

Since local intervention efforts with Roma communities are considered to be equally essential, this working group has developed diverse actions to mediate conflicts, both in neighbourhoods and at the level of relations with public entities. Efforts have also been made to implement training initiatives and to increase awareness about active citizenship amongst social and educational agents and members of the Roma communities in the most sensitive areas. On the other hand, a set of 16 projects for intervention has been accompanied within the framework of the Choices Programme. These projects are distributed all over the country and one of the target audiences are children from Roma communities.

In terms of disseminating and sharing information, the Office to Support Roma Communities has also created a website www.ciga-nos!.pt and has published diverse studies and publications.

The High Commission for Immigration and Intercultural Dialogue will ensure the continuity and development of the initiatives currently underway. It is expected that the Choices Programme will continue beyond the time frame (2009) set for the third generation of this programme.

On the other hand, the importance of adopting additional measures, especially aimed at the Roma community, has also been recognised. This NAPincl promotes a mechanism to monitor the conditions for inclusion with regard to these communities (Consultative Group), with a special emphasis on the areas of education, employment, housing and health, which will be co-ordinated by the High Commission for Immigration and Intercultural Dialogue.

TARGETS

- **Increase the basic value of tax deductions in the case of dependants with disabilities and parents with disabilities, by 2009.**
- **Create 1400 places in facilities for people with disabilities.**
- **Create 1,000 places providing solutions for long term care in the area of mental health.**
- **Cover 2,978 people with disabilities who are to be enrolled and channelled by Employment Centres under Employment Plans.**
- **Ensure legal assistance for people with disabilities whenever they are part of legal suits.**
- **Respond to 50% of requests, increase the quality and number of participants through a Resource Centre for Adapted Motor Activities and Sports Activities for People with Disabilities (Autonomous Region of Madeira).**
- **Make a telephone service available to all immigrants on records and notary services.**
- **Cover 10,000 individuals for training courses in the Portuguese language with the respective certification of their skills.**
- **Include 787 women in consultation sessions to create and to develop micro-enterprises managed by women.**
- **Create a new training module and hold twenty training programmes aimed at agents who work with the Roma community.**
- **Cover 80% of “homeless” people with Individual Reintegration Plans, by the end of 2010 and make an information and monitoring system for their problem available on the Internet for this problem, by the end of 2009.**

POLICY MEASURES

People with disabilities

- Revise the regime of protection for people with disabilities (MTSS) ✓
- Increase the level of tax benefits (MFAP)
- Simplify the allocation and funding of Technical Assistance (MTSS) ✓
- Reinforce facilities for people with disabilities (MTSS)
 - *Social Facilities Programme (POPH)* ✓
 - *Social Services and Equipments Network Programme (PARES)*
- Creation of Long-term Care Units for Mental Health (MTSS/MS) ✓
- Revision of the system of Special Education in public schools (ME) ✓
- Programme for Portuguese as a 2nd Language for Deaf Students (ME) ✓
- Adapted textbooks for visually disabled individuals (ME)
- Production of Braille and Audio Books (MC)
- Training in special education (ME)
 - *Teachers and other staff*
 - *Education action assistants*
- Resource Centres for Inclusion - (ME) ✓
- Inclusive New Opportunities Centres (MTSS) ✓
- Training for people with disabilities – Co-operation Actions (MTSS)
- Programme to support the placement of people with disabilities in the labour market and post-placement follow-up (MTSS) ✓
- Redefining the Information, Assessment and Professional Guidance programme (MTSS)
- Incentives for employing people with disabilities (MTSS)
- Protected Employment (MTSS)
- Support for placements and post-placement follow-up (MTSS)
- Legal assistance for people with disabilities (MJ) ✓

Autonomous Regions

- Network of Resource Centres for Focused Intervention (Autonomous Region of the Azores).
- Promotion of Adapted Motor Activities (AMA) and Sports Facilities for people with disabilities (Autonomous Region of Madeira).
- Integrated system to identify and guide gifted children and young people (Autonomous Region of Madeira).

Immigrants

- Centres to Support the Integration of Immigrants - (PCM)
- Call Centre (MJ) ✓
- Nationality counters in civil registrar offices (MJ) ✓

- SOS Immigrant Helpline (PCM)
- Portuguese language courses for foreigners (PCM/ME/MTSS) ✓
- “Choices” Programme (PCM)
- Trainers Team (PCM)
- Support for entrepreneurial ventures, associations and the creation of entrepreneurial networks for economic activities managed by women (PCM)
- Department of Support for Associations and Intercultural Dialogue (PCM)
- Support unit for victims of discrimination against immigrants and ethnic minorities (PCM) ✓
- Emergency Support (PCM/MTSS)
- Combating Human Trafficking – Observatory for Human Trafficking (PCM)
- Support for victims of Human Trafficking (PCM)

Autonomous Regions

- Centres for Personalised Support to provide socio-cultural assistance for groups that face a high risk of exclusion (Autonomous Region of the Azores)

Ethnic Minorities

- Advisory Group for the Inclusion of Roma Communities (PCM) ✓
- Training for agents working with Roma communities (PCM) ✓
- Choices Programme (PCM)
- Experiences implemented in social housing (MAOTDR) ✓
- Raising public opinion awareness (PCM)

Homeless

- Individual Reintegration Plans (MTSS) ✓
- Information and monitoring systems for the homelessness problem (MTSS) ✓

2.6 BETTER GOVERNANCE

The NAPincl has kept in mind guidelines derived from the revised Lisbon Strategy (2005), which reflect EU guidelines to promote a more effective strategy for social inclusion.

In this context, and in keeping with the rationalised Open Method of Co-ordination (OMC), improving and reinforcing governance so as to have a decisive impact on poverty eradication and social exclusion implies guaranteeing the proposals contained in the third common objective. This indicates that, *“Policies for social inclusion must be well co-ordinated and include the involvement of all levels of governance and relevant stakeholders (including people living in poverty). They must be effective and integrated into all relevant public policies, namely economic and budgetary policies, educational and training policies and programmes for structural funds (namely the ESF)”*.

Thus, the promotion of better governance is based on four key vectors: 1) improving political co-ordination between different ministries and state structures involved in the design, implementation and monitoring of policies for social inclusion; 2) simplifying existing policies and policy measures and promoting their coherent and efficient articulation; 3) reinforcing the mobilisation, articulation and participation of all stakeholders at a national, regional and local level; 4) improving access to information on the part of all citizens about the process of social inclusion its measures.

The NAPincl for 2008-2010 encompasses mechanisms and instruments for governance to: i) guarantee a presence and intervention at a national level, namely through focal points working with entities that work closely to promote inclusion, ii) promote the influence of the local dimension, from a micro to a medium level iii) permanently articulate with civil society, both through NGO and through experts and researchers in the field of poverty and social exclusion. This is thus a logic that seeks to ensure a broad and wide-ranging interlocution, debate and influence over the course of the process aimed at ensuring inclusion and the consequent implementation of the plan.

Design Process

The efforts that were undertaken to design, implement and monitor the strategy for social inclusion, embodied in the National Action Plan for Inclusion (NAPincl) also required a process of co-ordination. It implied shared responsibilities between the state, through its central, regional and local mechanisms, and diverse actors, namely private non profit and commercial entities.

The task of co-ordinating the design of the NAPincl for 2008-2010 was entrusted to the Ministry for Labour and Social Solidarity. An Inter-Ministerial follow-ups Commission was constituted by Cabinet Resolution No. 40/2006, with representatives from diverse ministries (14), the regional governments of Azores and Madeira and the Non-Governmental Forum for Social Inclusion (as an observer). These institutional mechanisms continued to function until they were terminated by means of Cabinet Resolution No. 486/2008. The main changes proposed are extremely relevant, especially with regard to the co-ordination of policies and the phases of the implementation, monitoring and assessment of the Plan.

The Non-Governmental Forum for Social Inclusion provided valuable contributions, especially in the monitoring the 2006-2008 NAPincl. It played an important role while designing the 2008-2010 NAPincl. It is expected that this body will continue to function in an independent and critical manner during the implementation of the plan. The contributions reflect NGO experiences of working with individuals living in situations of poverty and social exclusion, their needs and expectations with regard to their rights and access to goods, services and facilities in key areas to resolve their problems of poverty and social exclusion. The contributions from seven decentralised workshops held in 2007 within the framework of the transnational project *“This Includes Me: From Participation*

to Inclusion”³⁴ were similarly important. The workshops were promoted by diverse entities, NAPIncl and included the participation of individuals living in situations of poverty and exclusion, technical experts from state entities, Portuguese Social Solidarity Institutions (IPSS) and NGO.

The implementation of the Multi-District Platforms for Social Networks³⁵ (28 such Platforms were constituted between 2006 and 2007) was a significant step. They enable a regional vision of the main problems facing the country and facilitate more integrated interventions. They likewise participated in this of the process stage, fostering a more concrete articulation with national entities, by identifying the main problematic areas in each region and the most vulnerable groups³⁶. This qualitative information allowed the corroboration of the need to pursue and reinforce intervention in the priority areas defined within this strategy of social inclusion. The existing database of the Social Network Programme also proved to be crucial.

Political Co-ordination

Improving governance also entails improving political co-ordination and the co-ordination of policies, namely by promoting effective mechanisms for articulating, integrating and mainstreaming the large array of existing policies and plans. It also means follow-ups the progress made by other relevant instruments, in the context of the Lisbon Strategy, fostering synergies that contribute towards a common objective of having a decisive impact on eradicating poverty and social exclusion and improving social cohesion.

In this context, the reinforcement of the co-ordination, articulation and integration of policies was promoted by replacing the Inter-Ministerial Follow-up Commission and the Working Group with the Platform for National Sectoral Plans for Strategic Planning (Platform) and by Sectoral Monitoring Focal Points. These entities were dynamised by the co-ordination of the NAPIncl (constituted in the aforesaid Cabinet Resolution No. 486/2008). This is an effort to ensure the *transversal integration* of social inclusion in relevant public policies, especially economic, employment, educational, social, cultural, environmental and health policies.

The Platform includes the co-ordinators of the following Plans and Programmes: the National Plan for Equality, Citizenship and Gender Issues; National Plan Against Domestic Violence; National Plan Against Human Trafficking; Plan to Integrate Immigrants; National Plan for Youth Affairs; National Programme for Territorial Organisation Policies; Strategic Plan for Housing; Action Plan for the Integration of People with Disabilities; National Initiative for Children and Adolescents; National Health Plan; National Plan for Mental Health; National Plan for Drugs and Drug Addiction; National Anti-AIDS Plan; Plan for Cultural Development; National Strategy for Sustainable Development³⁷ and the National Employment Plan³⁸.

In their turn, the Sectoral Focal Points are constituted by representatives from the following areas: Internal Administration; Finance; Gender Equality; Immigration and Ethnic Minorities; Youth Affairs; Justice; Housing and Urban Rehabilitation; Economy; Transport and Communications; Social Security; Employment and Vocational Training; Rehabilitation; Health; Education; One representative from the area of Science and Technology; Culture; the regional Government of the Azores; the Regional Government of Madeira; National Association of Portuguese Municipalities and the National Association of Parishes. A representative from the Non-Governmental Forum for Social Inclusion is also expected to make part in the meetings.

³⁴ This project was financed by the European Commission, the Community Action Programme to Combat Social Exclusion and by the Institute for Social Security, IP/ MTSS (VP/2006/012/741) and took place between 2006 and 2007.

³⁵ Created by means of Decree-Law No. 115/ 2006.

³⁶ The main groups identified are as follows: Families and Children; the Elderly, especially dependant and isolated individuals; Victims of Domestic Violence; People with Disabilities, Immigrants and Ethnic Minorities, Roma communities.

³⁷ As a European Strategy and a fundamental pillar of the Lisbon Strategy

³⁸ As a European Strategy and a fundamental pillar of the Lisbon Strategy.

Some of these focal points have already been designed. It is expected that, in the course of the process of implementing and monitoring the NAPincl, a greater capacity for integration will be reinforced and dynamised from the point of view of social inclusion, through pro-active approaches in different governmental departments. Thus, it is hoped that these institutional changes will contribute towards a greater and more effective co-ordination and integration of policies while assigning joint responsibilities to the main interlocutors in all stages of the inclusion process. On the other hand, the fact that, for the first time, representatives from municipalities and parishes will be participating ensures a greater capacity for dialogue, the circulation of information and negotiation, especially with the Plan Platform and the NAPincl co-ordination. This will ensure that the inclusion policies and measures will be implemented in a more adequate manner at the local level.

These representatives thus play a fundamental role both in terms of co-ordination as well as the decentralised implementation of the strategy for social inclusion, along with the Multi-District Platforms for Social Networks and the Social Networks themselves (Decree-Law No.115/2006), which are privileged instruments for the "operationalisation of the NAPincl".

Local Social Networks³⁹, whose intervention has been systematised in the respective Plans for Social Development, have included an equality advisor since 2007, with a view to promoting the mainstreaming of gender issues.

These Social Networks, through the diagnoses carried out at the level of district councils and/or parishes, identify the problems that generate poverty and social exclusion, which affect certain segments of the population or specific groups. By maximising the use of existing resources within communities, this allows the organisation of solutions aimed at concrete needs identified beforehand. It also allows the national strategy for inclusion to be implemented at a local level, thus applying the principle of "think global, act local" in a more effective manner.

Efforts have also been made to integrate the objectives, national priorities and policy measures contained in the NAPincl in some of the Social Diagnoses and Social Development Plans of the Social Networks. This has enabled greater coherence in terms of visibility and the territorial co-ordination of measures on a national scale.

In this context, it is also important to mention the role of Social Development Local Contracts with a view to combating poverty, ensuring basic citizenship rights, promoting greater territorial cohesion and an effective social change in less developed territories. This seeks to promote social inclusion for the most vulnerable citizens by implementing joint actions in the areas of employment, training and qualifications, which encourages family and parental intervention, capacity building for communities and institutions as well as information and accessibility. Thus, the Social Development Local Contracts are implemented in territories with the following characteristics: critical territories of urban areas; industrialised territories with extremely low levels of qualifications; territories with an elderly population and territories strongly affected by calamities.

The Social Development Local Contracts are based on a management model that envisages introducing funding for projects, in which the territories identified for the implementation of these projects are selected centrally. This enables solutions for needs diagnosed beforehand and favours territories in which target groups face situations of exclusion and poverty, in close articulation with the planning being implemented within the scope of Local Social Networks.

Two recent Parliamentary Resolutions will undoubtedly contribute towards reinforcing political co-ordination in combating poverty.

- i) The first resolution was issued on 19/03/2008, in the wake of a petition that collected a significant number of signatures. In this resolution, the Portuguese Parliament felt that it was important, *"To undertake the specific mission of permanently monitoring the situation of poverty in Portugal, within a parliamentary framework (...) and to request the government to present an annual report to Parliament*

³⁹ These networks are partnerships between municipalities, decentralised public services and private solidarity entities, which act in the same territories, with a view to harmonising policies and actions developed by different local agents, to promote local social development.

about the implementation of the National Action Plan for Inclusion" (Parliamentary Resolution No. 10/2008, Diário da República No. 56; Series I dated 2008-03-19);

- ii) The second resolution was published on 23/07/2008 and recommended: *"The definition of a poverty line according to the level of national income and the standard living conditions in our society; the regular evaluation of public policies to eradicate poverty; (...) the poverty line established shall official serve as a reference for the definition and evaluation of public policies aimed at eradicating poverty."* (Parliamentary Resolution No. 31/2008, Diário da República No. 141; Series I dated 2008-07-23).

Mobilisation and Involvement of all actors

According to the aforesaid changes of institutional mechanisms, the co-ordinating committee of the NAPincl 2008-2010, the Platform for National Sectoral Plans for Strategic Planning (Platform), the Focal Points of each ministry, Social Partners and the Forum are responsible for ensuring that the strategy for social inclusion is implemented. This entails mobilising and guaranteeing the participation of the set of stakeholders throughout the process, simultaneously fostering a more effective co-ordination of national policies and the decentralised application of the OMC.

The Non-Governmental Forum for Social Inclusion has constituted and will continue to be a privileged interlocutor in efforts to ensure mobilisation and participation, with a special focus on the participation of the more vulnerable individuals and social groups. It has likewise served to implement the strategy for social inclusion that should involve these individuals and groups as well as the entities that work with them directly. In this context, it is important to mention once again the significance of the transnational project entitled *"This Includes Me: From Participation to Inclusion"*, held in 2007, (ANIMAR/Non-Governmental Forum for Social Inclusion / Institute for Social Security/ NAPincl). This project included the participation of individuals living in situations of poverty and exclusion, technical experts from public services, Portuguese Social Solidarity Institutions and NGO, as well as some directors. One of its essential objectives was to implement a national campaign to raise public awareness on poverty and social exclusion, with the slogan *"Don't let poverty become part of the landscape"*.

The recently created Multi-District Platforms for Social Networks further bolster the partnerships established between local social networks. These platforms can provide a more integrated regional vision and contribute towards a more effective mobilisation and participation of all stakeholders involved in implementing the national strategy for social inclusion, this is particularly successful given the numerous entities they encompass, ranging from decentralised state services to solidarity organisations and private organisations.

Also worthy of note are some of the lessons learnt during the implementation of the transnational project entitled *"Developing a Methodological Framework for Developing Local and Regional Plans for Social Inclusion – LAPs & RAPs"*. The main objective was on developing a structure and methodology to prepare local/regional Action Plans for Inclusion, articulated with the political priorities of the EU and the National Action Plans for Inclusion of each Member State. In this regard, members of the NAPincl team co-ordinated the task of designing and preparing a Plan for the Algarve region using some of the proposals of the OMC. For this purpose, a Local Development Group was created in 2006, comprising representatives from regional and national entities, who represented each sector and constituted a technical team for the project.

In this experimental context, a Regional Action Plan for Inclusion in the Algarve Region was designed for the period 2006-2009. Immigration was a priority area in this plan and it enabled the creation of a Matrix of Social

Inclusion Indicators at a regional level. In addition, a strategy was defined and regional/national measures and instruments and a proposal for governance were developed, based on a methodology to implement a decentralised and articulated process of social inclusion at different levels of intervention and governance – national, regional and local⁴⁰.

One of the main assets of this proposal, which has been accepted by regional entities, is the maintenance of a Local Group as a technical team to support the Multi-District Platform for Social Networks of the Algarve Region. The PRAIA 2007-2009 initiative has also been appropriated by the respective entities of the Platform, in order to proceed further and to monitor the regional implementation of the plan. These proposals will shortly be disseminated amongst other regions, which require articulated efforts between the Technical Support Team for the Co-ordination of the NAPincl and the Technical Team of the Social Network Programme.

It is also important to continue efforts to create and consolidate a national network of researchers and experts, departments of the Public Administration and University Research Centres, known as a “Network for Knowledge on Poverty and Social Exclusion”. This will ensure greater databases of knowledge and facilitate the dissemination of this information and a public debate. This network also seeks to guarantee immediate and updated access by all citizens to the set of information that is generated and/or disseminated in the area of social protection and social inclusion. In this regard, the National Observatory for Inequalities also contributes towards permanently compiling and systematising information, the production of comparative analyses and the widespread diffusion of information and knowledge.

As is evident, the large number of mechanisms for participation, entities and interlocutors that are involved in this process encompasses contributions from different sectors and different levels of governance. This requires sustained efforts for negotiation and co-ordination and a capacity for dialogue, so as to minimise the risks of competing inputs and unnecessary duplication of efforts. It would be interesting to be able to delineate an action plan to define the activities to be implemented by the stakeholders involved in the plan, during subsequent phases of implementation and monitoring.

As an instrument, the Co-operation Pact for Social Solidarity, which guarantees an important partnership in this area, will be updated keeping in mind new socio-institutional dynamics as well as renewed co-operation.

This political priority will also include the initiatives to qualify stakeholders and actors in the field of social intervention. Funding from various national and European funds will be mobilised to achieve this objective, with a view to reinforcing human potential. The purpose of this qualification includes the advantages of updated knowledge and new concepts of professional practices and voluntary and institutional activities, constantly challenged by new developments and requirements raised by the issue of social exclusion/inclusion.

Dissemination of Information

knowledge about the 2008-2010 NAPincl to all public and private entities involved in actions aimed at ensuring inclusion as well as concerned citizens. This is essential to promote a greater collective awareness about a common responsibility to combat poverty and social exclusion as well as to facilitate the implementation of the Plan itself. The efforts of the co-ordinating committee for the 2008-2010 NAPincl, the Platform of National Sectoral Plans for Strategic Planning (Platform), the Focal Points and the Non-Governmental Forum For Social Inclusion are all indispensable for this task.

⁴⁰ Information about the PRAIA 2007-2009 programme is available at www.pnai.pt and the details of the transnational project can be found at www.qec-ecran.org/projects/lapsraps_index.htm

In this context, several events aimed at disseminating information have been scheduled, namely, the public presentation of the 2008-2010 NAPincl and the National Strategy Report, and various decentralised thematic meetings. Also on the agenda is an *In-Depth Study About Local Action to Combat Poverty and Social Exclusion: Strategic Contributions*, which will provide further information on “decentralised methods of action” in the field of social inclusion. This study will take place in 2008 and 2009 and its results will be circulated subsequently. Similarly, the local partnerships of Social Networks and the respective regional platforms, along with national institutional mechanisms, are all adequate instruments to promote regional and local initiatives to disseminate information on national strategies for social inclusion to partners and the general population. Similarly to the European context, Portugal has also witnessed a positive development of studies and reflections on Poverty and Social Exclusion/ Inclusion. There is a considerable body of works available in this area today, produced by academic circles, diverse research agencies and planning departments associated with various sectoral areas. Notwithstanding this corpus and its advantages, it is important to contribute towards reinforcing this knowledge, especially since it is an area that is continuously being reconfigured and where it is essential to deal both with existing situations as well as the dynamics that are currently underway. This is the objective behind: i) a study, which has already been attributed funding, aimed at identifying and understanding the more subjective aspects of the problem as well as the strategies designed to provide solutions, ii) a more systematic compilation and organisation of existing studies to publicise and circulate them (creating a network for this purpose).

Mainstreaming

The multidimensional and transversal nature of social exclusion involves a vast set of policy areas and the identification of some aspects that need to be improved in terms of the effectiveness of the national strategy for social inclusion. The aforementioned “Focal Points” have been created in each ministry for this very purpose, to incorporate measures to combat poverty and promote social inclusion into a range of public policies and at the heart of political action – i.e. to ensure the mainstreaming of social inclusion.

Monitoring and evaluating the contribution of the respective ministry towards fostering social inclusion are fundamental objectives of these focal points created in each ministry. They also seek to undertake initiatives aimed at furthering awareness and training among different governmental and institutional interlocutors to highlight the importance of this mainstreaming for social inclusion.

The integration of the dimension of social inclusion in government action can thus be further reinforced through these new institutional structures. These structures will accompany a phase in which policies are configured and reformulated, so as to evaluate their impact on individuals and groups who live in situations of vulnerability and deprivation, so as to duly provide solutions for their needs and introduce possible improvements.

These Focal Points are permanent entities and will comprise technical experts from the respective ministries, for example, at the level of the Planning Departments.

Monitoring and Evaluation Arrangements

As in previous Plans, the process of monitoring and evaluating the 2008-2010 NAPincl is based on a Monitoring System⁴¹ supported by: (i) structural indicators for social cohesion and (primary and secondary) Laken indicators, which enable comparisons with other Member-States; (ii) result indicators with regard to each of the priorities and goals established in the Plan and (iii) indicators to monitor the implementation of policy measures, used to measure progress towards meeting the objectives of these policy measures.

In terms of monitoring the 2008-2010 NAPincl, a new model will be developed to articulate existing information systems at a national and local level, maximising the strategic benefits of dynamising existing local structures – Social Networks – and the partnership and planning efforts already developed. This model had already been formulated in the previous Plan, but could not be implemented to a significant extent. Better results are expected during the current Plan.

Thus, it is essential that information systems and databases of social networks possess (i.e. compile and update) information on the measures in the NAPincl and those being implemented in different district councils throughout the country. On the other hand, a district-level database could bring together this information, providing more comprehensive data at a national and local level. This type of information will not just constitute the basis of a more integrated monitoring process but will also enable the preparation of evaluation reports at diverse levels of intervention (local, district and national). The base for this procedure has already been created through the aforementioned Multi-District Platforms for Social Networks.

On the other hand, an assessment of the progress achieved with the implementation of the NAPincl, according to the priorities defined and the common objectives, is absolutely essential to ensure the effectiveness and efficiency of the strategy for inclusion. This is especially relevant because the strategy must have a real impact on the improvement of the quality of life in Portugal, especially for more vulnerable individuals and social groups.

Finally, it is important to mention that the financial monitoring of the goals defined in this Plan will be analysed within the monitoring system.

The 2008-2010 NAPincl involves resources dispersed over various sources and institutional headquarters, given the transversal and inter-sectoral nature of the objective of Social Inclusion. The development of the Plan entails the adoption of diverse measures, some of which will be co-ordinated with other Strategic Plans. The implementation of these measures presupposes a national effort on investment, as well as EU support through different programmes of the new National Strategic Reference Framework (NSRF) for the period 2007-2013.

An effective articulation of funding from the National Budget, the Social Security Budget and the NSRF will contribute towards determining the amounts to be attributed. This is a fundamental factor that favours the development of the Plan. Moreover, the framework for action the NAPincl represents is a way of avoiding the dispersion of national and EU interventions and serves to further rationalise by concentrating resources and specialising instruments.

Means of Implementing the Governance Strategy

Given the importance of improved governance able to respond to the overall objectives, as well as the diverse array of stakeholders involved in the process, the following measures will be implemented within the scope of this Plan:

⁴¹ The Technical Team providing support for the NAPincl co-ordinating committee is responsible for permanently monitoring the implementation of the NAPincl, in close co-operation with the Focal Points and the Plan Platform.

POLICY MEASURES

MEASURES	DESCRIPTION
Qualification of staff and managers of entities working in the area of disability (POPH) ✓	Information, awareness and counselling for employers and capacity building for bodies that play a role in the area of professional rehabilitation. Resources: € 8,000,000 POPH (Priority Axis 6 – Citizenship, Inclusion and Social Development; Quality of Life for People with Disabilities)
Reinforcing the role of Civil Society as a structuring agent for gender equality (support NGO projects, which promote gender equality) (POPH) ✓	Support organisational changes by adapting organisations to the needs of modern society and citizens; support projects promoted by NGOs Resources: € 9,181,941 POPH (Priority Axis 7 – Gender Equality)
Technical and financial support for Non Governmental Organisations working in the field of Gender Equality (PCM)	Support NGO and other Associations promoting Gender Equality and Citizenship to develop projects in these areas. Support 101 projects
Promoting cultural diversity within public and private organisations and an intercultural dialogue (POPH) ✓	Promotion of training programmes and initiatives to raise awareness among public and private agents (socio-cultural mediation, equal opportunities, diversity management). Resources: € 2,250,000 POPH (Priority Axis 6 – Citizenship, Inclusion and Social Development; Employability and Equal Opportunities for Immigrants)
Comparative study of practices for social inclusion in the area of justice, selection of the best measures and their dissemination (MJ) ✓	Import the best international practices in terms of social inclusion in the area of Justice.
Indicators on multiple discrimination in the case of women with disabilities (MTSS) ✓	Survey on discrimination faced by women with disabilities in the fields of education, training, employment and participation in civic life.
Integration of gender issues in diverse dimensions of Life Long Education and Training (PCM) ✓	<ul style="list-style-type: none"> – Introduction of gender issues in the project area and civic education; – Dynamise campaigns about equality involving the school community; – Insertion of gender equality modules in life long training actions; – Integration of a module about Equal Opportunities within the scope of civic education and the project area.
ABC of Justice Brochure (MJ)	Preparation and publication of a brochure aimed at the school-going population (in partnership with entities in the field of Education) Production and circulation of brochures, by the end of 2008.
What is Justice? – Informational Sessions (MJ)	Organisation of informative sessions aimed at the school-going population, to be held until the end of April 2009.

2.7 Good Practices

2.7.1 TRANSNATIONAL PROJECT “LOCAL ACTION PLANS & REGIONAL ACTION PLANS” (financed by the EU)

NAME OF THE MEASURE		MEMBER-STATE
Transnational Project LAPs & RAPs (financed by the EU)		Portugal
END PURPOSE OF THE MEASURE		
Development of a structure and methodology for preparing Local/Regional Action Plans for Inclusion in articulation with: <ul style="list-style-type: none"> – One of the six political priorities defined by the EU (in 2006) – The National Action Plan for Inclusion (NAPincl 2006-2008) 		
MAIN RESULTS IN SUMMARY		
A Regional Action Plan for Inclusion for the Algarve Region for the period 2007-2009 (enforceable), designed and prepared in partnership with regional and national entities. Regional entities: <ul style="list-style-type: none"> • Regional Health Board, I.P. • District Centre of Faro, I.P. • Regional Commission for the Co-ordination and Development of the Algarve • Regional Delegation of the Algarve of the IEFP, I.P. • Regional Board of Education for the Algarve Region • Aliens and Border Control Service of the Algarve Region National Entities: <ul style="list-style-type: none"> • High Commission for Immigration and Intercultural Dialogue, I.P. • Institute for Social Security, I.P. – Co-ordinator Testing in terms of the implementation of some of the dimensions of the Open Co-ordination Method (OMC).		
Targeted Beneficiaries		Policy Focus
General Population <input checked="" type="checkbox"/> Children <input type="checkbox"/> Single Parent Families <input type="checkbox"/> Unemployed <input type="checkbox"/> Older People <input type="checkbox"/> Youths <input type="checkbox"/> People with Disabilities <input type="checkbox"/> Immigrants/ Refugees <input checked="" type="checkbox"/> Ethnic Minorities <input type="checkbox"/> Homeless <input type="checkbox"/> Sick/Specific disease <input type="checkbox"/> Others [Specify] <input type="checkbox"/>		Social Exclusion <input checked="" type="checkbox"/> Healthcare <input checked="" type="checkbox"/> Long term Care <input type="checkbox"/> Governance <input checked="" type="checkbox"/>
		Geographical Scope
		National <input type="checkbox"/> Regional <input checked="" type="checkbox"/>
		Implementing Body
		Regional partners (entities that are part of the Multi-District Platform for Social Networks for the Algarve region)
CONTEXT/BACKGROUND TO THE INITIATIVE		
The existence of National Action Plans for Inclusion, since 2001, based on the Open Method of Co-ordination (OMC), integrated into the European strategy for social protection and social inclusion and in accordance with the Lisbon Strategy.		

DETAILS OF THE INITIATIVE

1. What is/was the timescale for implementing the initiative?

2006	<p>Constitution of the partnership, design and joint preparation of the Regional Plan for Inclusion for the Algarve region 2007-2009, as an exercise under the aegis of the transnational project and whose final results can be implemented, namely by the regional partners committed to implement the Plan.</p> <p>The Plan has a Regional Strategy that seeks to respond to the following challenges:</p> <ul style="list-style-type: none"> • Reducing poverty and social exclusion for citizens resident in the region, guaranteeing that national and regional measures/instruments are effectively implemented and monitored • Improving access to rights and services by immigrant citizens • Improving the quality of services provided to immigrant citizens • Contributing towards designing and/or adapting policy measures at a national level <p>Finalisation of the Plan and the respective presentations (June – presented in Faro, to the set of regional partner entities and others July – presented in Brussels to the European Commission).</p>
2007	<p>Phase of the implementation of the measures and programmes contained in the Plan, by the entities that are part of the Multi-District Platform for Social Networks, who committed to do so at the plenary meeting.</p>
2008	<p>The measures and programmes are also being monitored, so that a report can be prepared by the end of 2008.</p>

2. Specific Objectives

	<p>Development of a structure and methodology to prepare a Regional Action Plan for Inclusion aimed especially at the immigrant population, in articulation with the National Action Plan for Inclusion 2006-2008, concluded in May 2007.</p> <p>Design and preparation of the PRAIA 2007-2009 initiative.</p>
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3. How did the initiative address these objectives?

	<ul style="list-style-type: none"> – By constituting a regional-national partnership which functioned with regular (monthly) meetings and an organisation that dynamised the use of some aspects of the Open Method of Co-ordination (namely the realisation of the Plan itself, based on indicators, mobilising relevant agents for common objectives and a proposal for a monitoring system). – Through the realisation of mini-forums with the participation of immigrants target beneficiaries, organised in collaboration with the Faro centre of the REAPN (European Anti-Poverty Network – Portugal). <p>Thus, a methodology based on complementary quantitative and qualitative data was used.</p>
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MONITORING AND ASSESSMENT

How is/was the measure monitored/evaluated?

	<p>The measures and programmes are being monitored, by means of indicators that have been defined beforehand, in order to be able to prepare a monitoring report by the end of 2008.</p> <p>When the Regional Plan was prepared, monitoring instruments were designed for the measures and programmes included in this plan, one of which was reformulated in the first half of 2008 to better respond to monitoring and assessment needs.</p> <p>Thus, the Regional Monitoring System (like the national system) is based on:</p> <ul style="list-style-type: none"> • Regional indicators for social inclusion • A matrix of monitoring indicators reflecting the implementation of the policy measures (<i>contained in the NAPincl and divided by the NUTII and III and by nationality</i>) • Information Collection Form
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OUTCOMES	
1. To what extent have the specific objectives been met?	
	The specific objectives were achieved entirely, since the Plan was prepared according to the requirements of the transnational project and is currently in the phase of implementation and monitoring.
2. What obstacles/risks were faced in implementing the initiative?	
	<p>There were diverse obstacles at different levels:</p> <ul style="list-style-type: none"> • Technical level: Difficulties at the level of harmonising a common language between partners (Local Groups) and in understanding the OMC; difficulties in compiling information, namely in obtaining regional indicators for social inclusion; differentiated access to information. • Decision-making level: Obtaining commitments in defining goals for policy measures to implement the Plan. • Partnerships: Difficulties in articulation between the diverse array of structures involved (local group, social networks and the involvement of municipalities); difficulties in perceiving how the Plan operated.
3. How were these objectives and risks addressed?	
	<ul style="list-style-type: none"> • Technical level: The project was able to achieve a common language between partners through dialogue and persistence (Local Group) and by raising awareness about the importance of some dimensions of the OMC. In terms of gathering information, as much data was compiled as possible, given the growing difficulties in obtaining regional indicators of social inclusion, even at a European level. • Decision-making level: The commitments to implement the plan were undertaken from the moment it was decided that a Local Group would be an asset. The group was to be a technical team with some experience, capable of becoming a Technical Nucleus to provide support for the Multi-District Platform for Social Networks of the Algarve region. • Partnerships: The difficulties of articulation between the diverse array of structures involved were overcome progressively through dialogue and persistence and the operational aspects of the Plan are being learnt gradually. It is essential that all actors learn the underlying idea of change behind the need to plan intervention in a concerted manner in the context of combating poverty and social exclusion.
4. Were there any unexpected benefits or weaknesses?	
	<p>The use of some of the proposals of the OMC allowed the identification of benefits and difficulties at the level of indicators and at the level of articulation between national, regional and local entities and between regional and local partners.</p> <p>With regard to indicators – main benefits:</p> <ul style="list-style-type: none"> – Improved knowledge on the current situation for local staff and decision-makers. – Allowed diagnoses based on common indicators. – Ensured analytical comparisons between different levels (European, National, Regional and Local) – Monitoring and assessment of progress with regard to common objectives of social inclusion and reducing poverty. <p>Main difficulties/ challenges:</p> <ul style="list-style-type: none"> – Difficulties faced in obtaining structural indicators for social cohesion, with a territorial diffusion. – Difficulties involved in in-depth development in this area (regional indicators). <p>With regard to the close articulation between the national, regional and local levels and between regional and local partners – Main benefits:</p> <ul style="list-style-type: none"> – Influencing change at a regional and local level to combat poverty and social exclusion. – Dynamising and improving the circulation of information. – Promoting knowledge. – Enabling the construction of other forms of communications. – Promoting greater homogeneity in language and concepts. – Allowing a quicker detection of irregularities in the implementation of measures and facilitating solutions for the same. – Facilitating learning, consensus and common commitments in intervention. <p>Main difficulties/challenges:</p> <ul style="list-style-type: none"> – Improving access to information about the policy measures underway or being created on the part of regional and local entities. – Improving communications and a common terminology. – Designing more flexible policy measures, to enable a greater suitability for different territorial situations. – Improving regional and local decentralisation of the goals that these territorial levels should achieve within the scope of policy measures. – Overcoming the existing gap between technical commitments and decision-making. – Further developing knowledge on poverty and social exclusion at regional and local levels and combating existing preconceptions.

2.7.2 ENTREPRENEURS FOR SOCIAL INCLUSION (EPIS)

NAME OF MEASURE		MEMBER-STATE			
Entrepreneurs for Social Inclusion (EPIS)		Portugal			
END PURPOSE OF THE MEASURE					
<p>To combat school failure and early school leaving by preventing and remedying risk factors and by promoting factors that serve to protect students and families and the induction of external factors for success in educational organisations.</p> <p>The initial phase (2007) covered students from the third cycle of education, aged between 12 and 15 years, whose national average of annual school failure was over 20%.</p>					
MAIN RESULTS IN SUMMARY					
<ul style="list-style-type: none"> • Situations of 20,000 students analysed, all students of the 7th and 8th grades; • 87% of educationists authorised the identification of risks by EPIS mediators; • 7,000 Students/ Families with risk factors for school success are beginning to be accompanied; • 85% of the first 500 families accepted the capacity building proposed by EPIS; • 5 million euros of annual investments channelled (25% EPIS + 75% local communities) 					
Targeted Beneficiaries		Policy Focus			
General Population	<input type="checkbox"/>	Social Exclusion	<input checked="" type="checkbox"/>		
Children	<input type="checkbox"/>	Healthcare	<input type="checkbox"/>		
Single Parent Families	<input type="checkbox"/>	Long term care	<input type="checkbox"/>		
Unemployed	<input type="checkbox"/>	Governance	<input type="checkbox"/>		
Older People	<input type="checkbox"/>				
Youths	<input checked="" type="checkbox"/>				
People with Disabilities	<input type="checkbox"/>				
Immigrants / Refugees	<input type="checkbox"/>				
Ethnic Minorities	<input type="checkbox"/>				
Homeless	<input type="checkbox"/>				
Sick/specific disease	<input type="checkbox"/>				
Others [Specify]	<input type="checkbox"/>				
Geographical Scope					
		National	<input checked="" type="checkbox"/>		
		Regional	<input type="checkbox"/>		
Implementing Body					
<p>EPIS/ Network of Capacity Building Mediators for School Success (more than 80 staff in the field, in 12 pilot district councils, with 40 full time teachers from the Ministry of Education)</p> <p>Partnership with the Ministry of Education and McKinsey & Company.</p>					
CONTEXT/BACKGROUND TO THE INITIATIVE					
<p>The continued and documented existence of students who systematically constitute "risk cases" in terms of school failure, where educational methodologies could provide effective solutions.</p> <p>In this context, the EPIS initiative positioned itself as a privileged partner to transmit new skills to traditional elements of the educational process – students, families, schools and the community and developed two large intervention projects over the course of 2007.</p>					

DETAILS OF THE INITIATIVE	
1. What is/was the timescale for implementing the initiative?	
Jan.07	Creation of the team that developed the "Network of Mediators for Capacity Building for School Success".
Jan.-June 07	Diverse meetings with town halls and the presentation of the EPIS project.
2.July 07	Signing of protocol agreements with the Ministry of Education.
Sept.-Oct.07	Interviews to recruit a team of mediators for capacity building for the pilot-project in Paredes and the commencement of the project. Commencement of pilot projects in 11 district councils all over the country, covering 88 schools, about 10% of students in the third cycle of education and a phase of identifying students at risk.
Nov.07	Signing of protocol agreements with various town halls and the presentation of the EPIS to the National Association of Municipalities.
Dec.07	Signing of protocol agreements with various town halls and companies.
Sept 08	Commencement of the task of individual and family capacity building for school success in 12 council districts – now including Penafiel as well
2. Specific Objectives	
	<p>In its initial strategy, to be implemented over the course of 2007-2009, the EPIS project established five fundamental pillars of action:</p> <ul style="list-style-type: none"> • Firstly, rely on strong and systemic intervention, which allows a clear "before" and "after" comparison. • Second, implement intervention projects in families, schools, with students and other interlocutors, with the enthusiastic and participatory support of the Ministry of Education. • Third, select good specialists, tested methodologies and strong national or international partners. • Fourth, implement analytical processes and processes for institutional intervention in the field. • Fifth and last, seek operational and sustainable models based on close ties and a strong partnership with local communities.
3. How did the initiative address these objectives?	
	<p>A first initiative focused on students, families, schools and the community and sought to improve the quality of parental and non-parental accompaniment to encourage school success and social inclusion. To this end, the "First Network of Capacity Building Mediators for School Success" was created.</p> <p>In this context, capacity building is understood to be all educational methodologies that can be transmitted to students, families, schools and the community, inducing the adoption of new practices that contribute positively and decisively towards school success and towards the social inclusion of youths.</p> <p>A second project focused on schools as an organisation, adopting new corporate management skills for the leadership circles of schools and for teachers.</p> <p>In partnership with the Ministry of Education and under the aegis of Her Excellency the Minister for Education, the EPIS initiative sought to codify best practices in Portuguese and foreign schools, to be disseminated and implemented in the future within the network of public schools under the tutelage of the Ministry of Education.</p>
MONITORING AND EVALUATION	
	How is/was the measure monitored/evaluated?
	A survey involving questionnaires was carried out in participating schools.

OUTCOMES

1. To what extent have the specific objectives been met?

The fulfilment of the objectives is the result of the inclusion of:

- 12 pilot district councils, in partnership with the Ministry of Education, municipalities and local companies.
- 95 schools with the third cycle of education have been covered (encompassing more than 30,000 students), which represent more than 10% of school failure in the third cycle in Portugal.
- 80 specialised technical experts working in the field, trained and closely monitored by the EPIS, with the equivalent of 8 days of training/person during the first half of 2008.

2. What obstacles/risks were faced in implementing the initiative?

The obstacles and risks associated with a new project and a new methodology.

3. How were these objectives and risks addressed?

With a clear and focused vision! Then, with a scientific committee of experts to monitor all the stages, a project team that developed and accompanied a novel methodology that brought together well-known and experienced technical specialists. The process was further bolstered by strong and credible partners – Ministry of Education, companies and town halls -, a team in the field with a adequate staff/student ratio and a work culture and processes/technology aimed at ensuring performance. In short, a model that consolidated the entire methodology around students and families.

4. Were there any unexpected benefits or weaknesses?

The efforts of the Ministry of Education to combat school failure augmented community awareness about this challenge. This facilitated the project's task, but reduces the potential margin for the results to be achieved in the future as school success rates increased – school failure rates that were 20% in the third cycle have now been reduced to 15%. However, this should be viewed in a positive light since it means we have all made great strides in terms of progress!

2.7.3 "ACTIONS FOR THE QUALIFICATION AND REINTEGRATION OF CRITICAL NEIGHBOURHOODS" INITIATIVE

NAME OF THE MEASURE		MEMBER-STATE
"Actions for the Qualification and Reintegration of Critical Neighbourhoods" Initiative		Portugal
OBJECTIVO FINAL DA MEDIDA		
<p>The Critical Neighbourhoods Initiative aims to operationalize an Urban Policy strategic guideline, directed towards the integration of territories that show critical vulnerability factors, by means of integrated social and territorial interventions. It is an experimental initiative, focused on 3 intervention territories (Cova da Moura – Amadora; Vale da Amoreira – Moita and Lagarteiro – Oporto) and it follows 6 guidance principles:</p> <ul style="list-style-type: none"> • Projects with the capacity to mobilise and have a structural impact • Integrated projects with a social-territorial basis • Interventions focused on innovation • Coordination, strategy and participation of local actors • Mobilization of new financing forms • Sustainability and durability of results and effects 		
MAIN RESULTS IN SUMMARY		
<p>Until now, the results shown are focused on the promotion of new governance and participation models; they have already guaranteed:</p> <p>The engagement of an actors network, diversified in:</p> <ul style="list-style-type: none"> • a learning and cooperation process • the action plans development • the building up of an action commitment • the drawing up and establishment of local partnership structures in a co-responsibilization process of the actors involved <p>About 33 months spent in a shared learning path, towards the establishment of a CoP (Practice Community).</p> <ul style="list-style-type: none"> • Development of a joint vision on territory problems and a joint definition of an intervention plan • Direct involvement of some population elements • Strengthening of the participation levels • Identification of other local partners • Better understanding of the participants in what concerns the territories problems/opportunities • Development of increasing trust relationships between the partners • Development of shared concepts • Enhancement of relationships and the circulation of information • Creation of new institutions • Interiorization of participation rules <p>Until now, this process involved:</p> <ul style="list-style-type: none"> • more than 90 public institutions and organizations/local associations and it is already foreseen the admission of 3 more organizations of the profitable private sector • 7 + 1 Ministries (Council of Ministers Presidency and Ministries of Environment, Labour and Social Security, Home Affairs, Health, Education, Culture and Justice. The Ministry of Justice has joined the IBC - Critical Neighbourhoods Initiative -, later). 		
Targeted Beneficiaries		Policy Focus
<p>General Population <input checked="" type="checkbox"/></p> <p>Children <input type="checkbox"/></p> <p>Single Parent Families <input type="checkbox"/></p> <p>Unemployed <input type="checkbox"/></p> <p>Older People <input type="checkbox"/></p> <p>Youths <input type="checkbox"/></p> <p>People with Disabilities <input type="checkbox"/></p> <p>Immigrants/ Refugees <input type="checkbox"/></p> <p>Ethnic Minorities <input type="checkbox"/></p> <p>Homeless <input type="checkbox"/></p> <p>Sick/Specific disease <input type="checkbox"/></p> <p>Others [Specify] <input checked="" type="checkbox"/></p> <p>population in general, from the Lagarteiro, Cova da Moura and Vale da Amoreira Neighbourhoods.</p>		<p>Social Exclusion <input checked="" type="checkbox"/></p> <p>Healthcare <input type="checkbox"/></p> <p>Long term Care <input type="checkbox"/></p> <p>Governance <input checked="" type="checkbox"/></p> <p>Urban Policy <input checked="" type="checkbox"/></p>
		Geographical Scope
		<p>National <input checked="" type="checkbox"/></p> <p>Regional <input type="checkbox"/></p>
		Implementing Body
		Executive and Follow-up Committees of each territory, coordinated by the IHRU (Housing and Urban Rehabilitation Institute)
CONTEXT/BACKGROUND TO THE INITIATIVE		
<p>In Portugal, we have some experience in what concerns the intervention in this kind of urban areas, namely within the framework of the Urban Rehabilitation Programme, the URBAN (I and II) community initiatives and the operational intervention of urban renewal. Within the framework of IHRU, in course in Alagoas Neighbourhood (Peso da Régua), as well as in Rabo de Peixe (S. Miguel), we had also the experience of the "Old Ghettos, New Centralities" project, whose intervention principles and methodology can be considered as "embryos" of the "Critical Neighbourhoods" Initiative.</p>		

DETAILS OF THE INITIATIVE

1. What is/was the timescale for implementing the initiative?

Jan-Feb.06	Definition of the Local Partners Group
Feb-Nov.06	Building up of the Action Plan and protocol signature by the partners
Dec.06-Sept.07	Development of logistical conditions for the action's development (preparation of financing, establishment of executive and follow-up committees and project teams)
Oct.07 Oct.07...	Approval of applications submitted to the EEA (European Economic Area) Financial Mechanism Beginning of the activities foreseen in the Action Plans

2. Specific Objectives

	<p>Development of methodologies and intervention, management and financing models that may be considered 'good practice' examples and development of innovating solutions that may be transferable and widely applied, in the near future. This initiative is focused on territories and on the relationship between people and the places where they live (and work). In general terms, it is possible to point out some of the specific goals of the drawn interventions.</p> <p>Legalization and urban rehabilitation of the Neighbourhood. The promotion of a new image of the territory, through security reinforcement, environment sustainability and qualification and diversification of cultural offer.</p>
Cova da Moura	<p>An Intervention using Art, as:</p> <ul style="list-style-type: none"> ... a strategy for urban rehabilitation and conception of the territory as a pleasant space ... a way of giving value to the skills of young people and their involvement with the local community ... a way of opening Vale da Amoreira to the outside as a cultural territory
Vale da Amoreira	<p>Local actors' animation, as...</p> <ul style="list-style-type: none"> ... a strategy for the territory's sustained rehabilitation through community involvement in local management
Lagarteiro	<ul style="list-style-type: none"> ... a strategy for the involvement of individuals in the definition and management of their own life projects ... a way of promoting daily living in public spaces and reintegrating the neighbourhood in the City

3. How did the initiative address these objectives?

	<p>Innovation in procedures and methodologies (To test an experimental guideline of methodologies and models)</p>	<p>Innovation in Results and solutions</p>
	<ul style="list-style-type: none"> - Inter-ministerial involvement - Partnerships (local, public-public, public and private) - Participation - Proximity <p style="text-align: center;">↓</p>	<ul style="list-style-type: none"> - Innovation (Methodologies, intervention, management and financing models) - portability (of good practices and innovating solutions) <p style="text-align: center;">↓</p>
	<p style="text-align: center;">Good Practices</p> <p style="text-align: center;">(Coordination and optimization of actors and public action)</p>	<p style="text-align: center;">Innovating solutions</p> <p style="text-align: center;">(institutional, procedural, technological)</p>

MONITORING AND ASSESSMENT

	How is/was the measure monitored/evaluated?
1st phase	The 1 st phase of the initiative (until the protocols signature) was subject to an external assessment by the Social Service and Sociology Studies Centre of the Universidade Católica (Catholic University), focused on interviews and focus groups with the different actors involved
Implementation	This phase is based on the on-going mixed assessment model (external and self-assessment) and considers: external assessment in 3 different moments, inter-pares validation, self-assessment and technical monitoring, according to the following framework

Other studies	<p>Furthermore, IBC has been a case study for different initiatives/entities, such as the Academy of Sustainable Communities, The Norwegian Institute for Urban and regional Research (NIBR), and also for different master and doctorate thesis.</p>
OUTCOMES	
To what extent have the specific objectives been met?	
	The 1 st phase goals were fully achieved. Partnership protocols with Vale da Amoreira, Cova da Moura and Lagarteiro were signed in October and November 2006 and May 2008, respectively.
What obstacles/risks were faced in implementing the initiative?	
	<ol style="list-style-type: none"> 1) How to involve the different actors (inter-ministerial, local organizations and population) in order to focus action on the territory 2) How to achieve an intervention focused on the territory (area, place ...) avoiding a series of partial and/or detached interventions 3) How to intervene in order to make desirable and effective changes concerning the well-being of residents 4) How to operationalize an action oriented management model instead of models based on financial availability 5) How to develop the initiative in order to guarantee the advantage of the positive dynamic change.
How were these objectives and risks addressed?	
	<p>Number 1)</p> <ul style="list-style-type: none"> – Permanent reification of the decision <i>locus</i> (GPL) and validation of all the decisions – Technical support for the mediation between partners and promotion of other skills acknowledgement and the specific roles of each one in the action fulfilment – The exchange of information and reflectivity + share of seminars – To observe time limits and rhythms in the participation process – To build confidence – “faces” and compromises <p>Number 2)</p> <p>“a good diagnosis” as a supporting base to focus the territories action plans</p> <p>Number 3)</p> <ul style="list-style-type: none"> – Thought aimed at innovation and promotion of change – To focus the interventions on the critical dimensions identified in the diagnosis <p>Number 4)</p> <ul style="list-style-type: none"> – An action oriented organization and management model, instead of an organization merely based on financial availability – The non-existence of a previously defined financial model
Were there any unexpected benefits or weaknesses?	
	The action plans implementation process has had some delays, especially in what concerns staff recruitment and the composition of project teams; this situation is almost solved.

ANNEX 2.1 – MAIN TRENDS AND CHALLENGES

One of the fundamental challenges of present-day society is to ensure that Welfare systems are capable of adjusting to demographic, economic and social changes without jeopardising the citizenship rights that established in the European social model.

Poverty is, however, one of the main threats to ensuring access to fundamental citizens rights and immediate strategies are therefore required. In 2006, 18% of the Portuguese population lived below the poverty line (18% of men and 19% of women)⁴². High numbers were likewise recorded for persistent poverty: 15% of the population lived below the poverty line in 2001 and had been in such a situation for at least two of the three preceding years⁴³. Efforts to reinforce the national social protection system and to draw closer to the levels of other EU Member-States have resulted in improvements at various levels and, inevitably, improvements in terms of the levels of poverty as well. Without social transfers (other than pensions), the percentage of the population at risk of monetary poverty was 25% in 2006 (as compared to 26% in the EU25)⁴⁴.

Contrary to other European countries, Portugal also depends on the non-monetary component of income to assess the living conditions of its population. In 2005/06, 19% of the household's total income came from non-monetary income, which served to reduce poverty by about 3 percentage points⁴⁵.

As a multidimensional phenomenon, poverty requires an observation beyond family income. To this end, a multi-dimensional approach of poverty (deprivation) is essential in order to identify and understand the multiple aspects in the well-being of individuals and their families. Considering deprivation as a difficulty to access a minimum level of well-being⁴⁶, about 18.7% of Portuguese families lived in a situation of deprivation in 2001. The inside housing conditions, owning basic items, the capability to meet basic needs and sociability networks are the most important aspects in the explanation of the level of deprivation for families at risk of poverty. In addition, families with children, large families and families comprising one elderly reveal the highest risk of deprivation⁴⁷.

The association between the intergenerational transmission of poverty and the persistence of this problem has had, "(...) serious consequences in terms of accumulated disadvantages" (*Ibid.*) Interrupting this cycle entails giving priority to intervention in the present to commit to the future. Such investments need to be nurtured and supported by all citizens. Along with a strong perception about an unequal society, Portugal (like Spain) aspires for equality and has a distinct enthusiasm for welfare values (*Ibid.*, 12). Amongst other dimensions, these aspects justify initiatives that can provide adequate information about the real problem and policy measures to combat it. They likewise enhance this aspiration and credit capital that already exists in Portuguese society.

Risk 1 | Child Poverty

Despite the significant improvements in terms of the well-being of children and their families, children are a group that is particularly vulnerable to situations of poverty and, simultaneously, to the intergenerational transmission of this situation. In 2006, about 21% of children and young people (0-17 years) lived in situations of poverty (as compared to 18% of the total population)⁴⁸. The persistent nature of these situations is also significantly higher

⁴² Eurostat, SILC.

⁴³ Eurostat, ECHP.

⁴⁴ Eurostat, SILC.

⁴⁵ INE, IDEF.

⁴⁶ This minimum level of well-being encompasses a set of aspects that are related to housing conditions, comfort goods, basic needs, financial capacities, networks of sociability, labour market, education and training.

⁴⁷ Calculations by the MTSS/Strategy and Planning Office (GEP), based on the PEADP of the INE.

⁴⁸ Eurostat, SILC.

when compared to other population groups. About 22% of children lived below the poverty line in 2001 and had been in such a situation for at least two of the three preceding years (as compared to the figure of 15% for the total population)⁴⁹.

From another perspective, the incidence according to family typology reveals a situation of greater vulnerability for children: 41% of single parent families with at least one child and 38% of families with two adults and three or more children were living in a situation of poverty in 2006⁵⁰.

A multidimensional analysis of poverty reinforces the idea that families with children, in particular larger families, are exposed to higher risks of deprivation (in 2001, about 16% of families with one or two adults with children were at risk of deprivation as compared to 19% of families in general)⁵¹. The main beneficiaries of Social Integration Income are precisely families with children along with large families.

Other risks also jeopardise the full development of children and their safety. For example, situations of abandonment and neglect, abuse, exposure to deviant models of behaviour and other situations or activities that subject children to behaviours that affect their safety, health, education and training.

Social protection provided to families plays an essential role in the well-being of children. However, families, especially the younger ones, face currently new challenges resulting, above all, from the difficulty to reconcile their professional life with taking care of their children, the multiple forms of families and the new requirements of the novel statute of children. It is thus essential to dynamise social services and solutions that ensure their well-being.

Risk 2| Elderly Poverty

The elderly population is the group, which lives at a higher risk of poverty. In 2006, 26% of the elderly lived at risk of poverty (26% of women, 26% of men) as compared to 18% of the total population⁵². At the same time, 24% of the elderly lived below the poverty line in 2001 and had been in such a situation for at least two of the three preceding years (as compared to 15% of the total population)⁵³. The composition of the households also reveals that families with elderly are in a more vulnerable situation. In 2006, the most worrying situations were families comprising an isolated elderly (40%), families with a single person living alone (35%) and especially those with just a single female (38%), as well as families with two adults in which at least one was 65 years of age or older (26%)⁵⁴.

The elderly are also one of the most vulnerable groups to income inequality. In 2001, the distribution of the equivalised mean monetary income of the elderly was lower than the general Portuguese population, although an improvement in the monetary situation of the elderly with the lowest income and those of middle-income groups did occur between 1995 and 2001. About 66% of the elderly received a monthly income inferior to the national average⁵⁵. Despite the sustained improvement ensured by the social security system, especially the pension system of, from the second half of the 1990s onwards, there are still extremely vulnerable situations affecting the elderly who live with very low pensions. The situation of the elderly in territories with a predominantly aged population requires special attention, both on account of their isolation as well as a lack of conditions that delay improved living conditions in these local territories.

Other situations such as loss of autonomy, social isolation, poor housing conditions and difficult access to health services or social support reinforce the vulnerability of the elderly.

⁴⁹ Eurostat, ECHP.

⁵⁰ Eurostat, SILC.

⁵¹ Calculations by the MTSS/Strategy and Planning Office (GEP), based on the PEADP of the INE.

⁵² Eurostat, SILC.

⁵³ Eurostat, ECHP.

⁵⁴ Eurostat, SILC.

⁵⁵ Calculations by the MTSS/Strategy and Planning Office (GEP), based on the PEADP of the INE.

Risk 3 | School Failure and Early School Leaving

One of the essential factors for a comprehensive inclusion into society is access to education and participation in the labour market. School education plays an extremely important structural role in the lives of individuals and is a fundamental point of departure for their social inclusion, which must begin at a young age. In this perspective, schools are privileged spaces where it is possible to detect at an early stage, prevent and combat situations of poverty and social exclusion. However, in their everyday functioning, schools tend to reproduce surrounding economic and social difficulties, which is traditionally reflected in the incidence of higher levels of under-performance and early school leaving amongst children and young people from the most vulnerable social groups. In the past three years, measures have been implemented to increase the democratic nature of education and reduce inequalities. These measures include the recognition, validation and certification of skills programme (RVCC), training and educational courses for adults and training modules. Moreover, investments have also been made to support young people at risk of abandoning their studies, as well as to support families and students through new regulations and increased funding for School Social Action. In terms of vocational training, there has been a 50% increase in seats in vocational courses during the academic year 2007-2008, which corresponds to an increase of 16.5000 secondary school students.

Along with basic education, the component of education/training through the acquisition of initial professional qualification is likewise important for dynamising inclusive trajectories and access to and a continued presence in the labour market. This is accompanied by all the concomitant consequences that serve to improve the living conditions of inhabitants. The possibility of being able to participate in educational and training actions throughout an individual's life is similarly a key factor for individuals with low qualifications, those who are already in the labour market or those who are outside it for a variety of reasons.

However, even though it has been defined as a priority area, levels of schooling amongst the Portuguese population are fairly low. This situation is associated with two main factors. On the one hand, a high rate of school failure and early school leaving and, on the other hand, a low participation of workers with low qualifications in initiatives aimed at imparting vocational training.

It is important to note that in the last 30 years there has been a progressive expansion of the educational system and compulsory schooling has been broadened. In 2006, 80.6% of 4 year olds attended pre-school education (as compared to 82.3% in the EU), which represented a growth of about 47.7% as compared to 1995^[1]. Schooling rates also rose significantly: the percentage of young people aged 18 years in the educational system more than doubled, rising from 30% to 62% between 1991 and 2001^[2]. Even so, Portugal is still a considerable distance away from the average figures for the EU countries.

An analysis of the transition/conclusion rates reveals some of the present concerns^[3]. The transition/conclusion rate in the first cycle of basic education was 96.1% in 2007/2008, higher than the 93.3% recorded in the academic year 2003/2004. The situation of school failure continues to require attention in the other cycles of basic education. In the second cycle the transition/conclusion rate for the academic year 2007/2008 was 91.6% (as compared to 86.1% in 2003/2004). Similar trends have been recorded at the level of the third cycle of basic education: in the 2007/2008 academic year it was 85.3% (as compared to 82.2% in 2003/2004). At the level of Secondary Education, the transition/conclusion rate improved, rising from 66.2% in 2003/2004 to 77.6% in 2007/2008.

At the same time, in 2007, the percentage of the population aged between 18-24 years that concluded obligatory schooling or less and was not attending any educational or training initiatives was 36.3% (as compared to 14.8% for the EU27). Portugal is thus in an unfavourable position as compared to the rest of Europe^[4].

⁵⁶[2] INE, Census.

⁵⁷[3] GIASE/ME - Chronological Series.

⁵⁸[4] Eurostat, LFS.

It is, however, important to highlight the reinforcement of seats in vocational training courses, so as to reverse the present situation of low levels of schooling. The expansion of vocational training to include public secondary schools is reflected in the increase in the number of classes that have been created. In the academic year 2007/2008, 1,019 new classes were constituted (1st year), as compared to 615 in the academic year 2006/2007 (85 classes had been created in 2005/2006)^{59[5]}. In its turn, this growth corresponds to a sharp increase in the number of students/trainees that have sought out this kind of vocational path. In 2007, at the level of basic education, 44,129 young people were enrolled in dual certification courses and 120,764 students were enrolled in such courses at the secondary level. The expansion of the student population in secondary education is, in large measure, due to the rise in the number of students enrolled in vocational courses in public secondary schools. The figures rose from 44,466 students in the academic year 2006/2007, to 62,996 in the academic year 2007/2008⁶⁰. Similarly, the growth in the number of young people at the basic level of education is a result of a strong emphasis on Education and Training Courses – in which more than 41,000 young people are enrolled – offered in public schools, in centres for vocational training and by private entities, i.e. vocational schools. The focus on this modality has been an essential element to combat early school leaving^{61[6]}. Another relevant aspect concerns the number of students attending apprenticeship/learning courses, which involved 20,720 young people in 2007, as compared to 20,563 in 2006⁶².

Despite the efforts that have been made, there are still too many cases of young people who leave the educational system with low levels of qualification and without any kind of training. They are thus at a disadvantage situation in terms of the labour market, from the very outset, and consequently run the risk of perpetuating the phenomenon of a generation of poorly qualified workers that exists in the Portuguese labour market.

Risk 4| Low levels of Qualification

The early entry in working life with low levels of schooling is a reality for a large number of Portuguese workers who, for several reasons, were unable to access, continue or complete their studies. On the one hand, this context reinforces the problem of unemployment, especially long-term unemployment: in 2001 the unemployment rate was 8.0% and the rate for long-term unemployment (12 months or more) was 3.8%^{63[8]}. On the other hand, it may increase the number of workers who hold jobs that require little or no qualification. Many of these individuals earn low wages and, when faced with eventual situations of unemployment, have additional difficulties in terms of re-entering the labour market.

It can be noted that in 2007, 68.1% (72.4% of men and 64.7% of women) of the unemployed population (15-64 years) had levels of schooling up to basic education (third cycle) and 15.5% had attended secondary education. Schooling levels amongst the long term unemployed were even more worrying. In 2007, 3.9% did not have any schooling at all, 29.0% had concluded the first cycle of basic education, 21.0% the second cycle of basic education and 20.0% the third cycle of basic education^{64[9]}.

Although overall levels of schooling amongst the employed population (15-64 years) are low, they are slightly higher than the levels recorded for the unemployed population. In 2007, 70.8% had a worrying level of schooling up to the third cycle of basic education (75.1% of men and 65.8% of women)^{65[10]}. In 2005, 4% did not have any

^{59[5]} ME/DGFV.

⁶⁰ New Opportunities Initiative – Two Years in Review, January/2008

⁶¹ New Opportunities Initiative – Two Years in Review, January/2008

⁶² New Opportunities Initiative – Two Years in Review, January/2008 and IIEP, Summary of Employment and Vocational Training Programmes and Measures.

^{63[8]} Eurostat, LFS.

^{64[9]} INE, Employment Survey.

^{65[10]} INE, Employment Survey.

schooling at all, 31.7% had concluded the first cycle of basic education, 21.1% the second cycle of basic education and 22.1% had completed the third cycle of basic education⁶⁶.

Although overall levels of schooling amongst the employed population (15-64 years) were low, they are slightly higher when compared to the unemployed population. In 2005, 72.1% had achieved levels of schooling until the third cycle of basic education (76.2% of men and 67.3% of women)⁶⁷.

The most recent data reveals that the estimated unemployment rate for the 2nd quarter of 2008⁶⁸, in Portugal, was 7.3% (6.3% for men and 8.4% for women). This overall figure is less than the statistics for the same period in 2007 by 0.6 percentage points and is 0.3 percentage points lower than the figure for the previous quarter. It has also been observed that this reduction of unemployment was particularly evident in the case of individuals with schooling corresponding to the third cycle of basic education and, to a lesser extent, secondary and higher education as well.

However, in 2006, the Portuguese population (between 25-64 years) that continued to have low qualification (72.9%, especially men with 75.2% as compared to 70.7% for women) was significantly higher than the EU25 average (30.5%, with a higher incidence in the case of women (32%) as compared to men, 29%)⁶⁹.

Risk 5 | Weak Participation in Lifelong Learning

Low levels of participation in education and training courses have well known consequences in terms of employability, especially for those individuals who have left the labour market and face enormous difficulties in re-entering. This situation is compounded by the fact that there are a fairly high number of active workers with low levels of schooling, thus creating, at the very outset, multiple obstacles for awareness, efforts and willingness to participate in (re)qualification training.

On the other hand, there is a need to encourage and sensitise employers regarding the training of workers. A lack of training not only compromises living conditions associated with employment but also affects Portugal's capacity to respond to market demands in terms of productivity and competitiveness.

Participation in education and training by the Portuguese population aged between 25 and 64 years of age was quite low (4.6%) in 2005, as compared to the EU average (11%), enhancing the existing insufficiency to the pressing needs at this level⁷⁰. This figure diminished to 4.4% in 2007, as compared to the EU average (9.7%), continuing to show a strong insufficiency, when compared with existing needs^{71[11]}.

Low levels of schooling, qualification and poor participation in training initiatives on the part of a significant group of Portuguese young people and a high number of active adults also has effects in terms of difficulties in using new technologies. Today's knowledge based society raises important challenges that need to be urgently addressed by the acquisition of specific skills in the field of information and communication technologies on the part of the Portuguese population.

⁶⁶ INE, Employment Survey.

⁶⁷ INE, Employment Survey.

⁶⁸ INE, Employment Statistics, 2nd quarter of 2008.

⁶⁹ Eurostat, LFS.

⁷⁰ INE, Estatísticas do Emprego, 2.º trimestre de 2008.

^{71[11]} Eurostat, LFS.

Risk 6 | Info-exclusion

Low school levels, qualifications and weak participation in training by a significant group of young Portuguese and a high number of adults, are also reflected in difficulties in using new technologies. Today's knowledge-based society raises challenges that need to be urgently addressed by the acquisition of specific skills in the field of information and communication technologies on the part of the Portuguese population.

In Portugal, in 2007, about 40% of households had Internet access at home (as compared to 54% in the EU27)⁷². In the same year, about 30% of all homes with Internet access had broadband connection, as compared to 42% in the EU27⁷³.

Data from 2005 reveals that about 12% of Portuguese Internet users had purchased or ordered goods and services through the Internet. The type of goods and services acquired included purchasing books, magazines, newspapers and e-learning material, mentioned by about 32.5% of users who used this kind of commerce, followed by the purchase of films and music (25.4%) and tickets for shows and events (23.6%)⁷⁴. Measures have been implemented to expand the coverage and diversity of the use of information systems, especially in public services, to foment a quicker and more articulated service as well as to improve access.

It is interesting to note that schools represent an excellent place to facilitate access to computers and Internet. In the academic year 2006/2007 there was one computer for about every 10 students in (public and private) schools (17 students in the year 2001/2002). This ratio was 10 in the case of public schools (as compared to 19 in 2001/2002). Regarding computers with Internet access, in 2006/2007 the ratio was one computer for about 12 students (as compared to 34 in 2001/2002)⁷⁵. The e-school Programme was begun in the academic year 2007-2008. It guaranteed all students who enrolled in the 10th grade in the next three years the acquisition of computers with broadband Internet access at low prices and with additional special conditions for students' with School Social Action programmes and those from low-income families. In the same way, the e-opportunities Programme, which began in June 2007, guaranteed all workers undergoing training within the scope of the New Opportunities Initiative significant assistance to acquire a laptop computer and broadband connection, with a view to generalising access in an information society.

Risk 7 | Inequality and discrimination faced by specific groups in the access to rights

The scope and intensity of particularly serious situations of poverty have diverse contours. Traditional situations of poverty, placed on the fringes of social structures and institutions, coexist with new configurations, resulting from unequal processes of modernisation. There are similarities that enable the identification and classification of typical situations where a set of factors combine to hinder social participation and result in the formation of vulnerable social groups. These groups include people with disabilities, young people at risk, victims of domestic violence, immigrants, ethnic minorities, victims of human trafficking, drug addicts, convicts, ex-convicts and the homeless, among others.

Among the groups that are most vulnerable to poverty and exclusion, people with disabilities constitute a group that, keeping in mind the multiple problems they face and the traditional lack of solutions, requires urgent and reinforced attention.

⁷² Eurostat, Information Society Computers and the Internet.

⁷³ Eurostat, Information Society Computers and the Internet.

⁷⁴ Survey on the Use of Information and Communication Technologies by Portuguese Families.

⁷⁵ ME/GIASE

The dimension of migratory fluxes into Portugal, associated with the difficult conditions of their integration and their territorial concentration, requires an intense intervention that is also a preventive measure against the phenomenon of racism and xenophobia.

• People with Disabilities

In 2001, 6.14% of Portugal's population was disabled, especially prevalent amongst individuals of advanced adult ages⁷⁶. The incidence of disabilities was higher amongst men (52.3%), although after the age of 65, a greater percentage was recorded for women⁷⁷. Thus, the average age of people with disabilities was 53 years (2001). There was, however, an aged population that acquired disabilities as they grew older. Until the age of 16, the rate of incidence was 2.18%, while in the age group of those over 64 years, this figure rose to 12.5%⁷⁸. Just like the general Portuguese population, people with disabilities have, on average, low levels of schooling. The vast majority are distributed over the levels of the "first cycle of basic education", the predominant degree of completed education and "cannot read or write", a category where women are especially prominent. In 2001, the rate of illiteracy amongst people with disabilities was more accentuated than in the overall population (respectively 23% and 8.9%)⁷⁹.

The majority of people with disabilities are not active in economic terms (71%) and only 29% have any form of economic activity. The main means of subsistence of people with disabilities over the age of 15 are pensions/benefits (55.2%), reflecting a contrast to the total population, whose main means of subsistence is employment (52.6%). It is important to highlight the large number of people with disabilities who are "taken care of by their families"⁸⁰. These factors constitute one of the greatest factors for the vulnerability of this group as compared to the general population.

In 2001, the unemployment rate among people with disabilities was 9.5% as compared to 6.8% for the total resident population⁸¹. This means that the specific measures for vocational training and re-adaptation for work have not yet been able to generate an employability rate that is comparable to the general population, despite the heavy investments that have been made in recent years in this area.

Between 2000 and 2004, there was a slowdown in the increases in terms of coverage of the network of social services and facilities for this population. The rate of providing solutions was the lowest (10.5%) when compared to responses in the areas of family and community (76.4%), support for the elderly (27.1%), children and young people (14.3%)⁸². In situations of more serious or more complex disabilities, solutions and social services are still insufficient or inadequate for needs and families are particularly affected. In the case of single parent families this situation is compounded further.

It should be stressed, according to analyses of the data for 2007⁸³ that all districts of mainland Portugal have at least ten social facilities aimed at children, young people and people with disabilities.

More than 200 social services and equipments aimed at this target-population were established in mainland Portugal between 1998 and 2007, which resulted in a growth rate of 52.9%. This was especially true in the case

⁷⁶ INE, Census.

⁷⁷ Commission for Citizenship and Gender Equality.

⁷⁸ INE, Census.

⁷⁹ INE, Census.

⁸⁰ INE, Census.

⁸¹ INE, Census.

⁸² INE, MTSS/Strategy and Planning Office (GEP), Social Charter.

⁸³ INE, MTSS/ Strategy and Planning Office (GEP), Social Charter – Report 2007 (forthcoming)

of Centres for Occupational Activities (54.7%), but above all Residential Homes (95%), which almost doubled the number of places available. These were the social facilities that were developed the most in 2007, as compared to 1998. They were followed by Early Intervention and the Home Assistance Service with 53.4% and 22.7% respectively.

With regard to the average rate of use calculated for the set of the 4 main social facilities for children, young people and disabled adults, the figure was about 95.3% in 2007. It is important to note that the social facilities that were used the most were the Centres for Occupational Activities and Residential Homes, 96% and 95% respectively, figures that are not very different from those of the preceding year.

It must be highlighted that a study that was concluded in 2007⁸⁴ revealed that people with disabilities comprised 9.2% of the population that was surveyed⁸⁵. This section of society had the following socio-demographic profile: predominance of females (67.9%, as compared to 32.1% male); adult and elderly population (41% were between 65 and 70 years of age); very low levels of school qualification (21.1% did not know how to read or write or did not attend school and 57.2% had attended the first cycle of basic education). They were practically excluded from the labour market and the few who had work experience held less qualified employment and were in families with income levels that were close to the national minimum wage (27.6% of the households had a net monthly income of up to 403 euros).

In this context, the study concluded that this social group lives in a situation of multiple, overlapping social inequalities, namely, access to employment, professional qualification and income inequalities, with accentuated differences in terms of gender and age.

As for the total number of people with disabilities surveyed who needed support and the services provided by the rehabilitation system, the coverage rate was about 30%⁸⁶.

• Immigrants / Resident Foreigners⁸⁷

Migration is an essential component of the present model of globalisation and is also being experienced in Portugal, where, apart from continued emigration, there has been a considerable increase in immigration in recent decades. This question requires a broad and balanced approach, given the constant changes that are taking place in this area.

In round figures, in 1960 the foreign population that was legally resident in Portugal comprised merely 0.3% of the total population. In 1980 this percentage corresponded to 0.5%, in 1990 it was about 1.1%, in 2000 the figure was 2.0%, and in 2001 (in just one year) there was a significant rise in numerical terms, reaching 3.4% of the country's population. In 2007, 435,736 foreigners were resident in Portugal (240,096 men and 195,640 women), corresponding to 401,612 with residence permits, 5,741 with extensions of permanence permits and 28,383 with extensions of long term visas.⁸⁸

In terms of territorial distribution, there was a trend (2007) to concentrate along the coast, especially in the districts of Lisbon, Faro, Setúbal and Porto. About 70% of this population is concentrated in just the first three of these districts.

⁸⁴ Sousa, Jerónimo; Capucha, Luís; Pedroso, Paulo (co-ord.) et. al. (2007), *Mais Qualidade para as Pessoas com Deficiências e Incapacidades – Uma estratégia para Portugal*, CRP Gaia/ ISCTE, prepared within the scope of the study entitled *Modelização das políticas e das práticas de inclusão social das pessoas com deficiências em Portugal*, with the support of POAT/ QCA III – ESF Axis. In terms of a profile of people with disabilities, see, above all, Chapter 5, pp. 85-130.

⁸⁵ A National Survey was carried out within the scope of the study mentioned in the preceding note using a representative sample of 15,005 individuals living in mainland Portugal aged between 18 and 70 years.

⁸⁶ Cf. Study mentioned in note 41, p. 128.

⁸⁷ This is the term currently used, namely in the SEF reports. The term “resident foreigners” includes foreigners who hold residence permits, holders of an extension of leave to remain and holders of an extension of leave to remain for a long period.

⁸⁸ SEF, Statistics of the immigrant population in Portugal.

In the same year, it could be observed that a significant percentage of resident foreigners were from Brazil (66,354 individuals), followed by those from Cape Verde (63,925), Ukraine (39,480), Angola (32,728) and Guinea-Bissau (23,733).

In 2001, a high percentage of immigrants, mainly from South America and Africa, had low levels of schooling (Basic Education), as compared to immigrants from Europe, who had higher levels of qualification in percentage terms (Secondary/Middle Education and Higher Education⁸⁹).

The statistics concerning early school leaving on the part of Portuguese and foreign students differ, to the detriment of the latter. The proportion of Portuguese students who dropped out during basic and secondary education within the academic year (2000/2001) was 3.1%, while it was 10% in the case of foreign students. This difference became even more substantial with the transition from basic education to secondary education, where in the academic year (2000/2001) 42.6% of foreign students faced the risk of early school leaving as compared to 13.2% of Portuguese students.⁹⁰

In terms of integration into the labour market, Portugal has achieved progress regarding the participation of immigrants, when compared to some EU countries. In 2001, 77.3% of the foreign population was active, especially foreigners from Central and Eastern Europe (92%) and Brazil (84%)⁹¹.

It should be pointed out, however, that the professional profile of foreign workers is very different from Portuguese workers, since foreigners are concentrated in less qualified professions in industries and services. In other words, they are over-represented in sales and service staff positions (professional group 5), labourers, craft and related trades workers (group 7) and unqualified workers in all sectors (group 9). These patterns of inclusion in the Portuguese labour market do not, however, reflect their qualification and there are situations of over-qualified foreigners, i.e. foreigners who have skills that are superior to the skills required for the tasks they carry out. Immigrants with middle and higher levels of qualification have higher rates of unemployment when compared to their counterparts with low levels of schooling. However, when compared to Portuguese nationals, it can be seen that they participate in the unqualified section of the labour market, which reveals inequalities in terms of accessing more qualified jobs⁹².

According to the data of the Labour Statistics (MTSS/ GEP- Strategy and Planning Office), it is also clear that levels of remuneration amongst foreigners are always lower than those of Portuguese, even when comparing individuals exercising the same job and with the same level of qualification.⁹³

Unemployment also affects nationals and non-nationals in a different way. The difference in the unemployment rate for nationals and individuals from outside the EU was 4.2 percentage points in 2007 (as compared to 5.3 percentage points in the EU)⁹⁴.

Keeping in mind the reinforcement and diversification of immigration, other limitations have also emerged, especially those associated with difficulties in accessing housing, language difficulties or difficulties in terms of the recognition of qualification, which tends to place immigrants in a situation of vulnerability and social exclusion.

Recognising these and other difficulties, which can become sources of exclusion for immigrants in Portuguese society, the Portuguese State is *implementing a Plan to Integrate Immigrants* for the period 2007-2009 (Cabinet Resolution No. 63-A/2007). This plan is being co-ordinated by the *High Commission for Immigration and Intercultural Dialogue* and, amongst other aspects, includes 9 measures in the areas of labour, employment and vocational training.

In the area of clandestine immigration, processes controlled by illegal networks that send immigrant labourers to

⁸⁹ INE, Census.

⁹⁰ High Commission for Immigration and Intercultural Dialogue, *Entreculturas*.

⁹¹ INE, Census.

⁹² OECD, SOPEMI, *International Migrations Outlook*, 2006.

⁹³ See Peixoto, J. (2008), "Imigração e mercado de trabalho em Portugal: investigação e tendências recentes", in *Revista Migrações* No.2, Lisbon: High Commission for Immigration and Intercultural Dialogue/ Immigration Observatory, pp. 19-46.

⁹⁴ Eurostat, Labour Force Survey.

informal and unprotected sectors of the economy with a general lack of quality in terms of labour conditions create a greater vulnerability and segregation. Aware of the difficulties involved in the field of human trafficking, the Portuguese State has promoted the implementation of a National Plan Against Human Trafficking for the period 2007-2010 (Cabinet Resolution No. 81/2007, 6 June), co-ordinated by the *Commission for Citizenship and Gender Equality*.

• Roma Population

"Policies for active inclusion must combine integration into the labour markets, the mobility of labour, motivation to actively seek employment, adequate support for income and accessible, effective and high-quality social services."

"(...) The European Council (...) calls upon Member-States to redouble their efforts to prevent and combat discrimination within and outside the labour market. With regard to this aspect, the European Council, aware of the very specific situation faced by Roma throughout the EU, calls upon Member-States and the Union to use all means to improve their inclusion. (...)"

(§ 50 of the Resolution of the European Council dated 14 December 2007, Brussels meeting under the Portuguese presidency).

Both in Europe as well as in Portugal, Portuguese citizens belonging to Roma communities face discrimination. This generally translates into precarious professional situations, the imposition of the dominant culture, without respect for differences, and processes of segregation and isolation in terms of family and social support. It is very often reflected in preconceptions that identify them as being responsible for crimes within the community. This attitude, which generates situations of inequality and social exclusion, perpetuates the marginalisation of Portuguese Roma within society.

No socio-demographic studies exist in Portugal about Roma population that could provide detailed information. It has been estimated that Roma population comprises between 40,000 to 50,000 individuals⁹⁵. Some studies have indicated that about 38% are under 15 years of age⁹⁶ and about 16% live in precarious housing conditions⁹⁷. If one considers the existence of about 40,000 Roma, it can be inferred that approximately 15,200 children under

⁹⁵ At an international level, some studies indicate that there are between 50,000 and 100,000 Roma in Portugal, without, however, explaining how the information was compiled. According to the European Commission against Racisms and Intolerance (ECRI) between 50,000 and 60,000 Roma live in Portugal. Source: ECRI (2002), Second Report on Portugal, European Commission against Racisms and Intolerance, adopted on 20 March 2002, Strasbourg, 4 November 2002, 36 p., p.23. For Machiels, the data varies between 50,000 and 100,000. Source: MACHIELS, T. (2002), *Garder la distance ou saisir les chances. Roms et gens du voyage en Europe occidentale, Réseau Européen contre le Racisme*, 43 p., p. 11. In Portugal, the SOS Racism organisation, through a survey carried out amongst town halls, only managed to identify a total number of 21,831 Roma. Source: SOS RACISMO (2001), *Ciganos, Números, Abordagens e Realidades*, Lisbon. Through two surveys amongst town halls and the National Republican Guard, Alexandra Castro obtained figures of about 34,000 Roma. Source: CASTRO, Alexandra (2007) "Dos Contextos Locais à Invisibilização Política: discussão em torno dos ciclos de exclusão habitacional dos ciganos em Portugal", in *Revista Cidades: Comunidades e Territórios*, No. 15.

⁹⁶ Cf. Amongst others, BASTOS, José Gabriel Pereira; CORREIA, André Clarezza; RODRIGUES, Elsa (2006), *Sintenses Ciganos. Uma abordagem estrutural-dinâmica*, Lisbon, CEMME/ Sintra Town Hall, p. 115.

⁹⁷ A direct survey carried out in 2000 by a religious organisation (Obra Nacional da Pastoral dos Ciganos - ONPC) about situations of precarious housing in the context of Roma population in the Portuguese mainland identified the existence of 834 families, corresponding to 4,398 people living for over two years in a given locality, in a precarious or dilapidated housing situation. This data did not include the councils of the diocese of Lisbon, areas that have a large concentration of Roma. The data from the council district of Porto was not collected directly, but was obtained by resorting to privileged informants. The ONPC website states that, "At a national level there are about 7,000 Roma living in shacks/ tents, corresponding to 18% of Roma population", for an estimated population of about 40,000 individuals (Source: <http://www.ecclesia.pt/pnciganos/>). According to the data compiled within the scope of a study by the CET (Castro, 2007) 6,516 Roma were living in precarious housing conditions, including fixed and mobile residential units, corresponding to 16% of the estimated strength of Roma population (40,000). Source: CASTRO, Alexandra (2007) "Dos Contextos Locais à Invisibilização Política: discussão em torno dos ciclos de exclusão habitacional dos ciganos em Portugal", in *Revista Cidades: Comunidades e Territórios*, No. 15.

the age of 15 are Portuguese Roma and about 6,400 live without minimum conditions in terms of housing, health and hygiene, in mobile or fixed homes and face diverse problems. These problems include difficulties in residing permanently in certain areas where they could establish ties of belonging; the absence of basic infrastructure such as potable water, electricity and basic sanitation; living near waste dumps or polluted industrial areas on the fringes of cities. Many of these situations are the result of local difficulties in implementing strategies that consider the need to settle in a given territory. They very often give rise to preconceptions and stereotypes that prevent these citizens from emerging from the situations of vulnerability, poverty and exclusion in which they live.

Available data for the health sector indicates an infant mortality rate that is estimated to be 5 times higher than the European average. The average age of mothers at the birth of their first child is 17 years⁹⁸.

In terms of education, the data pertaining to the academic year 2003/2004⁹⁹ reveals that of the 8,324 Portuguese Roma children and young people who were enrolled, 86.7% (as compared to 49.6% for all students) were in the first cycle. One can thus infer that there is a very high failure rate amongst Roma students. In secondary education (including technological courses) enrolments of Roma youth represent a negligible percentage and special efforts are needed to remedy this situation.

• Homeless

In Portugal, the total numbers of the homeless population are not known. It is known, however, that they are, above all, men of an active age (30-49 years), single and divorced, Portuguese citizens, with basic schooling, distributed essentially throughout the large metropolitan areas (Lisbon and Porto), followed by the mid-sized cities of Setúbal, Faro and Braga. They are no longer just the classic cases of marginalisation. A new generation of homeless people has clearly emerged, with a growing presence of mentally ill individuals, drug addicts, alcoholics, ex-convicts and other individuals who are in a situation of non-conformity with prevailing norms and institutions – a breakdown of socio-family ties, professional instability, difficulties in accessing housing and employment, low income, the absence of rules and routines, self-marginalisation, dilution of work habits, regression in terms of cognitive capabilities – and they do not have any kind of social, psychological and economic support. A more recent study¹⁰⁰ (2007), about Temporary Housing Shelters (CAT) and the respective population that frequents them has reinforced a change in the traditional image of homeless people as old beggars. They are, in effect, a population constituted, above all, by men of an active age (from 30 to 70 years), Portuguese citizens who have basic schooling.

The main factors that contribute towards the situation of the homeless who spend the night in social facilities are essentially unemployment, the loss of housing, the fact that it proves impossible to access housing owing to an absence of income, illnesses (drug addiction, chronic and mental illnesses) and marriage and family breakdown. Different kinds of individuals stay in shelters house such as: drug addicts, alcoholics; ex-drug addicts and ex-alcoholics who after detox treatments spent periods being autonomous in terms of housing and finances, but new relapses caused them to return to a situation of homelessness; ex-convicts who did not have any support and guidance after leaving prison; individuals who, owing to physical and/or psychological fragilities cannot work regularly, do not have family support and do not have an income; people diagnosed with mental illnesses, those

⁹⁸ Source: SILVA, L. F. da, SOUSA, F., OLIVEIRA, L., MAGANO, O., 2000, "A Comunidade Cigana e o Etnocentrismo da Instituição Médica de Saúde Comunitária", paper presented at the IV Portuguese Sociology Congress (photocopied text), p. 4.

⁹⁹ Source: Ministry of Education, GIASE, 2006 (preliminary data).

¹⁰⁰ GIL, Ana; ALVARENGA, Filipa; CAEIRO, Teresa (2007), *Avaliação dos Centros de Alojamento Temporário para população sem-abrigo*, ISS, IP, Dec.2007.

with infectious and contagious diseases and chronic illnesses; clandestine immigrants; individuals who had jobs, without social security contributions, who experienced extended periods of unemployment after being laid off; individuals who suffered accidents at work and did not have access to any mechanism of social protection and, finally, individuals who work continuously or seasonally but do not earn enough to access housing.

ANNEX 2.2 – List of Measures, Indicators and Financial Resources

PRIORITY 1 | Fight child and elderly poverty, through measures that ensure their basic rights of citizenship

CROSS-CUTTING MEASURES

POLICY MEASURE	ENTITY RESPONSIBLE ¹⁰¹	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Minimum Wage - RMMG	MTSS	Progressive increase of the minimum wage.		People with economic difficulties	Increase the monthly guaranteed minimum wage by 24% until reaching the sum of 500 euros in 2011.	- Annual % achieved	- - - -
Social Integration Income – RSI	MTSS	Benefit provided by the solidarity sub-system, which includes a programme for integration, with a view to the social and professional integration of beneficiaries.		People with economic difficulties	Cover about 80,000 people in training/qualification programmes and/or in the labour market, by 2010.	- Number of families with signed social integration programmes	
Reduction of the maximum municipal property tax rate – Property Tax Code - CIMI (Art. 112)	MFAP	Reduction of the maximum rate of property tax from 0.8% to 0.7% for unassessed buildings and from 0.5% to 0.4% for buildings that have been assessed under the terms of the property tax code (CIMI).	✓	Owners	- Cover 1,750,000 owners of unassessed buildings (about 2,500,000 buildings); - Cover 425,000 owners of buildings that have been assessed under the terms of the property tax code (about 500,000 buildings).	- Number of owners covered	€ 200 M by 2010

¹⁰¹ **MTSS** - Ministry of Labour and Social Solidarity; **MAI** - Ministry for Internal Affairs; **MFAP** - Ministry of Finance and Public Administration; **MNE** - Ministry of Foreign Affairs; **MJ** - Ministry of Justice; **MAOTDR** - Ministry of the Environment, Territorial Planning and Regional Development; **MEI** - Ministry of the Economy and Innovation; **MOPTC** - Ministry of Public Works, Transport and Communications; **MS** - Ministry of Health; **ME** - Ministry of Education; **MCTES** - Ministry of Science, Technology and Higher Education; **MC** - Ministry of Culture; **PCM** - Presidency of the Council of Ministers; **RAA** - Regional Government of the Azores; **RAM** - Regional Government of Madeira.

POLICY MEASURE	ENTITY RESPONSIBLE ¹⁰¹	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Expanding the period for property tax exemptions for urban buildings for permanent and own residences - Change in Art. 46 of the Statute of Tax Benefits	MFAP	Expanding the exemption period to be granted for urban buildings for owner-occupied or permanent housing: from 6 to 8 years (up to 157,500 euros); from 3 to 4 years (between 157,500 and 236,250 euros).	✓	Owners	- Cover a total of 425,000 owners, by 2010.	- Number of owners covered	€200 M by 2010
Tax benefits and deductions for expenditure linked to owner-occupied or permanent housing Change Art. 85 ^a of the Tax Code – CIRS	MFAP	Greater tax benefits and deductions for expenditure linked to residential property (interest and amortisation).	✓	Families	- Cover 95% of families.	- Number of families covered	€89 M by 2010
Support and counselling for families with debts: - Offices offering support for Overindebted families (GAS) - Office for Guidance for Overindebted Consumers (GOEC)	MEI	Information and support for consumers with too much debt, with the possibility of mediating with creditors. Information and support for consumers about the responsibilities and risks of credit.		Consumers in a difficult position related to over indebtedness General population	- Support all individuals who resort to the GAS. - Counselling for all individuals who go to the GOEC.	- Number of consumers who use the assistance offered by the office, by typology of credit and by region - Number of people who use the counselling offered by the office, typology of credit and region	€24,000 €45,375

POLICY MEASURE	ENTITY RESPONSIBLE ⁰¹	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Inclusion Training	MTSS	Promote the development of professional, personal and social skills, amongst socially excluded groups so that they acquire skills that allow them to participate in or conclude training actions that confer certification and/or reintegration into the labour market		Socially excluded groups	- Cover 8,800 people	- Number of people covered	€23 M
Micro-credit	MTSS	Technical and financial support for the creation of selfemployment for individuals who find it difficult to enter the labour market.		Unemployed	- Cover 5,000 projects.	- Number of projects supported by region - Number of people covered, by gender	€15 M
Inclusive labour Market	MTSS	<u>Occupational Programmes</u> Seek to occupy unemployed individuals in a socially useful manner until alternative employment or professional training opportunities become available, guaranteeing a subsistence income and affording contact with other workers and other activities, thus preventing their isolation and the tendency for discouragement and marginalisation.		Unemployed and with proven economic difficulties	- Cover 97,000 individuals.	- Number of people covered, by gender	€291 M

POLICY MEASURE	ENTITY RESPONSIBLE ¹⁰¹	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
		Social Integration Enterprises. "Integration Companies" (not-for-profit organisations) seek to ensure the socio-professional (re)integration of long term unemployed or those in a particularly unfavourable position with regard to the labour market. In this context they seek to combat poverty and social exclusion, promote the development of suitable personal, social and professional skills for exercising a professional activity, favour the creation of jobs and satisfy social needs that are not satisfied by the normal functioning of the market.		Beneficiaries of Social Integration Income Recovered or recovering drug addicts Ex-convicts Youths at risk Long term unemployed Psychologically disturbed individuals Homeless individuals People with disabilities	- Cover 12,984 individuals.	- Number of people covered, by gender	€60 M
		<u>Life Employment Programme</u> Especially aimed at the process of inserting and reinserting recovering drug addicts. It is part of a set of specific measures created by Cabinet Resolution No.136/98 dated 04-12.		Recovered or recovering drug addicts	- Cover 3,636 individuals.	- Number of people covered, by gender	€22 M
Revision of the Law for Access to Legal Rights and Support	MJ	Alargamento dos critérios que permitem o acesso ao apoio judiciário	✓	General population	- Increase the range of beneficiaries of this system of social protection, which is now serving more citizens than in the past and is applicable to more situations.	- Number of beneficiaries covered, by gender	-----

POLICY MEASURE	ENTITY RESPONSIBLE ⁰¹	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Tax benefits for creating employment for young people and long term unemployed	MFAP	A benefit of a 50% increase annually in terms of fiscal obligations for employers that hire youths and long-term unemployed with open-ended contracts, through a reduction in non-salary costs on the remuneration of these workers.		Youths searching for their first job and long term unemployed	- Cover 7,000 companies by 2010. - Tax revenue associated with the measure: 90 million euros, by 2010.	- Number of companies joining the initiative	€90 M (by 2010)
Incentives to hire young people and long term unemployed	MTSS	Attempt to develop the potential for job creation, through tax benefits or contributory exemptions or incentives for companies, with a view to creating jobs for workers aged below 30 years or long term unemployed with open-ended contracts.		Youths and long term unemployed	- Reduce the non-salary costs of the remuneration of youths and long term unemployed hired by the company, by 2010.	- Number of people hired under these incentives, by gender	
Incentives to hire more vulnerable citizens	MTSS	Exemption from social security contributions for the employer when hiring, without fixed term contracts, beneficiaries of the Social Integration Benefit (RSI), invalidity pensions, ex-drug addicts and ex-convicts who have been unemployed for more than 6 months and reduction of social security contributions for the same segments for fixed term contracts.	✓	More vulnerable sections of society	- Exemption of contributions for social security up to 3 years given to the employer upon hiring, without fixed term contracts, underprivileged individuals who have been unemployed for over 6 months. - 50% reduction in social security contributions for up to 3 years granted to the employer, for fixed term hiring of underprivileged individuals who have been unemployed for more than 6 months.	- Number of entities with exemptions; - Number of people hired, with open-ended contracts, by gender	

POLICY MEASURE	ENTITY RESPONSIBLE ¹⁰¹	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Combat job precariousness	MTSS	Promote quality and stability in labour relations, by modulating the contributory rates for social security with a view to dynamising permanent hiring. Combat illegal practices in the employment system such as the abusive use of self-employed receipts and fixed term contracts.	✓	Individuals in professionally precarious situations	<ul style="list-style-type: none"> - Reduction of 1 percentage point of the rate of contributions borne by the employer applicable to all open ended contracts and simultaneously discourage the use of fixed term contracts, for which a 3 percentage point increase in contribution rates will be applied to the employer. - Reduction to three years of the maximum limit of fixed term work contracts and the division of the cost of social protection between employers and independent contractors which is currently borne by these workers through the assumption of a 5 percentage point contribution rate by employers on the presumed income of these workers. 	<ul style="list-style-type: none"> - Number of entities with reductions; - Number of people hired, without fixed term contracts, by gender 	---
Reinforcement of Parenthood Protection	MTSS	<p>Reinforcing paternal rights</p> <p>Increasing the duration of parental leave and reinforcing sharing</p> <p>Extending the rights envisaged for maternity to cases of adoption;</p> <p>Encourage part time work and care for young children</p>	✓	Families	<ul style="list-style-type: none"> - Increasing obligatory paternity leave from five to ten working days, half of which are immediately after the birth. - Ten additional optional days, with full pay to spend along with the new mother. - Three days of leave to attend pre-natal consultations. <p>Initial parental leave now consists of the following rights:</p>	- Number of families covered	---

POLICY MEASURE	ENTITY RESPONSIBLE ⁽¹⁾	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
					<ul style="list-style-type: none"> - 4 months with full pay or - 5 months at 80% (gross income); - 5 months with full pay or - 6 months at 83% (gross income) when at least 1 month is enjoyed exclusively by each of the parents; - 3 months with full pay (gross income) of complementary leave to each of the parents if taken immediately after the initial parental leave. - Both parents enjoy the same rights, with due adaptations. - Part time work in cases of childcare for young children, for the purposes of social security, is recorded as double the hours. 		
Door 65 - Youths - Housing and Mobility Services	MAOTDR	Programme aimed at financing rentals for youths (from 18 to 30 years). Programme aimed at making residences available in public and private properties to be rented directly or indirectly, through an exchange system of available dwellings.	✓	Youths and families	<ul style="list-style-type: none"> - Support the rentals of young families corresponding to a percentage of the rental value of 10,000 families/year - Cover 500 families/ year 	- Number of families supported	€45 M €6 M (a)

POLICY MEASURE	ENTITY RESPONSIBLE ¹⁰¹	DESCRIPTION OF THE MEASURE	NEW	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
- Management and Close Ties		Instrument to support the management of the stock of public rental housing, by contracting local entities that hold certification for the management of the housing stock.	✓		- Cover 2,500 families/ year		€0,9 M (a)
- Supported Housing (Cohabitation)		Instrument to support the promotion of rental solutions, by social solidarity entities, in collective dwellings for sections of society that have specific temporary or permanent needs	✓		- Create 5 networks of collective housing (pilot phase)		€0,2 M (a) ¹⁰²
PROHABITA	MAOTDR	Programmes and the following housing solutions for families with serious housing deficiencies: 1) Promotion of controlled cost housing within the scope of the Co-operative Promotion Programme. 2) Reinforce rehabilitation. 3) Construct or adapt buildings for social facilities in social neighbourhoods. 4) Direct financial support for families to ensure re-housing in situations of natural disasters or catastrophes and emergency situations.		Families facing difficulties in accessing the housing market	- Support housing solutions for families with housing difficulties. (1,500/hearths/families/year)	- Number of dwellings contracted	€90 M

¹⁰² (a) Uma vez que ainda não existe produção legislativa dos instrumentos mencionados, os valores apresentados baseiam-se numa estimativa.

POLICY MEASURE	ENTITY RESPONSIBLE ¹⁰³	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Socio-territorial intervention in more vulnerable areas: - Critical Neighbourhoods Initiative - Social Development Local Contracts CLDS	MAOTDR/ Municipalities	Socio-urban integration of territories that show factors for critical vulnerability, through plans for urban and socio-cultural intervention.		Population living in more vulnerable neighbourhoods	- Conclude the 3 pilot projects - Start 15 new projects, by 2010	- Percentage of the population covered - No of actions held	€7,5 M €1,2 M (b) €60 M (c) ¹⁰³
	MTSS	Intervention in socially underprivileged territories through projects that work with populations to promote employability, professional training, social and parental skills, active citizenship and ITC training.		Population living in more vulnerable areas	- Contract 60 CLDS; - Serve 20,500 people in the Employability Offices; - Cover 56,250 people by initiatives promoted by Centres for Resources and Qualification;	- Number of people attended to by employability offices; - Number of people covered by actions promoted by the Resource and Qualifications Centres; - Number of people who concluded a training process in ITC	€32,400,000
- Local Security Contracts	MAI/ Municipalities	Institutional co-operation on a territorial scale with a view to combating criminality and anti-social behaviour.			- Ensure that 20,000 people conclude a training process in ICT training. Local Security Contracts with at least 5% of municipalities (approximately 15 municipalities, by 2009)		
Voluntary Services	MTSS	Seeks to ensure a socially useful occupation for unemployed individuals, offering contact with other people and other activities, preventing isolation and a tendency to become discouraged and marginalised, through a voluntary programme.	✓	General public	- Cover 25,000 people	- Number of people covered	

¹⁰³ (b) Only includes the national participation in the application for the EEA Grants Financial Mechanism for the neighbourhoods of the Vale da Amoreira and Cova da Moura. In the case of Lagarteiro the application and the respective financial support have not yet been concluded. It does not include the physical intervention in the neighbourhoods, which will be done under PROHABITA, and the funding on the part of other ministries that are partners in the initiative.

(c) This value corresponds to 40% of the value of the intervention, while 60% is ensured by the FEDER within the scope of the New National Strategic Reference Framework (NSRF) and 40% by the municipalities or by the municipalities and the state in case partnerships are established. The total value of the intervention in 5 neighbourhoods is €150M.

POLICY MEASURE	ENTITY RESPONSIBLE ⁰¹	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Network of Social Emergency Services	MTSS/CVP/ IPSS	Respond to situations of clear emergencies through mechanisms that are suited to the nature of the problem and through diverse agencies for local and national intervention 1) Agreement with the CVP National Social Emergency Helpline (LINES) 2) Improving the territorial distribution of food support through the PCCAC	✓	1) People in situations of imminent danger 2) People facing economic difficulties	1) 50% more staff for the LINES and 25% more for intervention centres through the CVP nuclei CVP 2) Increase the institutional network by 30%	Number of staff allocated to the LINES as compared to the present staff strength (18) Number of centres created by CVP as compared to the existing number (18)	€700,000 /Year
Health Help Line <i>Linha Saúde 24</i>	MS	Seeks to respond to the needs of citizens in health matters, contributing towards expanding and improving accessibility to services and rationalising the use of existing resources by referring users to the most suitable institutions integrated into the National Health Service	✓	General population	- Average assistance to over 1750 calls/day. - Reduce 150,000 unnecessary visits to the hospital emergency services /year. - Increase to 180,000 the referrals for home assistance services /year.	Number of average consultations/ year Number of unnecessary visits to emergency medical services/year Number of referrals for home assistance /year	€20 M/ Year
National Programme to Promote Oral Health	MS	Access to dental consultations for children, youths, pregnant women and elderly people (with a solidarity benefit for the elderly), via a personalised dentist-voucher issued by and handed over to the user by the health centres.		Youths and children Pregnant women Elderly (with a Solidarity Supplement for the Elderly)	- Cover 80,000 youths/year; - Cover 50,000 pregnant women/ year - Cover 10,000 elderly people/year	Number of youths/year covered Number of pregnant women/year covered Number of elderly people/year covered	€17 M/ Year

CHILDREN

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Born a Citizen Programme – 2 nd phase	MTSS/MS/ MJ	Recording the birth of children in health units immediately after birth by the Institute for Records and Notary Records, later communicated to the MTSS and MS to be enrolled in the social security services and the health centres. An assessment of situations of risk is simultaneously carried out, namely teenage mothers, drug addict parents, women without prenatal care.		Children	<ul style="list-style-type: none"> - Register all children at birth - Identify all children in situations of risk. 	<ul style="list-style-type: none"> - Number of children registered, by gender; - Number of children identified in situations of risk, by gender. 	
Prenatal family benefit from the 13 th week of pregnancy onwards	MTSS	Monetary benefit for pregnant women who reach the 13 th week of pregnancy, awarded according to their income level and the number of children and youths in the family		Pregnant women	<ul style="list-style-type: none"> - Support 310,000 women, up to 2010 	<ul style="list-style-type: none"> - Number of women supported 	€195,34 M
Increased family benefits after the birth or integration of a 2 nd child or subsequent children	MTSS	Increased family benefits for children in families with two or more offspring		Children and families	<ul style="list-style-type: none"> - Increase on a monthly basis the amount of family benefits for 230,000 children between the 2nd and 3rd year of life, up to 2010. 	<ul style="list-style-type: none"> - Number of children covered by these increased benefits in the 2nd year, by gender; - Number of children covered by these increased benefits in the 3rd year, by gender; 	€145,64 M
Additional family benefits for single parent families	MTSS	Within the sub-system of family protection, it regulates family benefits with a view to positive differentiation, where the value	✓	Single parent families	<ul style="list-style-type: none"> - Increase about 200,000 holders of family benefits. 	<ul style="list-style-type: none"> - Number of recipients of increased benefits, by gender; 	€74,83 M

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
(Decree-Law No. 87/2008 dated 28 May)		of the benefit is a percentage increase.					
Extraordinary updating of the amounts of family benefits for children and young people in low-income households (Order 425/2008 16 June)	MTSS	Extraordinary increase of 25% of family benefits for children in families classified in the 1st and 2nd category of family benefits.	✓	Low-income families	- Cover 1,000,000 children	- Number of children covered, by gender;	€357,54 M
Social maternity, paternity and adoption benefits (Decree-Law No. 105/2008 dated 25 June)	MTSS	Cash benefits within the subsystem of solidarity aimed at ensuring income to substitute the absence or loss of professional remuneration in situations of economic need.	✓	Families facing economic difficulties	- Cover 30,500 beneficiaries, by 2010.	- Number of beneficiaries covered, by gender;	€30 M
Tax benefits for families with children under 3 years (Change n. Art. 79 of the Tax Code – CIRS)	MFAP	Tax deduction for families with children under the age of 3 years.	✓	Families with children under the age of 3 years	- Double tax deductions for dependants that, on 31/12 of the tax year, are under the age of 3.	- Number of families covered	---

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
School Social Action	ME	Create conditions to promote equal access to education, supporting students at all levels of education from families in disadvantaged socio-economic conditions with school social action. Introduction of new criteria for allocating School Social Action according to the category in which they are classified for the purpose of family benefits, namely financial support for buying textbooks (100% for the first category of family benefits, 50% for the second category of family benefits)	✓	Students attending pre-schools, basic and secondary education	- Cover about 711,000 students of basic and secondary education (by 2010). - 100% for the first category of family benefits, 50% for the second category of family benefits.	- Number of students covered, by gender;	€540 M
School Social Action Benefits Programme to Provide Meals to Students of the 1st Cycle of Basic Education		Make balanced meals available to children who attend the first cycle of Basic Education.			- Guarantee that 100% of schools in the first cycle make a balanced meal available to all children, by 2010.	- Number of children covered, by gender; - rate of coverage for schools	€52,8 M
School transport pass for students aged 4-18 4_18@esco-la.tp	MOPTC/ Autarquias	Ensure transport between schools and homes on public transport, with a 50% discount. This is aimed at students between the ages of 4 and 18 years (inclusive), who do not frequent higher education and do not benefit from school transport.	✓	Children and youths	- Reduce the price of a school pass for public transport by half, for students between the age of 4 and 18 years, em 2008.	- Number of children and youths covered, by gender.	€60 M

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Childcare (PARES) (Order No. 462/2006 dated 2 May)	MTSS	Expansion, development and consolidation of the network of social facilities in mainland Portugal with the creation of new places in social solutions in the context of infants in keeping with the Barcelona commitment (33%)		Infants and youths	Conclude the contracted seats, achieving a coverage rate of 33%, by 2010.	- Number of new facilities; - Number of places created	€150,000,000 (by 2009)
Support for extended opening hours of childcare	MTSS	Increase the number of childcare facilities operating for over 11 hours per day when a need for this is expressed by 30% of parents.		Children	- Double the number of childcare facilities that benefit from this complementary support 360 more childcare facilities by 2010	- Number of childcare facilities receiving complementary support.	€2 M
Network of autonomy apartments	MTSS	National network of apartments to facilitate autonomy for youths in foster homes and who need to be autonomous.		Youths in foster homes or who need to be autonomous owing to dangerous situations	Create 40 autonomy apartments for youths, by 2010.	- Number of autonomy apartments created	€1,126,000
Positive Parenthood - Law No. 147/99 dated 1 September	MTSS	Train and qualify families with children and youths covered by promotion and protection measures.		Families with children and youths	- Train and qualify 500 families, by 2010.	- Number of training initiatives - Number of families covered	€90,000
DOM Plan – Challenges, Opportunities and Changes	MTSS	Implement a qualification plan for a network of homes for children and youths.		Homes for children and youths	- Sign 180 DOM agreements for homes for children and youths, covering 6,000 children, youths and their families - Remove 25% of children and youths from institutions, by 2009; - Assess 100% of the network of homes and intervene in the homes that need to be requalified, by 2010.	- Number of DOM agreements signed - Number of children covered	€21,000,000

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Commissions for the Protection of Children and Young People CPCJ	MTSS	Non-judicial official institutions, with operational autonomy that seek to protect the rights of children and youths.		Children and youths	- Constitute 16 more CPCJ, by 2010	- Number of CPCJ set up	€568,320
Civil Mentoring	MTSS	Consists of the integration of a child or a youth in a family environment, entrusting them to an individual or family that exercise the powers and duties of parents and establish ties of affection that allow well-being and development.	✓	Children and youths	Approve the law that establishes the juridical regime for Civil Mentoring, in the first half of 2009.	- Approval of the Law.	
Choices Programme	PCM	Programme for children and youths from vulnerable socio-economic backgrounds, particularly the descendants of immigrants and ethnic minorities.		Children and youths from vulnerable socio-economic backgrounds	- Finance 120 Projects - Cover 46,000 beneficiaries by the end of 2009	- Number of projects approved - Number of beneficiaries involved	€700 M

ELDERLY

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Solidarity Supplement for the Elderly - CSI	MTSS	<p>Benefits offered by the sub-system of solidarity for pensioners aged 65 years and over.</p> <p>1) The value of the cash benefit is defined with reference to a limit fixed annually and the allocation is differentiated according to the specific situation of the applicant.</p> <p>2) This measure also includes additional health benefits (DL252/2007) as follows:</p> <p>a) 50% income benefit for the part of the prices of medicines that are not subsidised by the State;</p> <p>b) 75% income benefit for expenditure to acquire spectacles and lenses up to a limit of 100, for each 2 year period;</p> <p>c) A 76% income benefit for expenditure for acquiring and repairing removable dental prostheses up to a limit of € 250, for each three year period.</p>		Elderly people	<p>Cover all individuals aged 65 years or over, whose income is less than 4800/year (2008 values) through:</p> <ul style="list-style-type: none"> - Income supplement; - Support for purchasing medicines; - Support for acquiring dental prostheses; - Support for acquiring spectacles and lenses. (by 2010) 	- Number of beneficiaries, by gender	

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	MEVA ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Reinforce Facilities for the elderly: Social Facilities Programme (POPH)	MTSS	Expanding, developing and consolidating the network of social facilities in mainland Portugal, namely creating new places in social solutions.	✓	Elderly people	- Create 1,378 places in facilities for the elderly people through the Programme for Social Facilities, by 2010 (3220 places by 2015)	- Number of places created	€24,5 M
Social Services and Equipments Network Programme PARES		Expanding, developing and consolidating the network of social facilities in mainland Portugal, with the creation of new places in social solutions for the elderly;			- Conclude 18,060 places through the PARES Programme in old age homes, home assistance services and day centres, by 2009.	- Number of places created, per type of solution/service; - Number of elderly people covered, per type of solution/service.	€173,8 M (Até 2009)
Re-qualification and Safety Programme for Social Facilities		Renovation of old facilities (over 500 facilities) in a dilapidated or outmoded physical condition with regard to the new regulations for safety and construction.	✓		- Renovate 300 facilities, by 2010.	- Number of facilities renovated.	€25 M
National Network of Integrated Long Term Care - RNCCI	MTSS/MS	Available in-patient services: (i) Convalescence units; (ii) Medium term and rehabilitation units; (iii) Long term and maintenance units; and (iv) Units for palliative care; (v) Day units and units to promote autonomy;		Elderly people and people in situations of dependence	i) Convalescence units – 1,630 places ii) Medium term and rehabilitation units – 1,851 places iii) Long term and maintenance units – 4,515 places iv) Units for palliative care– 220 places v) Day units and units to promote autonomy – 100 places (pilot project) (by 2010)	- Number of beds contracted; - Number of units in the category of day centres/promotion of autonomy contracted; - Number of bed units dedicated to palliative care contracted.	€320,9 M

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Programme for the Housing Comfort of the Elderly – PCHI	MTSS/ Municipalities	Improve the basic residential conditions and accessibility for the elderly people through a programme for adaptation of housing, in partnership with municipalities.		Elderly people	- Carry out 2,000 interventions by 2010	- Number of houses improved - Number of elderly people covered	€7 M

AUTONOMOUS REGIONS

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Network of enterprises for a solidarity economy	RAA	Setting up initiatives for a solidarity economy in underprivileged urban and rural areas, which simultaneously promote local development and the social and socio-professional integration of people at risk of poverty and social exclusion. These initiatives involve economic projects, translating into the production of goods and services and the creation of jobs, with a social project, a cultural project, an environmental project and a project for territorial intervention that promotes the distribution of income and satisfies common social needs.		Population living in depressed areas	- Create 3 projects called: "Communities for Local Development " which cover two rural territories and an urban territory, involving approximately 1,750 people. - Reach a total of 125 companies for social integration, which cover 625 people.	- Number of projects implemented; - Number of social integration companies; - Number of people covered, by gender.	€1,745,000
Regional Agency to Promote Credit for Social	RAA	Structure to provide technical support for bank micro-credit, the prevention of overindebtedness and social entrepreneurship, via		General population and the unemployed	- Support 250 candidates for entrepreneurial micro-credit from banks; - Support 500 families in	- Number of people supported with micro-credit, by gender; - Number of overindebted families supported;	€1,500,000

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Integration – ARCIS		the use of bank credit as a right for families and individuals to promote their autonomy and the creation of private initiatives in the social sphere.			<p>situations of too much debt;</p> <p>- Achieve a total of 125 social integration companies in the region and support 25 private entrepreneurs who wish to invest in social areas.</p>	<p>- Existing number of social integration companies.</p>	
Regional Network of Home Care Providers	RAA	Technical-professional units that provide mobile services, going to residences, supporting and accompanying families in providing care for the elderly and people with disabilities and domestic management and organisation. These units are distinct from home support since they intervene in situations with a high degree of dependence and people on the waiting list for Homes, Continuous Care Units and Sanatoriums.		Elderly people and dependant individuals	<p>- Create a network of three Centres to Promote and Train Home Care Providers increasing the total number of licensed providers to 40.</p>	<p>- Number of centres created.</p>	€470,000
Network of Resource Centres to provide Integrated Support to the elderly - C.R.A.I.I.S.	RAA	Multidisciplinary technical structures that provide facilities and means of support for the elderly people (Homes and Day Centres), bringing together a set of staff that provide mobile services for rehabilitation, physiotherapy, entertainment, nutrition, physical activities and education for life.		Elderly people	<p>- Create three CRAIS resource centres, one in São Miguel, another on Terceira and another on Faial, each of which will have seven areas of specialisation and will provide services to the existing 16 Homes and 11 Day Centres, covering a total of 1,140 elderly people.</p>	<p>- Number of CRAIS created.</p>	€500,000

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Programme for Early Intervention and Parental Skills	RAM	Regional project for children at social risk, whose overall objective is to take preventive measures via partnerships. The aim is to promote the overall and harmonious development of children as well as their well-being, through environmental development, the creation of opportunities and parental and family skills in dysfunctional families. It also includes measures to promote and protect a natural living environment for children under the age of 6 years.	✓	Families and Youths	Implement the project for Early Intervention and Parental Skills (PIP/CP) in 50% of the districts of Madeira.	<ul style="list-style-type: none"> - Number of cases identified; - Number of entities providing healthcare. 	€227,728
Family Planning for Adolescents	RAM	Solution based on a system of supporting adolescents by accompanying them through consultations at the district Health Centres.	✓	Families and youths	Create a system to support adolescents in 100% of the Integrated Responsibility Centres (CRI) in Madeira, as part of services for adolescents, by 2010	<ul style="list-style-type: none"> - Number of Integrated Responsibility Centres (CRI) in Madeira; - Number of Integrated Responsibility Centres (CRI) that attend to adolescents; - Rate of use of family planning consultations amongst adolescents; - Number of adolescents who use the supplies of contraceptive methods; - Number of teenage pregnancies. 	---
Project to Prevent Teenage Pregnancies	RAM	Socio-pedagogical actions for the adolescent population with a view to preventing teenage pregnancies.	✓	Families and youths	<ul style="list-style-type: none"> - Involve civil society/ healthcare providers, reducing the number of cases by 50%; - Expand/consolidate this 	<ul style="list-style-type: none"> - Number of cases identified; - Number of healthcare providers. 	

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Network of Community Centres	RAM	Create and dynamise a network of high quality community centres, underpinned by the creation of multidisciplinary core technical services, with a view to maximising resources and making the struggle against social exclusion more effective.	✓	Transgenerational	support to 100% of the population that needs it, by 2010. Create a network with multidisciplinary intervention, which includes 80% of the existing community centres in Madeira, by 2010.	<ul style="list-style-type: none"> - Number of existing centres; - Number of districts covered; - Number of users enrolled per project; - Number of users covered per project; - Number of active partners; - Number of projects implemented and underway; - Number of multidisciplinary technical nuclei. 	€653,648

Priority 2 | Correct the disadvantages in education and training/qualifications

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Network of pre-school facilities New Programme for Metropolitan Areas	ME/ Municipalities	Increase the number of places available in pre-school facilities for children aged between 3 and 5, reinforcing equality in terms of the socio-educational development of children and to balance the personal, family and professional lives of young families.	✓	Children	<ul style="list-style-type: none"> - Achieve a coverage rate of at least 77% throughout mainland Portugal. - Achieve 100% coverage for 5 year olds. 	<ul style="list-style-type: none"> - Coverage rate; - Coverage rate for 5 year old children. 	€25 M
Student support offices	ME	Support students in order to prevent failure and identify problematic cases.	✓	Children and youths	- Implement a student support office in each group institution.	- Number of support offices implemented.	---

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Activities for curricular enrichment	ME	Guarantee equal opportunities in accessing additional curricular activities and promoting a balance between professional, family and personal lives.		Children and youths	- Respond to 100% of requests	- Number of requests answered.	€300 M
Alternative Curricular Paths	ME	Make instruments available to manage resources and curricula in schools with high failure rates.		Children and youths underperforming educationally	- Respond to 100% of requests - Ensure the completion of obligatory schooling for all students up to 15 years of age, inclusive, with repeated school failure.	- Number of requests satisfied; - Number of students covered, by gender	---
Dynamising educational and training courses for young people	ME	Courses aimed preferentially at youths aged 15 years or over, who are at risk of dropping out of school or who have already left school before concluding obligatory schooling or from secondary education. This form of training will contribute towards promoting the diversification of methods of qualifications, especially at the level of basic education, owing to its organisational flexibility. It targets various levels of entry according to the schooling that the individual in question has already achieved, to provide solutions for youths who are at risk of dropping out of the educational system prematurely.		Youths at risk of dropping out	- The data for 2007 shows that about 41 thousand youths were covered by educational and training courses in basic education and 5 thousand in secondary education. This indicates an average of 45/50 thousand youths covered annually by this facility up to 2010, including schools, training centres and private operators.	- Number of youths covered, by gender.	€309,5 M

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Educational Territories for Priority Intervention	ME	Guaranteeing and streamlining organisational tools and managing resources and curricula aimed at students with a high rate of repeated school failure or who have problems integrating into the educational community.		Students attending pre-school and basic and secondary education	<ul style="list-style-type: none"> - Ensure the completion of compulsory schooling for all students up to the age of 15, who have repeatedly proved to be underachievers. - Develop 20 new contract-programmes, by 2010. 	<ul style="list-style-type: none"> - Number of new contract-programmes signed. 	€5,000,000
New Opportunities Initiative	MTSS/ ME	<p>This initiative seeks to accelerate the qualifications of the Portuguese, using secondary education and training as a benchmark objective for all, aiming to overcome the profound structural deficit in the country in this area. It focuses on two axes for intervention:</p> <ul style="list-style-type: none"> - Combating failure and early school-leaving on the part of youths, which is one of the fundamental factors for the reproduction of poverty and social exclusion, through the diversification of methods of education and training, by reinforcing professional training seats and requiring greater rates of scholastic success; - Promote increased levels of basic qualifications amongst the adult population, through the creation of an effective system for training this section of society, which mobilises, adapts and reinforces available instruments, namely from the perspective of underprivileged groups. 		<p>Youths and adults with low levels of qualifications</p>	<ul style="list-style-type: none"> - Cover 130,000 youths, in 2008; - Cover 415,000 youths, during the period 2008-2010; - Certify 152,000 adults, in 2008 and 650,000 by 2010. 	<ul style="list-style-type: none"> - Number of youths attending dual certification courses. 	€1,308,501.592

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
System of loans and expanding the award of scholarships	MCTES	Granting loans to students in Higher Education and expanding the scope of the scholarships awarded to students enrolled in courses for technological specialisation and in Masters programmes.		Youths	Support more than 9,000 students enrolled in higher education, through a system of loans guaranteed by the State, up to 2010.	- Number of students supported, by gender.	
New regime of access to Higher Education for individuals aged over 23 years (Decree-Law No. 64/2006 dated 21 March)	MCTES	Flexibility in access and entry to higher education for individuals aged 23 years and over, broadening the social base of students at this level of education.		Youths	Integrate about 20,000 students in higher education, by 2010.	- Number of students who accessed higher education, by gender.	-----

AUTONOMOUS REGIONS

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
ITINÉRIIS Programme	RAA	Programme to promote and qualify sections of society that face a high risk of exclusion, who have dropped out of school early. It enables a dual school (compulsory education) and professional certification, enabling the construction of personalised paths for individuals withdrawn from society; drug addicts, repatriated individuals, the mentally ill and other similar situations.		Underprivileged groups	- Train, qualify, certify and integrate 550 people.	- Number of people covered, by gender.	€1,750,000

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Alternative Curricular Paths	RAM	Ensure the acquisition of the essential skills defined for each educational cycle, for children and youths up to 15 years of age that evidence repeated scholastic under-performance or the risk of dropping out from school at an early age.		Transgenerational	Cover all children and youths up to 15 years of age who evidence repeated school failure or the risk of dropping out.	- Number of students up to the age of 15 years with alternative Curricular Paths.	

ICT

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Projects to provide technological infrastructure in schools	ME	1) Acquisition of computers, video-projectors and interactive blackboards; 2) High speed Internet connections; 3) Local Area Networks	✓	All schools with the 2 nd and 3 rd cycle and secondary education.	1) Achieve a ratio of 2 students per computer linked to a high speed Internet connection in 2010 (310,000 computers); ensure a video-projector in all classrooms (25,000 projectors); ensure an interactive blackboard in every three classrooms (9000 interactive blackboards); 2) Guarantee Internet connections for schools at a minimum speed of 48Mbps by 2010; 3) Guarantee Internet access in all classrooms.	1) Number of students per computer linked to a high speed Internet connection; number of classrooms per interactive blackboard; number of classrooms per video-projector; 2) Speed of the Internet connections in schools; 3) Percentage of schools with structured local area networks.	€379,6 M
Training Projects as part of the Educational Technological Plan	ME	1) Training and certification of ICT skills for teaching and non-teaching staff; 2) Training in real work environments in large companies	✓	1) Teachers and non-teaching staff; 2) Students in professional courses in the areas of ICT;	1) Cover 90% of teachers with certified ICT skills, by 2010; 2) Promote 300 apprenticeships in companies every year (in 2009 and 2010);	1) Percentage of teachers with certified ICT skills; 2) Number of ICT apprentices; 3) Number of trainees; number of companies that make their	€430 M

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
		operating in the area of the knowledge industry, reinforcing qualifications and employability; 3) Industry training with a view to internationally recognised certification, reinforcing qualifications and increasing employability.	✓	3) Schools with Secondary and Professional Education.	3) Cover 2,500 trainees per year in academies (in 2009 and 2010).	academy model available to the programme; number of schools that implement an academy;	
School Internet Portal	ME	Universalise access to digital educational resources in a collaborative platform, which, amongst other things, will allow distance learning.	✓	All schools with the 2nd and 3rd cycle and secondary education.	- Cover 100% of students registered in the School Portal, in 2009; - Achieve 100% students with a digital portfolio available on the School Portal, in 2010.	Percentage of students and teachers registered in the School Portal; Percentage of students and teachers with a digital portfolio available on the School Portal.	€24,700 M
Programmes to generalise access to computers with Internet and Broadband:				Teachers, trainees and students			
e-professor	ME	Access to the acquisition of computers with broadband Internet access, at affordable prices.			- Cover 150,000 teachers, by 2010.	- Number of teachers covered;	
e-opportunities	MTSS	Access to the acquisition of computers with broadband Internet access, at affordable prices.			- Cover 200,000 workers with training, by 2010.	- Number of workers/ trainees covered;	
e-school	ME	Access to the acquisition of computers with broadband Internet access, at affordable prices.	✓		- Cover 500,000 students of the 3rd cycle of basic education and secondary education, by 2010.	- Number of students of the 3rd cycle of basic education covered;	

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
<i>e-kids school</i>	ME	Distribution of a portable computer (Magalhães) with Internet access.			- Guarantee access to 500,000 students of the 1st cycle of basic education.	- Number of students of the 1st cycle of basic education covered;	
Centres for digital inclusion – Choices Programme	PCM	Development of training and entertainment activities in the field of ICT with children, youths and their families.	✓	Children and youths	- Create 110 Centres until the end of 2009;	- Number of centres created.	
Creation of Specialised Technological Courses – CETs (Decree-Law No. 88/2006 dated 23 May)	MCTES	Increase the professional options available at level 4 and expand access to this training and institutions for higher education for new sections of society.	✓	Youths	- Increase enrolments in CETs by 20%, by 2010	- % increase in enrolments.	
Broadband Networks	MCTES	Offer access to advanced electronic services that are of general interest to citizens who live in underprivileged regions or where there is limited or non-existent availability of broadband or where the market conditions cannot meet needs.	✓	General population	- Implement 4 networks – 1,000 km of fibre optic cable.	- Number of networks implemented.	€33 M
Doubling the Network of Internet Spaces /Link Portugal Programme	MCTES	Expand free public access to broadband Internet, accompanied by specialised monitors and conditions for users with special needs, stimulating functioning as community centres.	✓	General population	- Create 1,131 Internet Spaces in 2008.	- Number of Internet spaces created	

Priority 3 | Overcome discrimination and reinforcing the integration of specific groups, namely people with disabilities, immigrants and ethnic minorities

PEOPLE WITH DISABILITIES

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Revision of the protection regime for people with disabilities	MTSS	Reformulate the current regime of protection for people with disabilities in order to apply a principle of positive differentiation and modernise this regime, viewing disability and incapacity as a social risk.	✓	People with disabilities	- Publication of the diploma in the first half of 2009	- Publication of the diploma.	---
Increase the level of tax benefits for people with disabilities	MFAP	Increase tax benefits, per tax payer, and in the case of disabled dependants and parents. Integrate new responsibilities owing to disability into tax deductions.		People with disabilities	i) Increase the basic value of deductions per tax payer; ii) Increase the basic value of tax deductions in the case of disabled dependants or parents; 2009	- Number of families covered	---
Simplify the allocation and funding of Technical Assistance	MTSS	Simplification of the process of prescribing, attributing and funding technical assistance through an IT application used in these three areas.	✓	People with disabilities	- Creation of the IT application during the first half of 2009.	- IT application created;	---
Reinforce Facilities for people with disabilities: Social Facilities Programme	(POPH) MTSS	Expansion, development and consolidation of the network of social facilities in mainland Portugal, namely the creation of new places in social solutions.	✓	People with disabilities	- Create 1,400 places in facilities for disabled individuals, via the Social Facilities Programme, by 2010 (1,955 places, by 2015)	- Number of places created.	€44,4 M

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Social Services and Equipments Network Programme PARES		Expansion, development and consolidation of the network of social facilities in mainland Portugal, with the creation of new places in social solutions for people with disabilities.			- Conclude 1,390 places in social facilities, by 2009.	- Number of new facilities; - Number of places created.	€22,8 M (up to 2009)
Creation of Long-term Care Units for Mental Health	MTSS/MS	Create Continuous Care Units that, according to the illness and the degree of dependence of patients, reintegrate and rehabilitate them clinically and socially.	✓	People with disabilities	- Create 1,000 places (through pilot projects) in facilities for continuous care in the area of mental health, by 2010.	- Number of places created;	€12,8 M
Revision of the system of Special Education in public schools	ME	1) Create units that specialise in multiple-deficiencies and autism; 2) Expand the number of teachers in public schools working in the context of special needs education.	✓	The deaf	- Create 148 units specialising in autism and 234 units specialising in multiple-deficiencies by 2010. - Integrate 2,000 new teachers in the area of special education, up to 2010.	- Number of students covered, by gender.	- - - -
Programme for Portuguese as a 2nd Language for Deaf Students	ME	Implementation of a programme to teach Portuguese to deaf students as a second language.	✓	People with disabilities	- Cover about 9,000 deaf students annually in basic and secondary education, by 2009	- Number of units created; - Number of teachers integrated.	€6,000 (2009)
Adapted textbooks for visually disabled individuals	ME	Produce school textbooks adapted for students with visual and sensorial limitations.		Visually incapacitated or people with disabilities	- Respond to 100% of requests, estimated to be about 12,000.	- Number of school textbooks adapted and the rate of coverage for requests for adapted textbooks	€58,000 (2009)

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Production of Braille and Audio Books	MC	Produce Braille and audio books of national bibliographic collections, with a view to enhancing the educational, cultural and professional resources of visually disabled individuals.	✓	Visually disabled individuals and immigrants	- Make Braille and audio book titles available every year from national bibliographic collections, up to 2010	- Number of titles made available.	€10.000 (2008)
Training in special education	ME	Training for teachers and other staff, to apply the CIF and the new legal framework for special education and specialised training in areas of specific disabilities.		Teachers and other staff	- Train 3,000 teachers and other staff (psychologists and therapeutic professionals), by 2010.	- Number of teachers trained; - Number of other staff trained;	
Educational action assistants		Training of educational action assistants for specialised support units.	✓	Educational action assistants	- Train 700 educational action assistants, by 2010.	- Number of educational action assistants trained.	
Resource centres for inclusion - CRI	ME	Reorient special education schools into resources centres to promote support for inclusion in public schools.	✓	People with disabilities	- Guarantee that 20% of all special education institutions are reoriented into Resource Centres to Support Inclusion (CRAI), by 2010.	- % of institutions reoriented into CRAI.	-----
Inclusive New Opportunities Centres	MTSS	Cover people with disabilities under the aegis of the RVCC process.	✓	People with disabilities	- Cover 1,000 people with disabilities by 2009 and 2000 by 2010	- Number of people covered, by gender.	
Training for people with disabilities – Cooperation Actions	MTSS	Provide people with disabilities the necessary skills to obtain a professional qualification that allows them to obtain and maintain a job, as well as to progress in the normal labour market.		People with disabilities	- Cover 11,700 disabled individuals	- Number of people covered.	€84 M

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Programme to support the placement of people with disabilities in the labour market and post-placement follow-up	MTSS	Support professional integration while searching for employment and support professional progress and maintenance.	✓	People with disabilities	- Cover 2,978 people with disabilities (enrolled and sent by Employment Centres within the scope of their Personal Employment Plan), by 2010.	- Number of people covered, by gender.	
Redefining the Information, Assessment and Professional Guidance programme	MTSS	The redefinition of the programme includes defining a time limit for this kind of process. It also entails the existence of a Personal Employment Plan. These actions are carried out through resources centres created for the effect. There is a reference monetary value for each candidate.		People with disabilities	- Cover 8,000 people, by 2010.	- Number of people covered, by gender.	€8 M
Incentives for Employing People with disabilities	MTSS	Incentives for employing people with disabilities include changes at the level of the Single Company Tax and at the level of accessibility and adapting work-places.		People with disabilities	- Cover 2,500 people, by 2010	- Number of people covered, by gender.	€22 M
Protected employment	MTSS	Expand occupational programmes for people with disabilities; implement the rotation of workers in a regime of protected employment and create an employment model supported by companies.		People with disabilities	- Cover 2,000 people, by 2010.	- Number of people covered, by gender.	€20 M
Support for placements and post-placement follow-up	MTSS	Through a mediation process and contracts with resource centres, establish annual targets and attribute an IAS value per		People with disabilities	- Cover 4,300 people, by 2010.	- Number of people covered, by gender.	€8 M

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Legal assistance for people with disabilities (Article 38, paragraph 2, of Law No. 78/2001, dated 13 July)	MJ	Ensure legal assistance to people with disabilities whenever they are part of a legal suit.	✓	People with disabilities	- Ensure legal assistance for People with disabilities whenever they are part of a legal suit.	- Number of requests satisfied.	- - - - -

AUTONOMOUS REGIONS

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Network of Resource centres for Focused Intervention - C.R.I.F.	RAA	Multi-disciplinary structures for intervention that focus on specific issues in the area of disabilities, mental illness and degenerative diseases. They seek to respond to unsatisfied needs for integration and accessibility on the part of families and the community. They set out from the capacities of individuals and create itineraries for integration, supported by solutions in the area of information, education, training, expression, communication, rehabilitation, accessibility, socio-cultural entertainment, occupation, professional integration, legal support and support for families.	✓	People with disabilities	- Create 14 intervention centres focusing on specific issues in the area of Machado-Joseph disease, cerebral palsy, Alzheimers, chronic pain, mental disabilities, autism, visual and audio disabilities, prostheses and orthoses and other fields, supporting 1,400 people.	- Number of centres created.	€1,400,000

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Promotion of Adapted Motor Activities (AMA) and Sports Facilities for people with disabilities	RAM	Awareness and training for educational agents about the educational benefits of a regular and systematic practice of adapted motor activities. Development and implementation of sporting events that promote AMA and its practitioners. Dynamising multidisciplinary teams implementing transdisciplinary dynamics.		Transgenerational	Develop a resource centre in the context of AMA and disabled sports that responds to 50% of needs in Madeira and improve the quality and number of participants in the Madeira Special Games, by 2010.	<ul style="list-style-type: none"> - Number of requests received from entities (schools, clubs, etc.); - Number of requests received from entities (schools, clubs, etc.) that were satisfied; - Number of individual requests received; - Number of individual requests satisfied; - Number of participants in the Special Games. 	€390,000
Integrated system to identify and guide gifted children and young people	RAM	Optimise the individual capacities of gifted children and youths.		Families and children	Intervene with 90% of the children identified, guaranteeing the same rate of participation in activities, by 2010.	<ul style="list-style-type: none"> - Number of children identified; - Number of participants in activities; - Number of talents captured in new segments. 	€80,000

IMMIGRANTS

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Centres to Support the Integration of Immigrants	PCM	CLAI Spaces for decentralised information, resulting from partnerships with civil society and municipalities CNAI Centres that provide integrated services in Lisbon, Porto and, in the future, in Faro		Immigrant population, immigrant associations	- Attend to 40,000 queries/year; - Promote 150 local initiatives to support and integrate immigrants. - Attend to 345,000 queries/year.	- Number of queries attended; - Number of local initiatives - Number of queries attended	€400,000/Year €2,300,000/Year
Call Centre	MJ	Provide users, via telephone, quick, safe assistance and clarifications about the ways and means of satisfying diverse questions and doubts with regard to records and notary registrations, including nationality.	✓	User assistance and the immigrant population that intends to acquire Portuguese nationality	- Make quick and safe assistance and clarifications available to all users.	- Number of queries attended	€600,000
Nationality counters in civil registrar offices	MJ	Delegating authority to municipal registries to provide instruction and decisions for nationality processes.	✓	Immigrant population that intends to acquire Portuguese nationality	- Expansion of the network of nationality counters. Create 20 nationality counters in 20 municipal registries.	- Number of counters created	€20,000
SOS Immigrant Helpline	PCM	Telephone information helpline about immigration issues, - available in 6 languages.		Immigrant population; professionals in this area; general public	- Attend to 70,000 calls per year; - 150 telephone translations per year, by the telephone translation service.	- Number of calls received	€150,000 /Year
Portuguese language courses for foreigners	PCM/ME/ MTSS	Certificate courses in the Portuguese language for adults (at two levels: beginners and technical Portuguese).	✓	Underprivileged children and youths	- Prepare references. - Cover 10,000 trainees, by 2010.	- Number of trainees who attended certificate courses	€5,400,000 (up to 2010)

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Choices Programme	PCM	Programme aimed at the social inclusion of children and youths from vulnerable socio-economic backgrounds, especially the descendants of immigrants and ethnic minorities.		Children and youths from more vulnerable socio-economic backgrounds	<ul style="list-style-type: none"> - Finance 120 projects - Involve 46,000 beneficiaries, by the end of 2009. 	<ul style="list-style-type: none"> - Number of projects financed; - Number of beneficiaries involved; 	€7,000,000/Year
Trainers Team	PCM	Making training initiatives available in different modules on the theme of citizenship and intercultural relations.		Services that serve the public; immigrant associations /NGOs; schools; other public or private institutions that work with immigrants.	<ul style="list-style-type: none"> - Promote 500 actions per year; - Make 6 training modules available 	<ul style="list-style-type: none"> - Number of training actions; - Number of new modules on the trainer exchange; 	€100,000/Year
Support for entrepreneurial ventures, associations and the creation of entrepreneurial networks for economic activities managed by women	PCM	Integrated actions for training, mentoring, consultation, technical assistance and/or support for the creation of inter-company networks.	✓	Women	<ul style="list-style-type: none"> - Cover 787 women in advisory sessions aimed at creating and developing micro-companies run by women, by 2010. 	<ul style="list-style-type: none"> - Number of women covered 	€9,181,941
Department of Support for Associations and Intercultural Dialogue	PCM	Making training actions available in different modules on the themes of citizenship and intercultural relations		Immigrants	<ul style="list-style-type: none"> - Promote 500 actions per year; - Make 6 more training modules available; - Make training available as e-learning. 	<ul style="list-style-type: none"> - Number of training actions promoted. 	
Support unit for victims of discrimination against immigrants and ethnic minorities	PCM	Free and personalised support for victims of racism and discrimination	✓	Victims of racism and discrimination	<ul style="list-style-type: none"> - Attend to 300 queries. 	<ul style="list-style-type: none"> - Number of queries assisted by the UVAIDE 	€38,000 /Year

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Emergency support	PCM/MTSS	Programme to Support Foreign Patients (PADE) whose objective is to provide a solution for temporarily hosting foreign patients from PALOP nations (under bilateral agreements) during their stay in Portugal for treatment. Shelters that host and provide support to immigrant citizens in serious situations of socio-economic difficulties and social exclusion		Immigrants	<ul style="list-style-type: none"> - 10 beds in 2008; 25 beds in 2009; 40 beds in 2010. - Support 2 shelters; - 60 immigrants hosted in shelters that received support, in 2008; - 80 immigrants hosted in shelters that received support, in 2009 and 2010 	<ul style="list-style-type: none"> - Number of beds available - Number of shelters supported; number of immigrants who used the shelters. 	2008- €55,000 2009- €135,000 2010- €215,000
Combating Human Trafficking: Observatory for Human Trafficking Support for victims of human trafficking	PCM	Production, compilation, organisation and diffusion of information and knowledge about the phenomenon of human trafficking Support and qualified assistance for the social integration of victims of human trafficking	✓ ✓	Victims of human trafficking	<ul style="list-style-type: none"> - Publication of the legislation creating the Observatory for Human Trafficking, by 2008. - Assist and accompany 18 victims in the Centre for Support and Protection for Victims of Human Trafficking and their Minor Children (the only specialised centre in the country) - Hold 15 training initiatives, covering 300 agents who work in the area of human trafficking, by 2010. 	<ul style="list-style-type: none"> - New legal diploma - Number of victims assisted; - Number of victims accompanied; - Number of training actions; - Number of trainees 	€260,394,42 €22,500

AUTONOMOUS REGIONS

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Centres for Personalised Support to provide socio-cultural assistance for groups that face a high risk of exclusion	RAA	Community structures, constituted by multi-disciplinary teams (social services staff, psychologists, sociologists, integrators, trainers and entertainers). A complementary set of specialised actions in the areas of Education and Professional Training, Health, Housing, Employment, Social Action and Psychological and Therapeutic Support, aimed at high risk target groups, extremely vulnerable to situations of exclusion, combining a lack of professional insertion, fragile relations and social isolation. This often results in processes of continuous social tension and serious stigmatisation, including repatriated citizens, ex-convicts and the homeless.		More vulnerable groups	- Create three centres, one in each Island Group (Eastern, Central and Western) of the archipelago of the Azores, which will cover	- Number of Centres created; - Number of people covered	€2,250,000

ETHNIC MINORITIES

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Advisory Group for the Inclusion of Roma Communities	PCM	Define the constitution of an advisory group; invite institutions and nominate representatives.	✓	Ministries, municipalities, NGOs working in this area and representatives of Roma communities	- Create the Group, by the end of 2008.	- Approval of the annual agenda.	- - - -
Training for agents working with Roma communities	PCM	Training actions in "Intercultural Relations and Roma communities".	✓	Teachers, social service staff, health personnel, justice personnel, security forces, Choices programme	- Create a training module in 2009; - Hold 20 training actions.	- Training module made available; - Number of training initiatives held.	
Choices Programme	PCM	National programme that seeks to promote the social inclusion of children and youths from more vulnerable socio-economic contexts, with a special emphasis on Roma communities.		Children and youths from more vulnerable socio-economic backgrounds	- Carry out 15 projects that involve Roma communities; - Cover 2,500 children, youths and families from the Roma communities involved	- Number of children, youths and families from Roma communities involved; - Number of projects financed.	
Experiences implemented in social housing	MAOTDR	Preparation of a study to assess experiments undertaken in the area of social housing that will serve to support the definition of future public policy initiatives.	✓	Political decision-makers in the area of social housing	- Analytical report by the end of the first quarter of 2009.	- Analyses.	- - - -
Raising public opinion awareness	PCM	Initiatives against discrimination and sensitising public opinion to foment the integration of Roma communities, via different methods and channels of communication		Public opinion	- Promote 10 media pieces on TV and radio (Nós and Gente como Nós programmes), per year; - Achieve 10,000 hits on the website, per year	- Number of media pieces aired; - Number of hits on the website.	

HOMELESS

POLICY MEASURE	ENTITY RESPONSIBLE	DESCRIPTION OF THE MEASURE	NEW ✓	TARGET POPULATION	TARGET(S) OF THE MEASURE	INDICATOR(S)	FINANCIAL RESOURCES
Individual Reintegration Plans	MTSS	Personalised accompaniment with detailed commitment plans.	✓	Homeless individuals	Cover 80% of the individuals identified as being "Homeless" with signed Individual Reintegration Plans, by the end of 2010	- Number of people with Individual Reintegration Plans as compared to the number of people identified as being homeless	
Information and monitoring systems for the homelessness problem	MTSS	Implementation of an information and monitoring system shared via the Internet.	✓	All public and private entities whose activities are linked to this issue	- Make a database available on the Internet, by the end of 2009; - Guarantee the use of the information and monitoring system by all public and private entities at a national level, by the end of 2010	- Available database - Number of entities that use the system	€100,000

The social security reforms agreed upon by the government and social partners in 2006, which have been implemented progressively since then, have structurally reinforced the social security system, as well as its **social, economic and financial sustainability**.

The process of an **ageing population** will have an impact on society as a whole, but especially on the social security system. Thus, the reform on social security had to adapt to this reality, likewise seeking to reverse the unfavourable trends in terms of the expected evolution of the population:

- a) structuring a set of incentives to encourage births and support families, so as to contribute towards mitigating the effects of the phenomenon of an ageing population on the social security system;
- b) accelerating the transition timeframe to implement a new formula to calculate pensions, which is fairer, by considering the entire contributory career and guaranteeing better social protection for workers with low salaries;
- c) reinforcing incentives for active ageing, through a New National Strategy for Active Ageing and appropriate mechanisms for flexibility in terms of the retirement age, while improving protection for workers with long contributory careers through additional guarantees while calculating their pensions;
- d) adapting the evolution of the pension system to the evolution of life expectancy by introducing a Sustainability Factor;
- e) strengthening the link between contributions and pensions in a more just manner (especially for independent workers), namely between an active life and retirement age, but also in terms of pensions that substitute professional income;
- f) in addition to promoting complementary, private collective or individual mechanisms, an innovative form of a complementary Public Funded Regime was also implemented. Individuals can subscribe voluntarily to this scheme, which represents a new means of reinforcing the value of pension income for beneficiaries of social security.

In order to **improve the income of pensioners with the lowest incomes**, these reforms introduced:

- a) higher rates of pension formation for workers with contributing careers spanning over 20 years, progressive in terms of the lower reference salary for calculating the pension;
- b) new mechanisms to update pensions and de-index pensions from the National Minimum Wage, guaranteeing a more sustainable revision of pensions and positively differentiating the updating of lower pensions, so as to not lose purchasing power;
- c) an extraordinary pension to combat poverty amongst senior citizens, the Solidarity Supplement for the Elderly (Complemento Solidário para Idosos), which guarantees minimum annual resources linked to a poverty threshold.

The results of the efforts that have been developed during the period in question, reflected in the effects of the measures to reform the social security system, have allowed an increase in the capacity of the social security systems to withstand adverse changes in the demographic scenario. These measures were jointly agreed upon by the government and social partners and they have also **allowed a reduction in terms of the risks of non-sustainability associated with the evolution of expenditure on pensions**. Thus, Portugal has been able to leave the group of “high risk” countries in terms of expenditure on pensions, via a decision issued in October 2007 by the Economic Policy Committee of the EU Council.

In addition to contributing towards the sustainability of public finances, and being in compliance with the Lisbon Strategy, the emphasis on a **strategy for active ageing** has been realised with the introduction of flexibility in terms of the retirement age. This promotes the presence of older workers in the labour market and simultaneously guarantees better retirement pensions.

3.1 PROGRESS IN RELATION TO 2005-08 NSRS AND CHALLENGES IDENTIFIED IN 2007 JOINT REPORT

The new Social Security Law was published in January 2007 (Law No. 4/2007, dated 16 January) thus giving legal fulfilment to The **Agreement on Social Security Reforms** signed in October 2006 by the government and by most social partners who have a seat on the Economic and Social Council.

The process of social security reforms that is currently underway seeks, on the one hand, to reinforce the structural coherence of the system. It also aims, on the other hand, to strengthen the **triple sustainability** of the system, in its **social, economic and financial** dimensions.

Thus, the framework of the new Framework Law for Social Security reinforced a strategy for modernising the **system of Social Protection** based on a system of **three levels**:

- a) A first level of basic protection for citizenship, comprising means-tested benefits to combat poverty, financed by national solidarity via taxation;
- b) A second level based on the principles of professional and intergenerational solidarity, incorporating structured elements for redistribution through a contributory regime, which works on the principle of sharing and is financed via contributions from employers and workers; and
- c) A third level regarding the complementary savings of each citizen, operating on an optional basis and aimed at improving the old age protection guaranteed by the public system.

During this process, in 2007 specific legislation was approved that embodied a set of principles that have been agreed upon to calculate pensions. This also kept in mind the factors of sustainability, the acceleration of the process of adopting the new formula to calculate pensions and a revision of the regime concerning mechanisms towards a flexible retirement age (Decree-Law No. 187/2007, dated 10 May).

In the light of the objectives that have been identified in the last report, the following paragraphs provide a more detailed description of some of the measures that have been implemented and have led to progress in terms of suitability and sustainability.

A principal objective seeks to ensure **that everybody has an adequate income after retirement and access to pensions that allow individuals to maintain their living standards after retirement in a reasonable manner**. In this context, pensions began to be updated from 1 January 2007 onwards according to a **Social Support Index (IAS)**. This index is based on the evolution of prices and economic growth. This measure thus seeks to restore or even improve the purchasing power of the lowest pensions, as well guarantee sustainable revisions for other pensions.

In order to guarantee the financial sustainability of the social security system, the new legislation also introduced a limit updating pensions that are 12 times higher than the value of the IAS. Such pensions are not revised until their value is surpassed by this limit.

Current legislation now introduces a distinction in terms of the **regime of social protection for Invalidity**¹⁰⁴, between relative invalidity and absolute invalidity (a situation that, for the first time, has warranted special attention and treatment). In situations of relative incapacity pensioners can accumulate benefits with income from work derived from remaining capabilities. Pensioners suffering from absolute incapacity are guaranteed a minimum value of a pension that is equivalent to the minimum value of a relative incapacity pension and an old age pension corresponding to a contributing career of 40 years, in a gradual manner, to be achieved by 2012.

In the field of social protection for the most underprivileged sections of society, a monetary benefit has been created (which came into effect from the beginning of 2006) for low-income senior citizens. The Solidarity Supplement for the Elderly (CSI) is integrated into the solidarity sub-system of the social protection system and it seeks to reduce the levels and the severity of poverty for this section of society.

This measure resulted from the awareness that the most serious situations and highest levels of privation occurred amongst the elderly population (65 years or older). A need was thus felt to formulate intervention aimed at this specific group, so as to improve the situation of social fragility in which they live. It is important to note that the fact that this group essentially comprises pensioners also contributes towards their situations. Their pension income continues to be low, despite the efforts that have been made to raise the value of minimum pensions.

The solidarity supplement for the elderly is a benefit offered by the solidarity sub-system that is aimed at pensioners over the age of 65. It is meant to supplement pre-existing income and its value is defined according to a limit that is fixed annually. It is granted according to the concrete situation of the pensioner who applies for this benefit, i.e. it is rigorously subject to the condition of resources. The objectives of social justice behind this benefit, associated with the expected impact of its creation, ensure that the award of the solidarity supplement for the elderly depends on pro-active actions by the social security services. This is accompanied by a thorough and broad assessment of the resources of applicants, so as to guarantee that national efforts in this field effectively reach beneficiaries who really need it the most.

Although the CSI is aimed at individuals aged 65 years and over, access to this benefit is being expanded in a progressive manner. In 2006, only individuals over the age of 80 years could apply for this benefit, in 2007 individuals aged 70 years or over could apply and in 2008 pensioners aged 65 years and over can already apply (with proof of income).

The social security system seeks to provide solutions to guarantee the **sustainability of public and private pension regimes**. This is achieved by **supporting prolonged professional lives and active ageing; guaranteeing a fair balance between contributions and benefits; promoting financial accessibility and guaranteeing the safety of capitalisation and private regimes**. Amongst other measures, the system now takes the total contributory career into consideration under the new formula to calculate pensions. It also introduced a sustainability factor that enables the pension system to evolve according to the evolution of life expectancy, while promoting active ageing and making the retirement age flexible. It has likewise created a new and innovative public regime for individual and voluntary capitalisation.

The period for migrating to the new formula to calculate pensions has been accelerated. This formula is fairer since it takes into account the entire contributory career, with a view to ensuring a greater balance between contributory efforts during an active life and the rights of beneficiaries after retirement, while simultaneously guaranteeing better social protection for workers with low salaries.

In terms of the old age pension, and as a fundamental element of adapting the pension system to demographic and economic changes, a **sustainability factor** has been introduced in determining pension values. This sustainability factor is derived from the relationship between the average life expectancy in 2006 and that of the year prior to the year in which the pension is requested. Thus, while calculating the pensions to be awarded, a weighting factor is now considered that, keeping in mind the average life expectancy, allows redistributing the

¹⁰⁴ Decree-Law No. 187/2007

pension to which the beneficiary is entitled over a greater number of years. This thus contributes towards financial neutrality and intra-generational equitability of the social security system, reinforcing the link between contributions made during an active life and benefits after retirement with pensions.

Also worthy of note is the Public Funded Regime (RPC), for individuals who join voluntarily, which is a new means of reinforcing the value of pension income for beneficiaries of social security, compensating for the effects of the sustainability factor. Thus, over the course of their careers, beneficiaries can channel an additional monthly contribution towards the RPC, corresponding to a percentage of the contributory base, which is credited in the form of participation units in an individual account. These contributions earn interest according to the yields guaranteed by the global portfolio of the fund's assets, ensuring an investment profile that is identical to the Social Security Financial Stabilisation Fund. At the time of becoming a pensioner, the units registered in the individual account of the beneficiary are converted into a lifelong monthly income, thus complementing the value of their pension. In August, 4350 individuals had subscribed to this scheme, 20% aged under 30 years of age and 1/3 were aged 50 years and over, about half of whom had an income equal to or over 3 IAS.

Similarly, tax benefits for retirement-savings plans were once again re-introduced, which can be accumulated with the benefits of the RPC.

The recent social security reforms did not favour private systems of capitalisation, both because they do not address the demographic problem as well as because the debt that would be created in a long transition period was not financially viable. However, pension funds in Portugal, both those that are managed by pension fund managers or by insurance companies, represent about 14% of the GDP. On the one hand, this indicates a tendency towards growth while, on the other hand, it reflects the relatively small size of the market in Portugal.

Pension funds in Portugal have some unique characteristics as compared to the European context. Thus, a very high percentage of the sums are dedicated to the social protection of workers in the banking and communications sectors, where they substitute the public system of pensions in matters of social protection. Thus, only 43% of the amounts involved in pension funds truly play a complementary role for social protection, through occupational schemes or individual and voluntary enrolments.

In terms of the regime of flexibility regarding the legal retirement age, incentives have been enforced to encourage active ageing. The regime of extension of the retirement age has been revised through a new way of granting benefits.

In a bid to discourage early exit from the labour market, the conditions for being able to access early pensions have been changed. A reduction factor that is neutral and fair for each month of reduction with regard to the age of 65 years has been established.

In order to reinforce a fair balance between contributions and benefits, a **Contribution Code** is currently being prepared which clarifies the components to be included in the contribution base. This has been expanded to draw closer to taxation information and special regimes of reduced contribution rates have been reconfigured. Measures that are not commensurate with the protection offered or which are inadequate will be changed or even eliminated. There has been a special emphasis on progressively revising the contribution regime for **self-employed workers**, with a view to bringing conventional remuneration closer to real remuneration and reinforcing the relationship between contributions and benefits for these workers, improving protection for the self-employed.

In terms of **reducing the differences between the various sub-systems**, specific legislation was published in 2007 that defines the convergence, from 2008 onwards, of the social protection regime for public servants and the general social security regime in matters of retirement and the calculation of pensions. In this regard, the following changes were introduced to the pensions paid by the pension authority, the Caixa Geral de Aposentações (social protection for public servants regime). These include the introduction of the sustainability factor; benefits for extending an active life identical to those of the general regime; penalties for early retirement at 0.5% per month by which the retirement was brought forward; and the application of rules for revisions that are similar to the rules for the general regime.

Certain measures have also been implemented given the need to guarantee that pension regimes are **transparent and well adapted to the needs and aspirations of men and women and the requirements of modern societies, demographic ageing and structural changes**. These measures also seek to ensure that **individuals receive the information they require to plan their retirement and that reforms are implemented based on the broadest possible consensus**.

In this context, the reinforcement of the sustainability of the Social Security System was conceived within a framework of improving the information system. This measure ensures that beneficiaries have access to data about their contributory careers. An integrated programme has also been prepared to improve service in Social Security offices. To this end, a new information service was created, available via the Internet, which allows citizens to obtain information on-line about the evolution of their contributory career and simulate the pensions they will receive.

On the other hand, as in the case of the presentation of the Budget for 2006 in late 2005, a report about the Sustainability of the Social Security System was included as an annexure to the Social Security Budget for 2008. This measure sought to contribute towards the informed debate about reforms underway.

In 2007 the government also realised its commitment to proceed to activate and dynamise a **National Social Security Council**, an advisory body that works with the member of the government responsible for labour and social solidarity. This Council seeks to promote and ensure the participation of social partners and other social organisations in the process of defining and monitoring the implementation of the social security policy, as well as realising the objectives of the social security system.

In order to balance the demographic trends that have been predicted for coming decades, which translate into a significant decline in the birth rate, the government has introduced measures to encourage births. These include reinforcing family benefits for young children up to the age of 3 in large families and a pre-natal benefit (Decree-Law No. 308-A/2007, dated 5 September). The State Budget for 2008 (Law No. 67-A/2007, dated 31 December) consecrated an increase in tax benefits for costs concerning the creation and maintenance of crèches, playschools and feeding rooms within companies, and the adoption of tax incentives for families with children under the age of 3 years. In its turn, Decree-Law No. 105/2008, dated 25 June, instituted social measures to reinforce social protection for maternity, paternity and adoption. It expanded these benefits to sections of society that were outside the labour market or did not have sufficient social security contributions and were not entitled to protection under the social welfare system.

3.2 REVIEW OF ADEQUACY

One of the objectives of the Social Protection System is to guarantee an adequate income after retirement and access to pensions that allow people to maintain their living standards after retirement. This also prevents this section of society from running the risk of poverty.

In Portugal, as is the case in the majority of European countries, senior citizens represent a section of society that runs the greatest risk of poverty, despite the positive evolution that has taken place in recent years (also at the level of the total population). According to the EU-SILC 2006, Portuguese older people face a risk of poverty that is about 26%, eight percentage points higher than the risk of poverty for the total population. Senior citizen income tends to be lower than that of the general population and this difference is even more significant at a national level. For the age group above 75 years, the risk of poverty is even greater at 32%. Moreover, Portugal has been identified as one of the EU nations where there is a greater difference in the risk of poverty between men and women for the population above 65 and 75 years of age.

In Portugal, the average equivalent income of senior citizens corresponded, in 2006, to about 79% of the average equivalent income of individuals under the age of 65, a proportion that was six percentage points lower than the European average.

Poverty indicators pertaining to Portugal reveal the need to correct the intolerable asymmetries in income that exist in the population. This particularly affects the elderly, despite the positive evolution that has occurred in the past 10 years. Available information also shows that, amongst the Portuguese population living in poverty, it is precisely the group of senior citizens (65 years and over) that still experience this most acutely and have even higher levels of deprivation due to a lack of monetary resources. Thus, intervention aimed at this age group is absolutely essential in order to improve the situation of social fragility in which the elderly live.

The reforms that were agreed upon in 2006 reinforced the suitability of pensions and solidarity between generations, as well as equitability, through the following measures:

- a) a **new formula to calculate pensions** which guarantees higher pensions when compared to the lower reference salary used to calculate pensions;
- b) the **Social Support Index**, used to update pensions, ensures that pensioners with the lowest pensions maintain their purchasing power;
- c) **incentives for active ageing** allow improved protection for workers through additional guarantees in the calculation of their pensions;
- d) the **reinforcement of social protection in cases of incapacity**, both for absolute incapacity as well as for improving the regime of accumulating professional income with pensions for relative incapacity;
- e) an extraordinary benefit to combat poverty amongst the elderly, the **Solidarity Supplement for the Elderly**;
- f) **improved information** to workers to become better acquainted with the evolution of the Social Security system;
- g) the implementation of a **Public funded regime** on an individual and voluntary basis.

The deadline for migrating to the new formula for calculating pensions was brought forward. The new formula is fairer because it considers the entire contributory career, limiting the management of contributory careers in the final years of professional activities more rapidly. This keeps in mind a greater balance between contributions during an active life and benefits after retirement, likewise guaranteeing better social protection for workers with low salaries. It offers pension rates that are higher for workers with over 20 years of contributions and higher rates with regard to the lowest reference salary for calculating pensions. For example, if the remuneration is equal to or lower than 1.1 times the value of the IAS – Social Support Index, the pension formation rate is 2.3% per year of contributions while it was 2% in the earlier formula used to calculate pensions. For reference remunerations that are between 4 and 8, the IAS is 2.1%.

The rules of the new formula for calculating pensions are as follows:

- 1 – The statutory pension for beneficiaries with 20 years or less of recorded remuneration is calculated by the following formula:

$$P = RR \times 2\% \times N$$

- 2 - The statutory pension for beneficiaries with 21 or more calendar years of recorded remuneration is obtained by the following rules for calculation:

- a) If the reference remuneration is equal to or above 1.1 IAS:

$$P = RR \times 2.3\% \times N$$

- b) If the reference remuneration is over 1.1 IAS and equal to or less than 2 IAS:

$$P = (1.1 \text{ IAS} \times 2.3\% \times N) + [(RR - 1.1 \text{ IAS}) \times 2.25\% \times N]$$

- c) If the reference remuneration is over 2 IAS and equal to or less than 4 IAS:

$$P = (1.1 \text{ IAS} \times 2.3\% \times N) + (0.9 \text{ IAS} \times 2.25\% \times N) + [RR - 2 \text{ IAS}] \times 2.2\% \times N$$

- d) If the reference remuneration is over 4 IAS and equal to or less than 8 IAS:

$$P = (1.1 \text{ IAS} \times 2.3\% \times N) + (0.9 \text{ IAS} \times 2.25\% \times N) + (2 \text{ IAS} \times 2.2\% \times N) + [(RR - 4 \text{ IAS}) \times 2.1\% \times N]$$

- e) If the reference remuneration is over 8 IAS:

$$P = (1.1 \text{ IAS} \times 2.3\% \times N) + (0.9 \text{ IAS} \times 2.25\% \times N) + (2 \text{ IAS} \times 2.2\% \times N) + (4 \text{ IAS} \times 2.1\% \times N) + [(RR - 8 \text{ IAS}) \times 2\% \times N]$$

- 3 – For the purposes of the formulae mentioned above:

P = monthly amount of the statutory pension;

RR= reference remuneration;

N= number of calendar years with recorded remuneration that are relevant for the purposes of the pension formation rate, with a limit of 40.

The transition period will continue to include a portion of the pension calculated on the basis of the old formula, which considered the best 10 years of the last 15 years of a career. In order to ensure greater fairness in the system, present legislation has also enshrined the principle of limiting high pensions. Thus, pensions with a value that is over 12 times the social support index have been capped while guaranteeing an integral respect for the principle of contributions.

From 1 January 2007 onwards, pensions will be revised according to the **Social Support Index (IAS)**¹⁰⁵, which is based on the evolution of prices and economic growth.

This measure seeks to restore or even improve the purchasing power of lower pensions, as well as ensure sustainable revisions for other pensions.

The value of the Social Support Index is updated annually, using the following indicators as references: real growth of the GDP and average variation, of the last 12 months, of the Consumer Price Index without housing.

¹⁰⁵ Law No. 53-B/2006

In addition to the use of the index, pensions are revised according to objective criteria of differentiation (established by law), which favour the lowest pensions. The revision of pensions that are less than 1.5 IAS will always ensure maintaining purchasing power. The greater the variation of the GDP equal to or over 2% the greater the real revision of the value of the pension. The new legislation has also introduced a cap on the upward revision of pensions that are 12 times over the value of the IAS. These pensions are not updated until their value is surpassed by this limit.

The revision of pensions is linked to effective Consumer Price Index (CPI) and also to the effective growth of Gross Domestic Product (GDP), as follows:

	GDP lower than 2%	GDP between 2% and 3%	GDP equal to or higher than 3%
Pensions below 1.5 IAS	CPI	CPI plus 20% GDP (with a minimum level of 0.5 p.p. above inflation)	CPI plus 20% GDP
Pensions between 1.5 IAS and 6 IAS	CPI minus 0.5 p.p.	CPI	CPI plus 12.5% GDP
Pensions between 6 IAS and 12 IAS	CPI minus 0.75 p.p.	CPI minus 0.25 p.p.	CPI

In terms of the regime of introducing flexibility for the legal retirement age, incentives for active ageing have been reinforced. The regime for extending the retirement age has been revised through a new form of granting benefits, which are awarded for each effective month of additional work, differentiated from the contributory career. In addition to this, mechanisms have been introduced to provide benefits to encourage remaining in the labour market for pensioners who, while being able to take early retirement without penalties, choose to continue to work. Benefits for individuals who, while being able to take early retirement without penalties choose to continue to work, are calculated in the manner shown in the following table:

Situation of the Beneficiary		Bonus
Age	Contributory Career	Monthly
< 65	Fulfilling eligibility criteria to retire without any penalty.	0,65%
> 65	15 to 24	0.33%
	25 to 34	0.5%
	35 to 39	0.65%
> 65	> 40	1.0%

The overall pension, after applying the bonus, can not exceed the maximum allowed replacement rate of 92% regarding the pensioner reference earnings.

The conditions for **early access to pensions after unemployment** have also been changed. As a general rule, the age of being able to access old age pensions is now 62 years, after the verification of the guarantee period and if the beneficiary, at the time of unemployment, was at least 57 years of age.

On the other hand, prevailing legislation has introduced a distinction in the **regime of social security for invalidity**¹⁰⁶, between relative and absolute invalidity, a situation that for the first time has received special attention and treatment. Thus it has been assumed that such situations – which translate into permanent and definitive cases of incapacity that cannot obtain any sort of subsistence from any profession or work – merit special attention. Unlike in the case of relative invalidity, such individuals do not have any remaining capacities to be able to work and therefore represent situations of extreme social hardship.

Pensioners with absolute invalidity are guaranteed a minimum pension value that is equal to the minimum pension value as follows:

- a) In 2008 e 2009, corresponding to a contributory career of 15 to 20 years;
- b) In 2010 e 2011, corresponding to a contributory career of 21 to 30 years;
- c) From 2012 onwards, corresponding to a contributory career of 40 years.

With a view to promoting rehabilitation and professional reintegration and an improvement to the pensions being received, professional income can be accumulated along with pensions for relative invalidity, keeping in mind the remaining capacities of the pensioner.

The recent measures of a new formula for calculating pensions and the revision of pensions according to the Social Support Index, which already favour low-income pensioners, have been complemented by other solidarity measures.

In this regard, the **Solidarity Supplement for the Elderly** represented a veritable departure from the previous policy of minimum social standards for senior citizens by concentrating available resources on the elderly sections of society with the lowest incomes. This was aimed at easing situations of need in a more rapid manner by awarding a benefit that will have a significant impact on increasing the overall income of the elderly. It will also improve solidarity as a form of expressing a collective responsibility and serve as an instrument to foster social cohesion. Ageing in a healthy, autonomous and independent manner is today a challenge for individual and collective responsibility, which has a significant impact on the economic development of the nation. This challenge pertains not just to the sustainability of the health system itself but, above all, guarantees of equality in terms of access to and the quality of healthcare. Amongst other aspects, progressive demographic ageing has resulted in an increase in chronic and incapacitating diseases in certain sections of the population, namely the elderly, with a direct impact on the costs of purchasing medicines and other products that are necessary to maintain and protect the health of individuals.

On the other hand, aware that there are senior citizens in Portugal with extremely low incomes, who spend a great deal of their resources on their health, especially medicines and other areas with low state benefits, **additional health benefits** have been created¹⁰⁷ for the population receiving the CSI.

Keeping in mind the persistence of levels of poverty amongst the elderly population, the government has taken steps to ensure access to the measure in order to guarantee that it is available to everybody who requires it. In truth, the “take up” of the CSI still has a margin for progressing further, although the most recent data indicates about 125,000 beneficiaries, with a tendency to increase.

¹⁰⁶ Decree-Law No. 187/2007

¹⁰⁷ Decree-Law No. 252/2007

The strategy for 2008-2010, begun this year, focused strongly on the development of measures to ease the effects of the non take-up of the CSI, such as: cross-referencing data with the tax authorities; obtaining social security data; simplifying requirements; signing agreements with local institutions that form a counselling network, receiving and forwarding applications. In their strategy for 2008 the local social security services have envisaged closer ties with potential applicants (by telephone or even by home visits).

A set of measures will be developed for citizens to become better acquainted with the changes in the system and the evolution of Social Security. These will allow them to make timely decisions to take steps to guarantee pensions that are adequate for their expectations and needs. These measures to provide information to citizens include:

- a) implementing an integrated programme to improve service in social security offices;
- b) creating a social security contact centre in 2009;
- c) gradually expanding the functions available within direct social security.

In terms of complementary protection and also to diversify options available to workers, the **Public funded regime (RPC)** was implemented¹⁰⁸. This is a voluntary scheme for individuals aimed at awarding benefits to complement the benefits offered by the providential system, with a view to reinforcing the social protection of beneficiaries. Thus, over the course of their careers, beneficiaries can channel an additional monthly contribution towards the RPC, corresponding to a percentage of the contributory base, which is credited in the form of participation units in an individual account. These contributions earn interest according to the yields guaranteed by the global portfolio of the fund's assets, ensuring an investment profile that is identical to the Social Security Financial Stabilisation Fund. At the time of becoming a pensioner, the units registered in the individual account of the beneficiary are converted into a lifelong monthly income, thus complementing the value of their pension.

3.3 REVIEW OF FINANCIAL SUSTAINABILITY OF PENSION SYSTEMS

The most recent data has indicated a slight increase in the employment rate of older workers (55-64 years) in 2007 as compared to past years. This shows that there has been a tendency towards the stabilisation of employment rates in this age group (already above the EU targets for 2010) with positive signs in terms of growth, partially as a result of the changes that have been introduced in the system of social protection. Currently, the average age of withdrawal from the labour market is about 63.1 years in Portugal (62.4 for men and 63.8 for women).

The need to respond to the challenges faced by the social protection system and especially the pension system thus justifies speaking of promoting longer careers. This is reflected in the new regime for flexibility for the retirement age, which promotes active ageing since it considers the entire contributory career to calculate pensions and protects longer contributory careers.

At a national level, total expenditure on pensions represented about 12.3% of the GDP in 2004 (in 2000 this value was 10.5% and in 1995 about 9.7%). However, the predictions within the scope of the AWG/CPE indicate a gradual increase in this expenditure over the following decade. In 2050 it is expected to represent about 16% of the GDP.

This increase is closely related to the demographic pressures upon the pension system, derived from the evolution of life expectancy, which has been increasing, and the dependence index of senior citizens, which has shown a tendency for a sharp rise in coming decades, considering current values.

The "Base Scenario" of the present AWG shows a tendency towards the continuous growth of the Portuguese population between 2007 and 2045, a year from which this trend will reverse, giving rise to slight breaks in the

¹⁰⁸ Decree-Law No. 26/2008

total volume of the population, which should remain stable until 2060. Despite the reduction in the population that is predicted for the final 15 years of the horizon for predictions, it is estimated that the Portuguese population will have an overall growth of 6.3% between 2007 and 2060. This reflects approximately 666 thousand more active individuals, which corresponds to an annual average growth of 0.1%. This growth will, however, be achieved by a sharp ageing of the Portuguese population since, during this same period (2007-2060), the population in an active age group will reduce by 11% (less 785,000 elements), the young population will drop by 12% (less 196,000 elements) and the elderly population will increase by 90% (1,647,000 more elements). It has thus been estimated that the old-age dependency ratio, which measures the relationship between the number of senior citizens and individuals in an active age group, will more than double (reaching 55% in 2060).

In the new scenario it has been estimated that average life expectancy at birth will increase by about 7 years in the next five decades (8 years more for men and 6 for women). It is also expected that the fertility rate will continue to remain below the natural substitution rate of 2.1 throughout this entire period (although it will grow from 1.38 in 2008 to 1.54 in 2060). With an increase in longevity it is expected that the average life expectancy of an individual at age 65 will increase by about 5 years between 2008 and 2060, rising from 16.3 to 21.6 years for men and from 19.9 to 24.8 years for women.

The present scenario indicates a growth in the percentage of the elderly population, without the respective renewal in terms of youths. It is expected that in 2060 older people will represent more than 30% of the total population (which represents an increase of 12 percentage points compared to the present situation). Portugal will thus no longer have the current four active individuals for each senior citizen and, in 2060, the ratio will be less than two people in an active age group for each senior citizen.

The following points can be highlighted amongst the measures that have been implemented to contribute towards reinforcing the financial sustainability of the social security system:

- a) **incentives for births** to mitigate an ageing population and promote a balance between work and a family life;
- b) a **new formula to calculate pensions that considers the entire contributory career**, avoiding the manipulation of wages and contributory records in the last years of professional activities;
- c) greater **penalties for early retirement** in terms of making the retirement age more flexible;
- d) new legislation for **unemployment protection**, which reinforces the activation of the unemployed;
- e) the introduction of a **sustainability factor** that adapts pensions in terms of increased life expectancy;
- f) the approval of a new **Contributory Code**, adjusting the basis for contributions, especially for the self-employed;
- g) the **Social Support Index**, which de-indexes pension revisions from the national minimum wage, which would be financially unfeasible. This functions as an automatic adjustment since it considers the evolution of the GDP and price levels, in addition to pension levels;
- h) reinforcing **mechanisms to combat fraud**;
- i) a **new funding model** that guarantees the selective adequacy of sources of financing.

The adoption of the principle of active ageing has significantly changed the rules regarding the **flexibility of the retirement age**. It was observed that the penalty factor of 4.5% identified for each year of early retirement in the earlier regime governing the flexibility of the retirement age did not guarantee the financial and actuarial neutrality of the regime but instead entailed high costs for the system (which in fact justified its suspension in 2005). Thus, the reduction factor was fixed at an actuarially neutral and fair value of 0.5% for each month of early retirement with regard to the retirement age of 65 years.

The new regime for **unemployment protection**, which came into effect in 2007, encourages a more speedy activation of the unemployed. This seeks to reduce the period during which they remain unemployed and promote the employability of beneficiaries as well as active employment policies. The conditions for **early access to pensions after unemployment** have also been changed. As a general rule, the age of being able to access old age pensions is now 62 years, provided the qualifying period has been fulfilled and as long as the beneficiary was at least 57 years of age at the time of unemployment.

The main measure that has been adopted towards ensuring the financial sustainability of the social security system is the application of the **sustainability factor** in calculating the value of pensions. In an attempt to maintain the nature of the benefits and their distribution as defined in the pension system, attempts have been made to provide the pension system with mechanisms to adjust to the phenomenon of an ageing population. Thus, the sustainability factor, which is a result of the ratio between the average life expectancy at 65 recorded in 2006 and that of the year prior to the application for the pension, has been applied to pensions requested from 1 January 2008 onwards. This measure will allow the redistribution of the pension to which each individual is entitled over a greater number of years of life (according to the evolution of life expectancy).

Given the implications of this measure, this mechanism was put into effect only from 2008 onwards, so as to provide citizens with a better understanding of its implications and the possibility of neutralising these effects through the adoption of a set of strategic options. Thus, in order to offset the impact of the application of the sustainability factor, beneficiaries can choose to: i) work for some more time after the retirement age. The new legislation contains benefits for the formation of pensions for each month of effective work recorded beyond the moment when individuals can access a complete pension; ii) or contribute voluntarily towards the new public complementary regime for individual accounts, which was instituted in early 2008 (Decree-Law No. 26/2008, dated 22 February). In 2008 the sustainability factor was 0.9944, translating into the reduction of pension values by -0.56%, *ceteris paribus*. Demographic projections by Eurostat indicate eventual reductions in the value of pensions by about 8% in 2020 and 18% in 2050. These reductions will be annulled for workers with 40 years of contributing careers and 65 years of age who work for a further 8 months or a year and a half, respectively, in 2020 and 2050.

The implementation of the new **Contributory Code** has also been scheduled. This document compiles all existing legislation concerning the contributory relationship with social security and will also develop the principle of diversifying sources of funding. The code will revise the basis of contributions in order to make it converge with the fiscal base, by broadening the components of regular remuneration.

Likewise in this context, the regime for self-employed workers will also be revised, so as to ensure the adequacy of the contributory efforts of these workers and draw the calculation base closer to real remuneration, keeping in mind the relevant base for fiscal purposes.

The sustainability of the social security system also entails improving the effectiveness of collecting contributions, through the **National Plan to Combat Fraud and Contributory Evasions**. During 2008 and 2009 a centralised and automatic notification will be developed for situations of non-compliance. A new model of debt management will be implemented, with prior notice and the automatic creation of the executive process 90 days after it is constituted.

In 2007, within the scope of the National Plan to Combat Fraud and Contributory Evasion, particular attention was given to combating evasion and crimes. The results achieved in 2007 show an increase of 31.7% of debts recovered (313.7 million euros). When compared to 2004, the debts recovered grew by 377% (2004: € 65.7M; 2005: € 129.4M; 2006: € 238.3M; 2007: € 313.7M).

In 2008, legislation came into effect¹⁰⁹ that established the financing framework for the social security system, incorporating the **principle of a selective adequacy of sources of financing**. This measure seeks to make the financial management of the system more transparent and accountable, by precisely delimiting the responsibilities of the state, workers and employers, respectively, in transfers to the non-contributory sector of social security and the payment of social contributions that support the responsibilities of the contributory sector.

3.4 REVIEW OF MODERNISATION OF PENSION SYSTEMS IN RESPONSE TO CHANGING NEEDS OF THE ECONOMY, SOCIETY AND INDIVIDUALS

The modernisation of the pension system has been viewed as a response to demographic changes (progressive ageing of society and low birth rates). It is also a response to social changes (new models and forms of social and family organisation) and all the challenges posed by economic development, productivity and employment with respect to the sustainability of the systems of social protection. Automatic adjustments have been introduced into the system, which seek to adapt social protection to the demographic and economic changes that are taking place. The Social Support Index and the Sustainability Factor are particularly important elements in this context.

The reforms implemented in 2001 within the social security system introduced profound changes. However, the foundations for the **modernisation and reform of the pension system** were only created with the Agreement on social security reforms (October 2008) and the new Social Security Law¹¹⁰. The main objectives of these measures include: guaranteeing the economic and financial stability of the social security system, adapting the system to new emerging risks, promoting high and sustainable levels of employment and active ageing.

The reforms that were implemented at the level of the pension system were developed keeping in mind the importance of the **transparency** of the system for citizens and their **confidence** in the system. In this regard it is important to once again mention the **involvement of social partners** in the Agreement on Social Security Reforms that was signed on the basis of social consensus, as well as the broad debates in Parliament and other forums.

Some steps were taken to reinforce citizens' confidence in the system and these need to be developed further:

- a) The development of an **information system** for citizens about social security trends;
- b) Involving social partners in the **advisory councils** of the bodies that manage the social security system;
- c) Contributing towards instilling confidence with regard to the social security system through measures to **combat fraud**.

The suitability of social protection with regard to new social needs has also ensured:

- a) Promoting a balance between work and a family life, structuring a set of incentives to **increase the birth rate** and to support the **single parent families** that are more vulnerable to situations of poverty;
- b) Fostering rehabilitation in the labour market and improved social protection for situations of incapacity and disability, allowing incapacity pensioners the use of their remaining capacities to work and reviewing the guaranteed benefits for the **disabled**;

¹⁰⁹ Decree-Law No. 367/2007

¹¹⁰ Law No. 4/2007

- c) In the context of an inclusive society that makes the most of the knowledge and skills of all without discrimination on the basis of age, promoting **active ageing**;
- d) Encouraging savings to complement incomes after retirement, introducing an innovative new **Public funded regime**, which is an individual and voluntarily measure.

A **monitoring system** is essential to make information available to political decision-makers, insofar as it can contribute towards improving political interventions, improving the design of policy measures and their implementation. It also contributes towards reinforcing the responsibility of interlocutors. Thus, a monitoring and assessment process has been developed with a view to accompanying the implementation of policy measures as well as to assess their effectiveness at the level of modernising the pension system.

The information derived from the set of indicators adopted to accompany the strategy as well as quantitative and qualitative data from the implementation of measures is essential to establish priorities and goals and influence policies.

Improvements have been envisaged for this system so as to ensure a greater involvement of the various interlocutors over the course of the process, jointly reflecting about the need for information (already realised during the creation of the RNPSIS).

In order to contribute towards confidence in the pension system, a **report with updated long-term predictions** of expenditure and revenues for the social protection system will continue to be presented annually, as has been the case since the Social Security Budget for 2006. This is in compliance with paragraph 4 of article 93 of the Basic Social Security Law (Law No. 4/2007 dated 16 January), which was included in earlier social security laws but was not implemented.

The process of uploading all relevant information about the **records of contributory careers** will be continued. This will allow beneficiaries of the system to monitor the build-up of their entitlements through the pension simulator and will also facilitate timely and informed decisions that will guarantee them suitable levels of protection after retirement.

An integrated programme to **improve service at the social security offices** will be implemented. This is based on the overall reformulation of the public assistance facilities available to citizens. With regard to public enquiry facilities that offer personal assistance, a network of public front counters will be created to assist individuals with special needs, so as to facilitate access to services.

The social security contact centre is expected to become operational in 2009, in order to optimise support for the beneficiaries of the system. It is expected that 3.8 million queries will be handled every year via this new channel, thus reducing substantially visits and time spent waiting in queues at social security offices.

Likewise in this framework, the services available via direct social support will be gradually expanded, so as to facilitate the communication of information that is relevant to the system by workers and employers, or even to allow applying for benefits on-line.

The National Social Security Council, which involves social partners, as well as the activation of advisory councils for social security bodies, will promote a tripartite monitoring of social security reforms and the necessary harmonisation to guarantee the economic, social and financial sustainability of the social security system.

A set of **incentives to encourage the birth rate** has been structured in order to combat demographic trends and their effects. Key features include increasing family benefits for children and youths in larger families and the right to a pre-natal family benefit¹¹¹. In this context, the State Budget for 2008¹¹² apportioned increased tax benefits for the costs of creating and maintaining crèches, playschools and feeding rooms within companies and the

¹¹¹ Decree-Law No. 308-A/2007

¹¹² Law No. 67-A/2007, dated 31 de December

adoption of tax benefits for families with children under the age of 3. In its turn, Decree-Law No. 105/2008, dated 25 June, instituted social measures to reinforce social protection for maternity, paternity and adoptions. This has been widened to include the population that, on account of not being in the labour market, or not having a sufficient contribution history, are not entitled to protection under the providential system.

Measures have been developed for 2008 and 2009 that seek to improve social protection aimed at mitigating new social risks, such as, for example, the revision of guaranteed benefits in cases of disability. In this context, priority will be given to adapting existing benefits, which are aimed at attenuating the added burden that presumably exists in families.

A 'Tripartite Agreement for a new system to regulate labour relations, employment policies and social protection in Portugal', is currently being debated in parliament with a view to being implemented in 2009. It includes measures that further foment a balance between work and a family life (especially worthy of note are increased parental leave and added financial incentives for sharing leave benefits). It also adapts employment policies so as to improve the stability of labour relations and the employability of active elements (rationalising tax incentives and contributions for more vulnerable sections of society such as youths, senior citizens, long-term unemployed and other such segments). It also reinforces social protection for self-employed workers (so as to ensure income-substituting benefits that are suitable for effective income), thus contributing towards a **modern system of social protection agreed upon between the government and social partners**.

PART IV

NATIONAL STRATEGY REPORT FOR HEALTHCARE AND LONG-TERM CARE

4.1 KEY CHALLENGES, PRIORITY OBJECTIVES AND OBJECTIVES AND TARGETS COVERING BOTH HEALTHCARE AND LONG-TERM CARE

As an activity that is a transversal component of different areas, an effective and efficient health policy is an essential element for growth and employment, as well as for social cohesion. Thus it is an integral part of the Lisbon Strategy and has contributed towards the results that have been achieved with the implementation of the National Programme for Growth and Jobs 2005-2008. It has presented a set of measures that, within the scope of the National Reform Programme (NRP) for the new cycle 2008-2010, provide continuity in achieving the objectives that were established in the previous cycle and are in keeping with the recommendations and observations of the European Commission.

The area of health has been developed, especially, by recommendations for reforms within the Public Administration and the following lines of action: sustained reduction of the balance of payment deficit, pursuing the National Technological Plan and continuing the struggle against factors that threaten social cohesion.

The contribution of the health sector towards the sustainability of public finances and for Public Administration reforms has been reinforced, amongst other aspects, through all the measures included in the SIMPLEX Programme and the Health Technological Plan. This has been facilitated by the results achieved at the level of medication policies, which seek to reduce expenditure by means of subsidies and combating fraud and wastage.

A set of national health programmes are being developed within the scope of a strategic national instrument for the area of health, i.e. the National Health Plan, which seek to achieve rapid progress in the health sector. Thus, a more effective campaign is underway to control cardiovascular and oncological diseases, diabetes, respiratory diseases, rheumatic diseases and emerging infectious diseases.

A network of integrated long term care is simultaneously being consolidated within the national territory.

The Portuguese health system, constituted by the National Health Service and by health sub-systems, provides a set of services predominantly available to the general public. The improvements that have been witnessed in Portugal in terms of health levels are a result of the progress that has been achieved in terms of the population's economic and social conditions. They have also been due to the efforts to improve the National Health Service and it is especially important to highlight the favourable evolution of life expectancy and infant mortality indicators.

A key challenge for the Portuguese Health System is the accelerated demographic ageing of the population and the increased rates of dependence of the elderly, estimated to be 58.1% in 2050. Concomitant to this is the increased prevalence of chronic diseases and potentially incapacitating situations that need to be urgently prevented and combated. This challenge is associated with another hurdle, in compliance with the Lisbon Strategy, which seeks to ensure the economic and financial viability of the Health System and contribute towards the sustainable development of the nation.

In order to face the challenges of the impact of demographic changes, the strategy of the healthcare sector has focused on diagnosing and treating potentially incapacitating diseases in a preventive manner in order to achieve greater gains in the area of health. This promotes a longer period for an active, independent and autonomous life. This strategy has been developed around the following priority axes:

- The reform of primary healthcare, as the basis of anticipatory care, with the reconfiguration and autonomy of health centres, the implementation of family health units and the restructuring of public health services.
- The consolidation of the implementation, throughout the national territory, of the network for integrated long term care, with solutions for home assistance healthcare and specific situations of internment for convalescence and for medium and long periods.

The strategy for the health sector is included in the nation's strategy for economic and social development, defined by the Lisbon Strategy. It seeks to support citizens and families, through active policies that enable a reinforcement of their participation in the collective efforts to create wealth, modernise Portuguese society and share the benefits of well-being for all.

This strategy translates into actions, with a view to promoting social inclusion by reducing inequalities. This likewise translates into the promotion of social inclusion, by means of a better access to services and a reduction of asymmetries in terms of available care in different territories and habitats, especially in the most vulnerable areas. Finally, it entails a growing integration of specific vulnerable groups, namely, immigrants, ethnic minorities, the disabled and the homeless, in providing preventive and curative healthcare.

The development of the National Network for Integrated Long Term Care, one of the measures of the NRP (National Reform Programme) 2008-2010 in continuing the National Programme for Growth and Jobs 2005-2008, is a fundamental process for the struggle against factors that threaten social cohesion, by reinforcing the suitability of care and improved access. Equally important are the measures associated with an increased effectiveness and efficiency of the services that provide healthcare, such as the case of measures like the "e-agenda" and "timely consultations" initiatives.

Keeping in mind the reforms being implemented to promote equality between men and women (mainstreaming of gender issues), the dimension of gender issues is included in the National Health Plan, which emphasises a reinforcement of the gender aspect in policies for health and long term care.

4.2 HEALTH CARE

4.2.1 PROGRESS IN RELATION TO 2006-08 NSR AND CHALLENGES IDENTIFIED IN 2007 JOINT REPORT

One of the commitments undertaken by Portugal for 2006-2008 was the promotion of improved access to health-care services and quality social facilities, as well as conditions that favour an active and healthy life.

The growing trends of an increased demand for health and long term care, technological evolution and the need to guarantee access to technical progress in the area of health, associated with the need for budgetary stability and a certain lack of human resources, namely doctors, raise innumerable challenges for Portugal.

These challenges have resulted in the creation of policies to develop more rigorous methods of co-ordinating care, based on objectives and results and innovative forms of funding, with greater controls of expenditure incurred on health services and goods.

Thus, programmes to promote health and the prevention of disease will be developed, which simultaneously seek to improve the population's state of health and reduce a growth in expenditure in the health sector.

The governance of the national health strategy envisages the involvement and participation of civil society in the process of providing healthcare. A central department of the Ministry of Health is being created to streamline this participation.

The future health policy will thus seek to reinforce the planning and management of resources from a perspective of "better value". In other words, more important than offering the entire population all kinds of healthcare at low prices, is to manage to offer the best care at the right place and time, with better techniques and technology, at an equitable price for the entire population, including the most vulnerable groups or those that are exposed to greater risks.

In this context, Highly Differentiated Centres, i.e. referral centres with a high level of differentiation or excellence (centralised), and specialised treatment centres (decentralised) are being constituted in specific areas of

intervention. These seek to promote not just technical efficiency but also the financial efficiency of programmes aimed at preventing and controlling chronic diseases.

So as to mitigate the lack of coverage that has been witnessed in certain areas of the National Health Service (NHS), owing to a lack of GPs or certain specialised services, such as, for example, dental medicine; various initiatives have been developed to improve citizens' access to healthcare. These include, amongst others, the e-agenda project, or the expansion of the system of agreements with the private sector, the diffusion of tele-medicine or financial subsidies to citizens that are in vulnerable situations in terms of access to oral health.

In order to reduce the difficulties of referrals of patients to differentiated care and to improve the articulation between different levels of care, a national integrated management strategy for some chronic and highly prevalent diseases, and/or those that have a great potential for generating incapacity and which consume a great deal of financial resources, is being implemented on an experimental basis. It is hoped that this methodology will not only allow the elimination of any duplication of processes of diagnoses and treatment but will also facilitate the sharing of clinical and non-clinical information between healthcare providers, ensuring they are accountable for the results of their actions.

In terms of the policy pertaining to medicines, planned initiatives seek to increase the number of medicines that can be purchased without a medical prescription, through an increased availability of generic drugs in pharmacies. They also aim to ensure the introduction of electronic prescriptions in some hospitals and health centres and the reduction of expenditure with subsidies for medicines and likewise seek to combat frauds and wastage.

In Portugal, the centralised purchasing of services, medicines and medical devices, through the Catalogue for Public Supplies, as well as a greater management autonomy on the part of public healthcare providers ("corporatisation" of hospitals), will not only facilitate purchases but will also ensure an effective competition between suppliers. This de-bureaucratisation of acquisition procedures will also guarantee, above all, a greater transparency in purchases by the institutions and services integrated in the NHS.

Government action in the area of healthcare seeks to re-qualify the NHS, placing it at the service of all Portuguese, irrespective of their social and economic situation, based on principles that are a key element of the government's programme:

- Give priority to primary healthcare;
- The creation of a network of integrated long term care;
- Reorganisation of the hospital network, facilitating access for citizens and improving the quality of services;
- Budgetary sustainability, combating wastage and multiple interests.

It will be possible to obtain a larger and better NHS through this intervention, with the capacity to provide more services, more primary healthcare or specialised hospital consultations, more surgeries, more out-patient treatment, for oncological disease or other pathologies.

Thus, there is a political desire to further develop the NHS as a fundamental instrument to ensure that all Portuguese, irrespective of their economic or social condition, have access to user-friendly and technologically advanced healthcare.

4.2.2 PRIORITY POLICIES RELATED TO COMMON OBJECTIVE (J)

Accessibility

The government seeks to avoid viewing the question of the accessibility of healthcare only from a perspective of the geographic proximity to available means, since, although this is an important variable, it is not the one that most influences access to healthcare. The issue of accessibility is also viewed from the perspective of financial resources and information for citizens, which allow them better access to healthcare.

In this context, the promotion of access to hospital care is a political priority. This translates into access to surgery, access to outside consultations, especially first consultations, the treatment of oncological diseases, ambulatory surgery and the emergency network. Amongst other measures, these entail:

- The Timely Consultations Programme, which seeks to guarantee effective access to preliminary hospital consultations in a predefined period. In an initial phase the appointments are made through primary healthcare and later through the attending doctor, thus complying with the legislation about the Charter of the Citizen's Right to Access the NHS, which was approved by Parliament.
- Programme for Ophthalmologic Intervention (cataracts), which seeks to reduce not just the waiting list but also the waiting time. It is expected that, by 30 June 2009, no patient should wait more than 5 months for an initial consultation or more than 4 months for ophthalmologic surgery.
- The implementation of the e-agenda programme, involving the different health services (hospitals and health centres, namely the Family Health Units -FHU), so as to facilitate appointments and complementary diagnostic and therapeutic means through multi-channel technological platforms (Internet, telephone, sms, etc.).
- The revision of agreements with the private sector, so as to improve access by the beneficiaries of the NHS to preventive and curative healthcare and rehabilitation. This measure seeks to bring health services closer to citizens and ensure the right to health, which is consecrated in the Portuguese Constitution.
- Improved access by citizens to surgical procedures through the Integrated Management System of the Surgery Waiting List.
- A screening campaign for cervical cancer in the Lisbon Metropolitan Area, screening 70% of the target population by 2010.
- The diffusion of campaigns to promote health aimed at specific groups of men and women.
- The reorganisation of psychiatric emergency assistance.
- Exempting pregnant women, children under the age of 12, senior citizens with incomes that are lower than the national minimum wage, diabetics, people with chronic renal insufficiency, multiple sclerosis, amongst other chronic diseases, as well as victims of domestic violence (this last target group is a new political priority) from paying fees to access healthcare.

Another initiative, in the context of promoting access, is the preparation of norms/guidelines to frame the different units that are part of the Health Centre Groups (HCG). Thus, as is already the case with the FHUs, other structures – personalised healthcare units, community healthcare units, shared assistance resource units, public health units and management support units – will be created and developed on the basis of guidelines discussed beforehand with professionals.

This initiative seeks to ensure that the bureaucratic and complicated structure of health sub-regions is substituted by a modern and functional structure, whose priority is to increase and improve citizens' access to primary healthcare, as well as to promote the quality of health services. This entails the incorporation of measures such as: (a) the growing implementation of longer opening hours for health centres, seeking to reconcile this with the population's professional working hours; (b) the incorporation of post-partum care and family planning consultations into the services on offer; (c) reinforcing the National Vaccination Plan, with the introduction of vaccines against cervical cancer.

The Health Centre Groups will promote the involvement of the community in the management of primary health-care in an innovative manner. This could contribute towards ensuring that the NHS provides better and more suitable solutions to meet the needs of citizens, for example, of the most vulnerable groups, such as women, children and the elderly, amongst others.

Another concern is access to information by citizens. Thus, the Health Portal will continue to be developed, which has varied information about the health system, seeking to inform users about their rights, mechanisms for access and available healthcare. It includes updated information about all public healthcare provider entities and informational and educational data for citizens and health professionals.

In an initiative aimed at continuously improving access to and the quality of the different levels of services, the government will continue to implement some of its main reform measures, which include:

- Constituting a network of modern emergency departments, which has the necessary technical and human resources to respond to requirements in terms of quality and the opportunity to provide solutions. This network will be closer to the populations, according to technically validated criteria of humanisation and rationality. There is a need to continue to transmit to all citizens that fact that acute diseases, even though they leave the patient temporarily incapacitated, do not mean an emergency in medical terms. Acute disease is a sudden problem that needs guidance, which can be given by a doctor, nurse or the assistance services. Especially worthy of note in this regard is the 24 hour hotline ("Linha Saúde 24"). It is necessary to transmit the fact that an emergency situation implies the concerted intervention of a team and a set of means, without which it would be impossible to reverse the course of a given disease.

Special attention has been paid to reinforcing methods of pre-hospital emergency and assistance services.

- The implementation of a Health Assistance Centre, which attended to 1077 cases per day on average in 2007.
- The development of the implementation of mobile units to provide healthcare, aimed at communities of immigrants and ethnic minorities, with a view to taking healthcare services to the social groups that are socially weaker.
- The creation of the 'Cheques for Oral Health' project, which allows some sections of the population, especially children, pregnant women and the elderly with low incomes, to access stomatological healthcare.

Expenditure directly linked to the area of health takes place, above all, at the level of medicines and private medicine also plays a considerable role. However, in this context, the income available to families dictates the choice of a doctor from the private sector or from the public sectors/agreements. In other words, in most medical specialities and in the vast majority of the national territory, there exists an effective possibility of being able to choose.

In terms of a policy for medicines, the government will continue its actions, aimed at ensuring that all Portuguese have access to innovation and the use of more effective and safer therapies. Thus, the measures to be adopted include:

- Reinforcing incentives for prescribing generic medicines.
- Revising the policy of medication subsidies and access to medicines.

Another area for priority intervention by the Ministry of Health is the area of oncology, since the social and economic impact of malign tumours for patients and families alike is very high. The general objective of the National Programme for Preventing and Controlling Oncological Diseases, which succeeded the National

Oncological Plan 2001-2005, is to reduce the rate of incidence and mortality owing to cancer in Portugal, through a set of measures which include:

- Education and the promotion of health with specific gender-based priorities,
- Screening and early diagnosis,
- Greater diagnostic quality,
- Correct and timely treatment.

Protecting the health of the population, over the entire life cycle, will be achieved through the following measures:

- An improvement of the National Programme for Reproductive Health, via an integrated intervention of: maternal consultations for high-risk pregnancies, pre-natal screening and early intervention and centres for child development;
- Specific screening programmes for women/men (for example, cervical, breast and prostate cancer, amongst others) so that preventive policies have a greater impact on women and men, by considering their specific needs;
- Support for the development of Non Governmental Organisations that represent users, families and self-help groups, through, for example, the creation of a department in the central services of the Health Ministry for the active participation of civil society while defining and implementing health policies;
- The development of the Occupational Health Programme;
- The development of the National Health Programme for the Elderly;
- The development of a campaign to implement coronary and CVA (cerebrovascular accidents) "Fast Lanes" and support for the creation of cardiac rehabilitation units for victims of strokes;
- A project to promote mental health and healthy lifestyles in prisons, as well as a project to vaccinate prison employees and inmates against infectious diseases;
- Preparing an addendum to Law No. 46/2006, aimed at including individuals with mental illnesses in the target groups of prevailing legislation addressed to the disabled;
- The creation of a national working group about Human Rights and Mental Health;
- Home support and internment units, structured to provide care for more dependant chronic patients and palliative care;
- Early intervention amongst disabled children, namely the mentally disabled, through the creation of local multi-disciplinary teams.

These measures seek to stimulate a healthy lifestyle, early diagnoses and better and greater healthcare. They also aim, in the field of therapeutic action, to integrate various forms of more effective and safer treatment. Thus, an effective network of hospital referrals will be consolidated for patients with HIV/AIDS, infectious diseases and drug addicts, with a particular emphasis on counselling and early detection of infections. In this context one can highlight the following measures:

- Campaigns aimed at preventing HIV/AIDS, adapted to the specific nature of target groups, addressed to women, men, youths and immigrants, through civil organisations and the media, with a view to guaranteeing access to adequate information.
- The promotion of measures that guarantee equal rights to individuals living with HIV, especially in the workplace, derived from the actions of the Anti-AIDS Working Platform, with a view to reducing stigmas and discrimination.
- The development of preventive programmes aimed at drug addicts, convicts and commercial sex workers, so as to guarantee access to means of prevention such as, for example, being able to exchange syringes.

- The implementation and development of National Programmes to Prevent and Control Communicable Diseases, with a special emphasis on the National Programme for the Fight against Tuberculosis.
- A project to support therapeutic communities for drug addicts and “detox” units.

4.2.3 PRIORITY POLICIES RELATED TO COMMON OBJECTIVE (K)

Quality

Although the measures described above are especially aimed at promoting access to healthcare, irrespective of the level of care, they also implicitly promote an improvement in the quality of the services provided, since they entail underlying models of organisation that structure services with a view to ensuring better access and greater levels of quality.

The State will continue to guarantee quality norms for public and private institutions through a system of audits, inspections, national accreditation and the qualification of facilities, as well as through a national patient safety programme, to prevent hospital infections and falls. The authorities also seek to improve the co-ordination between services (namely through e-health solutions), guaranteeing that primary, long term and hospital care are integrated into a network. The government will continue to invest heavily in the development of information systems to improve the following and assessment of processes and the outcomes of healthcare providing units and healthcare professionals.

Thus, in this context, the following aspects can be highlighted as measures aimed at promoting quality:

- The implementation of an experimental model of integrated disease management applied, in an initial phase, to Chronic Renal Insufficiency, Obesity, Diabetes and Multiple Sclerosis. This model represents an experimental strategy for the health system and is an innovative tool for improving healthcare services and the effectiveness and efficiency of the care being provided. It is also an important and permanent vehicle for information to support decision-making. The underlying organisational structure behind this model, with the creation of Highly Differentiated Centres, as excellence units for research and treatment, benchmarking and diffusion of best practices, is an asset in qualitative terms for the entire health system.
- The implementation and development of National Programmes for the Prevention and Control of Non-Communicable Diseases (for example: diabetes, asthma, chronic obstructive pulmonary disease, amongst others).
- Qualification of perinatal emergency services (maternity services) with a view to improving the quality and safety of perinatal care.
- The implementation of the National Programme for Hospital Accreditation, which seeks to attribute certifications regarding compliance with rules and procedures in hospital environments.
- The development of the National Programme to Prevent and Control Infections, with a view to detecting and correcting situations that could promote the appearance and development of infections in hospital environments.
- The implementation of guidelines for the Voluntary Interruption of Pregnancy (VIP) in authorised hospital establishments and in compliance with legal precepts. Apart from de-penalising this practice, this measure ensures that VIP is carried out in compliance with all the clinical rules and procedures, guaranteeing the quality of the healthcare being provided.
- The development of the National Programme to Qualify Health Centres, which represents an evolution of the project to assess the organisational quality of health centres (“*MoniQuOr*”) and will also incorporate the results of satisfaction surveys by users and professionals.

- The preparation of national norms for guidance/information about good professional practices, clinical management and improved environmental/safety conditions for professionals.
- The development of internal and external clinical audits to progressively improve the quality of health-care.
- The progressive organisation of personnel in local health units to provide psychiatric services for individuals in community mental health units or teams. (Preparation of a legal diploma that creates a National Network for Integrated Long term Care for Mental Health).

4.2.4 PRIORITY POLICIES RELATED TO COMMON OBJECTIVE (L)

Long Term Sustainability

The financial sustainability of the NHS depends greatly on factors outside the Health sector, such as the evolution of other public spending and state revenues, which are directly linked to the growth of the economy.

It likewise depends on satisfying the health needs of the population, which increasingly demands more and more complex solutions from the health system, owing to a progressive change in the epidemiological profile of illnesses and in the demographic profile of patients, who are older and with more onerous and incapacitating diseases. Thus, a political priority is the solutions that the health system provides for these challenges, adapting the care available and revising the training profile of its professionals, while anticipating the consequences that this process will have in terms of healthcare funding.

It is a well known fact that expenditure on Health continues to grow faster than the GDP, as is the case in all developed nations; however, by exercising moderation and rigour it has been possible to include new programmes, new technologies and new services. Hospitals are operating at superior levels of quality and efficiency, and health centres, especially those that are equipped with FHUs, have been improved. A new programme was created to provide universal health support for the elderly and dependant individuals. The costs of medicines have been reduced in the overall framework and the reforms that have been implemented made the sector governable again. These modifications ensured that it was possible to fulfil the planned budgetary implementation scheduled for the sector, without needing to resort to corrective budgets.

In addition to allowing a closer control of expenditure, this measure will enable the launching of three new programmes – Dental Health, Medically Assisted Reproduction and universal and free Vaccination for a certain cohort of young adolescents. It will likewise allow expanding support to thousands of diabetics with two new insulin products and insulin pumps.

In this context, the following measures can also be highlighted:

- Within the framework of Integrated Disease Management, a model of financing is being implemented, which entails the payment of comprehensive prices and which includes the results obtained by the different entities, indexing them to the quality of healthcare provided and not just the volume of care;
- The revision of the organic law of the Ministry of Health, which incorporates important innovative features, based on the distinction made in terms of managing the resources of its central and regional services and managing the internal resources of the National Health Service.

Another innovative measure of governmental action involves the attribution of specific funding, through vertical programmes, for the implementation of activities scheduled and contracted in the different National Programmes:

- National Programme for Asthma Control
- National Programme for the Prevention and Control of Chronic Obstructive Pulmonary Disease

- National Programme Against Rheumatic Diseases
- National Programme for Visual Health
- National Programme for Pain Control
- National Programme for the Control of Healthcare Related Infections
- Platform for the Fight Against Obesity

In the area of hospitals, a notable effort has been made to modernise services. This has involved a careful use of a small part of capital endowments in some of the largest units. It is especially important to note the efforts aimed at intelligent therapeutic containment, without reducing the quality of the assistance on offer. Increasingly evolved contracting has reduced the overall volume of convergence sums. The concentration of hospitals in hospital centres and the creation of ten new Public Corporate Entities contributed decisively towards the savings achieved. Economies of scale, avoiding duplication and a greater management flexibility, with greater responsibilities, are the key ingredients for this change, which translates into:

- The creation of a central purchasing unit in the Ministry of Health, which seeks to ensure economies of scale, since it combines the needs of the different institutions within the Ministry, thus ensuring a greater capacity for bargaining.
- The adoption of the model of contracting on the basis of activities, which separates the role of financier-payer, also entails funding according to results instead of being based on the history of expenditure. In addition to ensuring management accountability for healthcare service providers in the definition of programme-contracts, this new methodology enables an effective control of expenditure. Processes for planning, budgetary control and activities implemented in the area of health were also reinforced.
- A revision of the regime of NHS agreements, expanding it to the social and private sector. A reduction in the price of the agreements is also expected, which could result in a containment of public expenditure.
- Updating the value of the fees for access to healthcare, with a view to disciplining the consumption of healthcare and contributing towards a social appreciation of the public care financed by the NHS.

Initiatives in the area of medication seek to obtain cheaper medicines, which are more easily available to consumers. To this end, the following measures have been taken:

- The implementation of the Programme for Hospital Medicines, which seeks to improve a comprehensive and systematic rationalisation and monitoring of the consumption of medicines, thus contributing towards effectively controlling hospital expenditure in this area.
- With regard to the introduction of new medicines in NHS institutions, the National Authority for Medicines and Health Products (INFARMED) has been entrusted with the task of evaluating each medicine beforehand. This is based on an evaluation of their added therapeutic value and an assessment of the economic advantages, as compared to existing alternative treatments, based on scientific studies and an economic evaluation of the medication. This evaluation is reinforced by the monitoring system implemented by INFARMED, and is based on the definition of a harmonised medicine code for all NHS hospitals, which serves as the basis for a monthly report about the consumption of medicines and assistance turnover for the cost centres of each hospital. This system already covers about 90% of all recorded consumption.

4.3 LONG-TERM CARE

4.3.1 PROGRESS IN RELATION TO 2006-08 NSR AND CHALLENGES IDENTIFIED IN 2007 JOINT REPORT

The scenario of a growth in the prevalence of diseases with a prolonged evolution, some of which are accompanied by a high degree of incapacity, increases the risk of situations of exclusion and social inequality if suitable measures and solutions are not created to face this reality. This scenario is further compounded by the new family patterns that exist today. According to the most recent census, 1 in 5 people aged 65 or over lives alone (according to the data of the National Institute for Statistics, the population aged 65 and over is divided into 58% females and 42% males).

The National Network of Integrated Long term Care was created in 2006 in order to satisfy existing needs at the level of integrated long term care (middle and long term convalescence) and in the area of palliative care for the elderly and for those living in situations of dependence.

This is the second major priority axis for governmental action, within the framework of the Ministry of Health and the Ministry of Labour and Social Solidarity. It has a particularly positive impact on the lives of women, since they are normally the primary caregivers, allowing them to remain in the labour market for a longer period. It also has a positive impact on elderly caregivers, allowing them a more active ageing.

The National Network of Integrated Long term Care (NNILTC) is a partnership between the Ministry of Health and the Ministry of Labour and Social Solidarity. Its essential objective is to promote the continuity of healthcare and social support for all citizens who are suffering, indefinitely or temporarily, from some degree of dependence.

Setting out from the existing needs that require solutions, the new network is a model for integrated intervention, whose growth will foment, up to 2016, the articulation of actions in the Health sector and in the Social Solidarity sector. This integration will take place both at a governmental level as well as at the level of co-ordination mechanisms, always including the participation of different agents from both sectors.

It is important to expand this network over the coming years, in accordance with the criteria of needs, territorial equity and quality assurance, in partnership with the social and private sector, without affecting the investments that are earmarked for the NHS network.

To accelerate the development of the network, the Ministry of Health approved a special funding programme, for the current year, to the tune of 15 million euros, thus allowing investments in new units to be developed by the social or private sector and by institutions of the National Health Service.

This network is ensured by an intense partnership between the public sector (Ministry of Health and Ministry of Labour and Social Solidarity), the social sector (charitable institutions, the so-called "Misericórdias") and the private sector. It provides a high level of quality, in terms of physical spaces as well as, above all, of requirements with regard to the teams of professionals.

The NNILTC has three levels of co-ordination – central, regional and local, through the Mission Unit for Integrated Long term Care (MUILTC), Regional Co-ordination Teams (RCT) and Local Co-ordination Teams (LCT). This structure seeks to ensure an effective and efficient articulation of the different levels of co-ordination within the NNILTC, guaranteeing the flexibility and sequentiality of processes.

The said network has a model based on the logic of separating functions (purchasing/providing) via contracted services and the decentralisation of its responsibilities within the territorial framework.

4.3.2 PRIORITY POLICIES RELATED TO COMMON OBJECTIVE (J)

Accessibility

The implementation of the National Network of Integrated Long Term Care will enable improvements in terms of access and adequacy of healthcare. It will not only reduce the internment of chronic patients in acute hospital units, but also improve the effectiveness for their treatment.

The establishment of local and regional networks will provide suitable solutions and promote the articulation between different sectors, such as the government, municipalities and civil societies in the development of policies for communication, awareness and information. Through these networks it will be possible to increase the:

- Creation of convalescence units, which, in 2007, already represented about 430 contracted and functional beds. By the end of 2008 this number is expected to reach 810 beds and, in 2009, about 1446 beds.
- Creation of medium term and rehabilitation units, which, in 2007, already represented about 600 contracted and functional beds. This number is expected to rise to 1100 beds in 2008 and, in 2009, to ca. 1591 beds.
- Creation of long term and maintenance units, which, in 2007, already represented about 670 contracted and functional beds. This number is expected to touch 1947 beds in 2008 and, in 2009, will be about 3647 beds.
- Creation of units for palliative care, which, in 2007, already represented about 55 contracted and functional beds. This number is expected to reach 177 beds in 2008 and, in 2009, will be about 419 beds.
- Creation of day units and promotion of autonomy.

Over half the users who need to enter the NNILTC internment units come from hospitals (66.2%) and approximately one third from their homes (22.1%).

It is expected that the network will mainly attend to individuals over the age of 65 and it has been estimated that individuals of more advanced age (80 years or over) will account for about 40% of use. In terms of gender, 52% of recorded users are women and the remaining 48% are men.

With regard to user referrals, it is important to note the government's efforts to develop a Referral Monitoring System, which creates the necessary conditions, at national level, for the homogeneous application of the network's referral model. This enhances the effectiveness of processes and optimises monitoring and supervision, at local and regional levels.

It is also important to mention that within the scope of promoting access to information, the implementation of the NNILTC's website was a significant step. This website contains varied information and will serve to assist the different groups involved (users, professionals and institutions).

Another area in which efforts have been focused and still are focused is the creation of plans for integrated intervention in terms of healthcare and sharing the management of patients between various levels of care, especially with regard to more prevalent chronic cases (strokes, hip fractures).

4.3.3 PRIORITY POLICIES RELATED TO COMMON OBJECTIVE (K)

Quality

The definition of quality standards and their maintenance in the area of long term care are one of the most important variables, since they are measuring indicators for the performance of all institutions that are part of the national network.

In order to effectively reach these goals, a model will be framed, and the sums of financial support to be allocated to remodel and equip Private Social Solidarity Institutions will be defined. These measures will encourage maintaining the physical standards and the equipment defined by the NNILTC.

The network gives priority to implementing the following measures:

- Definition of quality and development indicators for a systematic and continuous process of assessing results, services and work procedures
- Audits
- Continuous assessment of the degree of user satisfaction
- Development of a system of feedback and complaints

The fulfilment of these strategic objectives will allow the introduction of continuous improvements in terms of quality of assistance. It will also reinforce and ensure compliance with minimum conditions for providing healthcare, generate evidence, provide training, consolidate knowledge and experiences in the area of integrated long term care and will reduce variability in healthcare providing.

Finally, it is important to highlight that in order to reach the targets established in Barcelona and to fulfil the objectives of the Lisbon Strategy, the Portuguese State will continue to develop various measures to support informal caregivers (family members, normally women). These measures seek to have a positive impact on the lives of women, since they are an incentive for active ageing and a good balance between professional and family life.

4.3.4 PRIORITY POLICIES RELATED TO COMMON OBJECTIVE (L)

Long term sustainability

The implementation of the National Network of Integrated Long Term Care has been scheduled in three phases over the next 10 years. Its sustainability has been guaranteed politically and it is accompanied by a rigorous system of financial control.

The phases that have been chalked out for the implementation of this network are in accordance with the following objectives and timelines:

PHASES	1	2	3
COVERAGE	30%	60%	100%
PERÍOD	2006-2009	2009-2013	2013-2016

The phased implementation makes it possible to hone areas with greater deficits that are identified during each period, by applying corrective measures or even redefining implementation plans or strategies for intervention, without compromising future budgetary implementation apart from what has been defined in the National Health Plan.

In an effort to gradually consolidate the network, in accordance with the time line, the government has created a funding programme through Governmental Order No. 376/2008, dated 23 May. This programme attributes funding to private non-profitable entities presenting projects that respond to the needs that have been identified while developing and consolidating the National Network of Integrated Long Term Care.

ANNEX 4.1 - DESCRIPTIVE MATERIAL ON HEALTHCARE AND LONG TERM CARE SYSTEMS AND PRACTICES

The National Health Service (NHS) involves all integrated healthcare, including the promotion and monitoring of health, prevention of diseases, diagnoses and the treatment of patients and medical and social rehabilitation.

Its objective is to implement the State's responsibility to protect individual and collective health. It is administratively and financially autonomous and is structured in a centralised and de-concentrated organisation, encompassing central, local and regional organs. It includes services that provide primary healthcare and services that provide specialised healthcare. It is supported by educational activities that seek to provide training and development for health professionals.

All public entities that provide healthcare services are part of the NHS: (a) hospital establishments, irrespective of their designation; (b) local health units; (c) health centres and groups of centres.

Regardless of their respective juridical nature, all the services and establishments of the NHS come under the tutelage of the member of the government who is responsible for the area of Health and are regulated by specific legislation.

The Ministry of Health has been entrusted with the task of ensuring the necessary actions for the formulation, implementation, monitoring and assessment of health policies. With regard to the NHS, it also serves as a planning, funding, monitoring and regulatory body and is responsible for providing guidance and ensuring assessments, audits and inspections. Its attributes likewise include developing the functions of regulations, inspections and monitoring with regard to the healthcare activities and services developed by the private sector, irrespective of whether they are integrated into the health system or not, including the professionals involved with these institutions.

DEMOGRAPHIC PROFILE

Table 1 – Estimated Resident Population, Portugal and Mainland Portugal, 1995-2007

YEARS	Resident Population (1000)			Evolution index	Population Density (inhabitants/Km ²)	Age Groups (%)			Dependence Index (%)			Ageing Index (%)
	Male	Fem.	Total			<15	15-64	>65	Total	Youth	Eldery	
1995	4840.3	5202.9	10043.2	100	109	17.5	67.6	14.9	47.9	25.9	22	85.2
1996	4855.4	5217.2	10072.5	100.3	110	17.1	67.7	15.2	47.7	25.2	22.5	89
1997	4874.1	5235.5	10109.7	100.7	110	16.7	67.8	15.5	47.6	24.7	22.9	93
1998	4894.2	5254.7	10148.9	101.1	110	16.4	67.8	15.8	47.5	24.2	23.4	96.8
1999	4918.2	5276.8	10195.0	101.6	111	16.1	67.8	16.1	47.6	23.8	23.8	100.2
2000	4950.7	5306.0	10256.7	102.2	112	16	67.6	16.4	47.9	23.7	24.2	102.3
2001	4988.9	5340.4	10329.3	102.9	112	15.9	67.6	16.5	48	23.5	24.5	104.2
2002	5030.2	5377.2	10407.5	103.6	113	15.8	67.5	16.7	48.1	23.4	24.7	105.5
2003	5066.3	5408.4	10474.7	104.3	114	15.7	67.4	16.8	48.3	23.3	24.9	106.8
2004	5094.3	5434.9	10529.3	104.9	115	15.6	67.3	17	48.5	23.2	25.2	108.7
2005	5115.7	5453.9	10569.6	105.3	115	15.6	67.3	17.1	48.6	23.1	25.4	110.1
2006	5129.9	5469.2	10599.1	105.6	115	15.5	67.3	17.3	48.6	23	25.6	111.7
2007	5138.8	5478.8	10617.6	105.8	116	15.3	67.2	17.4	48.7	22.8	25.9	113.6

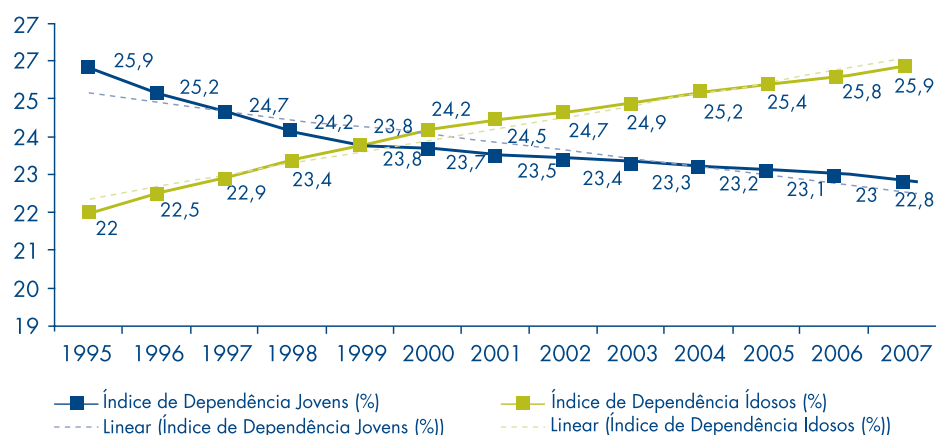
Source: National Institute of Statistics – Estimates of Resident Population

Using this data as a basis, when compared to 2004 it is possible to identify a slight growth in the resident population in 2007, which resulted in a small rise in the figure for population density.

Observing the structure of the population, in terms of broad age groups and in percentage terms, it can be noted that there was a drop of 0.3% in the age group of 0-15 years and 0.1% in that of 15-64 years. In 2007, the population aged over 65 years represented 17.4% of the total population (a growth of 0.3%).

These changes have obvious consequences at the level of dependence indices, which quantify the existing relationship between the young and elderly population, respectively, as compared to the population that is in the economically active age group (15-64 years). In this regard, it can be seen that, in 2007, the total dependence index was close to 50%. This provides a glimpse of the strong pressure on the social security and healthcare systems, since these two groups represent almost half the population and do not contribute actively towards the financial sustainability of the said systems. Thanks to their degree of dependence, they are also the groups that could most easily be exposed to the risks of a lack of coverage on the part of healthcare and social security systems and they are also the groups that have the least capacity to reverse this situation.

Graph 1 – Dependence Indices for the Elderly and Youths between 1995 and 2007



By tracking the evolution of both indices and carrying out a linear regression for each one, it is clear that both of them should have intersected in 2001 and not 1999, as effectively happened.

The relationship between the number of elderly (population aged 65 and over) and youths (population aged under 15 years), per 100 individuals, which translates into the ageing index, has likewise recorded a growth that reflects the demographic structure of the Portuguese population. The number of individuals in the younger category is increasingly smaller as compared to the older category. This is, effectively, a demographic trend that is prevalent in Western societies, where there has been an accentuated decline in the birth rate associated with an increase in average life expectancies.

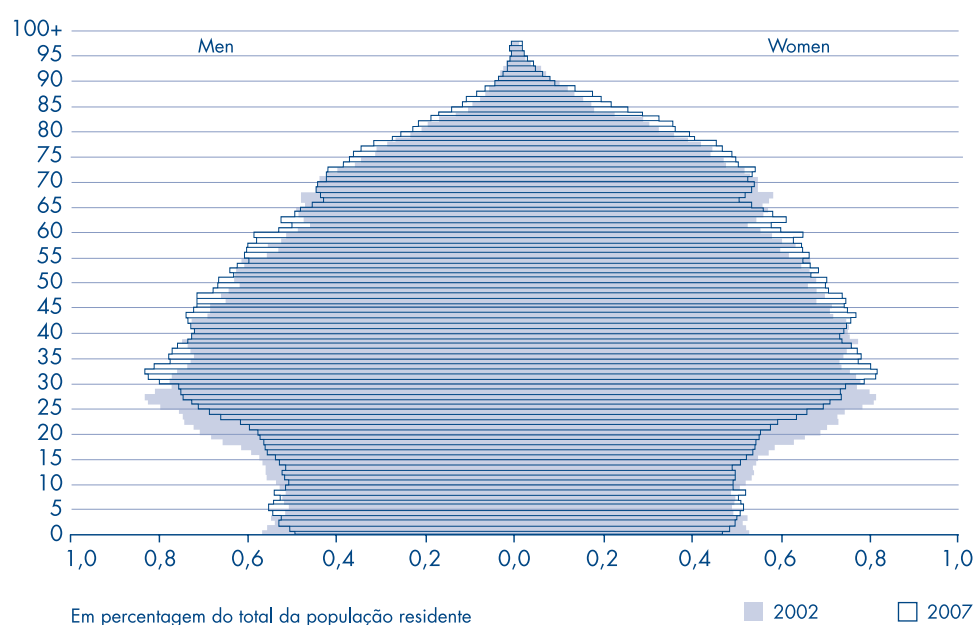
Table 2 – Life expectancy at birth and by age groups, Portugal, 1995/96-2005/2007

ANOS	0 years (at birth)			15-19 years			40-44 years			60-64 years			80-84 years		
	MW	M	W	MW	M	W	MW	M	W	MW	M	W	MW	M	W
1995/1996	74.9	71.3	78.6	60.8	57.2	64.4	37.5	34.6	40.2	20	17.9	21.9	6.5	5.7	7
1996/1997	75.1	71.4	78.7	60.9	57.3	64.4	37.6	34.7	40.3	20.1	17.9	22	6.4	5.6	6.9
1997/1998	75.3	71.7	78.8	61.1	57.6	64.6	37.7	34.8	40.5	20.2	18	22.1	6.4	5.6	6.9
1998/1999	75.4	71.8	78.9	61.2	57.6	64.6	37.7	34.9	40.5	20.2	18	22.1	6.3	5.5	6.8
1999/2000	75.9	72.4	79.4	61.6	58.1	65	38.1	35.2	40.7	20.5	18.3	22.4	6.5	5.7	6.9
2000/2001	76.9	73.5	80.3	62.6	59.2	65.9	39	36.3	41.6	21.4	19.4	23.3	7.6	7	8.1
2001/2002	77.1	73.7	80.6	62.8	59.4	66.2	39.1	36.3	41.8	21.6	19.4	23.5	7.7	6.9	8.2
2002/2003	77.3	74	80.6	62.9	59.6	66.2	39.2	36.3	41.8	21.6	19.5	23.4	7.5	6.8	8
2003/2004	77.8	74.5	81	63.3	60.1	66.5	39.5	36.7	42.1	21.8	19.7	23.7	7.6	6.9	8.1
2004/2006	78.17	74.84	81.3	61.7	58.4	64.8	37.9	35.0	40.4	20.3	18.3	22.0	6.4	5.5	6.8
2005/2007	78.48	75.18	81.57	62.0	58.7	65.0	38.0	35.2	40.6	20.5	18.4	22.1	6.3	5.4	6.6

Source: National Institute of Statistics – Estimates of Resident Population – the two year periods for 2004/2006 and 2005/2007 were obtained via a new calculation method adopted by the National Institute of Statistics (NIS)

Life expectancy at birth for Men and Women has been rising, with the average expectancy currently situated at 78.48 years. Women continue to show a greater average life expectancy at birth with 81.57 years and Men have an expected life expectancy that is about six years lower. This evolution cannot be disassociated from the improvement in the healthcare services being provided, especially at the level of maternal and child healthcare as well as the National Vaccination Plan and the efforts of the primary healthcare services. Likewise, the general improvement of the living standards of the population has enabled access to more and better nutrition, while State intervention in the area of social action has provided better living conditions for individuals who are excluded from an active life.

Graph 2 – Age Pyramid 2002 and 2007



1st Objective: Access and inequalities in outcomes (Primary Indicators)	Value	Source/Year
Infant Mortality	3.3/1000 live births	2006/ESTAT
Life expectancy at birth	Male: 75.2 Female: 81.8	2006/ESTAT
Life expectancy at 60 years old	Male: 20.4 Female: 24.6	2006/ESTAT
Healthy Life years at birth	Male: 58.4; (p) Female: 56.7 (p)	2005/ESTAT
Healthy Life years at 65 years old	Male: 6.2 (p) Female: 5.1 (p)	2005/ESTAT

1st Objective: Access and inequalities in outcomes (Secondary Indicators)	Value	Source/Year
Self-perceived limitations in daily activities > 15 years old	Male: 8.2%; Female: 9.5%	2001/ESTAT

1st Objective: Access and inequalities in outcomes (Context Indicators)	Value	Source/Year
Acute care beds	3.0/1000	2005/OCDE
Physicians	3.4/1000	2005/OCDE
Nurses	4.6/1000	2005/OCDE
Self-perceived Health ≥ 15 years old	Very Good 3.5% Good 44% Fair 33.1% Bad 15.8% Very Bad 3.6 %	2003/ESTAT

2nd Objective: Quality	Value	Source/Year
Prevention measures: vaccination	DPT 97.2% Poliomyelitis 96.7% MMR 93.7% HiB 96.7% Hepatitis B 97.3	2006/OMS

3rd Objective: Sustainability (Primary Indicators)	Value	Source/Year
Total health expenditure per capita	2.120 US\$ PPP (e) (Estimate Value)	2006/OCDE
Total health expenditure as a % of GDP	Total: 10,2% (e) (Estimate Value) Public: 7.2% (e) (Estimate Value) Private: 3.0% (e) (Estimate Value)	2006/OCDE
Public/private expenditure	Public: 70.6% Private: 29.4%	2006/OCDE

ANNEX 4.2 - GOOD PRACTICES EXAMPLES

Name of the Measure		Member-State
INTEGRATED DISEASE MANAGEMENT		PORTUGAL
Final Objective of the Measure		
To manage disease in an integrated manner by sharing information across different entities (national, regional and local) guaranteeing that healthcare is cost-effective, safe and of a high quality.		
Summary of the Main Results		
<p>The development of a modular information system integrating various existing systems, which:</p> <ul style="list-style-type: none"> • Guarantees a national record, by pathology, of the people in the integrated disease management programme; • Makes it possible to monitor and support patient referral mechanisms including support for the tasks of the different entities responsible for validating/ authorising referrals, activities and therapies; • Makes it possible to record the characteristics of the units providing healthcare: facilities, equipment and human resources; • Guarantees the collection and integration of all the information that is essential for the process of Integrated Disease Management; • Makes it possible to follow and monitor the quality of care; • Produces information about the costs of treatment and makes it possible to follow the evolution of the disease and patient analyses. 		
Target Beneficiaries		Focus of the Policy
General Population	<input checked="" type="checkbox"/>	Social Exclusion <input type="checkbox"/>
Children	<input type="checkbox"/>	Healthcare <input checked="" type="checkbox"/>
Single Parent Families	<input type="checkbox"/>	Long term care <input type="checkbox"/>
Unemployed	<input type="checkbox"/>	Governance <input type="checkbox"/>
Older People	<input type="checkbox"/>	
Youths	<input type="checkbox"/>	
People with Disabilities	<input type="checkbox"/>	
Immigrants / Refugees	<input type="checkbox"/>	
Ethnic Minorities	<input type="checkbox"/>	
Homeless	<input type="checkbox"/>	
Sick/specific disease	<input checked="" type="checkbox"/>	
Others [Specify]	<input type="checkbox"/>	
		Geographical Scope
		National <input checked="" type="checkbox"/>
		Regional <input type="checkbox"/>
		Implementing Bodies
		Ministry of Health (Directorate-General of Health and the Central Administration of the Health System)

Context/Background of the Initiative

Through the Directorate-General of Health and the Central Administration of the Health System, the Ministry of Health is implementing models for Integrated Disease Management, which are based on the concept of integration both at the level of healthcare providing, as well as of the sharing of responsibilities and information. The objective is to create a context in which a more rational management of disease is possible by all parties involved in the process. This is achieved by identifying priorities, developing plans and programmes, producing guidelines as well as monitoring and surveillance systems, improving accessibility to auto-surveillance and therapeutic materials, and enhancing the auto-responsibility of patients.

Details about the Initiative

1. What is/was the chronological framework to implement the initiative?

This Integrated Disease Management Platform will be developed over a period of 4 years in 5 phases:

- 1st phase: 2nd and 3rd quarters of 2007. Development and the structuring of the “idea” of the Platform, its basic philosophy, objectives and mechanisms for implementation. This phase has been concluded.
- 2nd phase: Between the 2nd quarter of 2007 and the 3rd quarter of 2008. Structuring of the first module of the Platform through studies, analyses and discussions with clinical experts in order to consolidate the functional plan. Presentation of the prototype of the module and a broad discussion with future users. Revision of the prototype, training for users and activation. This phase is practically concluded, with only the activation of the module left.
- 3rd phase: Between the 1st quarter of 2008 and the end of 2008. Structuring of the Platform modules through studies, analyses and discussions with clinical experts with a view to consolidating the functional plan regarding Multiple Sclerosis, Surgical Treatment of Obesity and Diabetes. Presentation of the prototype of the module and a broad discussion with future users. Revision of the prototype, training for users and activation. This phase is currently being developed and the presentation of prototypes is currently underway.
- 4th phase: Between the 1st quarter of 2009 and the end of 2009. Continuation of the development of phases 2 and 3 and the structuring of the modules for 4 new diseases.
- 5th phase: Between the 1st quarter of 2010 and the end of 2010. Continuation of the development of phases 3 and 4, and the structuring of the modules for 4 new diseases.

2. Specific Objectives

This model seeks to:

- Educate patients – improving access both to information and better self-monitoring, giving patients the skills to take decisions and simultaneously increase their degree of individual and social responsibility about the evolution of the disease;
- Production of guidelines/norms for good professional practices;
- Programming care – consultations, complementary diagnostic resources, treatments, amongst others;
- Provide access to medicines and the means that are indispensable for auto-surveillance;
- Improved access to services/ fluidity between levels of care, developing research, assessments and improvements in the quality of care provided to patients are basic elements of the model.

3. Como é que a iniciativa abordou estes objetivos?

- Providing skills to interlocutors for integrated disease management and giving them the capacity to respond to future evolution not just at a procedural level but also at the level of the database and analytical reports;
- Integrating state-of-the-art technology and using best practices at the level of systems, which can be extended and dynamically reconfigured, so as to allow a linear evolution without commitments;
- Making available confidential, effective and safe records of data and changes that allow participants to have an overview of the processes concerning the management of chronic diseases and to obtain integrated reports;
- Making structural changes possible with regard to the current situation:
 - Normalise administrative procedures between the various entities.
 - Reduce bureaucracy and streamline communication between the diverse entities.
 - Gather administrative information about the units providing healthcare and keep the information updated.
 - Electronically manage patient flows within the various entities of the health system:
 - Permanent surveys of patients and their distribution;
 - Permanent updates about the capacity of each healthcare unit to receive patients;
 - Manage patient flows regarding aspects associated with their transportation.
 - Allow the normalisation of the structure of clinical information available to clinics and patients.
 - Allow clinics and patients to have access to updated and integrated information by guaranteeing the existence of at least a minimum summary of clinical information regarding all the patient's pathologies available in all the information systems pertaining to each disease.
 - Adapt the healthcare services on offer according to the characteristics of each disease in Portugal and the needs they create.
 - Identify the characteristics and evolution of different diseases and patients on a national scale.
 - Identify existing inter-relationships between the various diseases on a national scale

Monitoring and Evaluation

How is/was the measure monitored/evaluated?

The implementation of the measure is regularly evaluated by the central bodies of the Ministry of Health, through audits regarding the organisational, clinical and procedural quality of the IT platform that is supporting the different information systems.

Results

1. To what extent were the specific objectives achieved?

In this phase of development, it is still not possible to provide many results except for an overview of the project and the software that has been developed for Chronic Renal Insufficiency, Surgical Treatment of Obesity and Multiple Sclerosis.

2. What obstacles/risks emerged when the initiative was implemented?

There are considerable difficulties involved in connecting different systems of information in the area of health, greatly complicating the knowledge and circulation of information. This situation is further compounded by a culture that resists record-keeping and sharing information. It is necessary to sensitise and train human resources in the health sector, so that they understand the strategic importance of this project and the advantages it will offer by allowing access to diverse information on a single platform, according to the level of access, in a simple and rapid manner via the Internet.

3. How were these objectives and risks approached?

The implementation of an information platform which brought together information from different systems and which is updated automatically and compulsorily will make it possible to associate information that, up to now, was scattered and sometimes contradictory. On the other hand, the sharing and availability of information through this platform will not just enable better knowledge about situations but will also allow evidence-based decisions. It will also help avoid wastage and errors due to a discontinuity of care and information (this situation will, for example, be especially significant at the level of complementary diagnostic exams which will perhaps not need to be repeated)

The association of fees for the use of services and qualitative performances will ensure a more efficient and equitable use of resources, insofar as some rationality can be induced while applying them, at the level of the National Health Service.

4. Were there any unexpected benefits or weaknesses?

One of the unexpected benefits was that both the healthcare providers as well as patients adhered to the project in a very regular manner.

PART V

STATISTICAL ANNEX

Overarching Portfolio

SI-P1: AT-RISK-OF-POVERTY RATE

At-risk-of-poverty rate - total: share of persons aged (0+) with an equivalised disposable income (after social transfers) below 60% of the national equivalised median income

At-risk-of-poverty rate - children: share of persons aged 0-15 with an equivalised disposable income (after social transfers) below 60% of the national equivalised median income

At-risk-of-poverty rate - working age adults: share of working age adults (16-64) with an equivalised disposable income (after social transfers) below 60% of the national equivalised median income

At-risk-of-poverty rate - elderly: share of elderly (65+) with an equivalised disposable income (after social transfers) below 60% of the national equivalised median income

At-risk-of-poverty-rate - total

	1995	1996	1997	1998	1999	2000	2001	2003	2004	2005	2006
Portugal	23	21	22	21	21	21	20	19	20	19	18
UE25	:	:	:	15	16	16	16	15	16	16	16

At-risk-of-poverty-rate - Children

	1995	1996	1997	1998	1999	2000	2001	2003	2004	2005	2006
Portugal	26	23	25	26	26	26	27	:	25	24	21
UE25	:	:	:	19	19	20	20	19	20	19	19

At-risk-of-poverty-rate - Working age adults

	1995	1996	1997	1998	1999	2000	2001	2003	2004	2005	2006
Portugal	19	17	17	16	16	17	16	:	17	16	16
UE25	:	:	:	14	14	:	13	14	15	14	:

At-risk-of-poverty-rate - Elderly

	1995	1996	1997	1998	1999	2000	2001	2003	2004	2005	2006
Portugal	38	36	37	35	33	33	30	:	29	28	26
UE25	:	:	:	18	17	17	16	17	18	19	19

Source: ECHP e SILC 2006, Eurostat

Note: Break in series (2004)

A2: AT-RISK-OF- POVERTY THERSHOLD (Illustrative values) PPP

60% of the equivalised median income

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal										
One-person household	3554	3808	4026	4095	4229	4573	4889	5218	5008	5216
Two adults with two dep. children with age below 14 years	7463	7997	8455	8600	8881	9603	10267	10957	10517	10954
UE25										
One-person household	:	:	:	6767	6927	:	7074	7716	:	:
Two adults with two dep. Children with age below 14 years	:	:	:	14210	14546	:	14856	16204	:	:

Fonte: ECHP e SILC, Eurostat

Note: Break in series (2004)

A3: RELATIVE MEDIAN POVERTY RISK GAP

Relative median poverty risk gap - Total: Difference between the median equivalised income of persons aged (0+ years) below the at-risk-of poverty threshold and the threshold itself, expressed as a percentage of the at-risk-of poverty threshold.

Relative median poverty risk gap of the children : Difference between the median equivalised income of persons aged (0-15 years) below the at-risk-of poverty threshold and the threshold itself, expressed as a percentage of the at-risk-of poverty threshold.

Relative median poverty risk gap of the working age adults: Difference between the median equivalised income of persons aged (16-64 years) below the at-risk-of poverty threshold and the threshold itself, expressed as a percentage of the at-risk-of poverty threshold.

Relative median poverty risk gap of the elderly: Difference between the median equivalised income of persons aged (65+ years) below the at-risk-of poverty threshold and the threshold itself, expressed as a percentage of the at-risk-of poverty threshold.

Relative median poverty risk gap - total

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal	28	26	25	26	23	25	22	25	26	23
UE25	:	:	:	:	:	:	22	:	23	22

Relative median poverty risk gap of the children

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal	31	31	26	28	20	25	22	26	28	24
UE25	:	:	:	:	:	:	23	:	23	23

Relative median poverty risk gap of the working age adults (16-64 years)

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal	31	27	26	26	23	25	22	27	28	25
UE25	:	:	:	:	:	:	23	:	25	25

Relative median poverty risk gap of the elderly (65+ years)

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal	26	23	23	24	23	23	22	18	17	17
UE25	:	:	:	:	:	:	16	:	18	18

Source: ECHP e SILC, Eurostat

Note: Break in series 2004

A4: INEQUALITY OF INCOME - S80/S20

S80/S20 income quintile share ratio (Income reference year 2003)

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Portugal	7.4	6.7	6.7	6.8	6.4	6.4	6.5	7.3	7.4	6.9	6.9	6.8
UE25	:	:	:	4.6	4.6	4.5	4.5	:	4.6	4.8	4.9	4.8

Source: ECHP e SILC, Eurostat

Note: Break in series 2004

A5: HEALTHY LIFE EXPECTANCY

Number of years that a person at birth, at 45, at 65 is still expected to live in a healthy condition (also called disability-free life expectancy).

Life expectancy at birth

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Portugal												
Men	71.6	71.4	72.0	72.2	72.6	73.2	73.5	73.8	74.2	75.0	74.9	75.5
Women	78.7	78.8	79.0	79.3	79.5	80.0	80.3	80.5	80.5	81.5	81.3	82.3
UE25												
Men	72.8	73.2	73.5	73.5	73.8	74.4	74.7	75.0	75.1		75.8	
Women	79.7	79.9	80.2	80.2	80.4	80.8	81.1	81.2	81.2		81.9	

Life expectancy at 45 years

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Portugal												
Men	30.6	30.4	30.9	31.0	31.2	31.6	31.8	31.9	31.9	32.6	32.4	32.9
Women	35.7	35.7	36.0	36.2	36.2	36.7	36.9	37.0	37.0	37.9	37.6	38.5
UE25												
Men	:	:	:	:	:	31.8	32.1	32.2	32.3			
Women	:	:	:	:	:	37.2	37.4	37.5	37.4			

Life expectancy at 65 years

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Portugal												
Men	14.6	14.5	14.8	14.8	14.9	15.3	15.6	15.6	15.6	16.3	16.1	16.6
Women	17.8	17.8	18.1	18.2	18.3	18.7	18.9	19.0	18.9	19.7	19.4	20.2
UE25												
Men	:	:	:	:	:	15.7	15.9	16.0	16.1			
Women	:	:	:	:	:	19.4	19.6	19.6	19.6			

Source: Eurostat - Demography

A6: EARLY SCHOOL LEAVERS

Percentage of 18-24 year old having achieved lower secondary education (ISCED level 2) or less and not attending further education or training.

	1999	2000	2001	2002	2003	2004	2005	2006	2007
Portugal	44.9	42.6	44.0	45.1	40.4	39.4	38.6	39.2	36.3
Men	50.8	50.1	51.2	52.6	47.7	47.9	46.7	46.4	42.0
Women	38.9	35.1	36.7	37.5	33.0	30.6	30.1	31.8	30.4
UE25	:	17.7	17.0	16.6	16.0	15.5	15.2	15.1	14.5
Men	:	19.9	19.2	18.9	18.0	17.9	17.3	17.4	16.7
Women	:	15.5	14.8	14.4	14.0	13.0	13.1	12.8	12.3
UE27	:	17.6e	:	:	:	16.1	15.6	15.3	14.8
Men	:	19.7e	:	:	:	18.0	17.6	17.5	16.9
Women	:	15.6e	:	:	:	13.1	13.6	13.2	12.7

Source: LFS, Eurostat; Employment Survey, INE
In 2007 the values are referring to EU27.

A7: PEOPLE LIVING IN JOBLESS HOUSEHOLDS

Proportion of people living in jobless households, expressed as a share of all people in the same age group (Women/Men)

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Portugal	5.9	6.3	5.9	5.1 b	4.7	4.6	4.3	4.6	5.5	5.3	5.5	5.8	5.8
People Living in jobless households 18-59 years: female	6.8	7.3	7.0	6.1 b	5.3	5.1	4.9	5.2	6.1	5.7	5.8	6.4	6.1
People Living in jobless households 18-59 years: male	5.0	5.1	4.8	4.0 b	4.1	4.1	3.7	3.9	4.8	5.0	5.1	5.3	5.4
Children living in jobless households 0-17 years	5.1	5.1	5.2	4.6 b	4.5	3.9	3.6	4.2	5.0	4.3	4.3	4.7	4.8
EU25	:	:	:	:	:	:	10.1 e	10.2 e	10.2 e	10.4 p	10.2 p	9.9e	9.3e

Source: LFS, Eurostat

(e) estimated

(p) provisional

"A8: PROJECTED TOTAL PUBLIC SOCIAL EXPENDITURES

Age-related projections of total public social expenditures (e.g. pensions, health care, long-term care, education and unemployment transfers), current level (% of GDP) and projected change in share of GDP (in percentage points) (2010-20-30-40-50)"

	2004	Variation 2004-2005	Variation 2004-2010	Variation 2004-2015	Variation 2004-2020	Variation 2004-2025	Variation 2004-2030	Variation 2004-2035	Variation 2004-2040	Variation 2004-2045	Variation 2004-2050
Portugal	23.8	0.4	0.4	1.1	2.5	3.3	4.2	5.7	7.3	8.8	9.8
UE25	23.4	-0.1	-0.7	-0.7	-0.2	0.6	1.5	2.4	3.0	3.3	3.4
UE15	23.5	-0.2	-0.6	-0.5	0.0	0.9	1.9	2.8	3.3	3.6	3.7

Source: EPC/AWG: The impact of ageing on public expenditure: projections for the EU25 Member States on pensions, health care, long-term care, education and unemployment transfers (2004-2050), Special Report n° 1/2006-Annex

Note: See also PEC 2005-2009 for projections based on national projections.

"A9: MEDIAN RELATIVE INCOME OF ELDERY PEOPLE

Median equivalised income of people aged 65+ as a ratio of income of people aged 0-64"

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal	0.71	0.73	0.73	0.72	0.76	0.77	0.78	0.75	0.76	0.79
Men	0.73	0.77	0.76	0.76	0.80	0.81	0.80	0.76	0.77	0.82
Women	0.70	0.70	0.70	0.71	0.73	0.76	0.76	0.75	0.76	0.77
EU15	0.85	0.87	0.87	0.88	0.89	0.88	0.86	:	0.84	0.83
Men	0.88	0.91	0.92	0.91	0.92	0.91	0.90	:	0.87	0.86
Women	0.84	0.85	0.85	0.86	0.87	0.85	0.84	:	0.82	0.82

Source: ECHP e SILC 2004, Eurostat

Note: Break in series 2004

A10: EMPLOYMENT RATE OF OLDER WORKERS

Persons in employment in age bracket 55-64 years as a proportion of total population in the same age group.

	1999	2000	2001	2002	2003	2004	2005	2006	2007
Portugal	50.1	50.7	50.2	51.4	51.6	50.3	50.5	50.1	50.9
Men	61.4	62.1	61.6	61.9	62.1	59.1	58.1	58.2	58.6
Women	40.3	40.6	40.3	42.2	42.4	42.5	43.7	42.8	44.0
EU25	:	36.6	:	38.7	40.2	41.0	42.5p	43.6	44.9
Men	:	46.9	:	48.8	50.3	50.7	51.8p	52.8	54.1
Women	:	26.9	:	29.2	30.7	31.7	33.7	34.9p	36.1

Source: LFS, Eurostat

A11: IN WORK POVERTY RISK

Individuals who are classified as employed (distinguishing between "wage and salary employment plus self-employment and "wage and salary employment" only) and who are at risk of poverty."

	2004	2005	2006
Portugal	13	12	11
Men	13	13	12
Women	12	11	11
EU25	8	8	8s
Men	8	8	8s
Women	8	7	7s

Source: SILC

Note: Break in series in 2004

(s) estimated by Eurostat

A12: ACTIVITY RATE

Share of employed and unemployed persons in total population of working age 15-64.

	2000	2001	2002	2003	2004	2005	2006	2007
Portugal	71.4	72.1	72.7	72.9	73.0	73.4	73.9	74.1
Men	79.2	79.6	80.0	79.6	79.1	79.0	79.5	79.4
Women	63.9	64.8	65.6	66.5	67.0	67.9	68.4	68.8
EU25	69.2	68.7	69.0	69.3	69.7	70.3p	70.6p	70.9
Men	78.3	77.3	77.3	77.5	77.5	77.8p	78.0p	78.1
Women	60.0	60.2	61.0	61.2	62.0	62.7p	63.2p	63.7
EU27	68.6	:	68.6	:	69.3	69.8p	70.2p	70.5
Men	77.1	:	76.8	:	77.0	77.3p	77.5p	77.6
Women	60.1	:	60.5	:	61.6	62.9p	62.9p	63.3

Source: LFS, Eurostat

A13: REGIONAL DISPARITIES - COEFFICIENTS OF VARIATION

Standard deviation of employment divided by the weighted national average (age group 15-64 years) (NUTS II).

		1999	2000	2001	2002	2003	2004	2005	2006
Portugal		3.6	4.3	3.5	3.8	3.9	3.5	3.3	3.1
	Men	3.0	3.2	2.7	3.5	3.2	3.2	3.1	3.1
	Women	7.3	8.2	6.8	5.9	6.3	5.9	5.6	4.8
EU25		13.3	13.4	13.5	13.3	12.9	12.2	11.9	:
	Men	9.3	9.9	10.4	10.5	10.4	10.2	:	:
	Women	21.0	20.5	20.1	19.6	18.8	17.3	:	:
EU25		:	13.0	13.2	13.2	12.8	12.1	11.9	11.4
	Men	:	9.6	10.2	10.6	10.4	10.2	9.7	9.3
	Women	:	20.0	19.6	19.2	18.5	17.0	16.8	16.2

Source: LFS, Eurostat

Context Indicators**B1: GDP GROWTH**

GDP at constant prices (base year 2000) - percentage change over previous year

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Portugal	3.9	2.0	0.8	-0.8	1.5	0.7	1.2	1.8p	2.0p	2.1p
UE25	3.9	2.0	1.2	1.3	2.4	1.8	3.0	2.9p	2.4p	2.4p

Source: Quarterly National Accounts, INE; Eurostat
(p) forecasting**B2: EMPLOYMENT RATE BY AGE GROUPS**

Persons in employment in age bracket 15-24, 25-54 and 20-64 years as a proportion of total population in the same age bracket.

Employment rate in 15-24 age bracket

		2000	2001	2002	2003	2004	2005	2006	2007
Portugal		42.2	42.9	42.2	38.8	37.1	36.1	35.8	34.9
	Men	48.1	48.7	47.8	43.1	41.5	40.5	39.8	39.1
	Women	36.2	37.0	36.5	34.4	32.5	31.4	31.6	30.6
EU25		38.1	38.1	37.5	36.9	36.8	36.8p	37.3p	
	Men	41.4	41.4	40.5	39.8	39.8	39.7p	40.3p	
	Women	34.7	34.8	34.5	33.9	33.8	33.9p	34.2p	

Employment rate in 25-54 age bracket

		2000	2001	2002	2003	2004	2005	2006	2007
Portugal		81.8	82.3	81.5	81.0	81.1	80.8	81.3	81.0
	Men	89.9	90.1	89.2	87.8	87.4	86.7	87.4	87.2
	Women	73.9	74.7	74.0	74.3	74.9	74.9	75.3	74.9
EU25		76.6	76.3	76.3	76.4	76.8	77.2	78.3	:
	Men	86.0	85.9	85.4	85.2	85.2	85.5	86.3	:
	Women	66.1	66.8	67.1	67.6	68.5	69.1	70.2	:

Employment rate in 20-64 age bracket

		2000	2001	2002	2003	2004	2005	2006	2007
Portugal		73.5	73.9	73.6	72.9	72.6	72.3	72.7	72.6
	Men	82.3	82.5	81.8	80.2	79.3	78.7	79.2	79.1
	Women	65.1	65.8	65.7	65.9	66.1	66.0	66.3	66.3
EU25		66.6	67.0	67.1	67.2	67.6	68.3p	69.2p	:
	Men	76.3	76.4	76.0	75.9	76.0	76.4p	77.2p	:
	Women	57.1	57.8	58.2	58.7	59.4	60.3p	61.3p	:

Source: LFS, Eurostat; Employment Survey, INE

B3: UNEMPLOYMENT RATE AND YOUTH UNEMPLOYMENT RATIO

Total unemployed persons as a share of total active population (15 and over) and total unemployed young people (15-24 years) as a share of total population in the same age bracket.

Unemployment rate (15+ years)

		2000	2001	2002	2003	2004	2005	2006	2007
Portugal		4.0	4.0	5.0	6.3	6.7	7.6	7.7	8
	Men	3.2	3.2	4.1	5.4	5.9	6.7	6.5	6.6
	Women	4.9	5.0	3.0	7.2	7.6	8.6	9	9.6
EU25		8.6	8.4	8.8	9.0	9.1	8.7	7.9	7.2
	Men	7.4	7.3	7.8	8.1	8.1	7.9	7.1	6.5
	Women	10.2	9.8	10.0	10.2	10.3	9.8	9	7.9

Youth Unemployment rate (15-24)

		2000	2002	2004	2005	2006	2007
Portugal		8.4	11.6	15.4	16.1	16.3	16.6
	Men	6.3	9.7	13.6	13.6	14.5	13.5
	Women	10.9	13.9	17.7	19.1	18.4	20.3
EU25		17.4	18.2	18.7	18.5	17.1	15.3
	Men	16.0	17.3	18.2	18.2	16.5	14.9
	Women	19.0	19.1	19.3	18.9	17.9	15.7

Source: Eurostat - Harmonized unemployment series, Annual average

B4: LONG-TERM UNEMPLOYMENT RATE

Total long-term unemployed population (12 months or more) as a proportion of total active population.

	2000	2001	2002	2003	2004	2005	2006	2007
Portugal	1.7	1.5	1.7	2.2	2.9	3.7	3.8	3.8
Men	1.4	1.2	1.4	1.8	2.6	3.2	3.3	3.1
Women	2.0	1.9	2.2	2.7	3.4	4.2	4.4	4.5
EU25	3.9	3.8	3.9	4.0	4.1	4.1	3.7	3.0
Men	3.4	3.3	3.4	3.7	3.7	3.7	3.4	2.8
Women	4.6	4.4	4.4	4.5	4.6	4.5	4.0	3.3

Source: LFS, Eurostat

B5: LIFE EXPECTANCY

The mean number of years that a newborn child can expect to live if subjected throughout his life to the current mortality conditions (age specific probabilities of dying). The mean number of years still to be lived by a person who have reached 45 or 65, if subjected throughout the rest of his life to the current mortality conditions (age specific probabilities of dying)

Life expectancy at birth

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Portugal												
Men	71.6	71.4	72.0	72.2	72.6	73.2	73.5	73.8	74.2	75	74.9	75.5
Women	78.7	78.8	79.0	79.3	79.5	80.0	80.3	80.5	80.5	81.5	81.3	82.3
EU25												
Men	72.8	73.2	73.5	73.5	73.8	74.4	74.7	75.0	75.1		75.8	
Women	79.7	79.9	80.2	80.2	80.4	80.8	81.1	81.2	81.2		81.9	

Life expectancy at 45

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Portugal												
Men	30.6	30.4	30.9	31.0	31.2	31.6	31.8	31.9	31.9	32.6	32.4	32.9
Women	35.7	35.7	36.0	36.2	36.2	36.7	36.9	37.0	37.0	37.9	37.6	38.5
EU25												
Men	:	:	:	:	:	31.8	32.1	32.2	32.3			
Women	:	:	:	:	:	37.2	37.4	37.5	37.4			

Life expectancy 65

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Portugal												
Men	14.6	14.5	14.8	14.8	14.9	15.3	15.6	15.6	15.6	16.3	16.1	16.6
Women	17.8	17.8	18.1	18.2	18.3	18.7	18.9	19.0	18.9	19.7	19.4	20.2
EU25												
Men	:	:	:	:	:	15.7	15.9	16.0	16.1	:	:	:
Women	:	:	:	:	:	19.4	19.6	19.6	19.6	:	:	:

Disability free life expectancy at birth

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Portugal												
Men	59.6	58.2	59.3	59.1	58.8	60.2	59.5	59.7	59.8	:	:	:
Women	63.1	60.5	60.4	61.1	60.7	62.2	62.7	61.8	61.8	:	:	:
UE15												
Men	:	:	:	:	63.2 (e)	63.5 (e)	63.6 (e)	64.3 (e)	64.5 (e)	:	:	:
Women	:	:	:	:	63.9 (e)	64.4 (e)	65.0 (e)	65.8 (e)	66.0 (e)	:	:	:

Source: Eurostat - Demography
Note: (e) estimate

B6: OLD AGE DEPENDENCY RATIO (CURRENT AND PROJECTED)

Ratio between the total number of elderly persons of an age when they are generally economically inactive (aged 65 and over) and the number of persons of working age (from 15 to 64).

	2004	2005	2010	2015	2020	2025	2030	2035	2040	2045	2050
Portugal	24.9	25.2	26.5	28.8	31.6	34.8	39.2	43.6	49.1	55.0	58.5
Portugal - EUROPOP 2008			26.6	28.6	30.7	33.2	36.6	40.1	44.6	49.5	53.0

Source: EPC/AWG: The impact of ageing on public expenditure: projections for the EU25 Member States on pensions, health care, long-term care, education and unemployment transfers (2004-2050), Special Report n° 1/2006-Annex

B7: DISTRIBUTION OF HOUSEHOLDS BY AGE AND OUSEHOLD TYPES pe (private/institutional)

Breakdown households by main household types (private / institutional)

Total Household Distribution

	2001
Portugal	
Total ('000)	10356
Private households (%)	99.0
Institutional househlds (%)	1.0
EU25	
Total ('000)	441467
Private households (%)	98.7
Institutional househlds (%)	1.3

Distribution of 0-17 years old individuals

	2001
Portugal	
Total ('000)	2053
Private households (%)	99.5
Institutional househlds (%)	0.5
EU25	
Total ('000)	90525
Private households (%)	99.4
Institutional househlds (%)	0.6

Distribution of 18-64 years old individuals

		2001
Portugal	Total ('000)	6610
	Private households (%)	99.6
	Institutional households (%)	0.4
EU25	Total ('000)	279593
	Private households (%)	99.0
	Institutional households (%)	1.0

Distribution of +65 years old individuals

		2001
Portugal	Total ('000)	1693
	Private households (%)	96.4
	Institutional households (%)	3.6
EU25	Total ('000)	71306
	Private households (%)	96.4
	Institutional households (%)	3.6

Distribution of +75 years old individuals

			2001
Portugal	Total ('000)		701
	Private households (%)		93.1
	Institutional households (%)		6.9
EU25		Hospitals	3.3
		Home/Lares	85.8
	Total ('000)		30917
	Private households (%)		93.3
	Institutional households (%)		6.7
		Hospitals	19.9
		Home/Lares	68.0

Source: Censos 2001, Eurostat

B8: POPULATION LIVING IN PRIVATE HOUSEHOLDS BY HOUSEHOLD TYPE

Population living in private households by household type, 2005 (percentage of total population)

Total distribution of households

	2007
Portugal	
Single adults, no children	6.0
Single adult- male	2.0
Single adult - female	4.0
<65 Years	2.0
65+ Years	4.0
Single adult with children	3.0
2 adults below 65, no children	9.0
2 adults, at least one aged 65+, no children	11.0
3 or more adults, no children	18.0
2 adults, 1 child	17.0
2 adults, 2 children	16.0
2 adults, 3 or more children	4.0
3 or more adults, with children	17.0

	2007
EU25	
Single adults, no children	13.0
Single adult- male	5.0
Single adult - female	8.0
<65 Years	7.0
65+ Years	5.0
Single adult with children	5.0
2 adults below 65, no children	13.0
2 adults, at least one aged 65+, no children	11.0
3 or more adults, no children	12.0
2 adults, 1 child	12.0
2 adults, 2 children	18.0
2 adults, 3 or more children	7.0
3 or more adults, with children	10.0

Source: LFS, Eurostat

B9: GENERAL GOVERNMENT DEBT

General government consolidated gross debt as a percentage of GDP

General government consolidated gross debt as % of GDP

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Portugal	50.5	52.9	55.6	56.9	58.3	63.7	64.8	63.6	64.7	64.5
UE25*	:	61.1	60.5	62.0	62.4	63.1	61.9	58.7*	58.3*	57*

Source: Eurostat

* from 2007 EU27

Projected evolution of debt levels up to 2050 (in % of GDP)

	2005	2010	2030	2050
Portugal				
<i>Programme scenario</i>	65.5	64.4	89.2	262.5
<i>2005 budget scenario</i>	:	76.3	195.4	517.4

Source: Commission services, 2005/06 updated stability and convergence programmes

B10: SOCIAL PROTECTION EXPENDITURE, CURRENT, BY FUNCTION

Total social protection expenditure (as a percentage of total benefits) broken down in social benefits, administration cost and other expenditure. In addition, social benefits are classified by functions of social protection.

Social protection expenditures as a % of the total expenditure in social protection

	2000	2001	2002	2003	2004	2005
Portugal	21.7	22.7	23.7	24.1	24.7	:
Old age and survivors benefits	6.2	6.3	6.7	6.4	7.0	
Sickness, health care	2.5	2.5	2.5	2.6	2.4	:
Disability	1.0	1.1	1.4	1.5	1.2	:
Unemployment	0.7	0.7	0.9	1.2	1.3	:
Family and children	8.7	9.1	9.9	10.3	10.9	:
Housing and social exclusion n.e.c.	0.3	0.3	0.3	0.3	0.2	:
EU25	26.6	26.8	27.1	27.4	27.3	27.4e
Old age and survivors benefits	6.9	7.1	7.2	7.4	7.4	7.5e
Sickness, health care	2.1	2.1	2.1	2.1	2.1	2.1e
Disability	2.1	2.1	2.1	2.1	2.1	2.1e
Unemployment	1.6	1.6	1.7	1.7	1.7	1.6e
Family and children	11.9	11.9	11.9	12.0	12.0	12.1e
Housing and social exclusion n.e.c.	0.9	0.9	0.9	0.9	0.9	0.9e

Social protection expenditures as a % of GDP

	2000	2001	2002	2003	2004	2005
Portugal	100.0	100.0	100.0	100.0	100.0	100.0e
Old age and survivors benefits	28.6	27.5	28.3	26.8	28.4	:
Sickness, health care	11.3	10.8	10.7	10.6	9.7	:
Disability	4.8	5.0	6.0	6.1	5.0	:
Unemployment	3.3	3.2	3.6	5.1	5.3	:
Family and children	39.9	40.2	41.7	42.9	44.1	:
Housing and social exclusion n.e.c.	1.3	1.1	1.5	1.4	0.9	:
EU25	100.0	100.0	100.0	100.0	100.0	:
Old age and survivors benefits	26.0	26.6	26.7	27.0	27.2	27.5e
Sickness, health care	7.9	7.8	7.9	7.8	7.8	7.6e
Disability	7.8	7.7	7.8	7.8	7.7	7.7e
Unemployment	6.1	6.0	6.1	6.4	6.2	5.9e
Family and children	44.7	44.3	44.0	43.9	44.0	44.2e
Housing and social exclusion n.e.c.	3.4	3.3	3.4	3.3	3.3	3.4e

Source: ESSPROS, Eurostat
e: Eurostat estimate; p: provisional

B11:JOBLESS HOUSEHOLDS BY MAIN HOUSEHOLD TYPES

Adults (18-59 years) and children (0-17 years) living in jobless households by tmain houshold types, as a % of adults/children that live in jobless households.

Adults (18-59) living in jobless households

	2005	2006
Portugal		
Alone without child(ren)	13.6	14.3
Alone with child(ren)	5.8	6.2
Couple without child(ren)	20.8	22.3
Couple with child(ren)	14.1	14.1
Other households without child(ren) - total	35.0	33.5
- without elderly (65+)	14.6	12.7
- with at least 1 elderly (65+)	20.4	20.8
Other households without child(ren) - total	10.7	9.7
- without elderly (65+)	7.0	7.1
- with at least 1 elderly (65+)	3.8	2.6
Total em 1000	315.7	337.8
UE25		
Alone without child(ren)	25.9	24.1
Alone with child(ren)	9.7	10.9
Couple without child(ren)	21.2	22.1
Couple with child(ren)	14.6	15.0
Other households without child(ren) - total	21.6	19.8
- without elderly (65+)	11.1	9.5
- with at least 1 elderly (65+)	10.6	10.4
Other households without child(ren) - total	6.9	8.1
- without elderly (65+)	5.4	6.4
- with at least 1 elderly (65+)	1.5	1.7
Total em 1000	24629.2	17763.0

Children aged 0-17 living in jobless households by household types, 2005, in % of total number of children living in jobless households

	2005	2006
Portugal		
Alone without child(ren) - no elderly	28.4	33.2
Alone with child(ren) - at least 1 elderly	1.3	1.4
Couple with child(ren) - total	46.9	39.3
- without elderly (65+)	40.7	36.9
- with at least 1 elderly (65+)	6.2	2.4
Other households with child(ren) - no elderly	12.3	26.1
- without elderly (65+)	12.2	15.9
- with at least 1 elderly (65+)	0.1	10.2
Total em 1000	81.4	85.4

	2005	2006
UE25		
Alone without child(ren) - no elderly	41.3	47.5
Alone with child(ren) - at least 1 elderly	0.3	0.3
Couple with child(ren) - total	34.9	38.4
- without elderly (65+)	33.9	37.3
- with at least 1 elderly (65+)	1.0	1.1
Other households with child(ren) - no elderly	7.8	13.7
- without elderly (65+)	7.8	9.9
- with at least 1 elderly (65+)	0.0	3.9
Total em 1000	8510.9	6438.0

Source: LFS, Eurostat

B12a: UNEMPLOYMENT TRAP

The marginal effective tax rate on labour income taking account the combined effect of increased taxes and benefits withdrawal as one takes up a job. Calculated as the ratio of change in gross income minus (net in work income minus net out of work income) divided by change in gross income for a single person moving from unemployment to a job with a wage level of 67% of the APW (average earnings of full-time production workers in manufacturing).

		2006
Portugal		%
Single person, no children	50	79
	67	82
Lone parent (with children)	50	86
	67	87
One-earner couple, 2 children	50	94
	67	85
Two-earner couple, 2 children	50	83
	67	85

Source: Joint Commission - OECD project using tax-benefit models

Note: The wage level of the second earner is fixed at 67% of the APW

B12b:INACTIVITY TRAP

Inactivity Trap at 67% of APW, with and without childcare costs, in %

Inactivity Trap at 67% of APW, with and without childcare costs, in %

	2001
Portugal	%
Single person, with 2 children, without childcare costs	70
Single person, with 2 children, with childcare costs	95
Two earner couple with 2 children , without childcare costs	17
Two earner couple with 2 children , with childcare costs	82

Inactivity trap at 50% and 67% do APW, in %

		2006
Portugal		%
Single person, no children	50	41
	67	37
Lone parent (with children)	50	58
	67	55
One-earner couple, 2 children	50	58
	67	57
Two-earner couple, 2 children	50	18
	67	20

Source: Joint Commission - OECD project using tax-benefit models

Note: Transition for lone parent is from non-UB recipient to full-time employment at 67% of APW. Transition for married couple is from a family with one full-time earner employed at 67% of APW to two full-time earners, each at 67% of APW. Both family types are assumed to have two children, aged 2 and 3, and are assumed to use full-time childcare after transition. Childcare in public or publicly sanctioned facilities, where applicable.

B12c: LOW-WAGE TRAP

Marginal effective tax rate (METR), as wage increases by 33% of the average wage level of a production worker (APW) from two starting low wages.

From 33% to 67% do APW

		2006
Portugal		%
Single person, no children		22
Lone parent (with children)		55
One-earner couple, 2 children		55
Two-earner couple, 2 children		24

From 67% to 100% do APW

		2006
Portugal		%
Single person, no children		34
Lone parent (with children)		35
One-earner couple, 2 children		66
Two-earner couple, 2 children		34

Source: Joint Commission - OECD project using tax-benefit models

Note: Transition for lone parent is from non-UB recipient to full-time employment at 67% of APW. Transition for married couple is from a family with one full-time earner employed at 67% of APW to two full-time earners, each at 67% of APW. Both family types are assumed to have two children, aged 2 and 3, and are assumed to use full-time childcare after transition. Childcare in public or publicly sanctioned facilities, where applicable.

B13: NET INCOME OF SOCIAL ASSISTANCE RECIPIENTS AS % OF THE AT-RISK OF POVERTY RATE THRESHOLD FOR 3 JOBLESS HOUSEHOLD TYPES

	2006
Portugal	
Single person	0.5
Lone parent, 2 children	0.7
Married couple, 2 children	0.8

Source: Joint EC-OECD project using OECD tax-benefit models e Eurostat

B14: AT-RISK-OF-POVERTY RATE BEFORE SOCIAL TRANSFERS (OTHER THAN PENSIONS)

At-risk-of-poverty rate - total: share of persons aged (0+) with an equivalised disposable income (before social transfers) below 60% of the national equivalised median income

At-risk-of-poverty rate - children: share of persons aged 0-15 with an equivalised disposable income (before social transfers) below 60% of the national equivalised median income

At-risk-of-poverty rate - working age adults: share of working age adults (16-64) with an equivalised disposable income (before social transfers) below 60% of the national equivalised median income

At-risk-of-poverty rate - elderly: share of elderly (65+) with an equivalised disposable income (before social transfers) below 60% of the national equivalised median income

At-risk-of-poverty-rate - total before social transfers (other than pensions)

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Portugal	27	27	27	27	27	27	24	26	26	27	26	25
UE25	:	:	:	24	24	23	24	:	25	26	26	26

At-risk-of-poverty-rate - Children before social transfers (other than pensions)

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal	31	30	32	33	36	35	32	32	30	28
UE25	:	:	:	:	:	:	32	33	33	33

At-risk-of-poverty-rate - Working age adults before social transfers (other than pensions)

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal	23	23	23	23	23	22	24	24	23	23
UE25	:	:	:	:	:	:	22	24	24	25

At-risk-of-poverty-rate - Elderly before social transfers (other than pensions)

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal	41	38	41	40	38	37	34	33	32	31
UE25	:	:	:	:	:	:	23	24	23	23

Source: ECHP e SILC 2006, Eurostat

Note: Break in series (2004)

PN-P3: CHANGE IN THEORETICAL REPLACEMENT RATE IN PERCENTAGE POINTSChange in theoretical replacement rate in percentage points (2005-2050)

Change in the theoretical level of income from pensions at the moment of the take up related to the income from work in the last year before retirement for a hypothetical worker (base case), 2004-2050, with information on the type of pension scheme (DB, DC, or NDC) and changes in the public pension expenditure as a share of GDP, 2004-2050.

Replacement rates (in percentage points)

Portugal		2006-2046
Net	Total	-20
Gross replacement rate	Total	-19
	Statutory pensions	-19
	Type of statutory sche (DB, NDC or DC)	BD

Evolution of statutory pensions expenditures between 2004 and 2050 (source AWG)

Portugal - AWG Report 2006	9.7
Portugal - Projections submitted to peer review 2007	5.5

Assumptions

Portugal	
Coverage rate (%)	
Statutory pensions	81
Contribution rates	
Statutory pensions (or in some cases Social security)	33

Source: AWG projections

Notas:

(BD)Tipo de esquema de pensão (benefício definido)

Hipóteses e representatividade das taxas de contribuição para pensão e tipos de esquemas considerados: (taxa contributiva em pontos percentuais: 32.6 - para Portugal, este valor corresponde a uma estimativa (rácio entre todas as contribuições e os salários agregados declarados à Segurança Social). A taxa contributiva utilizada como hipótese nas simulações é de 34.75 (taxa contributiva legal).) A taxa de cobertura para as pensões estatutárias é de: 82%

Social Inclusion Portfolio

A) PRIMARY INDICATORS

SI-P1: AT-RISK-OF-POVERTY RATE

At-risk-of-poverty rate - total: share of persons aged (0+) with an equivalised disposable income (after social transfers) below 60% of the national equivalised median income

At-risk-of-poverty rate - children: share of persons aged 0-15 with an equivalised disposable income (after social transfers) below 60% of the national equivalised median income

At-risk-of-poverty rate - working age adults: share of working age adults (16-64) with an equivalised disposable income (after social transfers) below 60% of the national equivalised median income

At-risk-of-poverty rate - elderly: share of elderly (65+) with an equivalised disposable income (after social transfers) below 60% of the national equivalised median income

At-risk-of-poverty-rate - Total

	1995	1996	1997	1998	1999	2000	2001	2003	2004	2005	2006
Portugal	23	21	22	21	21	21	20	19	20	19	18
Male	21	20	20	19	19	19	20	:	19	19	18
Female	24	22	23	22	22	22	20	:	22	20	19
EU25	:	:	:	15	16	16	16	15	16	16	16
Male	:	:	:	14	15	15	15	14	15	15	15
Female	:	:	:	16	17	17	17	16	17	17	17

At-risk-of-poverty-rate - Children

	1995	1996	1997	1998	1999	2000	2001	2003	2004	2005	2006
Portugal	26	23	25	26	26	26	27	:	25	24	21
EU25	:	:	:	19	19	20	20	19	20	19	19

At-risk-of-poverty-rate - Working age adults

	1995	1996	1997	1998	1999	2000	2001	2003	2004	2005	2006
Portugal	19	17	17	16	16	17	16	:	17	16	16**
Male	17	16	16	16	15	16	17	:	16	16	15
Female	20	18	18	16	17	17	15	:	18	17	17
EU25	:	:	:	14	14	:	13	14	15	15	15
Male	:	:	:	13	13	:	13	13	14	14	14
Female	:	:	:	15	15	:	14	14	16	15	15

At-risk-of-poverty-rate - Elderly

	1995	1996	1997	1998	1999	2000	2001	2003	2004	2005	2006
Portugal	38	36	37	35	33	33	30	:	29	28	26
Male	36	35	34	33	30	30	28	:	29	28	26
Female	39	36	39	37	36	35	31	:	29	28	26
EU25	:	:	:	18	17	17	16	17	18	19	19
Male	:	:	:	15	15	14	13	14	15	16	16
Female	:	:	:	20	19	19	18	19	20	21	21

Source: ECHP e SILC 2006, Eurostat

Note: Break in series 2004

SI-P2: AT-RISK-OF- POVERTY THERSHOLD (Illustrative values) PPP

60% of the equivalised median income

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal										
One-person household	3554	3808	4026	4095	4229	4573	4889	5218	5008	5216
Two adults with two dep. Children with age below 14 years	7463	7997	8455	8600	8881	9603	10267	10957	10517	10954
UE25										
One-person household	:	:	:	6767	6927	:	7074	7716	:	:
Two adults with two dep. Children with age below 14 years	:	:	:	14210	14546	:	14856	16204	:	:

Source: ECHP e SILC 2006, Eurostat

Note: Break in series 2004

SI-P3:PERSISTENT AT-RISK OF POVERTY RATE**Persistent at-risk-of- poverty rate - Total:** share of persons aged 0+ with an equivalised disposable income below the at-risk-of-poverty threshold in the current year and in at least two of the preceding three years;;**Persistent at-risk-of- poverty rate - Children:** share of children (0-15years) with an equivalised disposable income below the at-risk-of-poverty threshold in the current year and in at least two of the preceding three years;**Persistent at-risk-of- poverty rate - Working age adults:** share of working age adults (16-64) with an equivalised disposable income below the at-risk-of-poverty threshold in the current year and in at least two of the preceding three years;**Persistent at-risk-of- poverty rate - Elderly:** share of persons aged (65+ years) with an equivalised disposable income below the at-risk-of-poverty threshold in the current year and in at least two of the preceding three years;**Persistent at-risk-of- poverty rate - Total**

	1997	1998	1999	2000	2001
Portugal	15	14	14	14	15
Male	14	13	13	13	14
Female	16	15	15	16	15
UE15	9	9	9	9	:
Male	9	8	8	8	:
Female	10	10	10	10	:

Persistent at-risk-of- poverty rate - Children

	1997	1998	1999	2000	2001
Portugal	17	18	18	19	22
UE15	12	12	12	12	:

Persistent at-risk-of- poverty rate - Working age adults

		1997	1998	1999	2000	2001
Portugal		11	10	10	11	11
	Male	11	10	10	11	12
	Female	12	11	10	11	10
UE15		:	8	8	:	:
	Male	:	7	7	:	:
	Female	:	8	9	:	:

Persistent at-risk-of-poverty rate - Elderly

		1997	1998	1999	2000	2001
Portugal		30	28	28	26	24
	Male	27	25	26	23	22
	Female	31	29	29	27	25
UE15		:	11	11	12	:
	Male	:	9	9	10	:
	Female	:	13	13	13	:

Source: ECHP 1997-2001, Eurostat
Note: Break in series 2004

SI-P4: RELATIVE MEDIAN POVERTY RISK GAP

Relative median poverty risk gap - Total: Difference between the median equivalised income of persons aged (0+ years) below the at-risk-of poverty threshold and the threshold itself, expressed as a percentage of the at-risk-of poverty threshold.

Relative median poverty risk gap of the children: Difference between the median equivalised income of persons aged (0-15 years) below the at-risk-of poverty threshold and the threshold itself, expressed as a percentage of the at-risk-of poverty threshold.

Relative median poverty risk gap of the working age adults: Difference between the median equivalised income of persons aged (16-64 years) below the at-risk-of poverty threshold and the threshold itself, expressed as a percentage of the at-risk-of poverty threshold.

Relative median poverty risk gap of the elderly: Difference between the median equivalised income of persons aged (65+ years) below the at-risk-of poverty threshold and the threshold itself, expressed as a percentage of the at-risk-of poverty threshold.

Relative median poverty risk gap - total

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal	28	26	25	26	23	25	22	25	26	23
Male	28	26	24	26	22	24	22	24	26	22
Female	28	26	26	26	23	25	24	25	26	24
UE25	:	:	:	:	:	:	22	:	23	22
Male	:	:	:	:	:	:	22	:	24	23
Female	:	:	:	:	:	:	22	:	22	22

Relative median poverty risk gap of the children

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal	31	31	26	28	20	25	22	26	28	24
EU	:	:	:	:	:	:	23	:	23	23

Relative median poverty risk gap of the working age adults (16-64 years)

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal	31	27	26	26	23	25	22	27	28	25
Male	31	27	24	26	24	24	22	27	28	25
Female	31	27	27	26	23	25	22	27	28	25
UE25	:	:	:	:	:	:	23	:	25	25
Male	:	:	:	:	:	:	23	:	26	25
Female	:	:	:	:	:	:	23	:	24	24

Relative median poverty risk gap of the elderly (65+ years)

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal	26	23	23	24	23	23	22	18	17	17
Male	25	21	20	20	20	23	22	16	16	16
Female	26	25	25	26	24	23	22	20	18	19
EU	:	:	:	:	:	:	16	:	18	18
Male	:	:	:	:	:	:	17	:	18	18
Female	:	:	:	:	:	:	17	:	18	18

Source: ECHP e SILC 2004, Eurostat

Note: Break in series 2004

SI-P5: LONG-TERM UNEMPLOYMENT RATE

Total long-term unemployed population (12 months or more) as a proportion of total active population.

Long-Term unemployment rate

	2000	2001	2002	2003	2004	2005	2006	2007
Portugal	1.7	1.5	1.7	2.2	2.9	3.7	3.8	3.8
Male	1.4	1.2	1.4	1.8	2.6	3.2	3.3	3.1
Female	2.0	1.9	2.2	2.7	3.4	4.2	4.4	4.5
UE27	4.0	3.9	4.0	4.1	4.2	4.1	3.7	3.0
Male	3.5	3.4	3.6	3.8	3.8	3.8	3.5	2.8
Female	4.6	4.4	4.5	4.5	4.5	4.4	4.0	3.3
UE25	3.9	3.8	3.9	4.0	4.1	4.0	3.7	3.0
Male	3.4	3.3	3.4	3.6	3.7	3.7	3.4	2.8
Female	4.6	4.4	4.4	4.5	4.5	4.5	4.0	3.3

Source: LFS, Eurostat

SI-P6: PEOPLE LIVING IN JOBLESS HOUSEHOLDS

Proportion of people (0-17 Years)/ (18-59 years) living in jobless households, expressed as a share of all people in the same age group (Women/Men)

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Portugal	5.9	6.3	5.9	5.1	4.7	4.6	4.3	4.6	5.5	5.3	5.5	5.8	5.8
People Living in jobless households 18-59 years: female	6.8	7.3	7.0	6.1	5.3	5.1	4.9	5.2	6.1	5.7	5.8	6.4	6.1
People Living in jobless households 18-59 years: male	5.0	5.1	4.8	4.0	4.1	4.1	3.7	3.9	4.8	5.0	5.1	5.3	5.4
Children living in jobless households 0-17 years	5.1	5.1	5.2	4.6	4.5	3.9	3.6	4.2	5.0	4.3	4.3	4.7	4.8
UE27	:	:	:	:	:	:	10.2e	10.3e	10.3e	10.4	10.3e	9.8e	9.3e
People Living in jobless households 18-59 years: female	:	:	:	:	:	:	11.4e	11.6e	11.4e	11.5	11.2e	10.8e	10.3e
People Living in jobless households 18-59 years: male	:	:	:	:	:	:	8.9e	9.1e	9.1e	9.4	9.3e	8.8e	8.3e
Children living in jobless households 0-17 years	:	:	:	:	:	:	9.6e	10.0e	9.9e	10.0	9.7e	9.6e	9.4e
UE25	:	:	:	:	:	:	10.1e	10.2e	10.2e	10.3	10.2e	9.8e	9.3e
People Living in jobless households 18-59 years: female	:	:	:	:	:	:	11.4e	11.4e	11.3e	11.4	11.2e	10.8e	10.3e
People Living in jobless households 18-59 years: male	:	:	:	:	:	:	8.8e	8.9e	9.0e	9.3	9.2e	8.8e	8.2e
Children living in jobless households 0-17 years	:	:	:	:	:	:	9.6e	9.9e	9.8e	9.8	9.6e	9.5e	9.3e

Source: LFS, Eurostat
(e)estimated value

SI-P7: EARLY SCHOOL LEAVERS

Percentage of 18-24 year olds having achieved lower secondary education (ISCED level 2) or less and not attending further education or training.

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Portugal	41.4	40.1	40.6	46.6	44.9	42.6	44.0	45.1	40.4	39.4	38.6	39.2p	36.3p
Male	47.1	45.6	46.8	52.0	50.8	50.1	51.2	52.6	47.7	47.9	46.7	46.4p	42.0p
Female	35.5	34.4	34.4	41.2	38.9	35.1	36.7	37.5	33.0	30.6	30.1	31.8p	30.4p
UE27	:	:	:	:	:	17.6	17.3	17.1	16.6	15.9	15.5	15.2	14.8
Male	:	:	:	:	:	19.7	19.4	19.3	18.6	18.3	17.5	17.3	16.9
Female	:	:	:	:	:	15.6	15.2	14.9	14.7	13.6	13.5	13.1	12.7
UE25	:	:	:	:	:	17.3	17.0	16.6	16.1	15.4	15.1	15.0	14.5
Male	:	:	:	:	:	19.5	19.2	18.9	18.1	17.9	17.2	17.2	16.7
Female	:	:	:	:	:	15.2	14.8	14.4	14.1	12.9	13.0	12.7	12.3

Source: LFS, Eurostat; Survey on Employment, National Statistic Office (INE)

SI-P8: UNEMPLOYMENT RATE GAP BETWEEN NON EU AND EU NATIONALS

Unemployment rate gap between non EU and EU nationals, in percentage points.

	2001	2002	2003	2004	2005
Portugal	5.1	3.5	4.8	7.4	5.4
UE15	8.9	8.7	9.5	9.6	9.4
UE25	:	:	:	:	8.1

Source: LFS, Eurostat

B) SECONDARY INDICATORS**SI-S1: AT-RISK-OF-POVERTY RATE****At-risk-of-poverty rate - total:** share of persons aged (0+) with an equivalised disposable income (after social transfers) below 60% of the national equivalised median income**At-risk-of-poverty rate - children:** share of persons aged 0-15 with an equivalised disposable income (after social transfers) below 60% of the national equivalised median income**At-risk-of-poverty rate - working age adults:** share of working age adults (16-64) with an equivalised disposable income (after social transfers) below 60% of the national equivalised median income**At-risk-of-poverty rate - elderly:** share of elderly (65+) with an equivalised disposable income (after social transfers) below 60% of the national equivalised median income**At-risk-of-poverty-rate - total**

	1995	1996	1997	1998	1999	2000	2001	2003	2004	2005	2006
Portugal	23	21	22	21	21	21	20	19	20	19	18
Male	21	20	20	19	19	19	20	:	19	19	18
Female	24	22	23	22	22	22	20	:	22	20	19
UE25	:	:	:	15	16	16	16	15	16	16	16
Male	:	:	:	14	15	15	15	14	15	15	15
Female	:	:	:	16	17	17	17	16	17	17	17

At-risk-of-poverty-rate - Children

	1995	1996	1997	1998	1999	2000	2001	2003	2004	2005	2006
Portugal	26	23	25	26	26	26	27	:	24	23	20
UE25	:	:	:	19	19	20	20	19	20	19	19

At-risk-of-poverty-rate - Working age adults

	1995	1996	1997	1998	1999	2000	2001	2003	2004	2005	2006
Portugal	19	17	17	16	16	17	16	:	17	16	16**
Male	17	16	16	16	15	16	17	:	16	16	15
Female	20	18	18	16	17	17	15	:	18	17	17
UE25	:	:	:	14	14	:	13	14	15	15	15
Male	:	:	:	13	13	:	13	13	14	14	14
Female	:	:	:	15	15	:	14	14	16	15	15

At-risk-of-poverty-rate - Elderly

	1995	1996	1997	1998	1999	2000	2001	2003	2004	2005	2006
Portugal	38	36	37	35	33	33	30	:	29	28	26
Male	36	35	34	33	30	30	28	:	29	28	26
Female	39	36	39	37	36	35	31	:	30	28	26
UE25	:	:	:	18	17	17	16	17	18	19	19
Male	:	:	:	15	15	14	13	14	15	16	16
Female	:	:	:	20	19	19	18	19	20	21	21

Source: ECHP e SILC 2004 - 2006, Eurostat
Note: Break in series 2004

SI-S2: RISK OF POVERTY RATE BY HOUSEHOLD TYPE

Risk of poverty (total): share of persons aged (0+) with an equivalised disposable income (after social transfers) below 60% of the national equivalised median income

Poverty Risk of the Households without dependent children

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal	27	24	25	22	20	19	18	20	19	19
• One-person households	48	48	45	45	45	42	39	35	37	35
Men	44	43	37	38	35	38	28	32	34	28
Women	50	49	48	48	49	44	43	37	39	38
Aged < 65 yrs	31	32	28	29	29	31	22	26	28	26
Aged 65+	57	55	53	52	52	47	46	41	42	40
• Two-adult households										
Both < 65 yrs	21	18	19	18	12	15	13	16	15	18
At least one 65+	41	38	41	40	37	38	32	30	28	26
• Other households	15	14	15	11	11	9	10	11	9	10
UE25	:	:	:	:	:	:	13	15	15	15
• One-person households	:	:	:	:	:	:	23	25	24	24
Men	:	:	:	:	:	:	19	21	22	22
Women	:	:	:	:	:	:	25	28	25	25
Aged < 65 yrs	:	:	:	:	:	:	19	22	22	22
Aged 65+	:	:	:	:	:	:	25	28	25	26
• Two-adult households										
Both < 65 yrs	:	:	:	:	:	:	10	10	10	10
At least one 65+	:	:	:	:	:	:	15	15	16	16
• Other households	:	:	:	:	:	:	9	10	10	10

Poverty Risk of Households with dependent children

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal	21	19	20	19	21	22	22	21	20	18
• Single parents and children										
at least 1 dep. child	34	34	44	45	39	37	39	35	31	41
• Two-adult households										
1 dep. child	13	15	13	11	13	11	9	13	15	12
2 dep. children	16	15	15	12	16	18	15	24	24	19
3+ dep. children	45	37	46	50	39	36	49	41	42	38
• Other households	22	19	19	19	22	24	23	18	15	16
UE25	:	:	:	:	:	:	18	18	17	17
• Single parents and children										
at least 1 dep. child	:	:	:	:	:	:	30	34	31	32
• Two-adult households										
1 dep. child	:	:	:	:	:	:	11	13	11	12
2 dep. children	:	:	:	:	:	:	13	14	14	14
3+ dep. children	:	:	:	:	:	:	27	26	24	24
• Other households	:	:	:	:	:	:	16	:	17	18

Source: ECHP e SILC 2004-2006, Eurostat
Note: Break in series 2004

SI-S3: RISK OF POVERTY BY THE WORK INTENSITY OF THE HOUSEHOLDS

Poverty risk for the total of the population aged 0+ in different work intensity categories and broad household types. The work intensity of the household refers to the number of months that all working age household members have been working during the income reference year as a proportion of the total number of months that could theoretically be worked within the household. Individuals are classified into work intensity categories that range from WI=0 (jobless household) to WI=1 (full work intensity).

At-risk-of-poverty rate by work intensity of the household

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal										
• Households without dependent children										
WI = 0	43.0	41.0	45.0	38.0	35.0	45.0	39.0	32.0	33.0	33.0
0 < WI < 0.5	20.0	21.0	25.0	31.0	13.0	16.0	14.0	22.0	16.0	20.0
0.5 <= WI < 1	14.0	12.0	14.0	13.0	9.0	6.0	8.0	10.0	10.0	10.0
WI = 1	17.0	16.0	14.0	12.0	10.0	11.0	9.0	7.0	7.0	9.0
• Households with dependent children										
WI = 0	64.0	52.0	57.0	47.0	56.0	56.0	75.0	57.0	61.0	74.0
0 < WI < 1	27.0	25.0	26.0	26.0	26.0	27.0	28.0	30.0	28.0	26.0
0 < WI < 0.5	56.0	45.0	44.0	41.0	33.0	46.0	64.0	41.0	38.0	40.0
0.5 <= WI < 1	23.0	22.0	23.0	23.0	25.0	23.0	23.0	28.0	27.0	24.0
WI = 1	13.0	13.0	12.0	12.0	15.0	16.0	14.0	10.0	10.0	8.0
UE25										
• Households without dependent children										
WI = 0	:	:	:	:	:	:	28.0	32.0	29.0	30.0
0 < WI < 0.5	:	:	:	:	:	:	:	:	22.0	21.0
0.5 <= WI < 1	:	:	:	:	:	:	:	:	7.0	7.0
WI = 1	:	:	:	:	:	:	4.0	5.0	5.0	5.0
• Households with dependent children										
WI = 0	:	:	:	:	:	:	62.0	68.0	60.0	62.0
0 < WI < 1	:	:	:	:	:	:	:	:	21.0	22.0
0 < WI < 0.5	:	:	:	:	:	:	46.0	44.0	40.0	42.0
0.5 <= WI < 1	:	:	:	:	:	:	18.0	17.0	18.0	18.0
WI = 1	:	:	:	:	:	:	5.0	7.0	7.0	7.0

Source: ECHP e SILC 2004, Eurostat

Note: Break in series 2004

SI-S4: POVERTY RISK BY MOST FREQUENT ACTIVITY STATUS

Poverty risk for the adult population in the following most frequent activity status group: employment (singling out wage and salary employment); unemployment, retirement; other activity.

Poverty risk for the adult population (≥16 year)

		1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal											
Individuals working	Total	22	21	21	19	19	20	18	19	19	18
	Male	20	19	18	18	17	19	18	18	18	17
	Female	24	22	22	20	21	21	19	21	19	19
	Total	16	15	14	14	14	14	12	13	12	11
	Male	15	15	14	14	13	14	13	13	13	12
	Female	16	15	15	14	15	15	11	12	11	11
*Employees											
*Self-employed	Total	8	7	8	8	8	8	7	*8	*8	*6
	Male	9	9	8	9	8	9	9	*8	*9	*7
	Female	7	6	7	6	7	7	4	*7	*7	*6
	Total	36	34	32	31	30	33	28	*29	*28	*29
	Male	32	30	29	28	26	28	24	*29	*27	*29
	Female	43	41	38	36	37	38	32	*29	*29	*30
Individuals not working											
*Unemployment	Total	31	28	29	27	27	27	27	28	27	26
	Male	30	29	28	27	26	28	28	27	26	26
	Female	31	28	29	27	27	27	27	28	27	27
	Total	31	28	32	32	35	24	38	32	29	31
	Homens	39	29	41	40	42	32	49	36	33	35
	Mulheres	24	28	26	26	28	18	30	29	25	28
*Retired											
*Other Inactive	Total	34	31	32	30	29	28	25	26	25	23
	Male	34	32	31	28	27	27	25	27	25	23
	Female	34	31	32	31	30	29	26	25	25	23
	Total	27	26	26	23	23	28	28	29	28	29
	Male	19	25	21	22	20	28	29	22	25	26
	Female	30	26	28	24	24	27	27	31	29	30

		1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
EU25											
	Total	:	:	:	:	:	:	15	16	15	15
	Male	:	:	:	:	:	:	14	14	14	14
	Female	:	:	:	:	:	:	15	17	16	16
Individuals working											
	Total	:	:	:	:	:	:	8	8	8	8
	Male	:	:	:	:	:	:	9	8	9	8
	Female	:	:	:	:	:	:	7	8	7	7
*Employees											
	Total	:	:	:	:	:	:	6	14	:	:
	Male	:	:	:	:	:	:	6	13	:	:
	Female	:	:	:	:	:	:	5	15	:	:
*Self-employed											
	Total	:	:	:	:	:	:	17	24	:	:
	Male	:	:	:	:	:	:	18	24	:	:
	Female	:	:	:	:	:	:	16	26	:	:
Individuals not working											
	Total	:	:	:	:	:	:	23	23	23	23
	Male	:	:	:	:	:	:	23	22	22	23
	Female	:	:	:	:	:	:	23	24	23	23
*Unemployment											
	Total	:	:	:	:	:	:	41	40	39	41
	Male	:	:	:	:	:	:	45	46	44	46
	Female	:	:	:	:	:	:	36	35	36	36
*Retired											
	Total	:	:	:	:	:	:	16	16	16	16
	Male	:	:	:	:	:	:	15	15	15	15
	Female	:	:	:	:	:	:	16	16	17	17
*Other Inactive											
	Total	:	:	:	:	:	:	25	26	25	26
	Male	:	:	:	:	:	:	25	25	25	25
	Female	:	:	:	:	:	:	25	26	26	26

Source: ECHP e SILC 2004-2006, Eurostat

Note: Break in series 2004

*Referem-se a informação disponibilizada pelo INE no destaque

SI-S5: POVERTY RISK BY ACCOMODATION TENURE STATUS

Poverty risk for the total population aged 0+ in the following accommodation tenure categories, owner-occupied or rent free; rented.

At-risk-of-poverty rate by accommodation tenure status

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal										
Owner-occupier or rent-free	25.0	23.0	22.0	21.0	20.0	20.0	19.0	19.0	17.0	17.0
Male	23.0	21.0	20.0	20.0	19.0	19.0	19.0	18.0	17.0	17.0
Female	27.0	24.0	23.0	22.0	20.0	21.0	19.0	20.0	18.0	18.0
Tenant	17.0	17.0	22.0	20.0	24.0	23.0	25.0	26.0	29.0	26.0
Male	16.0	16.0	19.0	18.0	22.0	19.0	25.0	25.0	28.0	24.0
Female	19.0	18.0	25.0	22.0	25.0	26.0	24.0	27.0	30.0	27.0
EU25										
Owner-occupier or rent-free	:	:	:	:	:	:	11.0	13.0	14.0	14.0
Tenant	:	:	:	:	:	:	24.0	24.0	23.0	23.0

At-risk-of-poverty rate, for the elderly by accommodation tenure status

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal										
Owner-occupier or rent-free	27.0	24.0	24.0	25.0	24.0	24.0	22.0			
Arrendatário	24.0	20.0	30.0	29.0	34.0	31.0	44.0	44.0	47.0	40.0

At-risk-of-poverty rate, for the adult population by accommodation tenure status

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal										
Owner-occupier or rent-free	21.0	19.0	17.0	16.0	15.0	16.0	15.0	Não existe informação		
Male	19.0	17.0	16.0	15.0	14.0	16.0	15.0			
Female	22.0	20.0	18.0	17.0	16.0	17.0	15.0			
Tenant	14.0	14.0	18.0	16.0	20.0	19.0	20.0			
Male	13.0	13.0	16.0	16.0	18.0	19.0	22.0			
Female	14.0	14.0	19.0	15.0	21.0	19.0	17.0			

At-risk-of-poverty rate, for the elderly by accommodation tenure status

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal										
Owner-occupier or rent-free	43.0	40.0	40.0	38.0	36.0	35.0	32.0	31.0	29.0	27.0
Male	43.0	41.0	39.0	36.0	34.0	32.0	29.0	31.0	28.0	27.0
Female	43.0	39.0	42.0	40.0	38.0	36.0	35.0	31.0	29.0	27.0
Tenant	26.0	26.0	28.0	28.0	26.0	27.0	22.0	20.0	24.0	22.0
Male	19.0	18.0	19.0	21.0	16.0	20.0	20.0	20.0	24.0	18.0
Female	31.0	30.0	34.0	32.0	31.0	31.0	22.0	21.0	24.0	24.0

Source: ECHP e SILC 2004 - 2006, Eurostat

Note: Break in series 2004

Revisto de acordo com o destaque do INE a 15 de Janeiro de 2008

SI-S6: DISPERSION AROUND THE AT-RISK-OF-POVERTY THRESHOLD

Share of persons aged 0+ with an equivalised disposable 40%, 50% and 70% of the national equivalised median income

Poverty risk at 40% of the national equivalised median income

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal	10.0	8.0	8.0	8.0	7.0	7.0	6.0	7.0	7.0	6.0
Male	9.0	8.0	7.0	7.0	6.0	7.0	:	7.0	7.0	6.0
Female	10.0	9.0	9.0	8.0	7.0	8.0	:	8.0	7.0	7.0
UE25	:	:	:	:	:	:	5.0	5.0	5.0	5.0
Male	:	:	:	:	:	:	:	:	5.0	5.0
Female	:	:	:	:	:	:	:	:	5.0	5.0

Child Poverty risk at 40% of the national equivalised median income

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal	12.0	11.0	10.0	10.0	8.0	9.0	:	9.0	9.0	7.0
Male	:	:	:	:	:	8.0	8.0	8.0	8.0	8.0
Female	:	:	:	:	:	10.0	10.0	10.0	9.0	7.0

Poverty risk of the working age adults at 40% of the national equivalised median income

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal	9.0	7.0	7.0	6.0	6.0	6.0	:	7.0	7.0	6.0
Male	8.0	7.0	6.0	6.0	6.0	6.0	:	7.0	6.0	6.0
Female	9.0	8.0	7.0	7.0	6.0	6.0	:	8.0	7.0	7.0

Poverty risk of the elderly at 40% of the national equivalised median income

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal	12.0	10.0	9.0	10.0	9.0	9.0	:	7.0	7.0	6.0
Male	11.0	9.0	7.0	9.0	8.0	9.0	:	6.0	7.0	7.0
Female	13.0	10.0	10.0	10.0	9.0	9.0	:	7.0	6.0	6.0

Poverty risk at 50% of the national equivalised median income

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal	16.0	14.0	14.0	14.0	13.0	14.0	13.0	13.0	13.0	11.0
Male	15.0	13.0	13.0	13.0	12.0	12.0	12.0	12.0	12.0	11.0
Female	18.0	15.0	16.0	15.0	14.0	15.0	13.0	14.0	13.0	12.0
UE25	:	:	:	:	:	:	9.0	10.0	10.0	10.0
Male	:	:	:	:	:	:	:	10.0	9.0	9.0
Female	:	:	:	:	:	:	:	10.0	10.0	10.0

Child Poverty risk at 50% of the national equivalised median income

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal	19.0	16.0	17.0	17.0	17.0	17.0	:	16.0	16.0	12.0
Male	:	:	:	:	:	15.0	14.0	15.0	15.0	13.0
Female	:	:	:	:	:	20.0	19.0	17.0	17.0	12.0

Poverty risk of the working age adults at 50% of the national equivalised median income

	1995	1996	1997	1998	1999	2000	2004	2005	2006
Portugal	13.0	11.0	12.0	11.0	10.0	11.0	12.0	11.0	10.0
Male	13.0	11.0	10.0	11.0	10.0	10.0	11.0	11.0	10.0
Female	14.0	12.0	13.0	11.0	11.0	12.0	13.0	12.0	11.0

Poverty risk of the elderly at 50% of the national equivalised median income

	1995	1996	1997	1998	1999	2000	2004	2005	2006
Portugal	27.0	24.0	24.0	23.0	22.0	21.0	15.0	14.0	13.0
Male	25.0	22.0	20.0	19.0	18.0	19.0	14.0	14.0	13.0
Female	29.0	25.0	26.0	25.0	25.0	22.0	16.0	15.0	14.0

Poverty risk at 70% of the national equivalised median income

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal	29.0	30.0	28.0	28.0	28.0	28.0	28.0	28.0	27.0	26.0
Male	28.0	28.0	26.0	26.0	27.0	26.0	:	27.0	26.0	25.0
Female	31.0	31.0	31.0	30.0	29.0	29.0	:	30.0	28.0	27.0

Child Poverty risk at 70% of the national equivalised median income

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal	33.0	34.0	32.0	34.0	36.0	35.0	:	31.0	30.0	27.0
Male						34.0	35.0	30.0	30.0	28.0
Female						35.0	37.0	33.0	30.0	26.0

Poverty risk of the working age adults at 70% of the national equivalised median income

	1995	1996	1997	1998	1999	2000	2004	2005	2006
Portugal	24.0	25.0	23.0	23.0	23.0	23.0	24.0	23.0	22.0
Male	23.0	23.0	22.0	21.0	21.0	21.0	23.0	22.0	22.0
Female	26.0	26.0	25.0	24.0	24.0	24.0	25.0	24.0	23.0

Poverty risk of the elderly at 70% of the national equivalised median income

	1995	1996	1997	1998	1999	2000	2004	2005	2006
Portugal	48.0	46.0	46.0	45.0	43.0	42.0	43.0	41.0	39.0
Male	46.0	43.0	42.0	43.0	39.0	40.0	42.0	39.0	37.0
Female	49.0	48.0	48.0	47.0	46.0	44.0	44.0	41.0	40.0

Source: ECHP e SILC 2004 - 2006, Eurostat
 Note: Break in series 2004

SI-S7: PERSONS WITH LOW EDUCATIONAL ATTAINMENT

Share of the adult population (aged 25 Years and over) whose highest level of education is ISCED 0, 1 or 2

			2006
Portugal			
25-34	Total		55.8
	Female		49.2
	Male		62.2
35-44	Total		71.9
	Female		68.8
	Male		75.2
45-54	Total		80.9
	Female		80.7
	Male		81.1
55-64	Total		88.6
	Female		89.7
	Male		87.4
65+	Total		95.1
	Female		96.3
	Male		93.4
25-64	Total		72.9
	Female		70.7
	Male		75.2
UE25			
25-34	Total		21.3
	Female		19.5
	Male		23.1
35-44	Total		27.2
	Female		27.3
	Male		27.0
45-54	Total		32.9
	Female		35.7
	Male		30.1

55-64	Total	43.6
	Female	49.3
	Male	37.9
65+	Total	65.6
	Female	72.7
	Male	55.7
25-64	Total	30.5
	Female	32.0
	Male	29.0

Source: Eurostat, LFS

SI-S8: LOW READING LITERACY PERFORMANCE OF PUPILS

Share of 15 years old pupils who are at level 1 or below of the PISA combined reading literacy scale

	2000	2003
Portugal	26.3	22.0
UE25	19.4	19.8

Source: OECD, PISA survey

C) CONTEXT INDICATORS

SI-C1: INEQUALITY OF INCOME - S80/S20

S80/S20 income quintile share ratio (Income reference year 2003)

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Portugal	7.4	6.7	6.7	6.8	6.4	6.4	6.5	7.3	7.4	6.9	6.9	6.8
UE25	:	:	:	4.6	4.6	4.5	4.5	:	4.6	4.8	4.9	4.8

Source: ECHP e SILC 2004-2006, Eurostat

Note: Break in series 2004

SI-C2: GINI COEFFICIENT

	1995	1996	1997	1998	1999	2000	2001	2003	2004	2005	2006
Portugal	37.0	36.0	36.0	37.0	36.0	36.0	37.0	:	38.0	38.0	38.0
UE25	:	:	:	29.0	29.0	29.0	29.0	29.0	30.0	30.0	30.0

Fonte: ECHP e SILC 2004-2006, Eurostat

Note: Break in series 2004

SI-C3: REGIONAL DISPARITIES - COEFFICIENTS OF VARIATION

Standard deviation of employment divided by the weighted national average (age group 15-64 years) (NUTS II).

Coefficients of variation of employment rate

	1999	2000	2001	2002	2003	2004	2005	2006
Portugal								
Total	3.6	4.3	3.5	3.8	3.9	3.5	3.3	3.1
Male	3.0	3.2	2.7	3.5	3.2	3.2	3.1	3.1
Female	7.3	8.2	6.8	5.9	6.3	5.9	5.6	4.8
EU25*								
Total	13.3	13.4	13.5	13.3	12.9	12.2	11.9	11.4
Male	9.3	9.9	10.4	10.5	10.4	10.2	9.7	9.3
Female	21.0	20.5	20.1	19.6	18.8	17.3	16.8	16.2

Source: Labour Force Survey, Eurostat

* From 2005 values refer to UE27

SI-C4: HEALTHY LIFE EXPECTANCY

Number of years that a person at birth, at 45, at 65 is still expected to live in a healthy condition (also called disability-free life expectancy).

Life expectancy at birth

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Portugal												
Male	71.6	71.4	72.0	72.2	72.6	73.2	73.5	73.8	74.0 e	75.0	74.9	75.5
Female	78.7	78.8	79.0	79.3	79.5	80.0	80.3	80.5	80.5 e	81.5	81.3	82.3
EU												
Male	72.8	73.2	73.5	73.5	73.8	74.4	75.7	75.8	75.8 e	:	:	:
Female	79.7	79.9	80.2	80.2	80.4	80.8	81.6 e	81.6 e	81.6 e	:	:	:

Life expectancy at 45 years

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Portugal												
Male	30.6	30.4	30.9	31.0	31.2	31.6	31.8	31.9	31.9	32.6	32.4	32.9
Female	35.7	35.7	36.0	36.2	36.2	36.7	36.9	37.0	37.0	37.9	37.6	38.5

Life expectancy at 65 years

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Portugal												
Male	14.6	14.5	14.8	14.8	14.9	15.3	15.6	15.6	15,8 e	16.3	16.1	16.6
Female	17.8	17.8	18.1	18.2	18.3	18.7	18.9	19.0	19,2 e	19.7	19.4	20.2
EU												
Male	:	:	:	:	:	15.7	16.3	16.3	:	:	:	:
Female	:	:	:	:	:	19.4	19.9	19.9	:	:	:	:

Source: Eurostat - Demography

SI-C5: AT RISK OF POVERTY RATE BEFORE SOCIAL CASH TRANSFERS (OTHER THAN PENSIONS)

Share of persons aged (0+) with an equivalised disposable income (before social transfers) below 60% of the national equivalised median income

Risco de pobreza (total) antes das transferências sociais (à excepção de pensões)

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Portugal	27.0	27.0	27.0	27.0	27.0	27.0	24.0	:	25.0	27.0	26.0	25.0
EU	:	:	:	24.0	24.0	23.0	24.0	26.0	26.0	26.0	26.0	26.0

Source: ECHP e SILC 2004-2006, Eurostat

Note: Break in series 2004

SI-C6: JOBLESS HOUSEHOLDS BY MAIN HOUSEHOLD TYPES

Adults (18-59 years) and children (0-17 years) living in jobless households by main household types, as a % of adults/children that live in jobless households.

Adults (18-59) living in jobless households

	2005	2006
Portugal		
Alone without children	13.6	14.3
Alone with child(ren)	5.8	6.2
Couple without children	20.8	22.3
Couple with child(ren)	14.1	14.1
Other households without children - total	35.0	33.5
- without elderly (65+)	14.6	12.7
- with at least 1 elderly (65+)	20.4	20.8
Other households with child(ren) - total	10.7	9.7
- without elderly (65+)	7.0	7.1
- with at least 1 elderly (65+)	3.8	2.6
Total em 1000	315.7	337.8
EU25		
Alone without children	25.9	24.1
Alone with child(ren)	9.7	10.9
Couple without children	21.2	22.1
Couple with child(ren)	14.6	15.0
Other households without children - total	21.6	19.8
- without elderly (65+)	11.1	9.5
- with at least 1 elderly (65+)	10.6	10.4
Other households with child(ren) - total	6.9	8.1
- without elderly (65+)	5.4	6.4
- with at least 1 elderly (65+)	1.5	1.7
Total em 1000	24629.2	17763.0

Children aged 0-17 living in jobless households by household types, 2005, in % of total number of children living in jobless households

	2005	2006
Portugal		
Alone with child(ren) - no elderly	28.4	33.2
Alone with child(ren) - at least 1 elderly	1.3	1.4
Couple with child(ren) - total	46.9	39.3
- without elderly (65+)	40.7	36.9
- with at least 1 elderly (65+)	6.2	2.4
Other households with child(ren) - no elderly	12.3	26.1
- without elderly (65+)	12.2	15.9
- with at least 1 elderly (65+)	0.1	10.2
Total em 1000	81.4	85.4
EU25		
Alone with child(ren) - no elderly	41.3	47.5
Alone with child(ren) - at least 1 elderly	0.3	0.3
Couple with child(ren) - total	34.9	38.4
- without elderly (65+)	33.9	37.3
- with at least 1 elderly (65+)	1.0	1.1
Other households with child(ren) - no elderly	7.8	13.7
- without elderly (65+)	7.8	9.9
- with at least 1 elderly (65+)	0.0	3.9
Total em 1000	8510.9	6438.0

Source: LFS, Eurostat

SI-C7: IN WORK POVERTY RISK

Individuals who are classified as employed (distinguishing between "wage and salary employment plus self-employment" and "wage and salary employment" only) and who are at risk of poverty.

Risco de pobreza dos indivíduos que estão a trabalhar (total)

		2004	2005	2006
Portugal		13	12	11
	Male	13	13	12
	Female	12	11	11
EU		8	8	8s
	Male	8	8	8s
	Female	8	7	7s

Source: SILC 2006 (Income data 2005), Eurostat
(s) estimated by Eurostat

"SI-C8a: UNEMPLOYMENT TRAP

The marginal effective tax rate on labour income taking account the combined effect of increased taxes and benefits withdrawal as one takes up a job. Calculated as the ratio of change in gross income minus (net in work income minus net out of work income) divided by change in gross income for a single person moving from unemployment to a job with a wage level of 67% of the APW (average earnings of full-time production workers in manufacturing).

		2006
Portugal		%
Single person, no children	50	79
	67	82
Lone parent (with children)	50	86
	67	87
One-earner couple, 2 children	50	94
	67	85
Two-earner couple, 2 children	50	83
	67	85

Source: Joint Commission - OECD project using tax-benefit models

Note: The wage level of the second earner is fixed at 67% of the APW.

SI-C8b: INACTIVITY TRAP

Inactivity Trap at 67% of APW, with and without childcare costs, in %

Armadilha da inatividade fixada em 67% da APW, com e sem custos com os cuidados às crianças, em percentagem

		2001
Portugal		%
Single person, with 2 children, without childcare costs		70
Single person, with 2 children, with childcare costs		95
Two earner couple with 2 children , without childcare costs		17
Two earner couple with 2 children , with childcare costs		82

Inactivity trap at 50% and 67% of APW, in %

		2006
Portugal		%
Single person, no children	50	41
	67	37
Lone parent (with children)	50	58
	67	55
One-earner couple, 2 children	50	58
	67	57
Two-earner couple, 2 children	50	18
	67	20

Source: Joint Commission - OECD project using tax-benefit models

SI-C8c: LOW-WAGE TRAP

Marginal effective tax rate (METR), as wage increases by 33% of the average wage level of a production worker (APW) from two starting low wages

from 33% to 67% of APW

	2006
Portugal	%
Single person, no children	22
Lone parent (with children)	55
One-earner couple, 2 children	55
Two-earner couple, 2 children	24

from 67% to 100% of APW

	2006
Portugal	%
Single person, no children	34
Lone parent (with children)	35
One-earner couple, 2 children	66
Two-earner couple, 2 children	34

Source: Joint Commission - OECD project using tax-benefit models

SI-C9: NET INCOME OF SOCIAL ASSISTANCE RECIPIENTS AS A % OF THE AT RISK OF POVERTY THRESHOLD FOR 3 JOBLESS HOUSEHOLDS TYPES

	2006
Portugal	
Single person	0.5
Lone parent, 2 children	0.7
Married couple, 2 children	0.8

Source: Joint EC-OECD project using OECD tax-benefit models e Eurostat

SI-C10: SELF REPORTED LIMITATIONS IN DAILY ACTIVITIES

		2004
Portugal		
	Very limited	11.70
	Male	10.40
	Female	12.80
	Limited	20.80
	Male	18.00
	Female	22.90
	No limited	67.40
	Male	71.70
	Female	64.30

Source: SILC, Eurostat

Pensions Portfolio

1. ADEQUATE PENSIONS

A) PRIMARY INDICATORS

PN-P1: AT-RISK-OF-POVERTY RATE OF OLDER PEOPLE

Share of elderly (65+) with an equivalised disposable income (after social transfers) below 60% of the national equivalised median income

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal	38.0	36.0	37.0	35.0	33.0	33.0	30.0	29.0	28.0	26.0
UE25	:	:	:	18.0	17.0	17.0	16.0	18.0	19.0	19.0

Source: ECHP e SILC 2004-2006, Eurostat
Note: Break in series 2004

PN-P2: MEDIAN RELATIVE INCOME OF ELDERLY PEOPLE

Median equivalised income of people aged 65+ as a ratio of income of people aged 0-64 years old

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal	0.71	0.73	0.73	0.72	0.76	0.77	0.78	0.75b	0.76	0.79p
Male	0.73	0.77	0.76	0.76	0.80	0.81	0.80	0.76b	0.77	0.82p
Female	0.70	0.70	0.70	0.71	0.73	0.76	0.76	0.75b	0.76	0.77p
UE15	0.85	0.87	0.87	0.88	0.89	0.88	0.86	:	0.84e	0.83 e
Male	0.88	0.91	0.92	0.91	0.92	0.91	0.90	:	0.87e	0.86 e
Female	0.84	0.85	0.85	0.86	0.87	0.85	0.84	:	0.82 e	0.82 e

Source: ECHP e SILC 2006, Eurostat (July 2008)
Note: b) Break in serie 2003 and 2004
p)provisional value e) eurostat estimate

PN-P3: CHANGE IN THEORETICAL REPLACEMENT RATE IN PERCENTAGE POINTS

Change in theoretical replacement rate in percentage points (2005-2050). Change in the theoretical level of income from pensions at the moment of the take up related to the income from work in the last year before retirement for a hypothetical worker (base case), 2004-2050, with information on the type of pension scheme (DB, DC, or NDC) and changes in the public pension expenditure as a share of GDP, 2004-2050.

Replacement rates (in percentage points)

Portugal		2006-2046
Net		
	Total	-20
Gross replacement rate		
	Total	-19
	Statutory pensions	-19
	Type of statutory scheme (DB, NDC or DC)	BD

Evolution of statutory pensions expenditures between 2004 and 2050 (source AWG)

Portugal - AWG Report 2006	9.7
Portugal - Projections submitted to peer review 2007	5.5

Assumptions

Portugal	
Coverage rate (%)	
Statutory pensions	81
Contribution rates	
Statutory pensions (or in some cases Social security)	33

Source: AWG projections

Notes:

(DB) Type of pension (defined benefit)

Contribution rates corresponds to overall contribution rates as a share of gross wages (from employees and employers) used as assumptions for the calculation of theoretical replacement rates. Contribution rates may differ from current levels reflecting for instance projected increases in contribution rates, in particular as regards assumptions used for second pillar schemes. For Portugal, this corresponds to a general estimate (ratio between overall contributions and aggregate wages declared to social security). The total contribution rate used as an assumption in simulations is 34.75 (legal statutory contribution rate).

B) SECONDARY INDICATORS

PN-S1: AT-RISK-OF-POVERTY RATE OF OLDER PEOPLE

Share of elderly (75+; 0-74, 60+, 0-59) with an equivalised disposable income (after social transfers) below 60% of the national equivalised median income

		2006
Portugal		
	75+ Years	32 p
	0-74 Years	17p
	60+ Years	25p
	0-59 Years	17p

Source: SILC, Eurostat

Note: p)provisional value

PN-S2: MEDIAN RELATIVE INCOME OF ELDERY PEOPLE

Median equivalised income of people aged 60+ as a ratio of income of people aged 0-59

		2006
Portugal		0,83p

Source: SILC, Eurostat

Note: p)provisional value

PN-S3: INCOME INEQUALITY

S80/S20:among population aged 65+

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal	6.6	6.4	6.4	6.6	5.8	5.7	5.6	6.0	5.7	6.0

Source: ECHP e SILC 2004, Eurostat

Note: Break in series 2004

PN-S4: RISK OF POVERTY GAP OF ELDERLY PEOPLE (65+ and 75+ at the 60% THRESHOLD)

Relative median poverty risk gap dos idosos (65+ anos)

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal	26	23	23	24	23	23	22	18	17	17p
Male	25	21	20	20	20	23	22	16	16	16
Female	26	25	25	26	24	23	22	20	18	19
UE25	:	:	:	:	:	:	16	:	18	18
Male	:	:	:	:	:	:	17	:	18	18
Female	:	:	:	:	:	:	17	:	18	18

Source: ECHP e SILC 2004, Eurostat

Note: Break in series 2004

"PN-S5: RISK POVERTY OF PENSIONERS

At risk poverty rate restricted to the field of people whose main activity status is retired.

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal	34	31	32	30	29	28	25	26	25	23p
Male	34	32	31	28	27	27	25	27	25	23p
Female	34	31	32	31	30	29	26	25	25	23p
UE25	:	:	:	:	:	:	16	16	16	16e
Male	:	:	:	:	:	:	15	15	15	15e
Female	:	:	:	:	:	:	16	16	17	17e

Source: ECHP e SILC, Eurostat

PN-S6: RISK OF POVERTY OF PEOPLE AGED 60+, 65+, 75+ BY HOUSING TENURE STATUS (%)

Incidence of risk of poverty for people belonging to the 60+, 65+, 75+ age groups by the housing tenure status of their households.

Risk of poverty of people aged 65+

	2004	2005	2006
Portugal (Total)	29	28	26 p
Owner	31	29	27 p
With mortgage	7	:	:
No mortgage	32	:	:
Rent-free	40	:	:
Tenant	20	24	22 p

Risk of poverty of people aged 75+

	2004	2005	2006
Portugal (Total)	35	35	32 p
Owner	37	37	33 p
With mortgage	6	:	:
No mortgage	39	:	:
Rent-free	46	:	:
Tenant	25	29	26 p

Risk of poverty of people aged 60+

	2004	2005	2006
Portugal (Total)	27	26	25 p
Owner	29	26	26 p
With mortgage	6	:	:
No mortgage	30	:	:
Rent-free	41	:	:
Tenant	21	25	22 p

Source: SILC 2004, Eurostat

"PN-S7: RISK OF POVERTY AT DIFFERENT INCOME THRESHOLDS OF PEOPLE AGED 60+, 65+, 75+ and <60, <65, <75 (%)"

People with equivalised income of less than 40%, 50%, 60% or 70% of overall median equivalised income

50% of median

	2004	2005	2006
Portugal	13	13	11
65+ years	15	14	13
75+ years	18	16	15
60+ years	15	14	14

60% of median

	2004	2005	2006
Portugal	20	19	18
65+ years	29	28	26
75+ years	35	35	32
60+ years	27	26	25

70% of median

	2004	2005	2006
Portugal	28	27	26
65+ years	43	41	39
75+ years	50	49	46
60+ years	40	37	36

Source: SILC , Eurostat

C) CONTEXT INDICATORS

PN-C1: COMPOSITION OF INCOME BY SOURCE

Composition of income by source (pensions, other social benefits, earnings from work, other sources) and by income quintile for people aged 60+, 65+, 75+

	2004	2005	2006
Portugal			
Pensions	72.0	:	:
Other social benefits	5.0	:	:
earnings from work	22.0	:	:
Others Sources	3.0	:	:

Source: SILC (2004, Income data 2003), Eurostat

2. PENSIONS SUSTAINABILITY

A) PRIMARY INDICATORS

PN-P3: TOTAL CURRENT PENSION EXPENDITURE (% of GDP)

The sum of seven different categories of benefits, as defined in the ESSPROS. Manual 1996: disability pension, early retirement benefit due to reduced capacity to work, old-age pension, partial pension, survivors' pension, and early retirement benefit for labour market.

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Portugal	9.7	9.9	9.9	10.1	10.1	10.5	10.9	11.3	11.8	12.3	:
UE15	12.6	12.7	12.7	12.5	12.5	12.4	12.3	12.3	12.4	12.3	12.3
UE25	:	:	:	:	:	12.3	12.3	12.3	12.3	12.2	12.2

Source: ESSPROS, Eurostat

PN-P4: EMPLOYMENT RATE OF OLDER WORKERS

Persons in employment in age bracket 55-64 years as a proportion of total population in the same age group.

Employment rate of the age group 55-64

	2000	2001	2002	2003	2004	2005	2006	2007
Portugal	51.3	50.7	51.9	51.7	50.1	50.5	50.1	50.9
Male	62.0	62.2	63.0	62.3	58.9	58.1	58.2	58.6
Female	41.8	40.6	42.1	42.4	42.4	43.7	42.8	44.0
UE27*	42.5	37.5	38.2	39.9	40.5	42.4	43.5	44.7
Male	51.8	47.3	49.8	51.3	52.0	53.3	54.1	55.3
Female	33.7	28.2	28.9	30.6	31.4	33.6	34.9	36.0

Source: LFS, Eurostat

Note * Em 2000 EU 25

PN-P5: AVERAGE EXIT AGE FROM THE LABOUR FORCE

The average age of withdrawal from the labour market, based on a probability model considering the relative changes of activity rates from one year to another at a specific age.

	2001	2002	2003	2004	2005	2006
Portugal	61.9	63.0	62.1	62.2	63.1	:
Male	62.3	62.9	63.7	61.2	62.4	:
Female	61.6	63.1	60.6	63.1	63.8	:
UE25	59.9	60.4	61.00	60.7	61.0	61.2
Male	60.4	60.8	61.5	60.9	61.6	61.7
Female	59.3	60.0	60.5	60.4	60.4	60.7

Source: LFS, Eurostat

PN-P6: PROJECTION OF PENSION EXPENDITURE, PUBLIC AND TOTAL, 2004-2050 (% of GDP)

	2004	2005	2010	2015	2020	2025	2030	2035	2040	2045	2050
Portugal - AWG Report 2006	11.1	11.5	11.9	12.6	14.1	15.0	16.0	17.4	18.8	20.0	20.8
Portugal - Projections submitted to peer review 2007	10.5		11.9		12.6		13.4		15.0		16.0
UE 15 ¹	12.0	:	11.7	11.9	12.4	13.1	13.8	:	14.9	:	14.8
UE 25 ¹	11.9	:	11.6	11.7	12.2	12.8	13.5	:	14.6	:	14.6
Public expenditure with pensions (% do PIB) – base scenario Portugal	11.1	11.5	11.9	12.6	14.1	15.0	16.0	17.4	18.8	20.0	20.8
UE 15	10.6	10.5	10.4	10.5	10.8	11.4	12.1	12.6	12.9	13.0	12.9
UE 25	10.6	10.6	10.3	10.4	10.7	11.3	11.9	12.5	12.8	12.8	12.8

Source: EPC/AWG: The impact of ageing on public expenditure: projections for the EU25 Member States on pensions, health care, long-term care, education and unemployment transfers (2004-2050), Special Report n° 1/2006-Annex

¹ excluding countries without data

Note: No PEC 2005-2009 there are different projections taking account national scenario in complement to those used by, AWG.

B) SECONDARY INDICATORS
PN-S8: DECOMPOSITION OF THE PROJECTED INCREASE IN PUBLIC PENSION EXPENDITURE (2004-2050)

Decomposition with the old age dependency ratio, the employment effect, the take up ratio and the benefit ratio

	2005	Variação 2004-2020	dependency Ratio	Emprego	Take-up ratio	Benefit ratio	Efeito interacção (residual)
Portugal	11.5	9.3	13.7	-0.2	-0.9	-3.0	-0.4
UE25	10.6	2.2	8.6	-1.1	-2.1	-2.7	-0.4

Source: AWG

Note: take-up ratio = (n° de pensineros / population over 65)
benefit ratio = (medium pension/ medium wage)

C) CONTEXT INDICATORS

PN-C2: OLD-AGE DEPENDENCY RATIO (CURRENT AND PROJECTED FOR 2010, 2030, 2050)

Number of persons aged 65+ (60+) in relation to number of persons aged 15-64 (15-59)

	2004	2005	2010	2015	2020	2025	2030	2035	2040	2045	2050
Portugal	24.9	25.2	26.5	28.8	31.6	34.8	39.2	43.6	49.1	55.0	58.5
Portugal - EUROPOP 2008			26.6	28.6	30.7	33.2	36.6	40.1	44.6	49.5	53.0

Fonte: EPC/AWG: The impact of ageing on public expenditure: projections for the EU25 Member States on pensions, health care, long-term care, education and unemployment transfers (2004-2050), Special Report n° 1/2006-Annex

PN-C3: EVOLUTION OF LIFE EXPECTANCY AT BIRTH AND AT AGES 60 AND 65, BY GENDER (CURRENT AND PROJECTED)

Evolution of life expectancy at birth

		2004	2010	2030	2050
Portugal	Male	74.2	75.5	79.0	81.2
	Female	81.0	82.2	85.2	86.7
EU	Male	73.7	74.9	78.4	80.5
	Female	80.4	81.4	84.1	85.6

Evolution of life expectancy at 65

		2004	2010	2030	2050
Portugal	Male	15.6	16.4	18.6	19.9
	Female	19.0	19.8	21.9	23.1
EU	Male	16.4	17.1	19.4	20.8
	Female	20.3	21.0	23.0	24.2

Source: Eurostat (2005)

Convergence scenario of 2005 Eurostat Projections.

Note: UE25 average is a country average that does not take weight according to population sizes

PN-C4: PENSION SYSTEM DEPENDENCY RATIO

Number of pensioners relative to contributors, current and projected up to 2050.

	2004	2005	2010	2015	2020	2025	2030	2040	2050
Portugal	71.0	:	74.0	82.0	92.0	102.0	114.0	140.0	157.0
UE15	71.0	:	71.0	73.0	78.0	85.0	93.0	105.0	109.0
UE25	68.0	:	67.0	69.0	74.0	79.0	87.0	98.0	104.0

Source: EPC/AWG: The impact of ageing on public expenditure: projections for the EU25 Member States on pensions, health care, long-term care, education and unemployment transfers (2004-2050), Special Report n° 1/2006-Annex

PN-C5: CONTRIBUTION TO PUBLIC AND PRIVATE PENSION SCHEMES

Pension contributions to public pension schemes as a share of GDP, current and projected to 2050

	2004	2005	2010	2015	2020	2025	2030	2040	2050
Portugal	10.5	:	10.5	9.9	9.6	9.5	9.4	9.1	9.2
UE15	8.7	:	8.6	8.5	8.6	8.8	8.9	9.0	9.0
UE25	8.7	:	8.5	8.5	8.5	8.7	8.8	8.9	8.9

Source: EPC/AWG: The impact of ageing on public expenditure: projections for the EU25 Member States on pensions, health care, long-term care, education and unemployment transfers (2004-2050), Special Report n° 1/2006-Annex

3. MODERNISED PENSIONS**A) PRIMARY INDICATORS****PN-P7: AT-RISK-OF-POVERTY RATE OF OLDER PEOPLE**

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal	38	36	37	35	33	33	30	29	28	26
Male	36	35	34	33	30	30	28	29	28	26
Female	39	36	39	37	36	35	31	29	28	26
UE25	:	:	:	18	17	17	16	18	19	19
Male	:	:	:	15	15	14	13	15	16	16
Female	:	:	:	20	19	19	18	20	21	21

Source: ECHP e SILC 2004, Eurostat

Note: break in series 2004

PN-P8: GENDER DIFFERENCES IN THE RELATIVE INCOME OF ELDERLY PEOPLE

	1995	1996	1997	1998	1999	2000	2001	2004	2005	2006
Portugal	0.71	0.73	0.73	0.72	0.76	0.77	0.78	0.75	0.76	0.79
Male	0.73	0.77	0.76	0.76	0.80	0.81	0.80	0.76	0.77	0.82
Female	0.70	0.70	0.70	0.71	0.73	0.76	0.76	0.75	0.76	0.77
UE25	0.85	0.87	0.87	0.88	0.89	0.88	0.86	:	0.85	0.85
Male	0.88	0.91	0.92	0.91	0.92	0.91	0.90	:	0.88	0.87
Female	0.84	0.85	0.85	0.86	0.87	0.85	0.83	:	0.83	0.83

Source: ECHP e SILC 2004, Eurostat

Note: break in series 2004

Health Care and LTC Portfolio

1. ACCESS AND INEQUALITIES IN OUTCOMES

A) PRIMARY INDICATORS

HC-P1: INFANT MORTALITY RATES

The ratio of the number of deaths of children under one year of age during the year to the number of live births in that year. The value is expressed per 1000 live births

	1950	1960	1970	1980	1990	1995	2000	2001	2002	2003	2004	2005	2006
Portugal	:	:	23.9	14.8	9.2	6.7	5.2	5.0	4.8	4.1	3.8	3.5	3.3
UE25	:	77.5	55.5	24.2	11.0	7.5	5.5	5.2	5.1	4.8	4.0		4.2

Source: ESTAT, Eurostat

HC-P2: LIFE EXPECTANCY

Number of years that a person at birth, at 45, at 65 is still expected to live

Life Expectancy at birth

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Portugal											
Male	71.6	71.4	72.0	72.2	72.6	73.2	73.5	73.8	74.2	74.9	75.2
Female	78.7	78.8	79.0	79.3	79.5	80.0	80.3	80.5	81.0	81.4	81.8
UE25											
Male	72.8	73.2	73.5	73.5	73.8	74.4	74.7	75.0	75.1		75.9
Female	79.7	79.9	80.2	80.2	80.4	80.8	81.1	81.2	81.2		82.0

Life Expectancy at 45

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Portugal										
Male	30.6	30.4	30.9	31.0	31.2	31.6	31.8	31.9	31.9	32.7
Female	35.7	35.7	36.0	36.2	36.2	36.7	36.9	37.0	37.0	38.0
UE25										
Male	:	:	:	:	:	31.8	32.1	32.2	32.3	
Female	:	:	:	:	:	37.2	37.4	37.5	37.4	

Life Expectancy at 65

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Portugal												
Male	14.6	14.5	14.8	14.8	14.9	15.3	15.6	15.6	15.6	15.9	16.2	16.3
Female	17.8	17.8	18.1	18.2	18.3	18.7	18.9	19.0	18.9	19.3	19.5	19.8
UE25												
Male	:	:	:	:	:	15.7	15.9	16.0	16.1	16.6		
Female	:	:	:	:	:	19.4	19.6	19.6	19.6	20.2		

Source: Eurostat - Demography

HC-P3: DISABILITY FREE LIFE EXPECTANCY

Number of years that a person at birth, expected to live in a healthy condition

Disability free life expectancy at birth

		1995	1996	1997	1998	1999	2000	2001	2002	2003
Portugal	Male	59.6	58.2	59.3	59.1	58.8	60.2	59.5	59.7	59.8
	Female	63.1	60.5	60.4	61.1	60.7	62.2	62.7	61.8	61.8
UE15	Male	:	:	:	:	63.2 (e)	63.5 (e)	63.6 (e)	64.3 (e)	64.5 (e)
	Female	:	:	:	:	63.9 (e)	64.4 (e)	65.0 (e)	65.8 (e)	66.0 (e)

Source: Eurostat - Demography

Note: (e) estimativa

HC-P4: COVERAGE BY PUBLIC SCHEMES AND PRIVATE HEALTH INSURANCE

	2000	2001	2002	2003	2004	2005	2006
Portugal							
Public health expenditure as % of THE ¹	72,5 ^a	71.5	72.2	73.3	72	71.8	70.6
Public system coverage ¹	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Eligibility for public coverage ²	All population is covered by the National Health Service system, financed by general taxation.						
PHI as % of THE ¹	1.5 (1997)						
Population covered by PHI, % ³	14.8						
Types of private coverage	Duplicate, Complementary, Supplementary						

Source: OCDE

Notes:

1. OECD Health Data 2008. ^a Break in series

2. OECD Regulatory Questionnaire on Private Health Insurance, 2003 and other official sources.

3. OECD Statistical Questionnaire on Private Health Insurance, 2000 data, unless otherwise specified.

4. PHIAC (2002), Operations of the Registered Health Benefits Organisations Annual Report 2001-02. Data refer to June 2001.

B) SECONDARY INDICATORS

HC-S1:SELF PERCEIVED LIMITATIONS IN DAILY ACTIVITIES

Self Perceived limitations in daily activities by sex - %

Self Perceived limitations in daily activities by sex - %

			2004
Portugal			
Strongly limited	Male		11.7
			10.4
		Female	12.8
Limited	Male		20.8
			18.0
		Female	22.9
Não Limitada	Male		67.4
			71.7
		Female	64.3

Self Perceived limitation in daily activities by age

			2004
Portugal			
16-24			2.6
25-34			4.3
35-44			5.5
45-54			10.8
55-64			17.0
65-74			29.1
75-84			39.3
85+			48.5

Limitations in daily activities by age group - % of respondents answering limited

			2004
Portugal			
16-24			6.5
25-34			11.3
35-44			14.2
45-54			23.3
55-64			36.6
65-74			42.2
75-84			42.9
85+			29.0

Limitations in daily activities by income quartile - % of respondents answering limited or strongly limited

			2004
Portugal			
1º quartil			34.5
2º quartil			27.3
3º quartil			20.3
4º quartil			17.9

Source: SILC, Eurostat

C) CONTEXT INDICATORS

HC-C1: ACUTE CARE BEDS

Total number of acute care beds per 100,000 inhabitants by health region

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Portugal	330.2	336.0	333.2	325.6	331.8	328.3	320.8	311.1	309.1	308.6	300.0
UE25	600.8	592.6	574.9	568.7	554.1	548.4	540.0	520.1	499.0	493.3	498.4

Source: ESTAT, OECD, WHO

HC-C2: NUMBER OF PHYSICIANS

Total number of active physicians per 100,000 inhabitants by health region

	2001	2002	2003	2004	2005
Portugal	322.9	325.5	328.8	335.3	344.3

Source: ESTAT, OECD, WHO

HC-C3: NUMBER OF NURSES

Total number of nurses per 100,000 inhabitants by health region

	2003	2004	2005
Portugal	418.7	436.0	458.8

Source: ESTAT, OECD, WHO

HC-C4: SELF PERCEIVED HEALTH BY SEX

			2004
Portugal	Good or very good	Male	52.5
		Female	45.3
	Fair	Male	31.7
		Female	33.4
	"Bad or very Bad"	Male	15.8
		Female	21.3

Source: SILC, Eurostat

2. QUALITY

HC-P5: PREVENTION MEASURES: VACCINATION

% of 2 years old covered by the basic vaccination programme

	2004	2005
Portugal		
DPT	97.8	93.2
Poliomielite	97.3	93.1
MMR 94.8%	94.8	92.6
HiB	97.4	93.3
Hepatitis B	96.4	93.9

Source: OMS

3. SUSTAINABILITY

A) PRIMARY INDICATORS

HC-P6: TOTAL HEALTH EXPENDITURE

Total health expenditure, *PPP\$ per capita*

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Portugal	1079	1157	1227	1297	1426	1594	1693	1758	1797	1913	2034
UE25	1542	1625	1666	1737	1815	1934	2064	2198	2266		

Total health expenditure %GDP

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Portugal	8.2	8.4	8.5	8.4	8.7	8.8	8.8	9.0	9.7	10.0	10.2
UE25	8.2	8.3	8.2	8.2	8.3	8.3	8.5	8.7	8.8		

Source: SHA

Public sector health expenditure, *PPP\$ per capita*

	1998	1999	2000	2001	2002	2003	2004	2005	2006
Portugal	866	962	1095	1122	1197	1336	1378	1456	1495
UE25	1292	1352	1445	1551	1657	1736	1816		

Source: Estimativas WHO

Public sector health expenditure as % of GDP

	1998	1999	2000	2001	2002	2003	2004	2005	2006
Portugal	5.6	5.9	6.4	6.3	6.5	7.1	7.2	7.3	7.2
UE25	6.1	6.2	6.2	6.4	6.6	6.7	6.7		

Source: Estimativas WHO

Public sector health expenditure as % of total health expenditure

	1995	1996	1997	1998	1999	2000	2001	2002	2003
Portugal	62.6	65.3	65.7	67.1	67.6	69.5	70.6	70.5	69.7

Source: SHA

Public sector expenditure on health as % of total government expenditure

	1998	1999	2000	2001	2002	2003	2004
Portugal	12.8	13.0	14.1	14.3	14.3	14.1	14.1
UE25	12.8	13.1	13.6	13.7	13.9	14.0	14.2

Source: Estimativas WHO

"HC-P7: PUBLIC/PRIVATE EXPENDITURE IN HEALTH

Private sector expenditure on health as % of GDP

	1998	1999	2000	2001	2002	2003	2004	2005	2006
Portugal	2.8	2.8	2.4	2.5	2.5	2.6	2.8	2.9	3.0
UE25	2.1	2.1	2.1	2.1	2.1	2.2	2.2		

Source: Estimativas WHO

Private sector expenditure on health as % of total health expenditure

	1998	1999	2000	2001	2002	2003	2004
Portugal	32.9	32.4	30.5	29.4	29.5	30.3	30.3
UE25	25.6	25.2	25.2	24.5	24.4	24.4	24.1

Source: Estimativas WHO

Private households' out-of-pocket payment on health as % of total health expenditure

	1998	1999	2000	2001	2002	2003	2004
Portugal	31.3	30.9	29.2	28.1	28.2	29.0	29.0
UE25	17.9	17.4	17.6	17.1	16.8	16.8	16.7

Source: SHA

HC-P8: TOTAL EXPENDITURE ON MAIN TYPES OF CARE

Despesa total em saúde por tipo de cuidados

	2003
Treatment Cares	7508250x10 ³ €
Pharmaceutical Products	2876367x10 ³ €

Source: SHA

Total inpatient expenditure as % of total health expenditure

	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
Portugal	26.4	22.9	24.6	25.5	30.5	32.3	33.0	35.0	36.5	36.8	33.9

Public inpatient expenditure as % of total inpatient expenditure

	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
Portugal	86.6	87.1	87.3	87.2	88.3	91.2	92.0	90.6	90.9	92.3	92.7

Source: SHA

B) CONTEX INDICATORS

"HC-C5: PROJECTIONS OF PUBLIC EXPENDITURE ON HEALTH CARE AS A % OF GDP

Projections of public expenditure on health care as a % of GDP

	2004	2010	2030	2050
Portugal	6.7	6.8	6.6	7.2
UE25	6.4	6.6	7.4	7.9

Variation 2004-2050

	2004-2050
Portugal	0.5
UE25	1.6

Difference in % of PIB

	2004	2010	2030
Portugal	0.0	-0.1	-0.1
UE25	0.0	0.0	-0.1

Source: EPC/AWG

